

# California Legislature



**Assembly Committee on Health**

**2021-22**

**Legislative Summary**



# Assembly Committee on Health 2021

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Judith Babcock

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Marshall Kirkland





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## Table of Contents

Alcohol/Drug Programs .....	27
AB-77 (Petrie-Norris) - Substance use disorder treatment services. ....	27
AB-381 (Davies) - Licensed facilities: duties. ....	27
AB-541 (Berman) - Tobacco assessment. ....	27
AB-666 (Chiu) - Substance use disorder workforce development. ....	28
AB-1098 (Daly) - Recovery residences. ....	28
AB-1158 (Petrie-Norris) - Alcoholism or drug abuse recovery or treatment facilities: recovery residence: insurance coverage.....	28
AB-1542 (McCarty) - County of Yolo: Secured Residential Treatment Program. ....	28
AB-1860 (Ward) - Substance abuse treatment: certification.....	29
AB-1928 (McCarty) - Hope California: Secured Residential Treatment Pilot Program. ....	29
AB-2473 (Nazarian) - Substance use disorder: counselors. ....	29
AB-2818 (Waldron) - Substance use disorder treatment workforce expansion. ....	29
SB-57 (Wiener) - Controlled substances: overdose prevention program. ....	29
SB-349 (Umberg) - California Ethical Treatment for Persons with Substance Use Disorder Act. ....	30
SB-434 (Bates) - Substance abuse and mental health services: advertising and marketing. .	30
SB-507 (Eggman) - Mental health services: assisted outpatient treatment.....	30
SB-541 (Bates) - Substance use disorder treatment facilities and programs: disclosure of license and certification status.....	30
SB-782 (Glazer) - Assisted outpatient treatment programs. ....	31
SB-1165 (Bates) - Substance abuse and mental health services: advertisement and marketing.....	31
CHBRP .....	32
AB-32 (Aguiar-Curry) - Telehealth.....	32
AB-97 (Nazarian) - Health care coverage: insulin affordability. ....	32
AB-570 (Santiago) - Dependent parent health care coverage.....	32
AB-935 (Maienschein) - Telehealth: mental health.....	33
AB-1082 (Waldron) - California Health Benefits Review Program: extension.....	33
AB-1254 (Gipson) - Health care coverage: mobile stroke units. ....	33
AB-1520 (Levine) - Health care coverage: prostate cancer: screening. ....	34

AB-1859 (Levine) - Mental health services.....	34
AB-2024 (Friedman) - Health care coverage: diagnostic imaging.....	34
AB-2029 (Wicks) - Health care coverage: treatment for infertility. ....	34
AB-2585 (McCarty) - Health care coverage: nonpharmacological pain management treatment. .....	35
SB-245 (Gonzalez) - Health care coverage: abortion services: cost sharing.....	35
SB-428 (Hurtado) - Health care coverage: adverse childhood experiences screenings. ....	35
SB-473 (Bates) - Health care coverage: insulin cost sharing. ....	36
SB-510 (Pan) - Health care coverage: COVID-19 cost sharing. ....	36
SB-523 (Leyva) - Health care coverage: contraceptives.....	36
SB-535 (Limón) - Biomarker testing.....	37
SB-562 (Portantino) - Health care coverage: pervasive developmental disorders or autism. .	37
SB-568 (Pan) - Deductibles: chronic disease management. ....	38
SB-858 (Wiener) - Health care service plans: discipline: civil penalties. ....	38
SB-912 (Limón) - Biomarker testing.....	39
SB-974 (Portantino) - Health care coverage: diagnostic imaging. ....	39
SB-1473 (Pan) - Health care coverage.....	39
Children's Health.....	41
AB-114 (Maienschein) - Medi-Cal benefits: rapid Whole Genome Sequencing. ....	41
AB-382 (Kamlager) - Whole Child Model program. ....	41
AB-552 (Quirk-Silva) - Integrated School-Based Behavioral Health Partnership Program.....	41
AB-563 (Berman) - School-based health programs.....	42
AB-573 (Carrillo) - Youth Mental Health Boards. ....	42
AB-586 (O'Donnell) - Pupil health: health and mental health services: School Health Demonstration Project.....	42
AB-808 (Stone) - Children's Crisis Continuum Pilot Program.....	42
AB-883 (O'Donnell) - Mental Health Services Act: local educational agencies.....	43
AB-1046 (Blanca Rubio) - Nurse-Family Partnership program. ....	43
AB-1264 (Aguiar-Curry) - Project ECHO (registered trademark) Grant Program. ....	43
AB-1737 (Holden) - Children's camps: local registration and inspections. ....	43
AB-1797 (Akilah Weber) - Immunization registry.....	44
AB-1940 (Salas) - School-Based Health Center Support Program.....	44

AB-1995 (Arambula) - Medi-Cal: premiums, contributions, and copayments. ....	44
AB-2034 (O'Donnell) - Local education agency: Medi-Cal billing option. ....	45
AB-2259 (Berman) - Foster youth: substance use disorders.....	45
AB-2281 (Lackey) - Early Childhood Mental Health Services Act.....	46
AB-2326 (Reyes) - Lead poisoning prevention: laboratory reporting.....	46
AB-2402 (Blanca Rubio) - Medi-Cal: continuous eligibility.....	46
AB-2420 (Arambula) - Perinatal health: extreme heat.....	46
AB-2458 (Akilah Weber) - California Children's Services: reimbursement rates. ....	47
AB-2786 (Stone) - Children's Crisis Continuum Pilot Program.....	47
SB-682 (Rubio) - Childhood chronic health conditions: racial disparities. ....	47
SB-934 (Rubio) - California Childhood Cancer Research Fund Act. ....	47
SB-1479 (Pan) - COVID-19 testing in schools: COVID-19 testing plans.....	48
Chronic Health / Cancer.....	49
AB-342 (Gipson) - Health care coverage: colorectal cancer: screening and testing. ....	49
AB-789 (Low) - Health care services. ....	49
AB-835 (Nazarian) - Hospital emergency departments: HIV testing.....	49
AB-942 (Wood) - Specialty mental health services and substance use disorder treatment. ...	49
AB-2546 (Nazarian) - Resident-Designated Support Persons Act.....	50
SB-535 (Limón) - Biomarker testing.....	50
SB-568 (Pan) - Deductibles: chronic disease management. ....	50
SB-934 (Rubio) - California Childhood Cancer Research Fund Act. ....	50
SB-987 (Portantino) - California Cancer Care Equity Act. ....	51
SCR-11 (Rubio) - Cancer Patients' Bill of Rights.....	51
Covered CA (Exchange).....	52
AB-1878 (Wood) - California Health Benefit Exchange: affordability assistance.....	52
AB-2127 (Santiago) - Health care coverage: dependent adults. ....	52
AB-2205 (Carrillo) - California Health Benefit Exchange: abortion services coverage reporting. .....	52
AB-2530 (Wood) - California Health Benefit Exchange: financial assistance. ....	52
AB-2564 (Bigelow) - Individual Shared Responsibility Penalty: waiver: health care service plans.....	53
SB-455 (Leyva) - California Health Benefit Exchange. ....	53

SB-644 (Leyva) - Health care coverage outreach. ....	53
SB-944 (Pan) - California Health Benefit Exchange: affordability assistance. ....	53
SB-967 (Hertzberg) - Health care coverage: tax returns: information sharing authorization and outreach. ....	54
SB-1473 (Pan) - Health care coverage. ....	54
Denti-Cal / Oral Health .....	55
AB-2145 (Davies) - Dental services: skilled nursing facilities and intermediate care facilities/developmentally disabled. ....	55
Emergency Medical Services .....	56
AB-389 (Grayson) - Ambulance services. ....	56
AB-450 (Lorena Gonzalez) - Paramedic Board of California. ....	56
AB-451 (Arambula) - Health care facilities: treatment of psychiatric emergency medical conditions. ....	56
AB-662 (Rodriguez) - State Fire Marshal and Emergency Medical Services Authority: peer-to-peer suicide prevention. ....	56
AB-988 (Bauer-Kahan) - Mental health: mobile crisis support teams: 988 crisis hotline. ....	57
AB-1104 (Grayson) - Air ambulance services. ....	57
AB-1229 (Rodriguez) - Advisory task force: ambulance services. ....	58
AB-2117 (Gipson) - Mobile stroke units. ....	58
AB-2130 (Cunningham) - Emergency medical services: training. ....	58
AB-2260 (Rodriguez) - Emergency response: trauma kits. ....	58
AB-2648 (Grayson) - Air ambulance services. ....	58
AB-2951 (Salas) - Mobile mental health crisis response teams. ....	59
SB-443 (Hertzberg) - Emergency medical services (EMS): prehospital EMS. ....	59
SB-687 (Hueso) - Emergency response: trauma kits. ....	59
End-of-Life .....	60
AB-1280 (Irwin) - California Hospice Licensure Act of 1990. ....	60
AB-1852 (Patterson) - Health facilities: automated drug delivery systems. ....	60
AB-2673 (Irwin) - Hospice licensure: moratorium on new licenses. ....	60
SB-311 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan's Law. ....	60
SB-353 (Roth) - Hospice: services to seriously ill patients. ....	60
SB-380 (Eggman) - End of life. ....	61
SB-664 (Allen) - Hospice licensure: moratorium on new licenses. ....	61

SB-987 (Portantino) - California Cancer Care Equity Act. ....	61
SB-988 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan's Law. ....	62
Food Safety / Nutrition.....	63
AB-45 (Aguiar-Curry) - Industrial hemp products.....	63
AB-61 (Gabriel) - Business pandemic relief. ....	63
AB-535 (Aguiar-Curry) - Olive oil: labeling. ....	63
AB-831 (Committee on Health) - California Retail Food Code. ....	64
AB-1144 (Robert Rivas) - Cottage food operations. ....	64
AB-1341 (Cristina Garcia) - Dietary supplements for weight loss and over-the-counter diet pills. ....	64
SB-80 (McGuire) - Commercial fishing: inspection: crab traps.....	64
SB-972 (Gonzalez) - California Retail Food Code. ....	64
Health Care Facilities .....	66
AB-6 (Levine) - Health facilities: pandemics and emergencies: best practices.....	66
AB-279 (Muratsuchi) - Intermediate care facilities and skilled nursing facilities: COVID-19....	66
AB-323 (Kalra) - Long-term health facilities. ....	66
AB-370 (Arambula) - Ambulatory surgical centers. ....	66
AB-451 (Arambula) - Health care facilities: treatment of psychiatric emergency medical conditions. ....	67
AB-532 (Wood) - Health care: fair billing policies. ....	67
AB-749 (Nazarian) - Skilled nursing facilities: medical director certification.....	67
AB-789 (Low) - Health care services. ....	67
AB-835 (Nazarian) - Hospital emergency departments: HIV testing.....	67
AB-858 (Jones-Sawyer) - Employment: health information technology: clinical practice guidelines: worker rights. ....	68
AB-1020 (Friedman) - Health care debt and fair billing. ....	68
AB-1042 (Jones-Sawyer) - Skilled nursing facilities: unpaid penalties: related parties.....	68
AB-1169 (Eduardo Garcia) - Health care facilities: interpreters. ....	68
AB-1204 (Wicks) - Hospital equity reporting. ....	69
AB-1229 (Rodriguez) - Advisory task force: ambulance services. ....	69
AB-1394 (Irwin) - General acute care hospitals: suicide screening.....	69
AB-1407 (Burke) - Nurses: implicit bias courses. ....	69



AB-1422 (Gabriel) - Nurse-to-patient ratios.....	70
AB-1464 (Arambula) - Hospitals: seismic safety.....	70
AB-1502 (Muratsuchi) - Freestanding skilled nursing facilities.....	70
AB-1527 (Ting) - Seton Medical Center: seismic safety.....	70
AB-1585 (Committee on Health) - Health care.....	70
AB-1743 (Medina) - Public health.....	71
AB-1809 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2022. .....	71
AB-1852 (Patterson) - Health facilities: automated drug delivery systems.....	71
AB-1882 (Robert Rivas) - Hospitals: seismic safety.....	71
AB-1907 (Bauer-Kahan) - Long-term health care facilities: inspections.....	72
AB-2079 (Wood) - Skilled nursing facilities: direct care spending requirement.....	72
AB-2080 (Wood) - Health Care Consolidation and Contracting Fairness Act of 2022.....	72
AB-2092 (Akilah Weber) - Acute hospital care at home.....	72
AB-2096 (Mullin) - Chemical dependency recovery hospitals.....	72
AB-2317 (Ramos) - Children’s psychiatric residential treatment facilities.....	73
AB-2404 (Luz Rivas) - Hospitals: seismic compliance: Pacifica Hospital of the Valley.....	73
AB-2426 (Gipson) - Martin Luther King, Jr. Community Hospital.....	73
AB-2511 (Irwin) - Skilled nursing facilities: backup power source.....	74
AB-2518 (Gabriel) - Severe mental illness.....	74
AB-2546 (Nazarian) - Resident-Designated Support Persons Act.....	74
AB-2666 (Salas) - Behavioral health internship grant program.....	74
AB-2904 (Mia Bonta) - Alameda Hospital: seismic safety compliance deadline: extension. ...	74
SB-311 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan’s Law.....	74
SB-395 (Caballero) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program.....	75
SB-564 (Cortese) - Hospitals: seismic compliance: County of Santa Clara.....	75
SB-637 (Newman) - Health facility reporting: staffing.....	75
SB-650 (Stern) - Skilled nursing facilities.....	76
SB-864 (Melendez) - General acute care hospitals: drug screening.....	76
SB-987 (Portantino) - California Cancer Care Equity Act.....	76
SB-988 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan’s Law.....	76

SB-1143 (Roth) - Acute Care Psychiatric Hospital Loan Fund.....	77
SB-1154 (Eggman) - Facilities for mental health or substance use disorder crisis: database.....	77
SB-1339 (Pan) - Hospitals.....	77
Health Disparities.....	78
AB-1038 (Gipson) - California Health Equity Program.....	78
AB-1169 (Eduardo Garcia) - Health care facilities: interpreters.....	78
AB-1204 (Wicks) - Hospital equity reporting.....	78
AB-1207 (Luz Rivas) - Pathways Through Pandemics Task Force.....	78
AB-1306 (Arambula) - Health Professions Careers Opportunity Program.....	78
AB-1407 (Burke) - Nurses: implicit bias courses.....	79
AB-2076 (Luz Rivas) - Extreme Heat and Community Resilience Program: Extreme Heat Hospitalization and Death Reporting System.....	79
AB-2360 (Arambula) - Emergency response advisory working group.....	79
AB-2521 (Santiago) - Transgender Wellness and Equity Fund.....	79
AB-2586 (Cristina Garcia) - Reproductive and sexual health inequities.....	79
SB-40 (Hurtado) - Health care workforce development: California Medicine Scholars Program. .....	80
SB-65 (Skinner) - Maternal care and services.....	80
SB-441 (Hurtado) - Health care workforce training programs: geriatric medicine.....	80
SB-682 (Rubio) - Childhood chronic health conditions: racial disparities.....	80
SB-1023 (Hurtado) - Health care: health workforce education and training.....	81
SB-1033 (Pan) - Health care coverage.....	81
Health Information / HIPAA.....	82
AB-1131 (Wood) - Health information network.....	82
AB-1184 (Chiu) - Medical information: confidentiality.....	82
AB-1252 (Chau) - Information privacy: digital health feedback systems.....	83
AB-2089 (Bauer-Kahan) - Privacy: mental health information.....	83
AB-2091 (Mia Bonta) - Disclosure of information: reproductive health and foreign penal civil actions.....	83
AB-2352 (Nazarian) - Prescription drug coverage.....	84
SB-644 (Leyva) - Health care coverage outreach.....	84
SB-1184 (Cortese) - Confidentiality of Medical Information Act: school-linked services coordinators.....	85

SB-1419 (Becker) - Health information.....	85
Health insurance / Health plan .....	86
AB-32 (Aguiar-Curry) - Telehealth.....	86
AB-97 (Nazarian) - Health care coverage: insulin affordability. ....	86
AB-326 (Luz Rivas) - Health care service plans: Consumer Participation Program.....	86
AB-342 (Gipson) - Health care coverage: colorectal cancer: screening and testing. ....	87
AB-347 (Arambula) - Health care coverage: step therapy. ....	87
AB-454 (Rodriguez) - Health care provider emergency payments.....	87
AB-457 (Santiago) - Protection of Patient Choice in Telehealth Provider Act.....	88
AB-493 (Wood) - Health insurance. ....	88
AB-510 (Wood) - Out-of-network health care benefits. ....	89
AB-570 (Santiago) - Dependent parent health care coverage.....	89
AB-685 (Maienschein) - Health care service plans: reimbursement. ....	89
AB-752 (Nazarian) - Prescription drug coverage. ....	89
AB-797 (Wicks) - Health care coverage: treatment for infertility.....	89
AB-933 (Daly) - Prescription drug cost sharing.....	90
AB-935 (Maienschein) - Telehealth: mental health.....	90
AB-1011 (Waldron) - Health care coverage: substance use disorders.....	91
AB-1107 (Boerner Horvath) - Emergency ground medical transportation.....	91
AB-1162 (Villapudua) - Health care coverage: claims payments. ....	91
AB-1184 (Chiu) - Medical information: confidentiality.....	92
AB-1254 (Gipson) - Health care coverage: mobile stroke units. ....	92
AB-1400 (Kalra) - Guaranteed Health Care for All. ....	92
AB-1468 (Cunningham) - Prior authorization. ....	93
AB-1520 (Levine) - Health care coverage: prostate cancer: screening. ....	93
AB-1823 (Bryan) - Student health insurance.....	93
AB-1859 (Levine) - Mental health services.....	94
AB-1878 (Wood) - California Health Benefit Exchange: affordability assistance. ....	94
AB-1880 (Arambula) - Prior authorization and step therapy. ....	94
AB-1982 (Santiago) - Telehealth: dental care.....	95
AB-2007 (Valladares) - Health care language assistance services. ....	95
AB-2024 (Friedman) - Health care coverage: diagnostic imaging.....	95

AB-2029 (Wicks) - Health care coverage: treatment for infertility. ....	95
AB-2080 (Wood) - Health Care Consolidation and Contracting Fairness Act of 2022. ....	96
AB-2091 (Mia Bonta) - Disclosure of information: reproductive health and foreign penal civil actions.....	96
AB-2127 (Santiago) - Health care coverage: dependent adults. ....	96
AB-2134 (Akilah Weber) - Reproductive health care.....	97
AB-2205 (Carrillo) - California Health Benefit Exchange: abortion services coverage reporting. ....	97
AB-2352 (Nazarian) - Prescription drug coverage.....	97
AB-2516 (Aguiar-Curry) - Health care coverage: human papillomavirus.....	97
AB-2581 (Salas) - Health care service plans: mental health and substance use disorders: provider credentials. ....	98
AB-2585 (McCarty) - Health care coverage: nonpharmacological pain management treatment. ....	98
AB-2709 (Boerner Horvath) - Emergency ground medical transportation.....	98
AB-2942 (Daly) - Prescription drug cost sharing.....	99
SB-221 (Wiener) - Health care coverage: timely access to care.....	99
SB-225 (Wiener) - Health care coverage: timely access to care.....	99
SB-242 (Newman) - Health care provider reimbursements. ....	100
SB-245 (Gonzalez) - Health care coverage: abortion services: cost sharing.....	100
SB-250 (Pan) - Health care coverage.....	101
SB-255 (Portantino) - Health care coverage: employer associations. ....	101
SB-280 (Limón) - Health insurance: large group health insurance. ....	101
SB-326 (Pan) - Health care coverage: federal health care reforms. ....	102
SB-368 (Limón) - Health care coverage: deductibles and out-of-pocket expenses.....	102
SB-428 (Hurtado) - Health care coverage: adverse childhood experiences screenings. ....	102
SB-473 (Bates) - Health care coverage: insulin cost sharing. ....	103
SB-510 (Pan) - Health care coverage: COVID-19 cost sharing. ....	103
SB-523 (Leyva) - Health care coverage: contraceptives.....	103
SB-524 (Skinner) - Health care coverage: patient steering. ....	104
SB-535 (Limón) - Biomarker testing.....	105
SB-562 (Portantino) - Health care coverage: pervasive developmental disorders or autism. ....	105
SB-568 (Pan) - Deductibles: chronic disease management. ....	105

SB-718 (Bates) - Health care coverage: small employer groups. ....	106
SB-853 (Wiener) - Prescription drug coverage. ....	106
SB-858 (Wiener) - Health care service plans: discipline: civil penalties. ....	107
SB-912 (Limón) - Biomarker testing. ....	107
SB-923 (Wiener) - Gender-affirming care. ....	107
SB-974 (Portantino) - Health care coverage: diagnostic imaging. ....	108
SB-979 (Dodd) - Health emergencies. ....	108
SB-999 (Cortese) - Health coverage: mental health and substance use disorders. ....	108
SB-1033 (Pan) - Health care coverage. ....	109
SB-1207 (Portantino) - Health care coverage: maternal and pandemic-related mental health conditions. ....	109
SB-1473 (Pan) - Health care coverage. ....	110
Health Workforce .....	111
AB-240 (Rodriguez) - Local health department workforce assessment. ....	111
AB-356 (Chen) - Fluoroscopy: temporary permit. ....	111
AB-389 (Grayson) - Ambulance services. ....	111
AB-450 (Lorena Gonzalez) - Paramedic Board of California. ....	111
AB-666 (Chiu) - Substance use disorder workforce development. ....	111
AB-749 (Nazarian) - Skilled nursing facilities: medical director certification. ....	112
AB-858 (Jones-Sawyer) - Employment: health information technology: clinical practice guidelines: worker rights. ....	112
AB-882 (Gray) - Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program. ....	112
AB-1204 (Wicks) - Hospital equity reporting. ....	112
AB-1306 (Arambula) - Health Professions Careers Opportunity Program. ....	113
AB-1407 (Burke) - Nurses: implicit bias courses. ....	113
AB-1422 (Gabriel) - Nurse-to-patient ratios. ....	113
AB-1477 (Cervantes) - Maternal mental health. ....	113
AB-1494 (Fong) - Blood banks: collection. ....	113
AB-1704 (Chen) - Leg-podiatric X-ray equipment: certification or permit exemption. ....	114
AB-1918 (Petrie-Norris) - California Reproductive Health Service Corps. ....	114
AB-2069 (Villapudua) - California Home Health Aide Training Scholarship Act. ....	114

AB-2123 (Villapudua) - Bringing Health Care into Communities Act of 2023.....	114
AB-2522 (Gray) - Public Health Workforce Loan Repayment Program.....	115
AB-2529 (Davies) - Health care: workforce training programs. ....	115
AB-2626 (Calderon) - Medical Board of California: licensee discipline: abortion.....	115
AB-2636 (Berman) - Refugees, asylees, and special immigrant visa holders: health care professions: grant program. ....	115
AB-2666 (Salas) - Behavioral health internship grant program. ....	115
AB-2818 (Waldron) - Substance use disorder treatment workforce expansion. ....	116
SB-40 (Hurtado) - Health care workforce development: California Medicine Scholars Program. .....	116
SB-65 (Skinner) - Maternal care and services. ....	116
SB-395 (Caballero) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program. ....	116
SB-402 (Hurtado) - Multipayer Payment Reform Collaborative.....	117
SB-441 (Hurtado) - Health care workforce training programs: geriatric medicine. ....	117
SB-637 (Newman) - Health facility reporting: staffing.....	117
SB-964 (Wiener) - Behavioral health. ....	118
SB-1023 (Hurtado) - Health care: health workforce education and training. ....	118
SB-1475 (Glazer) - Blood banks: collection. ....	118
Labs / Clinical Labs .....	119
AB-114 (Maienschein) - Medi-Cal benefits: rapid Whole Genome Sequencing. ....	119
AB-265 (Petrie-Norris) - Medi-Cal: reimbursement rates. ....	119
Marijuana / Medical Marijuana.....	120
SB-311 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan’s Law. ....	120
SB-988 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan’s Law. ....	120
Mental / Behavioral Health.....	121
AB-234 (Ramos) - Office of Suicide Prevention.....	121
AB-383 (Salas) - Mental health: older adults.....	121
AB-451 (Arambula) - Health care facilities: treatment of psychiatric emergency medical conditions. ....	121
AB-552 (Quirk-Silva) - Integrated School-Based Behavioral Health Partnership Program....	121
AB-573 (Carrillo) - Youth Mental Health Boards. ....	122

AB-586 (O'Donnell) - Pupil health: health and mental health services: School Health Demonstration Project.....	122
AB-638 (Quirk-Silva) - Mental Health Services Act: early intervention and prevention programs.....	122
AB-681 (Ramos) - Mental health: information sharing.....	122
AB-686 (Arambula) - California Community-Based Behavioral Health Outcomes and Accountability Review.....	123
AB-738 (Nguyen) - Community mental health services: mental health boards.....	123
AB-808 (Stone) - Children's Crisis Continuum Pilot Program.....	123
AB-822 (Rodriguez) - Medi-Cal: psychiatric emergency medical conditions.....	123
AB-875 (Wood) - Medi-Cal: demonstration project.....	124
AB-883 (O'Donnell) - Mental Health Services Act: local educational agencies.....	124
AB-935 (Maienschein) - Telehealth: mental health.....	125
AB-940 (McCarty) - College Mental Health Services Program.....	125
AB-942 (Wood) - Specialty mental health services and substance use disorder treatment. .	125
AB-988 (Bauer-Kahan) - Mental health: mobile crisis support teams: 988 crisis hotline. ....	126
AB-1051 (Bennett) - Medi-Cal: specialty mental health services: foster youth. ....	126
AB-1132 (Wood) - Medi-Cal.....	127
AB-1178 (Irwin) - Medi-Cal: serious mental illness: drugs. ....	127
AB-1214 (Waldron) - Medi-Cal eligibility.....	127
AB-1264 (Aguiar-Curry) - Project ECHO (registered trademark) Grant Program. ....	128
AB-1331 (Irwin) - Mental health: Statewide Director of Crisis Services.....	128
AB-1394 (Irwin) - General acute care hospitals: suicide screening.....	128
AB-1443 (McCarty) - Mental health: involuntary treatment.....	128
AB-1470 (Mathis) - Ending Military Suicide Task Force.....	128
AB-1477 (Cervantes) - Maternal mental health.....	129
AB-1542 (McCarty) - County of Yolo: Secured Residential Treatment Program. ....	129
AB-1668 (Patterson) - Mental Health Services Oversight and Accountability Commission...	129
AB-1999 (Arambula) - Medi-Cal: behavioral health: individuals with vision loss. ....	129
AB-2032 (Eduardo Garcia) - Ending Military and Veteran Suicide Task Force. ....	129
AB-2072 (Gabriel) - Mental health professionals: natural disasters: county offices of education: personnel sharing agreements. ....	130
AB-2144 (Ramos) - Mental health: information sharing. ....	130

AB-2220 (Muratsuchi) - Homeless Courts Pilot Program.....	130
AB-2242 (Santiago) - Mental health services.....	130
AB-2259 (Berman) - Foster youth: substance use disorders.....	131
AB-2275 (Wood) - Mental health: involuntary commitment. ....	131
AB-2281 (Lackey) - Early Childhood Mental Health Services Act.....	131
AB-2288 (Choi) - Advance health care directives: mental health treatment.....	131
AB-2317 (Ramos) - Children’s psychiatric residential treatment facilities. ....	131
AB-2518 (Gabriel) - Severe mental illness. ....	132
AB-2666 (Salas) - Behavioral health internship grant program. ....	132
AB-2768 (Waldron) - Mental health and substance use disorders: database of facilities. ....	132
AB-2830 (Bloom) - The Community Assistance, Recovery, and Empowerment (CARE) Court Program.....	132
AB-2853 (Lackey) - Mental health: involuntary holds.....	132
AB-2951 (Salas) - Mobile mental health crisis response teams. ....	133
SB-110 (Wiener) - Substance use disorder services: contingency management services....	133
SB-293 (Limón) - Medi-Cal specialty mental health services. ....	133
SB-316 (Eggman) - Medi-Cal: federally qualified health centers and rural health clinics. ....	134
SB-340 (Stern) - Lanterman-Petris-Short Act: hearings.....	134
SB-465 (Eggman) - Mental health.....	134
SB-507 (Eggman) - Mental health services: assisted outpatient treatment.....	134
SB-562 (Portantino) - Health care coverage: pervasive developmental disorders or autism. 135	
SB-749 (Glazer) - Mental health program oversight: county reporting. ....	135
SB-782 (Glazer) - Assisted outpatient treatment programs. ....	135
SB-929 (Eggman) - Community mental health services: data collection.....	135
SB-964 (Wiener) - Behavioral health. ....	136
SB-966 (Limón) - Federally qualified health centers and rural health clinics: visits.....	136
SB-970 (Eggman) - Mental Health Services Act.....	136
SB-999 (Cortese) - Health coverage: mental health and substance use disorders.....	137
SB-1019 (Gonzalez) - Medi-Cal managed care plans: mental health benefits. ....	137
SB-1035 (Eggman) - Mental health services: assisted outpatient treatment. ....	138
SB-1143 (Roth) - Acute Care Psychiatric Hospital Loan Fund.....	138



SB-1154 (Eggman) - Facilities for mental health or substance use disorder crisis: database. ....	138
SB-1207 (Portantino) - Health care coverage: maternal and pandemic-related mental health conditions. ....	138
SB-1227 (Eggman) - Involuntary commitment: intensive treatment. ....	139
SB-1238 (Eggman) - Behavioral health services: existing and projected needs. ....	139
SB-1338 (Umberg) - Community Assistance, Recovery, and Empowerment (CARE) Court Program. ....	139
SB-1394 (Eggman) - Conservatorships: gravely disabled persons. ....	139
SB-1416 (Eggman) - Mental health services: gravely disabled persons. ....	139
SB-1446 (Stern) - Behavioral health-related treatment, housing that heals, and other services or supports. ....	139
Misc. ....	141
AB-1130 (Wood) - California Health Care Quality and Affordability Act. ....	141
AB-1400 (Kalra) - Guaranteed Health Care for All. ....	141
AB-1670 (Bryan) - Criminal justice: Commission on Alternatives to Incarceration. ....	141
AB-2338 (Gipson) - Health care decisions: decisionmakers and surrogates. ....	142
AB-2504 (Kalra) - Living Organ Donor Reimbursement Act. ....	142
AB-2534 (Bryan) - Survivor Support and Harm Prevention Pilot Program Act. ....	142
AB-2549 (Mia Bonta) - Street harassment prevention. ....	142
AB-2636 (Berman) - Refugees, asylees, and special immigrant visa holders: health care professions: grant program. ....	143
AB-2725 (Low) - Coroners: anatomical gifts. ....	143
SB-402 (Hurtado) - Multipayer Payment Reform Collaborative. ....	143
SB-519 (Wiener) - Controlled substances: decriminalization of certain hallucinogenic substances. ....	143
SB-842 (Dodd) - Health care: medical goods: reuse and redistribution. ....	144
SB-1500 (Committee on Health) - Public health: federal regulation. ....	144
Opioids. ....	145
AB-1627 (Ramos) - Opioid overdose prevention. ....	145
AB-1673 (Seyarto) - California Fentanyl Abuse Task Force. ....	145
AB-2365 (Patterson) - Fentanyl program grants. ....	145
SB-367 (Hurtado) - Student safety: opioid overdose reversal medication. ....	145

SB-864 (Melendez) - General acute care hospitals: drug screening. ....	145
Pharmaceuticals / Pharmacy / Biotech .....	147
AB-671 (Wood) - Medi-Cal: pharmacy benefits. ....	147
AB-752 (Nazarian) - Prescription drug coverage.....	147
AB-1050 (Gray) - Medi-Cal: application for enrollment: prescription drugs. ....	147
AB-1178 (Irwin) - Medi-Cal: serious mental illness: drugs. ....	147
AB-2032 (Eduardo Garcia) - Ending Military and Veteran Suicide Task Force. ....	148
AB-2942 (Daly) - Prescription drug cost sharing.....	148
SB-57 (Wiener) - Controlled substances: overdose prevention program. ....	148
SB-310 (Rubio) - Unused medications: cancer medication recycling. ....	149
SB-521 (Bradford) - Drug manufacturers: value-based arrangement.....	149
SB-568 (Pan) - Deductibles: chronic disease management. ....	149
SB-823 (Committee on Health) - Public health: omnibus bill.....	149
SB-838 (Pan) - Health care: prescription drugs. ....	150
SB-939 (Pan) - Prescription drug pricing.....	150
SB-1191 (Bates) - Medi-Cal: pharmacogenomic testing.....	151
SB-1346 (Becker) - Surplus medication collection and distribution. ....	151
Public Health.....	152
AB-45 (Aguiar-Curry) - Industrial hemp products.....	152
AB-61 (Gabriel) - Business pandemic relief. ....	152
AB-70 (Salas) - Gene synthesis providers. ....	152
AB-93 (Eduardo Garcia) - Pandemic response practices. ....	152
AB-234 (Ramos) - Office of Suicide Prevention.....	153
AB-240 (Rodriguez) - Local health department workforce assessment. ....	153
AB-323 (Kalra) - Long-term health facilities. ....	153
AB-342 (Gipson) - Health care coverage: colorectal cancer: screening and testing. ....	153
AB-356 (Chen) - Fluoroscopy: temporary permit.....	153
AB-441 (Mayes) - Recreational water use: wave basins. ....	154
AB-535 (Aguiar-Curry) - Olive oil: labeling. ....	154
AB-619 (Calderon) - Lung health. ....	154
AB-789 (Low) - Health care services. ....	155
AB-831 (Committee on Health) - California Retail Food Code.....	155

AB-835 (Nazarian) - Hospital emergency departments: HIV testing.....	155
AB-895 (Holden) - Skilled nursing facilities and intermediate care facilities: notice to prospective residents.....	155
AB-1038 (Gipson) - California Health Equity Program. ....	155
AB-1094 (Arambula) - Sexual orientation and gender identity data collection pilot project. ..	156
AB-1144 (Robert Rivas) - Cottage food operations. ....	156
AB-1207 (Luz Rivas) - Pathways Through Pandemics Task Force. ....	156
AB-1229 (Rodriguez) - Advisory task force: ambulance services. ....	156
AB-1251 (Muratsuchi) - Local public health orders.....	156
AB-1341 (Cristina Garcia) - Dietary supplements for weight loss and over-the-counter diet pills. ....	157
AB-1344 (Arambula) - State Department of Public Health: needle and syringe exchange services.....	157
AB-1357 (Cervantes) - Perinatal services: maternal mental health. ....	157
AB-1388 (Low) - COVID-19: death data. ....	157
AB-1494 (Fong) - Blood banks: collection. ....	158
AB-1618 (Aguiar-Curry) - Alzheimer’s disease. ....	158
AB-1627 (Ramos) - Opioid overdose prevention. ....	158
AB-1632 (Akilah Weber) - Restroom access: medical conditions. ....	158
AB-1672 (Boerner Horvath) - Public swimming pools: lifeguards.....	158
AB-1673 (Seyarto) - California Fentanyl Abuse Task Force.....	159
AB-1690 (Luz Rivas) - Tobacco and cannabis products: single-use components. ....	159
AB-1704 (Chen) - Leg-podiatric X-ray equipment: certification or permit exemption. ....	159
AB-1737 (Holden) - Children’s camps: local registration and inspections. ....	159
AB-1743 (Medina) - Public health. ....	160
AB-1797 (Akilah Weber) - Immunization registry.....	160
AB-1882 (Robert Rivas) - Hospitals: seismic safety.....	160
AB-1896 (Quirk) - Gamete banks.....	161
AB-1940 (Salas) - School-Based Health Center Support Program.....	161
AB-2032 (Eduardo Garcia) - Ending Military and Veteran Suicide Task Force. ....	161
AB-2076 (Luz Rivas) - Extreme Heat and Community Resilience Program: Extreme Heat Hospitalization and Death Reporting System.....	161
AB-2117 (Gipson) - Mobile stroke units.....	162

AB-2199 (Wicks) - Birthing Justice for California Families Pilot Project. ....	162
AB-2260 (Rodriguez) - Emergency response: trauma kits. ....	162
AB-2298 (Mayes) - Recreational water use: wave basins. ....	162
AB-2312 (Lee) - Nonprescription contraception: access.....	163
AB-2320 (Cristina Garcia) - Reproductive health care pilot program.....	163
AB-2326 (Reyes) - Lead poisoning prevention: laboratory reporting.....	163
AB-2360 (Arambula) - Emergency response advisory working group. ....	163
AB-2365 (Patterson) - Fentanyl program grants.....	164
AB-2420 (Arambula) - Perinatal health: extreme heat.....	164
AB-2473 (Nazarian) - Substance use disorder: counselors.....	164
AB-2500 (Arambula) - Farm to Hospital Grant Pilot Program.....	164
AB-2504 (Kalra) - Living Organ Donor Reimbursement Act. ....	164
AB-2521 (Santiago) - Transgender Wellness and Equity Fund.....	165
AB-2522 (Gray) - Public Health Workforce Loan Repayment Program.....	165
AB-2534 (Bryan) - Survivor Support and Harm Prevention Pilot Program Act. ....	165
AB-2549 (Mia Bonta) - Street harassment prevention. ....	165
AB-2586 (Cristina Garcia) - Reproductive and sexual health inequities.....	165
AB-2655 (Blanca Rubio) - Multicultural health. ....	166
AB-2673 (Irwin) - Hospice licensure: moratorium on new licenses. ....	166
AB-2771 (Friedman) - Cosmetic products: safety.....	166
AB-2833 (Irwin) - COVID-19 testing capacity.....	166
HR-33 (Gipson) - Public Health. ....	167
SB-57 (Wiener) - Controlled substances: overdose prevention program. ....	167
SB-80 (McGuire) - Commercial fishing: inspection: crab traps.....	167
SB-247 (Eggman) - Rare Disease Advisory Council.....	167
SB-306 (Pan) - Sexually transmitted disease: testing. ....	167
SB-310 (Rubio) - Unused medications: cancer medication recycling. ....	168
SB-336 (Ochoa Bogh) - Public health: COVID-19.....	168
SB-371 (Caballero) - Health information technology. ....	168
SB-395 (Caballero) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program. ....	169
SB-434 (Bates) - Substance abuse and mental health services: advertising and marketing. ....	169

SB-519 (Wiener) - Controlled substances: decriminalization of certain hallucinogenic substances. ....	169
SB-637 (Newman) - Health facility reporting: staffing.....	170
SB-682 (Rubio) - Childhood chronic health conditions: racial disparities. ....	170
SB-687 (Hueso) - Emergency response: trauma kits.....	170
SB-744 (Glazer) - Communicable diseases: respiratory disease information.....	170
SB-771 (Becker) - Prenatal screening program.....	171
SB-855 (Newman) - Childhood Drowning Data Collection Pilot Program. ....	171
SB-883 (Roth) - Umbilical Cord Blood Collection Program.....	171
SB-972 (Gonzalez) - California Retail Food Code.....	171
SB-1003 (Eggman) - Trauma-Informed Care Training Certification Program.....	171
SB-1029 (Hurtado) - One Health Program: zoonotic diseases.....	172
SB-1231 (Caballero) - California Standard Diagnostic for Valley Fever.....	172
SB-1296 (Pan) - Viral surveillance program.....	172
SB-1346 (Becker) - Surplus medication collection and distribution. ....	172
SB-1475 (Glazer) - Blood banks: collection. ....	172
SB-1479 (Pan) - COVID-19 testing in schools: COVID-19 testing plans.....	173
SB-1500 (Committee on Health) - Public health: federal regulation. ....	173
SCR-11 (Rubio) - Cancer Patients' Bill of Rights.....	173
Public Insurance / Medi-Cal / MCMC.....	174
AB-4 (Arambula) - Medi-Cal: eligibility.....	174
AB-32 (Aguiar-Curry) - Telehealth.....	174
AB-112 (Holden) - Medi-Cal eligibility.....	174
AB-114 (Maienschein) - Medi-Cal benefits: rapid Whole Genome Sequencing. ....	175
AB-265 (Petrie-Norris) - Medi-Cal: reimbursement rates.....	175
AB-278 (Flora) - Medi-Cal: podiatric services. ....	175
AB-368 (Bonta) - Food prescriptions.....	175
AB-369 (Kamlager) - Medi-Cal services: persons experiencing homelessness. ....	176
AB-382 (Kamlager) - Whole Child Model program. ....	176
AB-470 (Carrillo) - Medi-Cal: eligibility.....	176
AB-498 (Quirk-Silva) - Medi-Cal: county organized health system: Orange County Health Authority.....	177

AB-521 (Mathis) - Medi-Cal: unrecovered payments: interest rate. ....	177
AB-523 (Nazarian) - Program of All-Inclusive Care for the Elderly. ....	178
AB-540 (Petrie-Norris) - Program of All-Inclusive Care for the Elderly. ....	178
AB-563 (Berman) - School-based health programs.....	178
AB-586 (O'Donnell) - Pupil health: health and mental health services: School Health Demonstration Project. ....	178
AB-671 (Wood) - Medi-Cal: pharmacy benefits. ....	179
AB-808 (Stone) - Children's Crisis Continuum Pilot Program.....	179
AB-822 (Rodriguez) - Medi-Cal: psychiatric emergency medical conditions.....	179
AB-848 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs. .....	180
AB-875 (Wood) - Medi-Cal: demonstration project.....	180
AB-882 (Gray) - Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program. ....	181
AB-942 (Wood) - Specialty mental health services and substance use disorder treatment. .	181
AB-1046 (Blanca Rubio) - Nurse-Family Partnership program. ....	181
AB-1050 (Gray) - Medi-Cal: application for enrollment: prescription drugs. ....	181
AB-1051 (Bennett) - Medi-Cal: specialty mental health services: foster youth. ....	182
AB-1104 (Grayson) - Air ambulance services.....	182
AB-1132 (Wood) - Medi-Cal.....	183
AB-1178 (Irwin) - Medi-Cal: serious mental illness: drugs. ....	183
AB-1214 (Waldron) - Medi-Cal eligibility.....	183
AB-1355 (Levine) - Medi-Cal: Independent Medical Review System. ....	184
AB-1400 (Kalra) - Guaranteed Health Care for All. ....	184
AB-1585 (Committee on Health) - Health care. ....	184
AB-1892 (Flora) - Medi-Cal: orthotic and prosthetic appliances.....	185
AB-1900 (Arambula) - Medi-Cal: income level for maintenance. ....	185
AB-1929 (Gabriel) - Medi-Cal: violence preventive services. ....	185
AB-1930 (Arambula) - Medi-Cal: comprehensive perinatal services. ....	186
AB-1937 (Patterson) - Medi-Cal: out-of-pocket pregnancy costs.....	186
AB-1995 (Arambula) - Medi-Cal: premiums, contributions, and copayments. ....	186
AB-1999 (Arambula) - Medi-Cal: behavioral health: individuals with vision loss. ....	187

AB-2034 (O'Donnell) - Local education agency: Medi-Cal billing option. ....	187
AB-2077 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs. ....	188
AB-2134 (Akilah Weber) - Reproductive health care.....	188
AB-2402 (Blanca Rubio) - Medi-Cal: continuous eligibility.....	188
AB-2426 (Gipson) - Martin Luther King, Jr. Community Hospital.....	189
AB-2458 (Akilah Weber) - California Children's Services: reimbursement rates. ....	189
AB-2516 (Aguiar-Curry) - Health care coverage: human papillomavirus.....	189
AB-2648 (Grayson) - Air ambulance services.....	190
AB-2659 (Patterson) - Medi-Cal managed care: midwifery services. ....	190
AB-2680 (Arambula) - Medi-Cal: Community Health Navigator Program. ....	191
AB-2697 (Aguiar-Curry) - Medi-Cal: community health workers and promotores.....	191
AB-2724 (Arambula) - Medi-Cal: alternate health care service plan.....	192
AB-2727 (Wood) - Medi-Cal: eligibility.....	192
AB-2786 (Stone) - Children's Crisis Continuum Pilot Program.....	192
AB-2823 (Levine) - Medi-Cal: beneficiary maintenance needs: home upkeep allowances. ...	192
SB-48 (Limón) - Medi-Cal: annual cognitive health assessment.....	193
SB-56 (Durazo) - Medi-Cal: eligibility.....	193
SB-110 (Wiener) - Substance use disorder services: contingency management services....	194
SB-226 (Pan) - Medi-Cal: County of Sacramento.....	194
SB-256 (Pan) - California Advancing and Innovating Medi-Cal.....	194
SB-281 (Dodd) - Medi-Cal: California Community Transitions program.....	194
SB-293 (Limón) - Medi-Cal specialty mental health services. ....	195
SB-316 (Eggman) - Medi-Cal: federally qualified health centers and rural health clinics. ....	195
SB-365 (Caballero) - E-consult service. ....	195
SB-521 (Bradford) - Drug manufacturers: value-based arrangement.....	196
SB-644 (Leyva) - Health care coverage outreach. ....	196
SB-823 (Committee on Health) - Public health: omnibus bill.....	196
SB-966 (Limón) - Federally qualified health centers and rural health clinics: visits.....	197
SB-987 (Portantino) - California Cancer Care Equity Act. ....	197
SB-1014 (Hertzberg) - Enhanced Clinically Integrated Program for Federally Qualified Health Centers. ....	198

SB-1019 (Gonzalez) - Medi-Cal managed care plans: mental health benefits. ....	198
SB-1089 (Wilk) - Medi-Cal: eyeglasses: Prison Industry Authority. ....	199
SB-1180 (Pan) - Medi-Cal: time and distance standards for managed care services. ....	199
SB-1191 (Bates) - Medi-Cal: pharmacogenomic testing. ....	199
SB-1234 (Pan) - Family Planning, Access, Care, and Treatment Program. ....	199
Reproductive health.....	201
AB-1046 (Blanca Rubio) - Nurse-Family Partnership program. ....	201
AB-1477 (Cervantes) - Maternal mental health.....	201
AB-1666 (Bauer-Kahan) - Abortion: civil actions. ....	201
AB-1896 (Quirk) - Gamete banks.....	201
AB-1918 (Petrie-Norris) - California Reproductive Health Service Corps. ....	201
AB-1930 (Arambula) - Medi-Cal: comprehensive perinatal services. ....	202
AB-1937 (Patterson) - Medi-Cal: out-of-pocket pregnancy costs. ....	202
AB-2029 (Wicks) - Health care coverage: treatment for infertility. ....	202
AB-2091 (Mia Bonta) - Disclosure of information: reproductive health and foreign penal civil actions.....	203
AB-2134 (Akilah Weber) - Reproductive health care.....	203
AB-2199 (Wicks) - Birthing Justice for California Families Pilot Project. ....	204
AB-2205 (Carrillo) - California Health Benefit Exchange: abortion services coverage reporting. .....	204
AB-2223 (Wicks) - Reproductive health.....	204
AB-2312 (Lee) - Nonprescription contraception: access.....	204
AB-2320 (Cristina Garcia) - Reproductive health care pilot program.....	204
AB-2420 (Arambula) - Perinatal health: extreme heat.....	205
AB-2529 (Davies) - Health care: workforce training programs. ....	205
AB-2581 (Salas) - Health care service plans: mental health and substance use disorders: provider credentials. ....	205
AB-2586 (Cristina Garcia) - Reproductive and sexual health inequities.....	205
AB-2626 (Calderon) - Medical Board of California: licensee discipline: abortion.....	206
SB-65 (Skinner) - Maternal care and services. ....	206
SB-245 (Gonzalez) - Health care coverage: abortion services: cost sharing.....	206
SB-306 (Pan) - Sexually transmitted disease: testing. ....	207



SB-523 (Leyva) - Health care coverage: contraceptives.....	207
SB-771 (Becker) - Prenatal screening program.....	208
SB-1142 (Caballero) - Abortion services.....	209
SB-1234 (Pan) - Family Planning, Access, Care, and Treatment Program. ....	209
SB-1245 (Kamlager) - Los Angeles County Abortion Access Safe Haven Pilot Program. ....	209
Senior Health .....	210
AB-4 (Arambula) - Medi-Cal: eligibility.....	210
AB-383 (Salas) - Mental health: older adults.....	210
AB-470 (Carrillo) - Medi-Cal: eligibility.....	210
AB-523 (Nazarian) - Program of All-Inclusive Care for the Elderly. ....	210
AB-540 (Petrie-Norris) - Program of All-Inclusive Care for the Elderly. ....	211
AB-749 (Nazarian) - Skilled nursing facilities: medical director certification.....	211
AB-848 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs. .....	211
AB-895 (Holden) - Skilled nursing facilities and intermediate care facilities: notice to prospective residents.....	212
AB-1132 (Wood) - Medi-Cal.....	212
AB-1502 (Muratsuchi) - Freestanding skilled nursing facilities.....	212
AB-1618 (Aguiar-Curry) - Alzheimer's disease. ....	213
AB-1809 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2022. .....	213
AB-1900 (Arambula) - Medi-Cal: income level for maintenance. ....	213
AB-2077 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs. ....	213
AB-2546 (Nazarian) - Resident-Designated Support Persons Act.....	214
AB-2823 (Levine) - Medi-Cal: beneficiary maintenance needs: home upkeep allowances. ..	214
SB-48 (Limón) - Medi-Cal: annual cognitive health assessment.....	214
SB-56 (Durazo) - Medi-Cal: eligibility.....	215
SB-281 (Dodd) - Medi-Cal: California Community Transitions program.....	215
SB-441 (Hurtado) - Health care workforce training programs: geriatric medicine. ....	215
SB-823 (Committee on Health) - Public health: omnibus bill.....	215
Tobacco.....	217
AB-541 (Berman) - Tobacco assessment. ....	217

AB-1690 (Luz Rivas) - Tobacco and cannabis products: single-use components. ....	217
SB-395 (Caballero) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program. ....	217
Vital Statistics.....	218
AB-439 (Bauer-Kahan) - Certificates of death: gender identity. ....	218
AB-751 (Irwin) - Vital records: certified copies: electronic requests. ....	218
AB-1094 (Arambula) - Sexual orientation and gender identity data collection pilot project. ..	218
AB-1286 (Petrie-Norris) - Marriage: local registrar. ....	218
AB-1388 (Low) - COVID-19: death data. ....	218
AB-2176 (Wood) - Live birth registration. ....	218
AB-2436 (Bauer-Kahan) - Death certificates: content. ....	218
SB-786 (Hertzberg) - Records: blockchain.....	219
SB-855 (Newman) - Childhood Drowning Data Collection Pilot Program. ....	219

## Alcohol/Drug Programs

### [AB-77 \(Petrie-Norris\) - Substance use disorder treatment services.](#)

Would have required, commencing January 1, 2026, any substance use disorder (SUD) treatment program to be licensed by the Department of Health Care Services (DHCS), except as specified. Would have required DHCS, in administering these provisions, to issue licenses for a period of two years for SUD treatment programs that meet the requirements in these provisions. Would have required various quality parameters of licensed SUD treatment programs, including, among others, that patients admitted for treatment meet specified medical necessity criteria. Would have authorized a licensed SUD treatment program to treat persons 12 to 17 years of age, inclusive, provided certain additional requirements are met, including that assessments include documentation of the person's unique abilities and strengths in the patient treatment plan. Would have provided DHCS with numerous oversight responsibilities and authorize the levying of civil penalties for violations.

**Status:** Died in Assembly Health

### [AB-381 \(Davies\) - Licensed facilities: duties.](#)

Requires alcohol and other drug residential treatment facilities (RTF) licensed by the Department of Health Care Services (DHCS) to maintain on the premises at least two unexpired doses of naloxone hydrochloride (NH) or any other opioid antagonist (OA) that is approved by the United States Food and Drug Administration for treatment of an opioid overdose. Requires RTFs to have at all times, at least one staff member on the premises who knows the specific location of the NH/OA and who has been trained on the administration of NH/OA in accordance with the training requirements set forth by the DHCS. Requires proof of completion of training on the administration of NH/OA to be documented in the staff member's individual personnel file. Indemnifies a trained staff member from liability for damages in a civil action or from criminal prosecution for the administration of NH/OA to a person appearing to experience an opioid-related overdose.

**Status:** Chapter 437, Statutes of 2021

### [AB-541 \(Berman\) - Tobacco assessment.](#)

Requires alcoholism or substance use disorder recovery or treatment facilities and alcohol or other drug programs licensed or certified by the Department of Health Care Services to assess each client or patient for tobacco use at the time of the initial intake and to comply with specified requirements.

**Status:** Chapter 150, Statutes of 2021

### **AB-666 (Chiu) - Substance use disorder workforce development.**

Requires the Department of Health Care Services to produce and submit to the Legislature a report assessing statewide substance use disorder (SUD) workforce needs and, based on the report, to implement an SUD workforce development program that supports a "career ladder" for the SUD workforce.

**Status:** Chapter 7, Statutes of 2022

### **AB-1098 (Daly) - Recovery residences.**

Would have created the Excellence in Recovery Residence Housing Act. Would have required the Secretary of California Health and Human Services to develop and publish on the Department of Health Care Services' internet website consensus-based guidelines and nationally recognized standards for counties to use to promote the availability of high-quality recovery residence (RR) housing for individuals with a substance use disorder and to dissuade the use of contracting with, or referral to, RRs that do not meet these guidelines and standards.

**Status:** Died in Assembly Appropriations

### **AB-1158 (Petrie-Norris) - Alcoholism or drug abuse recovery or treatment facilities: recovery residence: insurance coverage.**

Requires an alcoholism or drug abuse recovery or treatment facility (RTF) licensed by the Department of Health Care Services serving more than six residents to maintain specified insurance coverages, including commercial general liability insurance and employer's liability insurance. Requires a licensee serving six or fewer residents to maintain general liability insurance coverage. Requires that any government entity that contracts with a privately owned Recovery Residence or RTF providing treatment services for more than six residents to require the contractors to, at all times, maintain specified insurance coverage, including commercial general liability insurance and employer's liability insurance and to include the government entity as an additional insured. Requires any government entity that contracts with an RTF providing treatment services for six or fewer residents to require the contractor, at all times, to maintain general liability insurance coverages, which includes the government entity as an additional insured.

**Status:** Chapter 443, Statutes of 2021

### **AB-1542 (McCarty) - County of Yolo: Secured Residential Treatment Program.**

Would have authorized the County of Yolo to offer a pilot program, known as the Secured Residential Treatment Program, for individuals suffering from substance use disorders who have been convicted of drug-motivated felony crimes, as specified.

**Status:** Vetoed

### **AB-1860 (Ward) - Substance abuse treatment: certification.**

Exempts from existing certification requirements for the provision of counseling services within an alcoholism or drug abuse recovery and treatment program, associates registered with the Board of Behavioral Sciences, a licensed professional, as defined by the Department of Health Care Services and graduate students affiliated with university programs in psychology, social work, marriage and family therapy, or counseling and who are completing supervised practicum hours to meet postgraduate requirements.

**Status:** Chapter 523, Statutes of 2022

### **AB-1928 (McCarty) - Hope California: Secured Residential Treatment Pilot Program.**

Would have authorized the Counties of San Joaquin, Santa Clara, and Yolo to establish pilot programs to offer secured residential treatment for qualifying individuals suffering from substance use disorders who have been convicted of drug-motivated felony crimes.

**Status:** Died in Assembly Appropriations

### **AB-2473 (Nazarian) - Substance use disorder: counselors.**

Requires the Department of Health Care Services (DHCS) to determine the required core competencies for registered and certified counselors working within an alcoholism or drug abuse recovery and treatment program. Requires DHCS to consult with affected stakeholders in developing the requirements.

**Status:** Chapter 594, Statutes of 2022

### **AB-2818 (Waldron) - Substance use disorder treatment workforce expansion.**

Would have stated legislative intent to achieve nearly twenty separate one-year and five-year goals related to the state's substance use disorder treatment workforce.

**Status:** Died in Assembly Appropriations

### **SB-57 (Wiener) - Controlled substances: overdose prevention program.**

Would have permitted the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland to approve entities to establish and operate overdose prevention programs (OPPs) until January 1, 2028. Would have required OPPs to provide a hygienic space supervised by trained staff, as specified, and provide sterile consumption supplies where people can consume controlled substances.

**Status:** Vetoed

### **SB-349 (Umberg) - California Ethical Treatment for Persons with Substance Use Disorder Act.**

Establishes the California Ethical Treatment for Persons with Substance Use Disorder (SUD) Act. Requires a SUD treatment provider to adopt a client bill of rights for persons receiving treatment for a SUD and to make the bill of rights available to all clients and prospective clients. Imposes requirements and proscribes unlawful acts relating to marketing and advertising with respect to SUD treatment providers, as defined.

**Status:** Chapter 15, Statutes of 2022

### **SB-434 (Bates) - Substance abuse and mental health services: advertising and marketing.**

Prohibits entities, licensed or certified by the state to provide substance use or mental health disorder services, from making false statements or providing false information in advertising or marketing, as specified.

**Status:** Chapter 447, Statutes of 2021

### **SB-507 (Eggman) - Mental health services: assisted outpatient treatment.**

Expands the criteria for court ordered Assisted Outpatient Treatment (AOT) if, a clinical determination has been made that in view of the person's treatment history and current behavior, at least one of the following is true: a) the person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating, or b) the person is in need of AOT in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others. Expands the criteria for AOT to include an eligible conservatee who is the subject of a pending petition for termination of a conservatorship under the Lanterman-Petris-Short Act to obtain AOT treatment, as specified. Requires the examining mental health professional to determine if the subject of the AOT petition has the capacity to give informed consent regarding psychotropic medication in their affidavit to the court. Permits the subject of the petition or the examining mental health professional to appear before the court for testimony by videoconferencing.

**Status:** Chapter 426, Statutes of 2021

### **SB-541 (Bates) - Substance use disorder treatment facilities and programs: disclosure of license and certification status.**

Requires an entity licensed or certified by the Department of Health Care Services to provide substance use disorder treatment services to disclose information about its license or certification, including the license or certification number and expiration date, in specified circumstances.

**Status:** Chapter 730, Statutes of 2021

**SB-782 (Glazer) - Assisted outpatient treatment programs.**

Would have authorized the filing of a petition to obtain Assisted Outpatient Treatment (AOT) under the existing petition procedures, for a conservatee or former conservatee, as specified, who would benefit from AOT as a means of reducing the risk of deteriorating mental health while the individual is living independently.

**Status:** Died in Assembly Rules

**SB-1165 (Bates) - Substance abuse and mental health services: advertisement and marketing.**

Clarifies that existing law prohibiting an operator of an alcoholism or drug abuse recovery treatment facility or program, as defined, or a licensed psychiatric or mental health facility, from making false or misleading statements or providing false or misleading information about the facility's or program's services also prohibits the operator from making false or misleading statements or providing false information about medical treatment or services.

**Status:** Chapter 172, Statutes of 2022

## CHBRP

### [AB-32 \(Aguiar-Curry\) - Telehealth.](#)

Permits a health care provider, a federally qualified health center (FQHC) or a rural health clinic (RHC) to establish a new patient relationship using an audio-only synchronous interaction (for example, a telephone call) when the visit is related to sensitive services (defined by reference to a definition in existing law to include health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence), and when established in accordance with Department of Health Care Services (DHCS)-specific requirements and consistent with federal state law, regulations and guidance. Permits a health care provider, an FQHC or RHC, to also establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality, or attests they do not have access to video, and when established in accordance with DHCS specific requirements and consistent with federal and state laws, regulations and guidance. Implements these changes only to the extent that any necessary federal approvals are obtained, federal financial participation is available and not otherwise jeopardized. Authorizes DHCS, in making exceptions to the requirement that health care providers offer both audio and video, to take into consideration the availability of broadband access based on speed standards set by the Federal Communications Commission, pursuant to a specified provision of the federal Telecommunications Act of 1996 or other applicable federal law or regulation.

**Status:** Chapter 515, Statutes of 2022

### [AB-97 \(Nazarian\) - Health care coverage: insulin affordability.](#)

Would have prohibited a health care service plan contract or a health disability policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug.

**Status:** Died in Senate Appropriations

### [AB-570 \(Santiago\) - Dependent parent health care coverage.](#)

Requires an individual health care service plan (health plan) contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a parent or stepparent who meets the definition of a qualifying relative under specified federal law and who lives or resides within the health plan or insurer's service area.

**Status:** Chapter 468, Statutes of 2021



### **AB-935 (Maienschein) - Telehealth: mental health.**

Would have established the Mothers and Children Mental Health Support Act of 2021 which would have required health care service plans (health plans) and health insurers, by July 1, 2022, to provide access to a telehealth consultation program that meets specified criteria and would have given providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. Would have required the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. Would have required health plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. Would have required health plans and health insurers to monitor data pertaining to the utilization of the program to facilitate ongoing quality improvements, as necessary, and to provide a description of the program to the appropriate state departments.

**Status:** Died in Assembly Appropriations

### **AB-1082 (Waldron) - California Health Benefits Review Program: extension.**

Extends the sunset date of the California Health Benefits Review Program (CHBRP) and Health Care Benefits Fund through July 1, 2027, and authorizes the continued assessment of the annual charge on health care service plans (health plans) and health insurers, as specified. Increases the allowable total annual assessment on health plans and health insurers from \$2 million to \$2.2 million to support CHBRP. Makes technical and conforming changes.

**Status:** Chapter 592, Statutes of 2021

### **AB-1254 (Gipson) - Health care coverage: mobile stroke units.**

Would have required a health care service plan (health plan) or a health insurance policy that is issued, amended, or renewed on or after January 1, 2022, that provides coverage for emergency health care services to include coverage for services performed by a mobile stroke unit. Would have defined mobile stroke unit as a state-recognized mobile unit facility that serves as a hybrid emergency response ambulance and operates under the direction of a local emergency services agency to provide emergency treatment, imaging, and transportation for patients suffering from a stroke. Would have required Medi-Cal coverage for services performed by a mobile stroke unit and would have required the Department of Health Care Services to seek any necessary federal approvals and the availability of federal financial participation.

**Status:** Died in Assembly Health

**AB-1520 (Levine) - Health care coverage: prostate cancer: screening.**

Would have prohibited a health care service plan contract or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2022, from applying a deductible, copayment, or coinsurance to coverage for specified screening services for prostate cancer for an enrollee or insured who is 55 years of age or older or is 40 years of age or older and is high risk, as determined by their health care provider.

**Status:** Died in Assembly Appropriations

**AB-1859 (Levine) - Mental health services.**

Would have required a health care service plan (health plan) or a health insurance policy issued, amended, or renewed on or after July 1, 2023, that includes coverage for mental health (MH) services to, among other things, approve the provision of MH services for persons who are screened, evaluated, detained for treatment and evaluation under the Lanterman-Petris-Short Act and to process the referral as an appointment request. Would have required the referring facility to provide notification of the referral to the health plan or insurer within 48 hours of referral.

**Status:** Vetoed

**AB-2024 (Friedman) - Health care coverage: diagnostic imaging.**

Would have required a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage for screening mammography, medically necessary diagnostic or supplemental breast examinations, or testing for screening or diagnostic purposes upon referral by specified professionals. Would have prohibited a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, from imposing cost sharing for screening mammography, medically necessary or supplemental breast examinations, or testing.

**Status:** Died in Senate Appropriations

**AB-2029 (Wicks) - Health care coverage: treatment for infertility.**

Would have required a group health plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2023, to provide coverage for the diagnosis and treatment of infertility and fertility services, as specified, up to a lifetime maximum benefit of \$75,000. Would have required a health plan or health insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified.

**Status:** Died in Assembly Appropriations

**AB-2585 (McCarty) - Health care coverage: nonpharmacological pain management treatment.**

Permits an individual or group health plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2023, that covers hospital, medical, or surgical expenses to provide coverage for nonpharmacological pain management treatment (NPMT) and defines NPMT as pain management treatment without the use of medication that includes any behavioral or instrument-based therapy approved by the federal Food and Drug Administration intended for the use of managing or treating pain.

**Status:** Chapter 160, Statutes of 2022

**SB-245 (Gonzalez) - Health care coverage: abortion services: cost sharing.**

Prohibits a health plan or an individual or group policy, as specified, that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services. Prohibits a health plan or a health insurer from imposing utilization management or utilization review on the coverage for outpatient abortion services. Applies these requirements to Medi-Cal managed care plans, providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review. Authorizes the Department of Managed Health Care (DMHC) or California Department of Insurance (CDI) Commissioner to interpret and implement this bill, in consultation with specified departments by means of plan letters or similar guidance without taking any further regulatory action. Requires DMHC and CDI to adopt regulations on or before January 1, 2026.

**Status:** Chapter 11, Statutes of 2022

**SB-428 (Hurtado) - Health care coverage: adverse childhood experiences screenings.**

Requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventive care to additionally include coverage for adverse childhood experiences (ACEs) screenings. Defines ACEs as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. Allows the Department of Managed Health Care and California Department of Insurance to adopt guidance to implement this bill.

**Status:** Chapter 641, Statutes of 2021

### **SB-473 (Bates) - Health care coverage: insulin cost sharing.**

Would have required a health care service plan contract or a health insurance policy as specified, to cover all available dosage forms and concentrations of at least one insulin product of each insulin type for a copayment not to exceed \$35 as specified, and would have prohibited a contract or policy from imposing other cost-sharing requirements, including a deductible requirement on benefits related to managing and treating diabetes, as specified. Would have prohibited a contract or policy from imposing a deductible requirement on a benefit as described, for which the Internal Revenue Service has indicated that the minimum deductible may be waived in a high deductible health plan (HDHP) if a health plan contract is a HDHP, as defined in Section 223(c)(2) of Title 26 of the United States Code.

**Status:** Died in Assembly Appropriations

### **SB-510 (Pan) - Health care coverage: COVID-19 cost sharing.**

Requires a health care service plan contract or a disability insurance policy, as specified, to cover the costs for COVID-19 diagnostic and screening testing and health care services related to the testing for COVID-19, or a future disease when declared a public health emergency (PHE) by the State of California's Governor. Prohibits the contract or policy from imposing cost sharing or prior authorization requirements for that coverage. Requires a contract or policy to cover without cost sharing or prior authorization an item, service, or immunization intended to prevent or mitigate COVID-19, or a future disease when declared a PHE, that is recommended by the United States Preventive Services Task Force or the federal Centers for Disease Control and Prevention, as specified. Applies the provisions of this bill retroactively beginning from the Governor's declared State of Emergency related to COVID-19 on March 4, 2020. Makes the provisions of this bill severable. Adds an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

**Status:** Chapter 729, Statutes of 2021

### **SB-523 (Leyva) - Health care coverage: contraceptives.**

Establishes the Contraceptive Equity Act of 2022, and expands coverage of contraceptives by a health care service plan (health plan) contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2024, including requiring a health plan or health insurer to provide point-of-sale coverage for over-the-counter (OTC) U.S. Food and Drug Administration (FDA)-approved contraceptive drugs, devices, and products at in-network pharmacies without cost-sharing or medical management restrictions. Specifies that a prescription is not required to trigger coverage of OTC FDA-approved contraceptive drugs, devices, and products. Prohibits a health plan contract or disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, with certain exceptions, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on

vasectomy coverage, as specified, under conditions similar to those applicable to other contraceptive coverage. Requires a health plan or insurer to defer to the provider's determination and judgement and provide coverage for the alternative prescribed drug, device, or service without cost-sharing, if a covered therapeutic is deemed medically inadvisable by the enrollee or insured's provider, as specified. Includes, for purposes of this bill, Medi-Cal managed care plans (MCMPs), to the extent that the benefits described are made the financial responsibility of the MCMPs and if some or all of the described benefits are not the MCMP's financial responsibility, then those benefits are available on a fee-for-service basis, as specified. Requires health plans and insurance policies offered by public or private institutions of higher learning that directly provide health care services only to its students, faculty, staff, administration, and their respective dependents, issued, amended, renewed, or delivered on or after specified dates, to comply with these contraceptive coverage requirements. Prohibits the California Public Employees' Retirement System Board of Public Relations, the California State University, and the University of California from approving or renewing a health benefit plan that does not comply with the contraceptive coverage requirements of this bill and existing law, on and after January 1, 2024. Amends existing law, under the Fair Employment and Housing Act, to include, among other provisions, protection for reproductive health decisionmaking, with respect to the opportunity to seek, obtain, and hold employment without discrimination. Defines reproductive health decisionmaking as, including but not limited to, a decision to use or access a particular drug, device, product, or medical service for reproductive health, as specified.

**Status:** Chapter 630, Statutes of 2022

### **[SB-535 \(Limón\) - Biomarker testing.](#)**

Prohibits a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for an enrollee or insured with advanced or metastatic stage 3 or 4 cancer. Provides that this bill does not limit, prohibit, or modify an enrollee's or insured's rights to biomarker testing as part of an approved clinical trial, as specified. Applies the provisions of this bill relating to biomarker testing to Medi-Cal managed care plans, as specified.

**Status:** Chapter 605, Statutes of 2021

### **[SB-562 \(Portantino\) - Health care coverage: pervasive developmental disorders or autism.](#)**

Would have expanded existing requirements on health care service plans (health plans) and health insurers to cover behavioral health treatment (BHT) for pervasive developmental disorder or autism. Would have expanded the definition of BHT to require the services and treatment program provided to be based on behavioral, developmental, relationship-based, or other evidence-based models and allow the

substitution of specified current education, work experience, and training qualifications to meet the criteria of a qualified autism service (QAS) professional or paraprofessional. Would have required a health plan or insurer, when clinically appropriate, to include parent or caregiver participation that is individualized to the patient. Would have specified that if a parent or caregiver cannot participate in the patient's therapy, the QAS provider would be required to develop an alternative plan detailing how skills acquired in the course of provided BHT treatment will generalize to the individual's home and community absent parent participation. Would have prohibited a health plan and health insurer from denying or reducing medically necessary BHT based on a lack of parent or caregiver participation, or provider implementation of an alternative plan, as specified.

**Status:** Vetoed

### **SB-568 (Pan) - Deductibles: chronic disease management.**

Would have prohibited a health care service plan (health plan) contract or health insurance policy, as specified, from imposing a deductible requirement for a covered prescription drug or equipment and supplies used to treat a chronic disease, as defined. Would have limited the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance specified in health plan contract or disability insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease, as specified.

**Status:** Died in Assembly Health

### **SB-858 (Wiener) - Health care service plans: discipline: civil penalties.**

Increases the base amount of the civil penalty per violation of the Knox-Keene Health Care Service Plan Act and Regulations from \$2,500 per violation to not more than \$25,000. Requires the Department of Managed Health Care (DMHC) Director, in assessing an administrative and civil penalty, to determine the appropriate amount for the penalty, based upon consideration of specified factors, including nature, scope, and gravity of the violation; good or bad faith of the plan; and, the plan's history of violations. Doubles the minimum and maximum amounts of specified civil and administrative penalties, and, beginning January 1, 2028, and every five years thereafter, adjusts these civil and administrative penalties, as specified. Authorizes the DMHC Director to impose a corrective action plan (CAP) to require future compliance, under certain circumstances. Requires the DMHC to monitor the health care service plan through medical surveys, financial examinations, or other means necessary to ensure timely compliance, if a health plan fails to comply with the CAP in a timely manner.

**Status:** Chapter 985, Statutes of 2022



### **SB-912 (Limón) - Biomarker testing.**

Would have required a health plan contract or health insurance policy, as specified, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition only if the test is supported by medical and scientific evidence. Would have defined medical and scientific evidence as one or more of the following: a labeled indication for a test that has been approved or cleared by the U.S. Food and Drug Administration; a national coverage determination made by the federal Centers for Medicare and Medicaid Services, as specified; or, nationally recognized clinical practice guidelines and consensus statements. Would have applied these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified.

**Status:** Vetoed

### **SB-974 (Portantino) - Health care coverage: diagnostic imaging.**

Would have required a health plan contract, an individual or group disability insurance policy, as specified, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer.

**Status:** Vetoed

### **SB-1473 (Pan) - Health care coverage.**

Provides that a health plan or disability insurer is not required to cover cost sharing for COVID-19 testing and immunizations delivered by an out-of-network provider beginning six months after the federal public health emergency (PHE) expires. Requires a health plan contract or insurance policy to cover therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a licensed health care provider acting within their scope of practice and the standard of care. Provides that a health plan or insurer is not required to cover the cost sharing for COVID-19 therapeutics delivered by an out-of-network provider beginning six months after the federal PHE expires. Prohibits a provider from reporting adverse information to a consumer credit reporting agency or commencing civil action against an enrollee or insured for payment of COVID-19-related items, services, or immunizations. Eliminates a health plan's criminal liability for a violation of COVID-19 testing and immunization coverage requirements that occurred before January 1, 2022. Extends existing law requirements for health plans during a declared PHE to apply to Medi-Cal managed care plans, as specified. Creates an annual enrollment period from November 1, of the preceding calendar year to January 31, of the benefit year, for individual health benefit plans offered outside and through

California Health Benefit Exchange (the Exchange or Covered California). Specifies that the effective date of coverage for individual health benefit plans offered outside and through the Exchange to no later than January 1, of the benefit year for plan selection made from November 1 to December 31, of the preceding calendar year, and be no later than February 1, of the benefit year for plan selection made from January 1 to January 31, of the benefit year.

**Status:** Chapter 545, Statutes of 2022



## Children's Health

### [AB-114 \(Maienschein\) - Medi-Cal benefits: rapid Whole Genome Sequencing.](#)

Would have required rapid Whole Genome Sequencing, including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing, to be a Medi-Cal covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of the 2021, a health budget trailer bill.

**Status:** Died in Senate Appropriations

### [AB-382 \(Kamlager\) - Whole Child Model program.](#)

Extends the sunset date of the statewide California Children's Services (CCS) Whole Child Model (WCM) program stakeholder advisory group by an additional two years, from December 31, 2021 to December 31, 2023, and removes "labor organizations" from the CCS WCM stakeholder advisory group, and instead replaces the phrase "labor organizations" with "recognized exclusive representatives of CCS county providers on the WCM advisory group.

**Status:** Chapter 51, Statutes of 2021

### [AB-552 \(Quirk-Silva\) - Integrated School-Based Behavioral Health Partnership Program.](#)

Would have authorized a county behavioral health agency (county BH agency) and the governing board or governing body of a local educational agency (LEA) to establish an Integrated School-Based Behavioral Health Partnership Program (Partnership Program) to provide prevention and early intervention for, and access to, behavioral health services for pupils with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition. Would have established requirements for county BH agencies and LEAs establishing a Partnership Program, for designated behavioral health professionals participating in the Partnership Program, including a requirement that the designated behavioral health professional provide brief initial interventions when necessary for all referred pupils. Would have required private health plans to reimburse for brief initial intervention services provided by the designated behavioral health professional to pupils enrolled with the private plan at the amount a county BH agency would have received for the same services provided to a Medi-Cal beneficiary if the private plan is unable to offer an appointment within existing non-urgent and appointment availability requirements.

**Status:** Vetoed

### **AB-563 (Berman) - School-based health programs.**

Would have required the California Department of Education to establish an Office of School-Based Health (Office) and specified its duties, which would have included assisting local educational agencies (LEA) with information on and participation in Medi-Cal school-based health programs. Would have increased the annual amount of federal Medicaid funds available for transfer under the LEA billing option program from \$1.5 million to \$2 million, to be used for the support of the Office.

**Status:** Died in Senate Education

### **AB-573 (Carrillo) - Youth Mental Health Boards.**

Would have established the California Youth Mental Health Board (state board) within the California Health and Human Services Agency to advise the Governor and Legislature on the challenges facing youth with mental health (MH) needs and determine opportunities for improvement. Would have required each community MH service to have a local youth MH board to advise the county MH programs, school districts, and other entities on issues relating to youth MH.

**Status:** Died in Assembly Appropriations

### **AB-586 (O'Donnell) - Pupil health: health and mental health services: School Health Demonstration Project.**

Would have established the School Health Demonstration Project, a pilot project to expand comprehensive health and mental health services to public school pupils by providing local educational agencies (LEAs) with training and technical assistance on the requirements for health care provider participation in the Medi-Cal program through the Medi-Cal provider enrollment process to enable LEAs to participate in, contract with, and conduct billing and claiming in the Medi-Cal program by requiring the California Department of Education to select up to three technical assistance teams. Would have required an evaluation, and would have made the project contingent upon an appropriation. Similar provisions were included in an education trailer bill, AB 167 (Committee on Budget), Chapter 252, Statutes of 2021).

**Status:** Died in Senate Education

### **AB-808 (Stone) - Children's Crisis Continuum Pilot Program.**

Would have required the Department of Social Services, in collaboration with the Department of Health Care Services, to establish a five-year Children's Crisis Continuum Pilot Program for the purpose of developing treatment options that are needed to support California's commitment to eliminate the placement of foster youth with complex needs in out-of-state facilities. Would have required a participating entity to develop and implement a highly integrated continuum of care for foster youth with high acuity mental health needs, with specified services. Similar provisions were

included in AB 153, (Committee on Budget), Chapter 86, Statutes of 2021, a human services trailer bill.

**Status:** Died in Senate Health

**[AB-883 \(O'Donnell\) - Mental Health Services Act: local educational agencies.](#)**

Would have amended the Mental Health Services Act by requiring that funds subject to reversion, be reallocated to the county from which the funds reverted. Would have required that a county that has had funds reverted work with local educational agencies (LEAs) within that county to create a plan for the use of the reverted funds by the LEAs to provide early intervention services to youth, including through school-based or school-connected services.

**Status:** Died in Assembly Appropriations

**[AB-1046 \(Blanca Rubio\) - Nurse-Family Partnership program.](#)**

Would have required the California Health and Human Services Agency to consult with stakeholders from diverse geographical regions of the state to identify mechanisms to improve the state and counties' ability to effectively draw down Medi-Cal funding for evidence-based maternal-infant and early childhood home visiting encounters.

**Status:** Died in Senate Rules

**[AB-1264 \(Aguiar-Curry\) - Project ECHO \(registered trademark\) Grant Program.](#)**

Would have required the Office of Statewide Health Planning and Development (OSHPD, renamed to the Department of Health Care Access and Information), upon appropriation by the Legislature, to establish, develop, implement, and administer the Project ECHO (registered trademark) Grant Program. Would have required participating children's hospitals to establish yearlong pediatric behavioral health teleECHO (trademark) clinics for specified individuals, including primary care clinicians and educators, to help them develop expertise and tools to better serve the youth that they work with by addressing their mental health needs stemming from the coronavirus pandemic.

**Status:** Died in Assembly Appropriations

**[AB-1737 \(Holden\) - Children's camps: local registration and inspections.](#)**

Would have required the Secretary of the California Health and Human Services Agency, in coordination with the Director of Social Services (DSS), to lead the development and implementation of a master plan for children's camp safety. Would have required the master plan to serve as a blueprint for state government, local government and the private sector to implement strategies and partnerships that promote health and safety in children's camps across California. Would have required

the Secretary and Director to convene an agency workgroup to advise them in developing and issuing the master plan; and would have required the Secretary and Director to work with specified state agencies for purposes of the masterplan. Would have required the workgroup to solicit input from stakeholders, as specified. Would have required the Secretary and Director to convene a children's camp safety stakeholder advisory committee to provide advice and input on the development of the masterplan. Would have required DSS to submit a report to the Governor and Legislature by January 1, 2024 identifying the recommendations of the workgroup and outlining the masterplan.

**Status:** Died on the Assembly Floor

### **AB-1797 (Akilah Weber) - Immunization registry.**

Requires, instead of permits, a health care provider and specified entities to disclose certain information from a patient's medical record or the client's record, to local health departments operating countywide or regional immunization information and reminder systems and to the Department of Public Health. Includes a patient's or client's race and ethnicity in the existing list of information that must be disclosed by health care providers and other agencies as specified, from a patient's or client's medical record. Expands the purposes for the use of information collected by and reported to immunization information systems, to include, in the case of school, childcare facilities, family childcare homes and county human services agencies, in the event of a public health emergency, immunization status assessment of pupils, adults, and clients to ensure health and safety. Specifies in the case of schools, this only applies if the school's governing board or body has adopted a policy mandating COVID-19 immunization for school attendance and the school limits the use of the data to verifying immunization status for this purpose. Sunsets these provisions on January 1, 2026. Recasts existing law effective January 1, 2026.

**Status:** Chapter 582, Statutes of 2022

### **AB-1940 (Salas) - School-Based Health Center Support Program.**

Would have renamed the existing Public School Health Center Support Program, established within the Department of Public Health, as the School-Based Health Center Support Program (SBHCS Program); would have updated the functions of the SBHCS Program to include serving as a liaison between organizations on health equity, oral health and behavioral health; and would have revised existing grant programs for purposes of the SBHCS Program.

**Status:** Vetoed

### **AB-1995 (Arambula) - Medi-Cal: premiums, contributions, and copayments.**

Would have repealed the premiums and subscriber contributions for the Medi-Cal Other Targeted Low-Income Children's Program (TLICP), the Medi-Cal Access Program

(MCAP), the Medi-Cal Access Infants Program (MCAIP), the 250% Working Disabled Program (250% WD), and the County Children's Health Initiative Program. Would have prohibited the Department of Health Care Services, effective July 1, 2022, from imposing copayments required under existing law, to the extent allowable under federal law. The prohibition on charging premiums for TLICP, MCACP, MCAIP were included in SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022 and the repeal of the copayments was included in AB 204 (Committee on Budget), Chapter, Statutes of 2022.

**Status:** Died in Senate Appropriations

**[AB-2034 \(O'Donnell\) - Local education agency: Medi-Cal billing option.](#)**

Would have required the Department of Health Care Services (DHCS) to establish a revised audit process for Local Education Agency Medi-Cal Billing Option (LEA) claims submitted for dates of service on or after January 1, 2024 to require DHCS' audit plan to include a risk assessment of LEAs using paid claim data to determine the appropriate level of oversight, including the percentage of LEA claims to be audited in a given year to ensure that audits conducted are primarily focused on potential instances of fraud, waste, or abuse of LEA services and Medi-Cal funds. Would have required DHCS' audit plan to make reimbursement for fraud, waste, and abuse the primary focus of recoupment. Would have required DHCS to complete an audit and notify a LEA of the audit findings within 12 months of the date that the Cost and Reimbursement Comparison Schedule (CRCS) is due. Would have required DHCS to perform final settlement on a claim, including completion of the appeals process within three years from the date the CRCS is submitted. Would have authorized a LEA, in the event that a LEA's audit appeal is not fully and finally resolved by DHCS within 300 days after the date a notice of appeal is filed, to elect to seek immediate relief in superior court in the same manner as if the DHCS appeal process had been concluded. Would have prohibited an auditor from disallowing a claim for LEA services meeting the requirements of a specified Medi-Cal regulation unless the claim is out of compliance with the standards of the LEA program guide or the State Plan in effect at the time of submission. Would have required the person reviewing an audit appeal to use the LEA program guide including the guidance contained in any internet website links in the LEA program guide, to determine whether the claim was appropriately disallowed.

**Status:** Died in Senate Education

**[AB-2259 \(Berman\) - Foster youth: substance use disorders.](#)**

Would have required the California Department of Social Services, in collaboration with the Department of Health Care Services, and upon appropriation by the Legislature, to establish a grant program to fund the development and implementation of evidence-based models and promising practices to serve foster youth with substance use disorders who are residing in family-based settings.

**Status:** Died in Senate Appropriations

### **AB-2281 (Lackey) - Early Childhood Mental Health Services Act.**

Would have established the Early Childhood Mental Health Services Act as a mental health grant program to improve access to and quality of care, services and supports for children zero to five years of age, parents, family and caregivers with emphasis on prevention, early intervention and disparities.

**Status:** Vetoed

### **AB-2326 (Reyes) - Lead poisoning prevention: laboratory reporting.**

Requires a laboratory that performs blood lead analysis on a specimen of human blood drawn in California to report additional information to the Department of Public Health (DPH) for each person tested. Changes the threshold of blood lead level (BLL) result that must be reported to DPH within three working days of the analysis from equal to or greater than 10 micrograms of lead per deciliter of blood to the most recent federal Centers for Disease Control and Prevention reference level for an elevated BLL.

Requires the timing of reporting to be based on rounding of results to the nearest whole number. Expands the entities with whom DPH may share laboratory information.

**Status:** Chapter 528, Statutes of 2022

### **AB-2402 (Blanca Rubio) - Medi-Cal: continuous eligibility.**

Would have required the application for the County Children's Health Initiative Matching Program to specify that the applicant would have to provide continuous eligibility for a child under the program until the child is five years of age if the child is not determined to be eligible for Medi-Cal during that time, unless the Department of Health Care Services (DHCS) or county possesses facts indicating that the family has requested the child's voluntary disenrollment, the child is deceased, the child is no longer a state resident, or the child's original enrollment was based on a state or county error or on fraud, abuse, or perjury attributed to the child or the child's representative. Would have made implementation of this bill subject to specified conditions, and would have implemented this bill on January 1, 2025 or the date certified by DHCS.

**Status:** Died on the Senate Floor

### **AB-2420 (Arambula) - Perinatal health: extreme heat.**

Requires the Department of Public Health to review literature on the adverse effects of extreme heat on perinatal health and develop guidance for safe conditions and health considerations for pregnant individuals and infant children, and to provide guidance to the Legislature by submitting a report that includes legislative or policy recommendations on best practices for connecting perinatal patients with the appropriate health and well-being information relating to extreme heat.

**Status:** Chapter 265, Statutes of 2022



### **AB-2458 (Akilah Weber) - California Children's Services: reimbursement rates.**

Would have required, subject to an appropriation by the Legislature, the reimbursement rates for physician services provided under the California Children's Services (CCS) Program to be increased by adding at least 25% to the augmentation percentage that was in effect for CCS physician services on December 31, 2022, relative to the applicable Medi-Cal rates. Would have required the rate increase to apply only if the services are provided by a physician in a practice in which at least 30% of the practice's pediatric patients are Medi-Cal beneficiaries. Would have required the Department of Health Care Services to complete a review of the reimbursement rates for physician services provided under the CCS Program no later than January 1, 2026, and every three years thereafter.

**Status:** Died in Assembly Appropriations

### **AB-2786 (Stone) - Children's Crisis Continuum Pilot Program.**

Would have expanded eligibility for the Children's Crisis Continuum Pilot Program (CCCP Program) for foster youth to also include a child or youth who meets the eligibility requirements to enroll in the Medi-Cal program and who meets medical necessity standards for the care components in the CCCP Program. Would have required respite care to be provided as part of the CCCP Program. Would have added, as an additional core program and service of a CCCP Program participating entity, a requirement that the entity include the ability to support youth with co-occurring substance use and mental health needs, by providing highly integrated substance use disorder services. Would have delayed, by one year, multiple implementation and reporting dates in existing law including the date to seek federal approval for the CCCP Program, the date to issue proposals to participate in the CCCP Program, the issuance of guidance dates and an interim report, and the sunset date of the reporting requirement.

**Status:** Died in Senate Health

### **SB-682 (Rubio) - Childhood chronic health conditions: racial disparities.**

Would have established the End Racial Inequities in Children's Health in California Initiative and would have required the California Health and Human Services Agency to convene an advisory workgroup to develop and implement a plan to reduce racial disparities in childhood chronic diseases by at least 50% by December 31, 2030.

**Status:** Vetoed

### **SB-934 (Rubio) - California Childhood Cancer Research Fund Act.**

Would have established the Childhood Cancer Research Grant Program to provide funding to qualified research institutions to support research for California children impacted by cancer and study the long-term effects of treatment.

**Status:** Died in Assembly Appropriations

**SB-1479 (Pan) - COVID-19 testing in schools: COVID-19 testing plans.**

Requires the Department of Public Health (DPH) to coordinate COVID-19 testing programs in local educational agencies (LEAs) funded by federal resources or organized under the California COVID-19 Testing Task Force to the extent required by testing plans, as specified. Permits DPH to provide supportive services related to the LEA testing plans. Encourages DPH to expand its contagious, infectious, or communicable disease testing guidance and other public health mitigation efforts to include prekindergarten and childcare centers as needed according to the framework. Requires each LEA, after consultation with its local health department, as specified, to create a COVID-19 testing plan or adopt the framework that is consistent with guidance from DPH. Requires each LEA to post the testing plan on its internet website. Specifies that testing plan is not required to include the provision of onsite testing or programs. Specifies that this bill does not require DPH to review or approve testing plans that are consistent with the framework before the testing plan is published or implemented. Makes implementation of this bill contingent upon appropriation, as specified. Sunsets the provisions of this bill on January 1, 2026.

**Status:** Chapter 850, Statutes of 2022



## Chronic Health / Cancer

### [AB-342 \(Gipson\) - Health care coverage: colorectal cancer: screening and testing.](#)

Requires a health care service plan (health plan) contract or a health insurance policy, except as specified, to provide coverage without cost sharing for colorectal cancer (CRC) screening tests assigned either a grade A or B by the United States Preventive Services Task Force (USPSTF). Specifies that the required colonoscopy for a positive result on a test or procedure, other than a colonoscopy, that is a CRC screening examination or laboratory test identified assigned either a grade of A or a grade of B by the USPSTF also be provided without any cost sharing. Clarifies that a health plan or insurer that has coverage for out of network benefits is not precluded from imposing cost-sharing requirements for the items or services described in this bill that are delivered by an out-of-network provider.

**Status:** Chapter 436, Statutes of 2021

### [AB-789 \(Low\) - Health care services.](#)

Requires an adult patient who receives primary care services to be offered a hepatitis B and C screening test according to the latest recommendations from the United States Preventive Services Task Force, and to the extent these services are covered under the patient's health insurance, unless the patient lacks capacity to consent to the test, or is being treated in the emergency department of a general acute care hospital.

**Status:** Chapter 470, Statutes of 2021

### [AB-835 \(Nazarian\) - Hospital emergency departments: HIV testing.](#)

Would have required, every patient who has blood drawn at a hospital emergency department (ED) to be offered a human immunodeficiency virus (HIV) test. Would have required the California Department of Public Health to provide EDs with information about financial support for HIV testing and linkages to care for persons who are HIV positive.

**Status:** Died in Senate Appropriations

### [AB-942 \(Wood\) - Specialty mental health services and substance use disorder treatment.](#)

Would have made multiple changes to implement the Department of Health Care Services' California Advancing and Innovating Medi-Cal (CalAIM) proposal related to the Medi-Cal behavioral health delivery system for the treatment of individuals with a serious mental health condition or substance use disorder. Would have continued several Medi-Cal hospital funded payment provisions from the state's federal 2015 Medicaid waiver as part of the new proposed CalAIM waiver, and would have expanded one of those provisions to district hospitals. Would have required counties to assist

county jail inmates and juvenile inmates in county juvenile facilities with submitting an application for enrollment in Medi-Cal and Covered California. Similar provisions implementing CalAIM were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died on the Assembly Floor

### **AB-2546 (Nazarian) - Resident-Designated Support Persons Act.**

Would have enacted the Resident-Designated Support Persons Act, which would have granted residents of long-term care facilities the right to in-person, onsite access to a minimum of two designated support persons during any public health emergency, as defined, in which the residents' visitation rights are curtailed by a state or local order. This bill was later amended to deal with a different subject.

**Status:** Died in Senate Transportation

### **SB-535 (Limón) - Biomarker testing.**

Prohibits a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for an enrollee or insured with advanced or metastatic stage 3 or 4 cancer. Provides that this bill does not limit, prohibit, or modify an enrollee's or insured's rights to biomarker testing as part of an approved clinical trial, as specified. Applies the provisions of this bill relating to biomarker testing to Medi-Cal managed care plans, as specified.

**Status:** Chapter 605, Statutes of 2021

### **SB-568 (Pan) - Deductibles: chronic disease management.**

Would have prohibited a health care service plan (health plan) contract or health insurance policy, as specified, from imposing a deductible requirement for a covered prescription drug or equipment and supplies used to treat a chronic disease, as defined. Would have limited the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance specified in health plan contract or disability insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease, as specified.

**Status:** Died in Assembly Health

### **SB-934 (Rubio) - California Childhood Cancer Research Fund Act.**

Would have established the Childhood Cancer Research Grant Program to provide funding to qualified research institutions to support research for California children impacted by cancer and study the long-term effects of treatment.

**Status:** Died in Assembly Appropriations

### **SB-987 (Portantino) - California Cancer Care Equity Act.**

Requires a Medi-Cal managed care (MCMC) plan to make a good faith effort to include in its contracted provider network at least one National Cancer Institute-designated Comprehensive Cancer Center (NCI-designated CCC), a site affiliated with the NCI Community Oncology Research Program (NCORP) or a Qualifying Academic Cancer Center (a QACC is effectively defined as Cedars-Sinai Medical Center) located within the beneficiary's county of residence or, if none exists in that county, located within the nearest county that has an NCI-designated CCC, NCORP affiliated site or specialized cancer center for eligible enrollees with a "complex cancer diagnosis," as defined.

Requires a MCMC plan to allow an eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to receive services through an NCI-designated CCC, NCORP-affiliated site, or QACC, as appropriate, for the enrollee's condition and identified needs. Requires a denial of a referral request to be based upon a determination by the treating provider that the request to receive services at an NCI-designated comprehensive cancer center, or NCORP affiliated site, or a qualifying academic cancer center is not medically necessary, the requested services are not available at, or not applicable to, the enrollee's cancer diagnosis at the requested NCI-designated comprehensive cancer center, NCORP affiliated site, or a qualifying academic cancer center site.

**Status:** Chapter 608, Statutes of 2022

### **SCR-11 (Rubio) - Cancer Patients' Bill of Rights.**

Proclaims specified principles as the Cancer Patients' Bill of Rights, including that cancer patients have a right to transparent and timely processes, a right to fully understand their diagnoses and be informed about treatment options, and a right to medical treatments for pain management and other services that support their overall health.

**Status:** Chapter 120, Statutes of 2021

## Covered CA (Exchange)

### [AB-1878 \(Wood\) - California Health Benefit Exchange: affordability assistance.](#)

Would have required the California Health Benefit Exchange (the Exchange) to implement options for providing health care affordability assistance to reduce cost sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. Would have specified the actuarial value of cost-sharing assistance based on the income level of an enrollee, and would have required the Exchange to adopt standard benefit designs consistent with these specifications.

**Status:** Died in Senate Appropriations

### [AB-2127 \(Santiago\) - Health care coverage: dependent adults.](#)

Clarifies that a health plan, a health insurer, or a solicitor is required to provide an individual with the name, address, and telephone number of the local Health Insurance Counseling and Advocacy Program and the statewide telephone number at the time of solicitation and, for a health plan or health insurer, on the application.

**Status:** Chapter 118, Statutes of 2022

### [AB-2205 \(Carrillo\) - California Health Benefit Exchange: abortion services coverage reporting.](#)

Requires, beginning July 1, 2023, a health plan or health insurer offering qualified health plans, as defined, to annually report the total amount of funds in the segregated account maintained pursuant to the federal Patient Protection and Affordable Care Act. Requires the annual report to include the ending balance of the account and the total dollar amount of claims paid during a reporting year.

**Status:** Chapter 563, Statutes of 2022

### [AB-2530 \(Wood\) - California Health Benefit Exchange: financial assistance.](#)

Requires California's state based exchange (the Exchange or Covered California), upon appropriation by the Legislature, to administer a financial assistance program to help Californians obtain and maintain health benefits through the Exchange if the individual loses employer health care coverage as a result of a labor dispute, beginning July 1, 2023. Designates an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute, and who meets all eligibility requirements under specified federal law, to receive the same premium assistance and cost-sharing reductions as an individual with a household income of 138.1% of the federal poverty level, and not subject to a deductible for any covered benefit.

**Status:** Chapter 695, Statutes of 2022

**AB-2564 (Bigelow) - Individual Shared Responsibility Penalty: waiver: health care service plans.**

Would have required the Franchise Tax Board to waive the Individual Shared Responsibility Penalty for an individual who either was enrolled in minimum essential coverage for at least 6 consecutive months during the taxable year, or had at least one verified meeting with an individual employed by Covered California, an entity contracted with Covered California, or a county health care department to discuss the responsible individual's health care insurance purchasing options.

**Status:** Died in Assembly Health

**SB-455 (Leyva) - California Health Benefit Exchange.**

Would have extended the authority of the Covered California board to adopt necessary rules and regulations by emergency regulations to January 1, 2027, and would have extended the authority of the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2032.

**Status:** Died in Assembly Rules

**SB-644 (Leyva) - Health care coverage outreach.**

Requires the California Health Benefits Exchange (the Exchange or Covered California), at least monthly no later than September 1, 2023, to request from the Employment Development Department (EDD) contact information of each new applicant for unemployment compensation, state disability, and paid family leave, including last name, first name, social security number, date of birth, and all mailing addresses. Prohibits the Exchange from disclosing personal information obtained from EDD without the applicant's consent. Requires the Exchange to take reasonable measures to safeguard the confidentiality of any personal information obtained by the EDD, as specified. Requires EDD to provide specified information to the Exchange or the Department of Health Care Services upon request to assist in determining eligibility for insurance administered by those state agencies. Requires the Exchange to market and publicize the availability of health care coverage through the Exchange, and engage in outreach activities, to the individuals whose information the Exchange receives from EDD.

**Status:** Chapter 983, Statutes of 2022

**SB-944 (Pan) - California Health Benefit Exchange: affordability assistance.**

Would have required the California Health Benefit Exchange (the Exchange or Covered California) to implement options for providing health care affordability assistance to reduce cost sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. Would have specified the actuarial value of cost-sharing assistance based on the income level of an enrollee, and would have

required the Exchange to adopt standard benefit designs consistent with these specifications.

**Status:** Vetoed

### **SB-967 (Hertzberg) - Health care coverage: tax returns: information sharing authorization and outreach.**

Requires California's State Based Exchange (Covered California or the Exchange) to annually conduct outreach and enrollment efforts to individuals who indicate on their individual income tax returns that they are interested in no-cost or low-cost health care coverage. Requires the Franchise Tax Board (FTB) to include, on or after January 1, 2023, a checkbox for a taxpayer to indicate on their individual income tax return that they are interested in no-cost or low-cost health care coverage and authorizes FTB to share information from their tax return with the Exchange.

**Status:** Chapter 170, Statutes of 2022

### **SB-1473 (Pan) - Health care coverage.**

Provides that a health plan or disability insurer is not required to cover cost sharing for COVID-19 testing and immunizations delivered by an out-of-network provider beginning six months after the federal public health emergency (PHE) expires. Requires a health plan contract or insurance policy to cover therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a licensed health care provider acting within their scope of practice and the standard of care. Provides that a health plan or health insurer is not required to cover the cost sharing for COVID-19 therapeutics delivered by an out-of-network provider beginning six months after the federal PHE expires. Prohibits a provider from reporting adverse information to a consumer credit reporting agency or commencing civil action against an enrollee or insured for payment of COVID-19-related items, services, or immunizations. Eliminates a health plan's criminal liability for a violation of COVID-19 testing and immunization coverage requirements that occurred before January 1, 2022. Extends existing law requirements for health plans during a declared PHE to apply to Medi-Cal managed care plans, as specified. Creates an annual enrollment period from November 1, of the preceding calendar year to January 31, of the benefit year, for individual health benefit plans offered outside and through California Health Benefit Exchange (the Exchange or Covered California). Specifies that the effective date of coverage for individual health benefit plans offered outside and through the Exchange to no later than January 1, of the benefit year for plan selection made from November 1 to December 31, of the preceding calendar year, and be no later than February 1, of the benefit year for plan selection made from January 1 to January 31, of the benefit year.

**Status:** Chapter 545, Statutes of 2022

## Denti-Cal / Oral Health

### **AB-2145 (Davies) - Dental services: skilled nursing facilities and intermediate care facilities/developmentally disabled.**

Clarifies that a registered dental hygienist in alternative practice (RDHAP) may provide dental services to patients in long term health care health (LTC) facilities. Permits a RDHAP to provide oral health in-service training to staff in LTC facilities.

**Status:** Chapter 157, Statutes of 2022



## Emergency Medical Services

### [AB-389 \(Grayson\) - Ambulance services.](#)

Authorizes a county to contract for emergency ambulance services with a fire agency that provides those services, in whole or in part, through a written subcontract with a private ambulance service, and authorizes a fire agency to enter into a written subcontract with a private ambulance service for these purposes. Prohibits, on and after January 1, 2022, a county from entering into or renewing these contracts unless the county board of supervisors has adopted, by ordinance or resolution, a written policy setting forth issues to be considered for inclusion in the county contract for emergency ambulance services, and the fire agency adopts a written policy that requires the subcontract to be awarded pursuant to a competitive bidding process.

**Status:** Chapter 460, Statutes of 2021

### [AB-450 \(Lorena Gonzalez\) - Paramedic Board of California.](#)

Establishes the Paramedic Disciplinary Review Board (Board), and provides the Board, effective January 1, 2023, with authority to act on appeals of the Emergency Medical Services Authority's final decision to place a license holder on probation, suspend or revoke an EMT-Paramedic license, and consider appeals regarding denial of licensure.

**Status:** Chapter 463, Statutes of 2021

### [AB-451 \(Arambula\) - Health care facilities: treatment of psychiatric emergency medical conditions.](#)

Requires a psychiatric unit of a general acute care hospital, a psychiatric health facility with more than 16 beds that is not county operated, and an acute psychiatric hospital, to accept a transfer of a person with a psychiatric emergency medical condition, regardless of whether the facility operates an emergency department (ED), if the facility has appropriate facilities and qualified personnel available to provide the services.

**Status:** Chapter 438, Statutes of 2021

### [AB-662 \(Rodriguez\) - State Fire Marshal and Emergency Medical Services](#)

#### [Authority: peer-to-peer suicide prevention.](#)

Requires the State Fire Marshal to establish additional training standards that include the criteria for curriculum content recommended by the Statewide Training and Education Advisory Committee involving peer-to-peer suicide prevention programming. Requires the State Fire Marshal to coordinate with the California Firefighter Joint Apprenticeship Program to develop and deliver the curriculum content criteria. Authorizes all paid personnel assigned to field duties in a state or local fire department or fire protection or firefighting agency to receive the peer-to-peer suicide prevention training. Requires the Emergency Medical Services Authority to distribute the curriculum to each local Emergency Medical Services Authority.

**Status:** Chapter 575, Statutes of 2022



### **AB-988 (Bauer-Kahan) - Mental health: mobile crisis support teams: 988 crisis hotline.**

Requires the California Health and Human Services Agency (CHHSA) to appoint and convene a state 988 policy advisory group (AG) to advise CHHSA on the implementation and administration of the five-year implementation plan for the 988 Suicide Prevention System. Requires the Office of Emergency Services (OES) to appoint a 988 system director and convene an advisory board (Board) to guide how 988 is implemented and made interoperable with 911, including the creation of a new surcharge for 988 to fund the crisis services. Requires health plan and health insurer coverage of 988 center services when medically necessary and without prior authorization. Establishes a 988 surcharge for the 2023 and 2024 calendar years at \$0.08 per access line per month, and for years beginning January 2025, at an amount based on a specified formula, but not greater than \$0.30 per access line per month. Appropriates \$300,000 from the General Fund to the 988 State Suicide and Behavioral Health Crisis Services Fund (previously the State Mental Health and Crisis Services Special Fund) to the Department of Tax and Fee Administration for purposes of implementing this bill. States it is the intent of the Legislature that the go live date for the federally established 988 Suicide and Crisis Lifeline using the three-digit telephone number 988 will be established by July 16, 2022; and, the 988 number receives and responds to the anticipated call volume in the first year of operation for 988 in order to provide crisis intervention services and crisis care coordination to individuals accessing 988.

**Status:** Chapter 747, Statutes of 2022

### **AB-1104 (Grayson) - Air ambulance services.**

Extends the July 1, 2021 sunset date of the Emergency Medical Air Transportation Act and its \$4 penalty assessment collected from every conviction for a violation of the Vehicle Code or local ordinance adopted pursuant to the Vehicle Code, other than a parking offense, to be used for purposes of the Emergency Medical Air Transportation and Children's Coverage Fund, by an additional 18 months to December 31, 2022. Makes legislative findings and declarations regarding the use of penalty assessments to fund state programs. Requires the Department of Health Care Services (DHCS), effective January 1, 2023 and subject to legislative appropriation, to design and implement a supplemental payment program for emergency medical air transportation services to increase the Medi-Cal reimbursement in an amount not to exceed normal and customary charges charged by qualified emergency medical air transportation providers. Permits DHCS to implement this payment program through the use of non-regulatory guidance, requires DHCS to seek any federal approvals, and implements the supplemental payment program only if federal financial participation is available and makes the program inoperative under specified conditions.

**Status:** Chapter 476, Statutes of 2021

### **AB-1229 (Rodriguez) - Advisory task force: ambulance services.**

Would have required the Director of the Emergency Medical Services Authority to convene an advisory task force and to recommend a project plan for the task force that included an evaluation relating to ambulance patient offload delays due to the COVID-19 pandemic.

**Status:** Died in Assembly Appropriations

### **AB-2117 (Gipson) - Mobile stroke units.**

Defines mobile stroke unit (MSU) as a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local emergency medical services agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a MSU as set forth in federal law.

**Status:** Chapter 772, Statutes of 2022

### **AB-2130 (Cunningham) - Emergency medical services: training.**

Requires every emergency medical technician, upon initial licensure and upon licensure renewal, to complete at least 20 minutes of training on issues relating to human trafficking.

**Status:** Chapter 256, Statutes of 2022

### **AB-2260 (Rodriguez) - Emergency response: trauma kits.**

Requires certain buildings constructed on or after January 1, 2023, with an occupancy of 200 or more to have at least six trauma kits on the premises of the building or facility. Exempts a person from liability for civil damages resulting from any acts or omissions in the rendering of emergency care, at the scene of an emergency. Exempts a property managing entity from civil damages resulting from the failure, improper operation, or malfunction of equipment or materials within a properly stocked trauma kit.

**Status:** Chapter 586, Statutes of 2022

### **AB-2648 (Grayson) - Air ambulance services.**

Extends the sunset date by one year, from July 1, 2024, to July 1, 2025, of the Emergency Medical Air Transportation Act (EMATA) statute, but does not extend the sunset date of the existing penalty assessment for state or local vehicle code violations. Extends the date, from December 31, 2023, to July 1, 2024, by which moneys remaining unexpended and unencumbered in the EMATA and Children's Coverage Fund are required to be transferred to the General Fund, to be available, upon appropriation by the Legislature, for the purposes of augmenting Medi-Cal reimbursement for emergency medical air transportation and related costs, generally, or funding children's health care coverage.

**Status:** Chapter 440, Statutes of 2022

### **AB-2951 (Salas) - Mobile mental health crisis response teams.**

Would have required the Department of Health Care Services to establish a five-year, statewide pilot program to provide grants to cities to create mobile mental health crisis response teams. Would have required a city that receives grant funds pursuant to this bill to ensure that the mobile mental health crisis response team is a dispatch option when city employees respond to mental health emergency calls; that the team is partnered with one or more local fire departments; and, that the team is permitted to respond to calls independently and in response to a request from a local fire department that is present at a location where the team's services may be needed. Would have required a grant funded mobile mental health crisis response team to be staffed by licensed clinicians who have the legal authority to take, or cause to be taken, a person into custody pursuant to specified Lanterman-Petris-Short Act provisions. Would have sunset the provisions of this bill on January 1, 2029.

**Status:** Died in Assembly Appropriations

### **SB-443 (Hertzberg) - Emergency medical services (EMS): prehospital EMS.**

Would have required a city or fire district to be deemed to retain its authorities regarding, and administration of, prehospital emergency medical services (EMS), when they enter an agreement with a county for the joint exercise of powers regarding prehospital EMS, or cease to contract for, provide, or administer prehospital EMS as a result of the City of Oxnard v. County of Ventura (2021) court decision. Would have stated that it is the intent of the Legislature to clarify the scope and breadth of medical control, restrict local EMS agencies' (LEMSAs) medical control authority over public safety agencies, clarify that a public safety agency does not transfer any of the public safety agency's authorities regarding the administration of EMS by adhering, or agreeing to adhere, to a LEMSA's medical control authority, and abrogate (or do away with) any contrary holdings in County of San Bernardino v. City of San Bernardino (1997)15 Cal.4th 909 and other judicial decisions.

**Status:** Died in Assembly Health

### **SB-687 (Hueso) - Emergency response: trauma kits.**

Would have enacted the Tactical Response to Traumatic Injuries Act, which would have required certain buildings constructed on or after January 1, 2022, with an occupancy of 200 or more to have at least six trauma kits on the premises of the building or facility. Would have exempted a person from liability for civil damages resulting from any acts or omissions in the rendering of emergency care if certain requirements are met.

**Status:** Died in Assembly Appropriations

## End-of-Life

### **AB-1280 (Irwin) - California Hospice Licensure Act of 1990.**

Prohibits a hospice referral source from receiving, directly or indirectly, any form of payment in exchange for referring a patient to hospice provider or facility. Requires a hospice to provide verbal and written notice of the patient's rights and responsibilities in a language and manner the person understands, before providing care.

**Status:** Chapter 478, Statutes of 2021

### **AB-1852 (Patterson) - Health facilities: automated drug delivery systems.**

Adds a licensed hospice facility (in addition to skilled nursing and intermediate care facilities) to the types of health facilities authorized to use an automated drug delivery system provided by a pharmacy.

**Status:** Chapter 111, Statutes of 2022

### **AB-2673 (Irwin) - Hospice licensure: moratorium on new licenses.**

Extends the existing moratorium on the Department of Public Health to issue new licenses to provide hospice services from 365 days from the date that the California State Auditor (Auditor) publishes a report, or on January 1, 2027, when the moratorium provisions are repealed (whichever is earlier), to instead end on January 1, 2027, or two years from the date the Auditor publishes a report on hospice licensure, whichever is earlier. Enacts numerous recommendations from the Auditor's report on hospice licensure.

**Status:** Chapter 797, Statutes of 2022

### **SB-311 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan's Law.**

Requires specified health care facilities to allow terminally ill patients to use medical cannabis within the facility, subject to certain restrictions. Requires a health facility to reasonably restrict the manner in which a patient stores and uses medicinal cannabis, including requiring the medicinal cannabis to be stored in a locked container. Requires health facilities permitting patient use of medicinal cannabis to comply with specified drug and medication requirements, subject to enforcement actions by the Department of Public Health.

**Status:** Chapter 384, Statutes of 2021

### **SB-353 (Roth) - Hospice: services to seriously ill patients.**

Extends the authority of licensed hospice providers to provide palliative care to patients who have a serious illness from January 1, 2022, until January 1, 2027, and extends the reporting requirements for licensed hospice providers that provide palliative care from January 1, 2021, to April 30, 2025. Requires a licensed hospice approved by the Department of Public Health (DPH) to provide palliative care pursuant to the provisions

of this bill, that has either; provided DPH with the date they intend to begin providing palliative care, or has notified DPH of its cessation of palliative care, to report to DPH, regardless of whether the licensee provided palliative care during the prior calendar year. Requires DPH to convene a stakeholder meeting on the results of the information provided pursuant to the reporting requirements on or before January 15, 2026.

**Status:** Chapter 488, Statutes of 2021

### **SB-380 (Eggman) - End of life.**

Extends the January 1, 2026, sunset date on the End of Life Option Act to January 1, 2031. Allows an individual to qualify for aid-in-dying medication by making two oral requests a minimum of 48 hours apart, rather than 15 days apart; requires that the date of all oral and written requests be documented in an individual's medical record and upon a transfer of care that record to be provided to the qualified individual; and, eliminates the final attestation form required to be filled out by the qualified individual within 48 hours prior to self-administering the aid-in-dying medication.

**Status:** Chapter 542, Statutes of 2021

### **SB-664 (Allen) - Hospice licensure: moratorium on new licenses.**

Prohibits the Department of Public Health (DPH), beginning on January 1, 2022, from issuing a new license to provide hospice services, unless DPH makes a written finding that an applicant for a license has shown a demonstrable need for hospice services in the area where the applicant proposes to operate based on the concentration of all existing hospice services in that area. Ends the moratorium on new hospice licenses either 365 days from the date that the California State Auditor publishes a report on hospice licensure or when the provisions of this bill are repealed on January 1, 2027, whichever is soonest.

**Status:** Chapter 494, Statutes of 2021

### **SB-987 (Portantino) - California Cancer Care Equity Act.**

Requires a Medi-Cal managed care (MCMC) plan to make a good faith effort to include in its contracted provider network at least one National Cancer Institute-designated Comprehensive Cancer Center (NCI-designated CCC), a site affiliated with the NCI Community Oncology Research Program (NCORP) or a Qualifying Academic Cancer Center (a QACC is effectively defined as Cedars-Sinai Medical Center) located within the beneficiary's county of residence or, if none exists in that county, located within the nearest county that has an NCI-designated CCC, NCORP affiliated site or specialized cancer center for eligible enrollees with a "complex cancer diagnosis," as defined. Requires a MCMC plan to allow an eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to receive services through an NCI-designated CCC, NCORP-affiliated site, or QACC, as appropriate, for the enrollee's condition and identified needs. Requires a denial of a referral request to be based upon a

determination by the treating provider that the request to receive services at an NCI–designated comprehensive cancer center, or NCORP affiliated site, or a qualifying academic cancer center is not medically necessary, the requested services are not available at, or not applicable to, the enrollee’s cancer diagnosis at the requested NCI–designated comprehensive cancer center, NCORP affiliated site, or a qualifying academic cancer center site.

**Status:** Chapter 608, Statutes of 2022

**[SB-988 \(Hueso\) - Compassionate Access to Medical Cannabis Act or Ryan’s Law.](#)**

Deletes the requirement that health facilities comply with drug and medication requirements applicable to Schedule II, III, and IV drugs, and be subject to enforcement actions by the California Department of Public Health, when permitting patient use of medicinal cannabis. Clarifies that a patient, as defined, does not include an individual receiving emergency services. Revises the requirements for how medicinal cannabis is permitted to be stored and administered.

**Status:** Chapter 242, Statutes of 2022

## Food Safety / Nutrition

### [AB-45 \(Aguiar-Curry\) - Industrial hemp products.](#)

Establishes a regulatory framework for industrial hemp under the Sherman Food, Drug, & Cosmetic Law. Requires manufacturers of products containing industrial hemp or hemp products to obtain a processed food registration and comply with good manufacturing practices. Contains an urgency clause to ensure the provisions of this bill go into effect immediately upon enactment.

**Status:** Chapter 576, Statutes of 2021

### [AB-61 \(Gabriel\) - Business pandemic relief.](#)

Authorizes a permitted food facility within any local jurisdiction that is subject to retail food operation restrictions related to a COVID-19 public health response to prepare and serve food as a temporary satellite food service without obtaining a separate satellite food service permit or submitting written operating procedures, as specified. Authorizes the Department of Alcohol Beverage Control, for 365 days from the date the COVID-19 state of emergency is lifted, to allow licensees to continue to exercise license privileges in an expanded licensed area authorized pursuant to a COVID-19 temporary catering permit, as provided. Contains an urgency clause to ensure the provisions of this bill go into effect immediately upon enactment.

**Status:** Chapter 651, Statutes of 2021

### [AB-535 \(Aguiar-Curry\) - Olive oil: labeling.](#)

Requires a container of olive oil produced, processed, sold, offered for sale, given away, or possessed in California that includes “California” in any form on its principal display panel and contains olive oil derived from olives grown outside California to disclose the minimum percentage of olive oil in the container derived from olives grown in California. Specifies that this requirement does not apply to a container of olive oil produced on or before December 31, 2021. States that any olive oil produced, processed, sold, offered for sale, given away, or possessed in California with a principal display panel that uses “California” or any reference to California must comply with the quality and purity standards set forth in the “Grade and Labeling Standards for Olive Oil, Refined-Olive Oil, and Olive-Pomace Oil” published by the California Department of Food and Agriculture. Clarifies an olive oil producer or processor is not prohibited from using a truthful, non-misleading statement or representation regarding the geographic origin of the olives used in the production of olive oil in any label, packaging material, or advertising if the label, packaging material, or advertising contains no representation that is prohibited by this section.

**Status:** Chapter 466, Statutes of 2021



### **AB-831 (Committee on Health) - California Retail Food Code.**

Makes various technical and clarifying changes to the California Retail Food Code.

**Status:** Chapter 155, Statutes of 2021

### **AB-1144 (Robert Rivas) - Cottage food operations.**

Increases the verifiable gross annual sales of a Class A cottage food operation to no more than \$75,000 and a Class B cottage food operation to no more than \$150,000. Specifies that a Class A or Class B registration or permit in one county is sufficient for the cottage operation to operate throughout the state.

**Status:** Chapter 178, Statutes of 2021

### **AB-1341 (Cristina Garcia) - Dietary supplements for weight loss and over-the-counter diet pills.**

Would have prohibited a retail establishment from selling, transferring, or furnishing dietary supplements for weight loss or over-the-counter (OTC) diet pills to anyone under 18 years of age without a prescription. Would have required a retail establishment to request a valid identification from any person who attempts to purchase a dietary supplement for weight loss and OTC diet pill if that person reasonably appears to the retail establishment to be under 18 years of age. Would have required the Department of Public Health, in consultation with stakeholders, to determine which dietary supplements are subject to this bill, and to develop a notice for distribution to retail establishments to post that certain dietary supplements for weight loss or OTC diet pills may contribute to specified health problems. Would have made this bill operative on July 1, 2023 and would have established specific penalty for violations.

**Status:** Vetoed

### **SB-80 (McGuire) - Commercial fishing: inspection: crab traps.**

Requires the Department of Public Health to issue an order authorizing the evisceration of Dungeness crab or rock crab if the domoic acid of the Dungeness crab or rock crab exceeds the allowable levels of viscera in a specific area, if certain criteria are met.

Makes other changes relating to commercial fishing. Adds an urgency clause to ensure that the provisions of this bill go into effect immediately upon enactment.

**Status:** Chapter 757, Statutes of 2021

### **SB-972 (Gonzalez) - California Retail Food Code.**

Establishes a regulatory framework for compact mobile food operations (CMFOs). Defines CMFOs as a mobile food facility that operates from an individual or from a pushcart, stand, display, pedal-driven cart, wagon, showcase, rack, or other nonmotorized conveyance. Authorizes a local enforcement agency to inspect a CMFO during its hours of operation and other reasonable times on the basis of consumer complaint or just cause.

**Status:** Chapter 489, Statutes of 2022





## Health Care Facilities

### [AB-6 \(Levine\) - Health facilities: pandemics and emergencies: best practices.](#)

Would have required, by July 1, 2022, the Department of Public Health (DPH) and the Department of Social Services to collaborate to create health and safety guidelines and a description of best practices for use by skilled nursing facilities, intermediate care facilities, and congregate living health facilities that are providing post-acute care during a pandemic, public health crisis, or other emergency. Would have required the guidelines and best practices to address, at a minimum, the provision of care when there is a surge in the number of patients requiring care.

**Status:** Died in Assembly Appropriations

### [AB-279 \(Muratsuchi\) - Intermediate care facilities and skilled nursing facilities: COVID-19.](#)

Would have prohibited the owner of an Intermediate Care Facility or a Skilled Nursing Facility from terminating, or making significant changes to, its skilled nursing or supportive care services during the state of emergency related to coronavirus disease 2019 (COVID-19) unless the owner filed a bankruptcy petition. Would have required facility owners to notify all residents and their representatives of any resident's COVID-19 infection. Would have contained an urgency clause to ensure that the provisions of this bill would go into effect immediately upon enactment.

**Status:** Vetoed

### [AB-323 \(Kalra\) - Long-term health facilities.](#)

Changes the standard for Department of Public Health when issuing penalties against long-term care (LTC) facilities for violations that result in the death of a resident from "direct proximate cause" to "substantial factor" and the death was a result of the violation. Increases the amount of civil penalties assessed against LTC facilities.

**Status:** Chapter 458, Statutes of 2021

### [AB-370 \(Arambula\) - Ambulatory surgical centers.](#)

Would have enacted the California Outpatient Cardiology Patient Safety, Cost Reduction and Quality Improvement Act, which would have authorized the Department of Public Health, within the Elective Percutaneous Coronary Intervention Program, to certify an ambulatory surgical center to provide elective cardiac catheterization laboratory services that meet certain requirements, to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients.

**Status:** Died in Assembly Appropriations

**AB-451 (Arambula) - Health care facilities: treatment of psychiatric emergency medical conditions.**

Requires a psychiatric unit of a general acute care hospital, a psychiatric health facility with more than 16 beds that is not county operated, and an acute psychiatric hospital, to accept a transfer of a person with a psychiatric emergency medical condition, regardless of whether the facility operates an emergency department (ED), if the facility has appropriate facilities and qualified personnel available to provide the services.

**Status:** Chapter 438, Statutes of 2021

**AB-532 (Wood) - Health care: fair billing policies.**

Requires the notice hospitals provide to patients under current law regarding discounted payments and charity care to include additional information on organizations that will help the patient understand the billing and payment process, and information on health coverage options.

**Status:** Chapter 465, Statutes of 2021

**AB-749 (Nazarian) - Skilled nursing facilities: medical director certification.**

Prohibits a free-standing skilled nursing facility (SNF) from contracting with a person as a medical director if the person is not, or will not be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director. Requires a SNF located in a hospital to contract with a physician that is board certified in a medical specialty consistent with the type of care provided in the SNF, including, but not limited to, physical medicine and rehabilitation or pulmonology, and whose role as the medical director of the SNF has been reviewed and approved by the hospital's leadership.

**Status:** Chapter 586, Statutes of 2021

**AB-789 (Low) - Health care services.**

Requires an adult patient who receives primary care services to be offered a hepatitis B and C screening test according to the latest recommendations from the United States Preventive Services Task Force, and to the extent these services are covered under the patient's health insurance, unless the patient lacks capacity to consent to the test, or is being treated in the emergency department of a general acute care hospital.

**Status:** Chapter 470, Statutes of 2021

**AB-835 (Nazarian) - Hospital emergency departments: HIV testing.**

Would have required, every patient who has blood drawn at a hospital emergency department (ED) to be offered a human immunodeficiency virus (HIV) test. Would have required the California Department of Public Health to provide EDs with information about financial support for HIV testing and linkages to care for persons who are HIV positive.

**Status:** Died in Senate Appropriations

**AB-858 (Jones-Sawyer) - Employment: health information technology: clinical practice guidelines: worker rights.**

Would have required a direct patient care worker at a general acute care hospital and their collective bargaining representative to be notified of the implementation of new health information technology, and would have authorized workers to provide input in such implementation. Would have permitted a worker to override health information technology under certain circumstances, without fear of discrimination or retaliation.

**Status:** Vetoed

**AB-1020 (Friedman) - Health care debt and fair billing.**

Prohibits a hospital from selling patient debt to a debt buyer, unless specified conditions are met, including that the hospital has found the patient ineligible for financial assistance or the patient has not responded to attempts to bill or offer financial assistance for 180 days. Prohibits a debt collector from collecting consumer debt that originated with a hospital without first communicating with the debtor in writing, and including the name and address of the hospital and information on how to obtain an itemized hospital bill. Revises eligibility requirements for charity care or discount payments from a hospital, redefines "high medical costs" and requires a hospital to display a notice of the hospital's policy for financially qualified and self-pay patients on the hospital's internet website.

**Status:** Chapter 473, Statutes of 2021

**AB-1042 (Jones-Sawyer) - Skilled nursing facilities: unpaid penalties: related parties.**

Authorizes, effective January 1, 2023 the Department of Public Health (DPH), when a skilled nursing facility (SNF) fails to pay certain penalties, and all appeals have been exhausted, to provide written notice to the SNF and any "related parties" (businesses in which the SNF owner has an ownership or control interest of 5% or more), that DPH may take legal action to recover the unpaid penalty amount from the SNFs' financial interest in the related party. Requires DPH to give written notice to related parties when a citation has been issued against a SNF, and to advise the related parties of the potential action if the violation is not remedied. Requires the Department of Health Care Services (DHCS) to give notice to related parties that DHCS may take legal action to recover unpaid quality assurance fees from the SNFs financial interest in a related party.

**Status:** Chapter 475, Statutes of 2021

**AB-1169 (Eduardo Garcia) - Health care facilities: interpreters.**

Would have required the Department of Public Health (DPH), on or before January 1, 2024, to conduct a study, with the collaboration of professionals in the field of sign interpretation and members of the deaf or hard of hearing (HOH) community, to

establish the guidelines for selecting testing organizations, agencies, or educational institutions to administer tests for certification of interpreters, including, but not limited to, American Sign Language (ASL) interpreters, in medical settings for individuals who are deaf or HOH. Would have required DPH, on or before January 1, 2024, to approve one or more entities to administer testing for ASL interpreters for individuals who are deaf or HOH pursuant to the established guidelines.

**Status:** Died in Assembly Appropriations

#### **AB-1204 (Wicks) - Hospital equity reporting.**

Establishes the Medical Equity Disclosure Act which requires hospitals to prepare and annually submit an equity report to the Department of Health Care Access and Information and, expands the definition of "vulnerable populations" related to community benefit plans and reports. Requires a hospital's equity report to include a health equity plan to achieve disparity reductions, with measurable objectives and specific timeframes.

**Status:** Chapter 751, Statutes of 2021

#### **AB-1229 (Rodriguez) - Advisory task force: ambulance services.**

Would have required the Director of the Emergency Medical Services Authority to convene an advisory task force and to recommend a project plan for the task force that included an evaluation relating to ambulance patient offload delays due to the COVID-19 pandemic.

**Status:** Died in Assembly Appropriations

#### **AB-1394 (Irwin) - General acute care hospitals: suicide screening.**

Requires a general acute care hospital, on or before January 1, 2025, to establish and adopt written policies and procedures to screen patients who are twelve years of age and older for purposes of detecting a risk for suicidal ideation and behavior, and, recommends using guidelines similar to those developed by the National Institute for Mental Health.

**Status:** Chapter 101, Statutes of 2022

#### **AB-1407 (Burke) - Nurses: implicit bias courses.**

Requires an approved school of nursing, or nursing program to include implicit bias coursework in its curriculum; requires a nurse renewing their license to complete one hour of direct participation in an implicit bias course; and, requires a hospital to implement an evidence-based implicit bias program as part of its new graduate training program that hires and trains new nursing program graduates.

**Status:** Chapter 445, Statutes of 2021

### **AB-1422 (Gabriel) - Nurse-to-patient ratios.**

Requires the Department of Public Health (DPH) on or before March 1, 2022, to create a standardized form for any critical care unit program flexibility request. Requires a health facility that submits a critical care unit program flexibility request to conspicuously post a copy of the request in a location accessible to patients and employees. Requires DPH to post all approved requests by a health facility for critical care unit program flexibility on its internet website and include specified information.

**Status:** Chapter 716, Statutes of 2021

### **AB-1464 (Arambula) - Hospitals: seismic safety.**

Requires the owner of an acute care inpatient hospital whose building does not substantially comply with the 2030 seismic safety regulations or standards, to report to the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) what services are provided in each building of the acute care inpatient hospital.

**Status:** Died in Assembly Health

### **AB-1502 (Muratsuchi) - Freestanding skilled nursing facilities.**

Enacts the Skilled Nursing Facility Ownership and Management Reform Act of 2022, which establishes suitability standards for persons and entities seeking to acquire, operate, or manage skilled nursing facilities (SNFs) in California. Directs the Department of Public Health (DPH) to screen all persons and entities seeking licenses to acquire, operate, or manage SNFs. Requires owners and operators, including nursing home chains, to obtain prior approval from DPH before acquiring, operating, or managing a SNF. Prohibits the use of interim or longer-term management agreements to circumvent state licensure requirements. Requires DPH to make a determination within 120 days of an applicant's submission of a complete application for any type of change to the SNF license.

**Status:** Chapter 578, Statutes of 2022

### **AB-1527 (Ting) - Seton Medical Center: seismic safety.**

Authorizes the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to waive requirements for the Seaton Medical Center in Daly City to comply with seismic safety requirements.

**Status:** Chapter 65, Statutes of 2021

### **AB-1585 (Committee on Health) - Health care.**

Expands the current definition of an infection preventionist employed by a skilled nursing facility to include persons who have professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field, and have completed specialized training in infection prevention and control. Extends the due date, from July 1, 2020 to January 1, 2023, by which the

Department of Health Care Services is required to adopt regulations related to the California Children's Services Whole Child Model in accordance with the rulemaking requirements of the Administrative Procedure Act.

**Status:** Chapter 181, Statutes of 2021

**AB-1743 (Medina) - Public health.**

Would have authorized the State Public Health Officer, after a request by a board of supervisors of an affected county and after a public hearing, to waive regulations pertaining to the provision of hospital services in a hospital operated by a county or under contract to a county for a county with a population of 250,000 or less on January 1, 1980. Would have required the State Public Health Officer to make a finding that the waiver would not affect adversely the health and safety of persons in the county. This bill was amended into a different subject matter.

**Status:** Chapter 641, Statutes of 2022

**AB-1809 (Aguilar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2022.**

Would have created the Nursing Facility Resident Informed Consent Protection Act of 2022 which would have established the rights of skilled nursing facility and intermediate care facility residents to receive information that is material to the individual's decision whether to accept or refuse a proposed treatment or procedure, and provide residents with the right to be free from psychotherapeutic drugs used as a chemical restraint, except in the case of an emergency, as specified.

**Status:** Vetoed

**AB-1852 (Patterson) - Health facilities: automated drug delivery systems.**

Adds a licensed hospice facility (in addition to skilled nursing and intermediate care facilities) to the types of health facilities authorized to use an automated drug delivery system provided by a pharmacy.

**Status:** Chapter 111, Statutes of 2022

**AB-1882 (Robert Rivas) - Hospitals: seismic safety.**

Requires owners of general acute care hospital buildings that are not compliant with the January 1, 2030 seismic safety requirement to remain operational following a major earthquake, to submit annual status updates to various entities, including the county board of supervisors, any labor union that represents workers in a building that is not January 1, 2030 compliant, the local office of emergency services, and the medical health operational area coordinator; and, requires hospitals to post in any lobby or waiting area of a hospital building that is not compliant with the January 1, 2030 seismic requirement a notice that the hospital is not in compliance.

**Status:** Chapter 584, Statutes of 2022



### **AB-1907 (Bauer-Kahan) - Long-term health care facilities: inspections.**

Extends the maximum period between inspections of skilled nursing facilities from two years to 30 months.

**Status:** Chapter 277, Statutes of 2022

### **AB-2079 (Wood) - Skilled nursing facilities: direct care spending requirement.**

Would have established, no later than July 1, 2023, a requirement that skilled nursing facilities (SNFs) report revenues and expenses to the Department of Health Care Services, and based on these reports, would have required 85% of a SNF's total non-Medicare health revenues from all payer sources in each fiscal year to be expended on the direct patient-related services of residents. Would have required a SNF that does not meet the minimum spending requirements on direct patient services to issue a pro rata dividend or credit to the state and anyone that made non-Medicare payments to the SNF for resident services, in an amount to bring the total spending up to 85%.

**Status:** Vetoed

### **AB-2080 (Wood) - Health Care Consolidation and Contracting Fairness Act of 2022.**

Would have established the Health Care Consolidation and Contracting Fairness Act of 2022, which would have prohibited a contract issued, amended, or renewed on or after January 1, 2023, between a health plan or health insurer and a health care provider or health facility from including specified anti-competitive terms. Would have required a medical group, hospital or hospital system, health facility, health plan, health insurer, or pharmacy benefit manager to provide written notice to the Attorney General (AG) at least 90 days before entering an agreement to make a material change with a value of \$15,000,000 or more. Would have allowed for an adjudicative proceeding appeal if the AG does not approve an agreement or transaction. Would have required a health plan that intends to acquire or obtain control of an entity, to give notice to, and secure prior approval from, the Department of Managed Health Care Director.

**Status:** Died in Senate Health

### **AB-2092 (Akilah Weber) - Acute hospital care at home.**

Would have authorized a general acute care hospital (GACH), to provide Acute Hospital Care at Home services, if the GACH meets specific conditions.

**Status:** Died in Assembly Health

### **AB-2096 (Mullin) - Chemical dependency recovery hospitals.**

Permits chemical dependency recovery hospital (CDRH) services to be co-located as a distinct part with other services or distinct parts of its parent facility, as specified.



Permits CDRH services to be provided within a hospital building that has been removed from general acute care use.

**Status:** Chapter 233, Statutes of 2022

**AB-2317 (Ramos) - Children's psychiatric residential treatment facilities.**

Requires the Department of Health Care Services (DHCS) to license and establish regulations for psychiatric residential treatment facilities (PRTFs), as defined. Requires DHCS's regulations and certifications to be consistent with Medicaid regulations governing PRTFs, in order to maximize federal financial participation. Adds inpatient psychiatric services to individuals under 21 years of age provided in a licensed children's crisis PRTF as mental health services provided under the Medi-Cal Program.

**Status:** Chapter 589, Statutes of 2022

**AB-2404 (Luz Rivas) - Hospitals: seismic compliance: Pacifica Hospital of the Valley.**

Authorizes the Department of Health Care Access and Information (HCAI) to waive the requirements of the Seismic Safety Act for Pacifica Hospital of the Valley in Los Angeles County if the hospital submits a plan that proposes compliance by January 1, 2025, HCAI accepts the plan as being feasible, and the hospital reports to HCAI on its progress to timely complete the plan.

**Status:** Chapter 592, Statutes of 2022

**AB-2426 (Gipson) - Martin Luther King, Jr. Community Hospital.**

Would have required the Department of Health Care Services (DHCS), in consultation with Martin Luther King, Jr. Community Hospital (MLKCH), to create a directed payment program in Medi-Cal managed care (MCMC) for outpatient hospital services to provide that total MCMC plan reimbursement received by MLKCH for those services is approximately equal to the hospital's costs for those services. Would have required, for each fiscal year, General Fund amounts to fund the nonfederal share of the additional payments, to the extent that the payment rates for MCMC outpatient hospital services provided by the hospital that would have been payable are less than 72% of the hospital's projected Medi-Cal costs. Would have authorized the remaining necessary nonfederal share of the additional payments to fund costs between 72% and 100% of costs, to be funded with an intergovernmental transfer of public funds that are transferred to the state from the County of Los Angeles, at the county's election. Would have required, consistent with federal law, the capitation rates paid to MCMC plans to be determined to reflect the obligation to provide reimbursement approximately equal to the hospital's costs. Would have required DHCS, in consultation with MLKCH, to develop an alternative mechanism for ensuring Medi-Cal inpatient services payment levels to the hospital from MCMC plans, consistent with existing law MLKCH Medi-Cal payment requirements, that comply with the federal Medicaid managed care regulations

on directed payments. Would have made implementation of this bill contingent upon an appropriation by the Legislature in the annual Budget Act or another statute for the express purpose of this bill.

**Status:** Vetoed

**[AB-2511 \(Irwin\) - Skilled nursing facilities: backup power source.](#)**

Requires skilled nursing facilities to have an alternative source of power to protect resident health and safety for no fewer than 96 hours during any type of power outage.

**Status:** Chapter 788, Statutes of 2022

**[AB-2518 \(Gabriel\) - Severe mental illness.](#)**

Would have prohibited a healthy facility or a facility that has a community residential treatment program from being required to obtain a signature of patient for purpose of administering antipsychotic medications to a person admitted as a voluntary patient who consents to receiving those medications in specified circumstances.

**Status:** Died in Assembly Health

**[AB-2546 \(Nazarian\) - Resident-Designated Support Persons Act.](#)**

Would have enacted the Resident-Designated Support Persons Act, which would have granted residents of long-term care facilities the right to in-person, onsite access to a minimum of two designated support persons during any public health emergency, as defined, in which the residents' visitation rights are curtailed by a state or local order. This bill was later amended to deal with a different subject.

**Status:** Died in Senate Transportation

**[AB-2666 \(Salas\) - Behavioral health internship grant program.](#)**

Would have established a new grant program within the Department of Healthcare Access and Information to provide stipends to students in behavioral health fields who are participating in unpaid internships or completing licensure hours, through unpaid positions, at a federally qualified health center.

**Status:** Vetoed

**[AB-2904 \(Mia Bonta\) - Alameda Hospital: seismic safety compliance deadline: extension.](#)**

Would have extended the January 1, 2030 seismic safety requirement for Alameda Hospital until January 1, 2032.

**Status:** Vetoed

**[SB-311 \(Hueso\) - Compassionate Access to Medical Cannabis Act or Ryan's Law.](#)**

Requires specified health care facilities to allow terminally ill patients to use medical cannabis within the facility, subject to certain restrictions. Requires a health facility to

reasonably restrict the manner in which a patient stores and uses medicinal cannabis, including requiring the medicinal cannabis to be stored in a locked container. Requires health facilities permitting patient use of medicinal cannabis to comply with specified drug and medication requirements, subject to enforcement actions by the Department of Public Health.

**Status:** Chapter 384, Statutes of 2021

**SB-395 (Caballero) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program.**

Enacts the Healthy Outcomes and Prevention Education Act, which imposes the California Electronic Cigarette Excise Tax on the sale of electronic cigarettes. Creates the Health Careers Opportunity Grant Program in the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) for the purpose of improving access by underrepresented students from disadvantaged backgrounds to health profession programs offered by the state's public postsecondary education institutions.

**Status:** Chapter 489, Statutes of 2021

**SB-564 (Cortese) - Hospitals: seismic compliance: County of Santa Clara.**

Permits the Department of Health Care Access and Information to grant an extension of the seismic safety requirement that hospitals be capable of remaining standing following a major earthquake, until a maximum of December 31, 2024, for two hospitals owned by the County of Santa Clara.

**Status:** Chapter 388, Statutes of 2021

**SB-637 (Newman) - Health facility reporting: staffing.**

Would have required hospitals to report weekly during a statewide health-related state of emergency, and monthly at all other times, information, including but not limited to, staffing, staffing shortages, bed counts, and patient census, and layoffs and furloughs, to the Department of Public Health (DPH) on a form and schedule determined by DPH. Would have required DPH to publicly post the information. Would have required hospitals to report weekly during a statewide health-related state of emergency, and monthly at all other times (no emergency declaration), until January 1, 2025, or the end of the declared COVID-19 emergency, whichever comes first, specified information regarding COVID-19-positive staff. Would have required a licensed health facility to post any approval granted by DPH for program flexibility immediately adjacent to the health facility's license, and on the facility's internet website.

**Status:** Died in Senate Governmental Organization

### **SB-650 (Stern) - Skilled nursing facilities.**

Requires an organization that operates, conducts, owns, manages, or maintains a skilled nursing facility (SNF) to prepare and file an annual consolidated financial report with the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information). Requires the financial report to include data from all operating entities, license holders, and related parties, as defined, in which the organization has an ownership or control interest of 5% or more, and that provides a service, facility, or supply to the SNF, commencing with fiscal years ending December 31, 2023.

**Status:** Chapter 493, Statutes of 2021

### **SB-864 (Melendez) - General acute care hospitals: drug screening.**

Establishes Tyler's Law, which requires a general acute care hospital treating a person who is receiving a urine drug screening, to include testing for fentanyl in the screening.

**Status:** Chapter 169, Statutes of 2022

### **SB-987 (Portantino) - California Cancer Care Equity Act.**

Requires a Medi-Cal managed care (MCMC) plan to make a good faith effort to include in its contracted provider network at least one National Cancer Institute-designated Comprehensive Cancer Center (NCI-designated CCC), a site affiliated with the NCI Community Oncology Research Program (NCORP) or a Qualifying Academic Cancer Center (a QACC is effectively defined as Cedars-Sinai Medical Center) located within the beneficiary's county of residence or, if none exists in that county, located within the nearest county that has an NCI-designated CCC, NCORP affiliated site or specialized cancer center for eligible enrollees with a "complex cancer diagnosis," as defined.

Requires a MCMC plan to allow an eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to receive services through an NCI-designated CCC, NCORP-affiliated site, or QACC, as appropriate, for the enrollee's condition and identified needs. Requires a denial of a referral request to be based upon a determination by the treating provider that the request to receive services at an NCI-designated comprehensive cancer center, or NCORP affiliated site, or a qualifying academic cancer center is not medically necessary, the requested services are not available at, or not applicable to, the enrollee's cancer diagnosis at the requested NCI-designated comprehensive cancer center, NCORP affiliated site, or a qualifying academic cancer center site.

**Status:** Chapter 608, Statutes of 2022

### **SB-988 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan's Law.**

Deletes the requirement that health facilities comply with drug and medication requirements applicable to Schedule II, III, and IV drugs, and be subject to enforcement

actions by the California Department of Public Health, when permitting patient use of medicinal cannabis. Clarifies that a patient, as defined, does not include an individual receiving emergency services. Revises the requirements for how medicinal cannabis is permitted to be stored and administered.

**Status:** Chapter 242, Statutes of 2022

### **SB-1143 (Roth) - Acute Care Psychiatric Hospital Loan Fund.**

Would have established the California Acute Care Psychiatric Hospital Loan Fund (Fund) in the State Treasury to provide zero-interest loans to qualifying entities to construct or renovate acute care psychiatric hospitals, psychiatric health facilities, or renovation or expansion of general acute care hospitals in order to add an inpatient psychiatric unit. Continuously appropriates any moneys in the Fund to the California Health Facilities Financing Authority.

**Status:** Vetoed

### **SB-1154 (Eggman) - Facilities for mental health or substance use disorder crisis: database.**

Would have required the State Department of Public Health, in consultation with the State Department of Health Care Services and the State Department of Social Services, and conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities, in order to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental health or substance use disorder (SUD) crisis. Would have required the database to include specified information and have the capacity to, among other things, enable searches to identify beds that are appropriate for the treatment of individuals in a mental health or SUD crisis and collect data.

**Status:** Died in Assembly Appropriations

### **SB-1339 (Pan) - Hospitals.**

Would have required general acute care hospital buildings with specific seismic ratings to submit estimated costs to comply with the 2030 seismic requirements to the Department of Health Care Access and Affordability (HCAI). Would have required HCAI to provide a report to the Legislature with an assessment of the projected costs to retrofit each hospital building to meet the 2030 seismic requirements.

**Status:** Died in Assembly Appropriations

## Health Disparities

### [AB-1038 \(Gipson\) - California Health Equity Program.](#)

Would have established the California Health Equity Program under the Office of Health Equity within Department of Public Health to be a competitive grant program to support local health departments, nonprofit organizations, clinics and tribes that serve disproportionately impacted communities to take action in specified areas relating to COVID-19 to address health equity.

**Status:** Died in Senate Appropriations

### [AB-1169 \(Eduardo Garcia\) - Health care facilities: interpreters.](#)

Would have required the Department of Public Health (DPH), on or before January 1, 2024, to conduct a study, with the collaboration of professionals in the field of sign interpretation and members of the deaf or hard of hearing (HOH) community, to establish the guidelines for selecting testing organizations, agencies, or educational institutions to administer tests for certification of interpreters, including, but not limited to, American Sign Language (ASL) interpreters, in medical settings for individuals who are deaf or HOH. Would have required DPH, on or before January 1, 2024, to approve one or more entities to administer testing for ASL interpreters for individuals who are deaf or HOH pursuant to the established guidelines.

**Status:** Died in Assembly Appropriations

### [AB-1204 \(Wicks\) - Hospital equity reporting.](#)

Establishes the Medical Equity Disclosure Act which requires hospitals to prepare and annually submit an equity report to the Department of Health Care Access and Information and, expands the definition of "vulnerable populations" related to community benefit plans and reports. Requires a hospital's equity report to include a health equity plan to achieve disparity reductions, with measurable objectives and specific timeframes.

**Status:** Chapter 751, Statutes of 2021

### [AB-1207 \(Luz Rivas\) - Pathways Through Pandemics Task Force.](#)

Would have established in the California Health and Human Services Agency, the Pathways Through Pandemics Task Force to study lessons learned from the COVID-19 pandemic and develop strategies to navigate future pandemics.

**Status:** Vetoed

### [AB-1306 \(Arambula\) - Health Professions Careers Opportunity Program.](#)

Would have added to Legislative findings that there is an urgent and growing need for California to expand its pool of talented, diverse health workers. Would have provided recommended actions to address identified barriers to entry in the health professions for students from underrepresented and low-income backgrounds.

**Status:** Died in Senate Appropriations



### **AB-1407 (Burke) - Nurses: implicit bias courses.**

Requires an approved school of nursing, or nursing program to include implicit bias coursework in its curriculum; requires a nurse renewing their license to complete one hour of direct participation in an implicit bias course; and, requires a hospital to implement an evidence-based implicit bias program as part of its new graduate training program that hires and trains new nursing program graduates.

**Status:** Chapter 445, Statutes of 2021

### **AB-2076 (Luz Rivas) - Extreme Heat and Community Resilience Program: Extreme Heat Hospitalization and Death Reporting System.**

Would have required the Department of Public Health to establish and maintain the Extreme Heat and Health Reporting System to assist with local interventions and to identify and protect heat-vulnerable populations. Would have established the Extreme Heat and Community Resilience Program within the Office of Planning and Research to coordinate state efforts and support local and regional efforts to prevent or mitigate the public health risks of extreme heat.

**Status:** Died in Senate Appropriations

### **AB-2360 (Arambula) - Emergency response advisory working group.**

Would have required the Office of Health Equity within the Department of Public Health, subject to an appropriation of funds by the Legislature in the annual Budget Act or other measure, in consultation with public health advocates and other subject matter experts, to convene an advisory working group, on or before March 31, 2023, to develop tools and protocols for the future allocation of funds to reduce racial disparities in recovery, response, and repair efforts following state and local emergencies.

**Status:** Died in Senate Appropriations

### **AB-2521 (Santiago) - Transgender Wellness and Equity Fund.**

Renames the Transgender Wellness and Equity Fund within the Office of Health Equity as the Transgender, Gender Nonconforming, or Intersex Fund, and defines the terms transgender, gender nonconforming, and intersex.

**Status:** Chapter 869, Statutes of 2022

### **AB-2586 (Cristina Garcia) - Reproductive and sexual health inequities.**

Establishes the California Reproductive Justice and Freedom Fund in the Department of Public Health (DPH), and requires DPH, upon appropriation, to award grants to eligible community-based organizations over a three-year period, with the goal of dismantling historic and standing systemic reproductive and sexual health inequities through medically accurate, culturally congruent education and outreach.

**Status:** Chapter 564, Statutes of 2022

### **SB-40 (Hurtado) - Health care workforce development: California Medicine Scholars Program.**

Would have established the California Medicine Scholars Program within the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to establish a regional pipeline program for community college students to pursue premedical training and enter medical school.

**Status:** Died in Assembly Appropriations

### **SB-65 (Skinner) - Maternal care and services.**

Establishes the California Momnibus Act. Requires the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to work to increase the number of students receiving training as certified nurse-midwives or licensed midwives, subject to an appropriation by the Legislature. Establishes the California Pregnancy-Associated Review Committee effective August 1, 2022 to review all pregnancy-related deaths and severe maternal morbidity; requires counties to annually report infant deaths and to establish a Fetal and Infant Mortality Review committee, upon appropriation by the Legislature. Requires the Department of Health Care Services to convene a workgroup to examine the implementation of the Medi-Cal doula benefit enacted pursuant to the Budget Act of 2021. Exempts pregnant persons from the California Work Opportunity and Responsibility to Kids program from medical verification and county determination requirements.

**Status:** Chapter 449, Statutes of 2021

### **SB-441 (Hurtado) - Health care workforce training programs: geriatric medicine.**

Would have required the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to include students and professionals with training in geriatrics in administering health workforce professions programs including, but not limited to the Health Professions Career Opportunity Program, the National Health Service Corps State Loan Repayment Program, and the Steven M. Thompson Physician Corps Loan Repayment Program.

**Status:** Died in Assembly Appropriations

### **SB-682 (Rubio) - Childhood chronic health conditions: racial disparities.**

Would have established the End Racial Inequities in Children's Health in California Initiative and would have required the California Health and Human Services Agency to convene an advisory workgroup to develop and implement a plan to reduce racial disparities in childhood chronic diseases by at least 50% by December 31, 2030.

**Status:** Vetoed



**SB-1023 (Hurtado) - Health care: health workforce education and training.**

Would have required the California Health Workforce Education and Training Council to prepare and submit a report with findings and recommendations relating to expanding health personnel training, diversity and assistance in low-income communities.

**Status:** Died in Assembly Health

**SB-1033 (Pan) - Health care coverage.**

Would have revised the Department of Managed Health Care (DMHC) and California Department of Insurance (CDI) requirement to develop appropriate access to language assistance regulations, to also require DMHC and CDI to develop regulations to collect accurate and complete member-level demographic data on its enrollee or insured population to more effectively measure and reduce health disparities, as specified.

Would have required every health plan and health insurer, and specialized health plan and health insurer, to assess individual cultural, linguistic, and health related social needs of the enrollee or insured population, excluding Medi-Cal beneficiaries, for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health. Would have required the individual cultural, linguistic, and health-related social needs of the enrollee and insured population quality improvements, and disparity reductions to be identified based on accurate and complete member-level demographic data that is self-reported by the enrollee and insured.

**Status:** Died in Assembly Appropriations

## Health Information / HIPAA

### [AB-1131 \(Wood\) - Health information network.](#)

Would have established the statewide health information network (HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. Would have required the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities, as specified. Would have required the statewide HIN to convene a health technology advisory committee with specified membership to advise the statewide HIN and set agendas, hold public meetings with stakeholders, and solicit external input on behalf of the statewide HIN. Would have required a health care entity, including a hospital, health system, skilled nursing facility, laboratory, physician practice, health care service plan, health insurer, and the Department of Health Care Services, to submit specified data to the operating entity. Would have authorized the statewide HIN to add additional health care entities or data to the list of entities required to submit data to the statewide HIN by adopting a subsequent regulation. Would have required a health care service plan, health insurer, and a health care provider to collect and submit health equity data to the operating entity.

**Status:** Died in Assembly Appropriations

### [AB-1184 \(Chiu\) - Medical information: confidentiality.](#)

Revises and recasts provisions to require a health plan or health insurer, effective July 1, 2022, to accommodate requests for confidential communication of medical information regardless of whether there is a situation involving sensitive services or a situation in which disclosure would endanger the individual. Prohibits a health plan or health insurer from requiring a protected individual, as defined, to obtain the policyholder, primary subscriber, or other enrollee or insured's authorization to receive health care services or to submit a claim, if the protected individual has the right to consent to care. Requires the health plan or health insurer to direct all communications regarding a protected individual's receipt of sensitive health care services directly to the protected individual, and prohibits the disclosure of that information to the policyholder, primary subscriber, or any plan enrollees or insureds without the authorization of the protected individual, as provided. Expands the definition of sensitive services to identify all health care services related to mental health, reproductive health, sexually transmitted infections, substance use disorder, transgender health, including gender affirming care, and intimate partner violence, and includes services, as specified.

**Status:** Chapter 190, Statutes of 2021

### **AB-1252 (Chau) - Information privacy: digital health feedback systems.**

Would have revised the Confidentiality of Medical Information Act (CMIA) to define personal health record (PHR) as a commercial internet website, online service, or product that is used by an individual and that collects the individual's PHR information and personal health record information (PHRI) as individually identifiable information, in electronic or physical form, about an individual's mental or physical condition that is collected by a PHR through a direct measurement of an individual's mental or physical condition or through user input regarding an individual's mental or physical condition into a PHR. Would have included PHRI to the definition of medical information. Would have deemed a business that offers PHR software or hardware to a consumer, as specified, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a health care provider subject to the requirements of the CMIA.

**Status:** Died on the Assembly Floor

### **AB-2089 (Bauer-Kahan) - Privacy: mental health information.**

Amends the Confidentiality of Medical Information Act to include mental health application information. Defines mental health application information as information related to a consumer's inferred or diagnosed mental health or substance use disorder, as defined in existing law, collected by a mental health digital service; and, mental health digital service as a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer. Deems any business that offers a mental health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a health care provider, as specified. Requires any business that offers a mental health digital service to provide to the health care provider information regarding how to find data breaches reported, as specified, on the internet website of the Attorney General.

**Status:** Chapter 690, Statutes of 2022

### **AB-2091 (Mia Bonta) - Disclosure of information: reproductive health and foreign penal civil actions.**

Prohibits a health care provider, a health plan, or a contractor from releasing medical information related to an individual seeking or obtaining an abortion in response to a subpoena or a request if that subpoena or request is based on either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Authorizes the California Department of Insurance Commissioner to assess a civil penalty, as specified, against a health insurer that has disclosed an insured's confidential medical information. Prohibits compelling a person to identify or

provide information that would identify an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action, as defined. Prohibits the issuance of a subpoena if the submitted foreign subpoena relates to a foreign penal civil action. Prohibits prison staff from disclosing identifying medical information related to an incarcerated person's right to seek and obtain an abortion if the information is being requested based on another state's law that interferes with a person's rights to choose or obtain an abortion or a foreign penal civil action.

**Status:** Chapter 628, Statutes of 2022

### **AB-2352 (Nazarian) - Prescription drug coverage.**

Requires a health plan or health insurer to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. Prohibits a health plan or health insurer from restricting a prescribing provider from sharing the information furnished about the prescription drug, including information about the cash price of the drug, or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug.

**Status:** Chapter 590, Statutes of 2022

### **SB-644 (Leyva) - Health care coverage outreach.**

Requires the California Health Benefits Exchange (the Exchange or Covered California), at least monthly no later than September 1, 2023, to request from the Employment Development Department (EDD) contact information of each new applicant for unemployment compensation, state disability, and paid family leave, including last name, first name, social security number, date of birth, and all mailing addresses. Prohibits the Exchange from disclosing personal information obtained from EDD without the applicant's consent. Requires the Exchange to take reasonable measures to safeguard the confidentiality of any personal information obtained by the EDD, as specified. Requires EDD to provide specified information to the Exchange or the Department of Health Care Services upon request to assist in determining eligibility for insurance administered by those state agencies. Requires the Exchange to market and publicize the availability of health care coverage through the Exchange, and engage in outreach activities, to the individuals whose information the Exchange receives from EDD.

**Status:** Chapter 983, Statutes of 2022

### **SB-1184 (Cortese) - Confidentiality of Medical Information Act: school-linked services coordinators.**

Authorizes a health care provider or a health care service plan to disclose medical information to a school-linked services (SLS) coordinator, as specified. Defines SLS coordinator as an individual located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families that holds specified credentials, including an individual with a pupil personnel services specialization, school nurse, or licensed as a marriage and family therapist, educational psychologist, or clinical counselor.

**Status:** Chapter 993, Statutes of 2022

### **SB-1419 (Becker) - Health information.**

Requires health plans and health insurers to establish and maintain application programming interfaces, as described by specified federal regulations, for the benefit of enrollees, insureds, and contracted providers. Prohibits the representative of a minor from inspecting the minor's patient records when the records relate to certain services, including mental health treatment or counseling on an outpatient basis or medical care related to the prevention or treatment of pregnancy, as specified. Expands existing law that requires a health care professional to provide or arrange for clinical laboratory test results to a patient, in oral or written form and in plain language, to also apply to both clinical laboratory tests and imaging scans, such as X-rays, magnetic resonance imaging, ultrasound, or other similar technologies.

**Status:** Chapter 888, Statutes of 2022

## Health insurance / Health plan

### [AB-32 \(Aguiar-Curry\) - Telehealth.](#)

Permits a health care provider, a federally qualified health center (FQHC) or a rural health clinic (RHC) to establish a new patient relationship using an audio-only synchronous interaction (for example, a telephone call) when the visit is related to sensitive services (defined by reference to a definition in existing law to include health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence), and when established in accordance with Department of Health Care Services (DHCS)-specific requirements and consistent with federal state law, regulations and guidance. Permits a health care provider, an FQHC or RHC to also establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality, or attests they do not have access to video, and when established in accordance with DHCS specific requirements and consistent with federal and state laws, regulations and guidance. Implements these changes only to the extent that any necessary federal approvals are obtained, federal financial participation is available and not otherwise jeopardized. Authorizes DHCS, in making exceptions to the requirement that health care providers offer both audio and video, to take into consideration the availability of broadband access based on speed standards set by the Federal Communications Commission, pursuant to a specified provision of the federal Telecommunications Act of 1996 or other applicable federal law or regulation.

**Status:** Chapter 515, Statutes of 2022

### [AB-97 \(Nazarian\) - Health care coverage: insulin affordability.](#)

Would have prohibited a health care service plan contract or a health disability policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug.

**Status:** Died in Senate Appropriations

### [AB-326 \(Luz Rivas\) - Health care service plans: Consumer Participation Program.](#)

Makes permanent in existing law the authority of the Department of Managed Health Care (DMHC) Director to establish the Consumer Participation Program, which allows the DMHC Director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. Makes other technical and conforming changes.

**Status:** Chapter 741, Statutes of 2021

### **AB-342 (Gipson) - Health care coverage: colorectal cancer: screening and testing.**

Requires a health care service plan (health plan) contract or a health insurance policy, except as specified, to provide coverage without cost sharing for colorectal cancer (CRC) screening tests assigned either a grade A or B by the United States Preventive Services Task Force (USPSTF). Specifies that the required colonoscopy for a positive result on a test or procedure, other than a colonoscopy, that is a CRC screening examination or laboratory test identified assigned either a grade of A or a grade of B by the USPSTF also be provided without any cost sharing. Clarifies that a health plan or insurer that has coverage for out of network benefits is not precluded from imposing cost-sharing requirements for the items or services described in this bill that are delivered by an out-of-network provider.

**Status:** Chapter 436, Statutes of 2021

### **AB-347 (Arambula) - Health care coverage: step therapy.**

Requires a health care service plan (health plan) or health insurer to expeditiously grant a step therapy exception if specified criteria are met, including that the health care provider submit necessary justification and supporting clinical documentation of the provider's determination that the required prescription drug is inconsistent with good professional practice for the provision of medically necessary covered services, as specified. Authorizes an enrollee or insured or their designee, guardian, health care provider or prescribing provider to appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request or step therapy exception request by filing a grievance, as specified. Deems a prior authorization request or step therapy exception request approved for the duration of the prescription, including refills, if a health plan, health insurer, or contracted physician group, or utilization review organization fails to notify a prescribing provider of its coverage determination within a specified timeframe. Defines step therapy exception as a decision to override a generally applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual enrollee.

**Status:** Chapter 742, Statutes of 2021

### **AB-454 (Rodriguez) - Health care provider emergency payments.**

Would have authorized the Department of Managed Health Care (DMHC) Director or the California Department of Insurance (CDI) Commissioner to require a health care service plan (health plan) or health insurer to provide specified payments and support to a provider during and at least 60 days after the end of a declared state of emergency or other circumstance, as specified. Would have required that, when determining the appropriate amount and type of support to be provided by the health plan or health insurer, the DMHC Director or CDI Commissioner take specified factors into



consideration, including whether the plan or insurer's providers have received support from the Federal Emergency Management Agency.

**Status:** Died in Assembly Appropriations

### **AB-457 (Santiago) - Protection of Patient Choice in Telehealth Provider Act.**

Establishes the Protection of Patient Choice in Telehealth Provider Act, which requires a health plan and a health insurer to comply with specified notice and consent requirements if the health plan or health insurer offers a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider. Requires the enrollee or insured to be given the option of continuing to receive specialty telehealth services for a mental or behavioral health condition with a contracting individual health professional, a contracting clinic, or a contracting health facility. Defines third-party corporate telehealth provider as a corporation directly contracted with a health plan or health insurer that provides health care services exclusively through a telehealth technology platform and has no physical location at which a patient can receive services. Requires the health plan or health insurer to, among other provisions, notify the enrollee or insured that the record of any services provided to the enrollee or insured through a third-party corporate telehealth provider be shared with their primary care provider and ensure that the records are entered into a patient record system shared with the enrollee's or insured's primary care provider or are otherwise provided to the enrollee's or insured's primary care provider in a manner consistent with state and federal law, unless the enrollee or insured objects. Requires a health plan or health insurer to report specified information relating to telehealth services to the Department of Managed Health Care or California Department of Insurance.

**Status:** Chapter 439, Statutes of 2021

### **AB-493 (Wood) - Health insurance.**

Would have codified the following existing federal Patient and Protection Affordable Care Act law into state law:

- 1) The requirement to provide coverage of essential health benefits;
- 2) The prohibition on imposing preexisting condition provision or waived condition provision upon any individual;
- 3) The requirement for a health insurer or carrier to fairly and affirmatively offer, market, and sell all of the insurer's health benefit plans sold in the individual and small group market; and,
- 4) The requirement to establish only specified rating criteria in the individual and small group markets.

**Status:** Died in Senate Health



### **AB-510 (Wood) - Out-of-network health care benefits.**

Would have authorized a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. Would have required the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

**Status:** Died in Assembly Health

### **AB-570 (Santiago) - Dependent parent health care coverage.**

Requires an individual health care service plan (health plan) contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a parent or stepparent who meets the definition of a qualifying relative under specified federal law and who lives or resides within the health plan or insurer's service area.

**Status:** Chapter 468, Statutes of 2021

### **AB-685 (Maienschein) - Health care service plans: reimbursement.**

Would have required health plans and health insurers to obtain an independent, board-certified emergency physician review of the medical decisionmaking related to an emergency service before denying or selecting a current procedural terminology evaluation and management or procedure code of lesser acuity than billed or would have made a determination that medical necessity was not present and therefore reimbursement will be for a lower level of care or as a nonemergency service, for claims billed for emergency services, as defined.

**Status:** Died in Assembly Health

### **AB-752 (Nazarian) - Prescription drug coverage.**

Would have required a health care service plan (health plan) or health insurer, or an entity acting on its behalf, to furnish specified information about a prescription drug upon request by an enrollee or insured, their health care provider, or a third party acting on their behalf. Would have prohibited a health plan or health insurer from restricting a health care provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost drug, as specified.

**Status:** Died in Assembly Appropriations

### **AB-797 (Wicks) - Health care coverage: treatment for infertility.**

Would have required every health plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for the treatment of infertility. Would have revised the definition of infertility, and would have

removed the exclusion of in vitro fertilization from coverage. Would have deleted the exemption for religiously affiliated employers, health plans, and health insurance policies, from the requirements relating to coverage for the treatment of infertility. Would have deleted the requirement that a health plan contract and disability policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and prospective group contractholders.

**Status:** Died in Assembly Health

### **AB-933 (Daly) - Prescription drug cost sharing.**

Would have required an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale (POS) based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. Would have required a health plan or health insurer to provide the enrollee or insured with an end-of-calendar-year reconciliation for any cost-sharing reductions owed to the enrollee or insured pursuant to this bill that were not passed on to the enrollee or insured through the estimated amount at the POS. Would have prohibited a health plan, insurer, or a health plan's or health insurer's agents from publishing or otherwise revealing information regarding the actual amount of rebates the health plan or health insurer receives on a product-specific, manufacturer-specific, or pharmacy-specific basis.

**Status:** Died in Assembly Appropriations

### **AB-935 (Maienschein) - Telehealth: mental health.**

Would have established the Mothers and Children Mental Health Support Act of 2021 which would have required health care service plans (health plans) and health insurers, by July 1, 2022, to provide access to a telehealth consultation program that meets specified criteria and would have given providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. Would have required the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. Would have required health plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. Would have required health plans and health insurers to monitor data pertaining to the utilization of the program to facilitate ongoing quality improvements, as necessary, and to provide a description of the program to the appropriate state departments.

**Status:** Died in Assembly Appropriations

### **AB-1011 (Waldron) - Health care coverage: substance use disorders.**

Would have required health care service plan (health plan) contracts and health insurance policies issued, amended, or renewed on or after January 1, 2022, that provide outpatient prescription drug benefits, to cover all medically necessary prescription drugs approved by the United States Food and Drug Administration (FDA) for treating substance use disorders (SUDs) that are appropriate for the specific needs of an enrollee or insured, and required those drugs to be placed on the lowest cost-sharing tier of the plan or insurer's prescription drug formulary, unless specified criteria are met. Would have prohibited these contracts and policies from imposing prescribed requirements, including prior authorization or step therapy requirements on a prescription drug approved by the FDA for treating SUDs, unless specified criteria are met.

**Status:** Died in Assembly Health

### **AB-1107 (Boerner Horvath) - Emergency ground medical transportation.**

Would have required a health plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would require the health plan or health insurer to pay those services at the contracted rate pursuant to the health plan contract or health policy.

**Status:** Died in Assembly Health

### **AB-1162 (Villapudua) - Health care coverage: claims payments.**

Would have required a health care service plan (health plan) or health insurer to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency. Would have allowed the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) to suspend requirements for prior authorization during a state of emergency. Would have shortened the time requirements for a health plan or health insurer to pay or contest a claim for services to 20 working days and the time limit for requesting additional information about a claim to 20 working days. Would have required a health plan or health insurer to pay a provider any interest and fees that accrue from failure to pay a claim regardless of whether the DMHC or CDI institutes an enforcement action against the health plan or health insurer. Would have defined concurrent review and authorizes telephone, videochat, or onsite conduct to qualify as a concurrent review activity. Would have prohibited a health plan or health insurer from recouping an alleged overpayment on one claim by deducting or withholding the amount of the alleged overpayment from another claim relating to the same or a different enrollee or insured.

**Status:** Died in Assembly Appropriations

### **AB-1184 (Chiu) - Medical information: confidentiality.**

Revises and recasts provisions to require a health plan or health insurer, effective July 1, 2022, to accommodate requests for confidential communication of medical information regardless of whether there is a situation involving sensitive services or a situation in which disclosure would endanger the individual. Prohibits a health plan or health insurer from requiring a protected individual, as defined, to obtain the policyholder, primary subscriber, or other enrollee or insured's authorization to receive health care services or to submit a claim, if the protected individual has the right to consent to care. Requires the health plan or health insurer to direct all communications regarding a protected individual's receipt of sensitive health care services directly to the protected individual, and prohibits the disclosure of that information to the policyholder, primary subscriber, or any plan enrollees or insureds without the authorization of the protected individual, as provided. Expands the definition of sensitive services to identify all health care services related to mental health, reproductive health, sexually transmitted infections, substance use disorder, transgender health, including gender affirming care, and intimate partner violence, and includes services, as specified.

**Status:** Chapter 190, Statutes of 2021

### **AB-1254 (Gipson) - Health care coverage: mobile stroke units.**

Would have required a health care service plan (health plan) or a health insurance policy that is issued, amended, or renewed on or after January 1, 2022, that provides coverage for emergency health care services to include coverage for services performed by a mobile stroke unit. Would have defined mobile stroke unit as a state-recognized mobile unit facility that serves as a hybrid emergency response ambulance and operates under the direction of a local emergency services agency to provide emergency treatment, imaging, and transportation for patients suffering from a stroke. Would have required Medi-Cal coverage for services performed by a mobile stroke unit and would have required the Department of Health Care Services to seek any necessary federal approvals and the availability of federal financial participation.

**Status:** Died in Assembly Health

### **AB-1400 (Kalra) - Guaranteed Health Care for All.**

Would have established the California Guaranteed Health Care for All or CalCare as California's single-payer health care coverage program; and, would have established the CalCare Board (board) to administer CalCare. Would have required, on or before July 1, 2024, the board to conduct and deliver a fiscal analysis to the Legislature to determine both of the following: 1) whether or not CalCare may be implemented; and, 2) whether revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare's implementation. Would have indicated that after the board has determined whether or not CalCare may be implemented and if program revenue is more likely than not to be sufficient to pay for program costs within eight years of

CalCare's implementation, CalCare to not be further implemented until the Senate Committee on Health, Assembly Committee on Health, Senate Committee on Appropriations, and Assembly Committee on Appropriations consider, and the Legislature approves, by statute, the implementation of CalCare. Would have specified that this bill, except for the general provisions, governance structure and federal waiver authority, to not become operative until the people of California approve a proposition that creates the revenue mechanisms necessary to implement this bill, after taking into consideration consolidation of existing revenues for health care coverage and anticipated savings from a single-payer health care coverage and a health care cost control system.

**Status:** Died on the Assembly Floor

### **AB-1468 (Cunningham) - Prior authorization.**

Would have required a health care service plan (health plan) or health insurer that implements an automated prior authorization system to use evidence-based clinical guidelines to program the system and to make the algorithms used for the system available for download on the health plan's or insurer's provider internet website. Would have required a health plan or health insurer that implements an automated prior authorization system to ensure that a licensed physician or a licensed health care professional makes the decision to deny or modify a request by examining the request specific to the enrollee or insured and does not simply ratify an automated response. Would have prohibited a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for a specified service, including chiropractic services, physical or occupational therapy, and acupuncture medicine, from requiring prior authorization for the initial 12 treatment visits for that service within a new episode of care.

**Status:** Died in Assembly Appropriations

### **AB-1520 (Levine) - Health care coverage: prostate cancer: screening.**

Would have prohibited a health care service plan contract or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2022, from applying a deductible, copayment, or coinsurance to coverage for specified screening services for prostate cancer for an enrollee or insured who is 55 years of age or older or is 40 years of age or older and is high risk, as determined by their health care provider.

**Status:** Died in Assembly Appropriations

### **AB-1823 (Bryan) - Student health insurance.**

Requires, for policy years beginning on or after January 1, 2024, student health insurance coverage, as defined, to be considered individual health insurance coverage. Defines student health insurance coverage as a blanket disability policy provided to students enrolled in an institution of higher education, as specified, that covers hospital,

medical, or surgical benefits. Requires a blanket disability insurance policy that meets the definition of student health insurance coverage to comply with specified provisions that are applicable to nongrandfathered individual health insurance, including essential health benefits, annual limit on maximum out of pocket expenses, and the prohibition against annual and lifetime limits. Exempts student health insurance coverage from certain requirements otherwise applicable to health insurers and health benefit plans, including the establishment of enrollment periods, guaranteed availability and renewability, specified coverage level requirements, and single risk pool rating requirements that are applicable to individual health insurance coverage.

**Status:** Chapter 688, Statutes of 2022

### **AB-1859 (Levine) - Mental health services.**

Would have required a health care service plan (health plan) or a health insurance policy issued, amended, or renewed on or after July 1, 2023, that includes coverage for mental health (MH) services to, among other things, approve the provision of MH services for persons who are screened, evaluated, detained for treatment and evaluation under the Lanterman-Petris-Short Act and to process the referral as an appointment request. Would have required the referring facility to provide notification of the referral to the health plan or insurer within 48 hours of referral.

**Status:** Vetoed

### **AB-1878 (Wood) - California Health Benefit Exchange: affordability assistance.**

Would have required the California Health Benefit Exchange (the Exchange) to implement options for providing health care affordability assistance to reduce cost sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. Would have specified the actuarial value of cost-sharing assistance based on the income level of an enrollee, and would have required the Exchange to adopt standard benefit designs consistent with these specifications.

**Status:** Died in Senate Appropriations

### **AB-1880 (Arambula) - Prior authorization and step therapy.**

Would have required a health care service plan (health plan) or health insurer's utilization management process to ensure that an appeal of a denial, is reviewed by a clinical peer, as specified. Would have defined a clinical peer as a physician or other health professional who holds an unrestricted license or certification from any state and whose practice is in the same or a similar specialty as the medical condition, procedures, or treatment under review. Would have required health plans and health insurers that require step therapy or prior authorization to maintain specified information, including, but not limited to, the number of step therapy exception requests and prior authorization requests received by the plan or insurer, and, upon request, to



provide the information in a deidentified format to the Department of Managed Health Care or the California Department of Insurance commissioner, as appropriate.

**Status:** Vetoed

**[AB-1982 \(Santiago\) - Telehealth: dental care.](#)**

Requires a health plan or health insurer covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to disclose to the enrollee or insured the impact of third-party telehealth visits on the patient's benefit limitations, including frequency limitations and the patient's annual maximum. Requires those health plans and health insurers to submit specified information, including the total number of services delivered via telehealth by a third-party corporate telehealth provider, to the Department of Managed Health Care or California Department of Insurance.

**Status:** Chapter 525, Statutes of 2022

**[AB-2007 \(Valladares\) - Health care language assistance services.](#)**

Would have required the Department of Managed Health Care to report three times a year to the Legislature, regarding plan compliance with existing language assistance standards in obtaining health care services.

**Status:** Died in Assembly Health

**[AB-2024 \(Friedman\) - Health care coverage: diagnostic imaging.](#)**

Would have required a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage for screening mammography, medically necessary diagnostic or supplemental breast examinations, or testing for screening or diagnostic purposes upon referral by specified professionals. Would have prohibited a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, from imposing cost sharing for screening mammography, medically necessary or supplemental breast examinations, or testing.

**Status:** Died in Senate Appropriations

**[AB-2029 \(Wicks\) - Health care coverage: treatment for infertility.](#)**

Would have required a group health plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2023, to provide coverage for the diagnosis and treatment of infertility and fertility services, as specified, up to a lifetime maximum benefit of \$75,000. Would have required a health plan or health insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified.

**Status:** Died in Assembly Appropriations

### **AB-2080 (Wood) - Health Care Consolidation and Contracting Fairness Act of 2022.**

Would have established the Health Care Consolidation and Contracting Fairness Act of 2022, which would have prohibited a contract issued, amended, or renewed on or after January 1, 2023, between a health plan or health insurer and a health care provider or health facility from including specified anti-competitive terms. Would have required a medical group, hospital or hospital system, health facility, health plan, health insurer, or pharmacy benefit manager to provide written notice to the Attorney General (AG) at least 90 days before entering an agreement to make a material change with a value of \$15,000,000 or more. Would have allowed for an adjudicative proceeding appeal if the AG does not approve an agreement or transaction. Would have required a health plan that intends to acquire or obtain control of an entity, to give notice to, and secure prior approval from, the Department of Managed Health Care Director.

**Status:** Died in Senate Health

### **AB-2091 (Mia Bonta) - Disclosure of information: reproductive health and foreign penal civil actions.**

Prohibits a health care provider, a health plan, or a contractor from releasing medical information related to an individual seeking or obtaining an abortion in response to a subpoena or a request if that subpoena or request is based on either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Authorizes the California Department of Insurance Commissioner to assess a civil penalty, as specified, against a health insurer that has disclosed an insured's confidential medical information. Prohibits compelling a person to identify or provide information that would identify an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action, as defined. Prohibits the issuance of a subpoena if the submitted foreign subpoena relates to a foreign penal civil action. Prohibits prison staff from disclosing identifying medical information related to an incarcerated person's right to seek and obtain an abortion if the information is being requested based on another state's law that interferes with a person's rights to choose or obtain an abortion or a foreign penal civil action.

**Status:** Chapter 628, Statutes of 2022

### **AB-2127 (Santiago) - Health care coverage: dependent adults.**

Clarifies that a health plan, a health insurer, or a solicitor is required to provide an individual with the name, address, and telephone number of the local Health Insurance Counseling and Advocacy Program and the statewide telephone number at the time of solicitation and, for a health plan or insurer, on the application.

**Status:** Chapter 118, Statutes of 2022



### **AB-2134 (Akilah Weber) - Reproductive health care.**

Establishes the California Abortion and Reproductive Equity, and the California Reproductive Health Equity Program (Program) within the Department of Health Care Access and Information, to ensure abortion and contraception services are affordable for and accessible to all patients and to provide financial support for safety net providers of these services. Authorizes a Medi-Cal enrolled provider to apply for a grant, and a continuation award after the initial grant, to provide abortion and contraception at no cost to an individual with a household income at or below 400% of the federal poverty level who is uninsured or has health care coverage that does not include both abortion and contraception, and who is not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family Planning, Access, Care and Treatment programs. Requires a health plan or health insurer that provides health coverage to employees of a religious employer that does not include coverage and benefits for both abortion and contraception to provide an enrollee or insured with written information that abortion and contraception benefits and services may be available at no cost through the Program. Requires the Department of Industrial Relations to post information regarding benefits that may be available at no cost through the Program on its website.

**Status:** Chapter 562, Statutes of 2022

### **AB-2205 (Carrillo) - California Health Benefit Exchange: abortion services coverage reporting.**

Requires, beginning July 1, 2023, a health plan or health insurer offering qualified health plans, as defined, to annually report the total amount of funds in the segregated account maintained pursuant to the federal Patient Protection and Affordable Care Act. Requires the annual report to include the ending balance of the account and the total dollar amount of claims paid during a reporting year.

**Status:** Chapter 563, Statutes of 2022

### **AB-2352 (Nazarian) - Prescription drug coverage.**

Requires a health plan or health insurer to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. Prohibits a health plan or health insurer from restricting a prescribing provider from sharing the information furnished about the prescription drug, including information about the cash price of the drug, or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug.

**Status:** Chapter 590, Statutes of 2022

### **AB-2516 (Aguilar-Curry) - Health care coverage: human papillomavirus.**

Would have required a health plan contract or a disability insurance policy issued, amended, or renewed on or after January 1, 2023, that provides coverage for hospital, medical, or surgical benefits, issued, amended, or renewed on or after January 1, 2023,

to provide coverage without cost sharing for the human papillomavirus (HPV) vaccine, as approved by the U.S. Food and Drug Administration (FDA). Would have expanded comprehensive clinical family planning services under the Family Planning, Access, Care, and Treatment Program to include the HPV vaccine for persons for whom it is FDA approved.

**Status:** Vetoed

**[AB-2581 \(Salas\) - Health care service plans: mental health and substance use disorders: provider credentials.](#)**

Requires a health plan and disability insurer, for provider contracts issued, amended, or renewed on and after January 1, 2023, that provides coverage for mental health and substance use disorders and credentials health care providers of those services for the health plan's networks, to assess and verify the qualifications of a health care provider within 60 days after receiving a completed provider credentialing application. Requires a health plan and insurer, upon receipt of the application by the credentialing department, to notify the applicant within seven business days, to verify receipt and inform the applicant whether the application is complete.

**Status:** Chapter 533, Statutes of 2022

**[AB-2585 \(McCarty\) - Health care coverage: nonpharmacological pain management treatment.](#)**

Permits an individual or group health plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2023, that covers hospital, medical, or surgical expenses to provide coverage for nonpharmacological pain management treatment (NPMT) and defines NPMT as pain management treatment without the use of medication that includes any behavioral or instrument-based therapy approved by the federal Food and Drug Administration intended for the use of managing or treating pain.

**Status:** Chapter 160, Statutes of 2022

**[AB-2709 \(Boerner Horvath\) - Emergency ground medical transportation.](#)**

Would have required a health plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2023, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider, and would have prohibited the noncontracting ground ambulance provider from billing or sending to collections a higher amount. Would have required the health plan or health insurer to reimburse a noncontracting ground ambulance provider the greater of the average contracted rate or 125% of the Medicare reimbursement rate for those services, as specified.

**Status:** Died in Assembly Health

### **AB-2942 (Daly) - Prescription drug cost sharing.**

Would have required an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. Would have required a health plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of their decrease in cost sharing. Would have prohibited a health plan, health insurer, or their agents from publishing or otherwise revealing information regarding the actual amount of rebates the health plan or health insurer receives on a product-specific, manufacturer-specific, or pharmacy-specific basis. Would have required the Department of Managed Health Care and Department of Insurance, on or before March 1 each year, to provide a report on the impact of those provisions on drug prices and health care premium rates, as specified.

**Status:** Died in Assembly Health

### **SB-221 (Wiener) - Health care coverage: timely access to care.**

Codifies the regulations adopted by the Department of Managed Health Care (DMHC) and the Department of Insurance (CDI) to provide timely access standards for health plans and insurers for nonemergency health care services. Requires, beginning July 1, 2022, a health plan and a health insurer, including a Medi-Cal managed care plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health (MH) or substance use disorder (SUD) condition is able to get a followup appointment with a nonphysician MH care or SUD provider within 10 business days of the prior appointment. Requires that a referral to a specialist by another provider meets the timely access standards. Requires the health plan, including a Medi-Cal managed care plan, to arrange coverage outside the health plan's contracted network if a health plan is operating in a service area that has a shortage of providers and is not able to meet the geographic and timely access standards for providing MH or SUD services with an in-network provider. Specifies that the development and adoption of standardized methodologies for timely access reporting is not be subject to the Administrative Procedure Act, as specified, until July 1, 2025. Provides that nothing in this bill is construed to prevent the DMHC or CDI from developing additional standards to improve timely access to care and network adequacy.

**Status:** Chapter 724, Statutes of 2021

### **SB-225 (Wiener) - Health care coverage: timely access to care.**

Requires health plans and health insurers to incorporate timely access to care standards and processes into its quality assurance systems. Authorizes the Department of Managed Health Care (DMHC) and California Department of Insurance to develop methodologies to demonstrate appointment wait time compliance and averages, take compliance or disciplinary action, review and adopt standards concerning the availability

of health care to ensure enrollees and insureds have timely access to care, and make recommendations to the Legislature if it finds that health plans and health insurers and providers have difficulty meeting the standards developed. Requires the DMHC Director to consider, as an aggravating factor when assessing administrative penalties, if harm to an enrollee has occurred as a result of health plan noncompliance. Clarifies that the timely access to care provisions do not alter requirements or standards for Medi-Cal managed care plans, except as specified.

**Status:** Chapter 601, Statutes of 2022

### **SB-242 (Newman) - Health care provider reimbursements.**

Requires a health plan or health insurer to reimburse contracting health care providers for their business expenses to prevent the spread of respiratory-transmitted infectious diseases causing public health emergencies declared on or after January 1, 2022.

Defines business expenses as personal protective equipment, additional supplies, materials, and clinical staff time over and above those expenses usually included in an office visit or other nonfacility service or services, as specified. Requires reimbursement to a contracting health care provider for each individual patient encounter, limited to one encounter per day per enrollee or insured for the duration of the public health emergency. Specifies that a change to a contract between a health plan and a health care provider that delegates financial risk for testing, as specified, is a material change to the parties' contract. Exempts from this bill, Medi-Cal managed care plans that contract with the Department of Health Care Services.

**Status:** Chapter 538, Statutes of 2021

### **SB-245 (Gonzalez) - Health care coverage: abortion services: cost sharing.**

Prohibits a health plan or an individual or group policy, as specified, that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services. Prohibits a health plan or a health insurer from imposing utilization management or utilization review on the coverage for outpatient abortion services. Applies these requirements to Medi-Cal managed care plans, providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review. Authorizes the Department of Managed Health Care (DMHC) or California Department of Insurance (CDI) Commissioner to interpret and implement this bill, in consultation with specified departments by means of plan letters or similar guidance without taking any further regulatory action. Requires DMHC and CDI to adopt regulations on or before January 1, 2026.

**Status:** Chapter 11, Statutes of 2022

### **SB-250 (Pan) - Health care coverage.**

Would have prohibited a health plan or health insurer, on or after January 1, 2024, from requiring a contracted health professional to complete or obtain a prior authorization for any health care services if the health plan or health insurer approved or would have approved not less than 90% of the prior authorization requests the health professional submitted in the most recent one-year contracted period. Would have defined health care services to include brand name prescription drugs until January 1, 2027.

**Status:** Died in Assembly Appropriations

### **SB-255 (Portantino) - Health care coverage: employer associations.**

Authorizes an association of employers to offer a large group health care service plan (health plan) contract or large group health insurance policy consistent with Employee Retirement Income Security Act of 1974 (ERISA) if certain requirements are met, including that the association is headquartered in this state, is a multiple employer welfare arrangement (MEWA) as defined under ERISA, and was established prior to March 23, 2010, and has been in continuous existence since that date. Requires the large group health plan contract or health insurance policy to have provided a specified level of coverage as of January 1, 2019, and to include coverage for employees, and their dependents, who are employed in designated job categories on a project-by-project basis for one or more participating employers, with no single project exceeding six months in duration, and who, in the course of that employment, are not covered by another group health plan contract or group health insurance policy in which the employer participates. Requires the MEWA and participating employers to have a genuine organizational relationship unrelated to the provision of health care benefits and would require the participating employers to have a commonality of interests from being in the same line of business, as specified. Requires the MEWA, on or before June 1, 2022, to file an application for registration with the Department of Managed Health Care or the Department of Insurance, as applicable, and to annually file evidence of ongoing compliance with the bill's requirements with the applicable department.

Prohibits a health plan or health insurer, on or after June 1, 2022, from marketing, issuing, amending, renewing, or delivering large employer health care coverage or large employer health insurance coverage to a MEWA that provides benefits to a resident in this state unless the MEWA is registered and is in compliance with this bill or unless the MEWA filed an application for registration and the application is pending.

**Status:** Chapter 725, Statutes of 2021

### **SB-280 (Limón) - Health insurance: large group health insurance.**

Requires a large group health insurance policy issued, amended, or renewed on or after July 1, 2022, to cover medically necessary basic health care services, as defined.

Authorizes the California Department of Insurance Commissioner to adopt regulations to implement these provisions. Requires these provisions to apply to an individual,

group, or blanket disability insurance policy, as specified. Prohibits, with respect to large group health insurance, an insurer and its officials, employees, agents, and representatives from directly or indirectly employing marketing practices or benefit designs that have the effect of discouraging the enrollment of individuals on protected classifications, as specified.

**Status:** Chapter 636, Statutes of 2021

### **SB-326 (Pan) - Health care coverage: federal health care reforms.**

Codifies the following existing federal Patient and Protection Affordable Care Act law into state law:

- 1) The requirement to provide coverage of essential health benefits;
- 2) The prohibition on imposing preexisting condition provision or waived condition provision upon any individual;
- 3) The requirement for a health care service plan or health insurer or carrier to fairly and affirmatively offer, market, and sell all of the health plan or health insurer's health benefit plans sold in the individual and small group market; and,
- 4) The requirement to establish only specified rating criteria in the individual and small group markets.

**Status:** Chapter 764, Statutes of 2021

### **SB-368 (Limón) - Health care coverage: deductibles and out-of-pocket expenses.**

Requires a health plan contract or health insurance, issued, amended, or renewed on or after July 1, 2022, to monitor an enrollee's or insured's accrual balance toward their annual deductible and out-of-pocket (OOP) maximum, if any. Requires a health plan or health insurer to provide an enrollee or insured with their accrual balance toward their annual deductible and OOP maximum for every month in which benefits were used, and to establish and maintain a system that allows an enrollee or insured to request their most up-to-date accrual balances from their health plan or health insurer at any time. Requires accrual updates to be mailed to enrollees or insureds unless the enrollee or insured has elected to opt out of mailed notice and elected to receive the accrual update electronically, as specified. Requires a health plan or health insurer to notify enrollees or insureds of their rights under this bill. Applies this bill to contracted entities who perform claims payment functions, as specified.

**Status:** Chapter 602, Statutes of 2021

### **SB-428 (Hurtado) - Health care coverage: adverse childhood experiences screenings.**

Requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventive care to additionally include coverage for adverse childhood



experiences (ACEs) screenings. Defines ACEs as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. Allows the Department of Managed Health Care and California Department of Insurance to adopt guidance to implement this bill.

**Status:** Chapter 641, Statutes of 2021

### **SB-473 (Bates) - Health care coverage: insulin cost sharing.**

Would have required a health care service plan contract or a health insurance policy as specified, to cover all available dosage forms and concentrations of at least one insulin product of each insulin type for a copayment not to exceed \$35 as specified, and would have prohibited a contract or policy from imposing other cost-sharing requirements, including a deductible requirement on benefits related to managing and treating diabetes, as specified. Would have prohibited a contract or policy from imposing a deductible requirement on a benefit as described, for which the Internal Revenue Service has indicated that the minimum deductible may be waived in a high deductible health plan (HDHP) if a health plan contract is a HDHP, as defined in Section 223(c)(2) of Title 26 of the United States Code.

**Status:** Died in Assembly Appropriations

### **SB-510 (Pan) - Health care coverage: COVID-19 cost sharing.**

Requires a health care service plan contract or a disability insurance policy, as specified, to cover the costs for COVID-19 diagnostic and screening testing and health care services related to the testing for COVID-19, or a future disease when declared a public health emergency (PHE) by the State of California's Governor. Prohibits the contract or policy from imposing cost sharing or prior authorization requirements for that coverage. Requires a contract or policy to cover without cost sharing or prior authorization an item, service, or immunization intended to prevent or mitigate COVID-19, or a future disease when declared a PHE, that is recommended by the United States Preventive Services Task Force or the federal Centers for Disease Control and Prevention, as specified. Applies the provisions of this bill retroactively beginning from the Governor's declared State of Emergency related to COVID-19 on March 4, 2020. Makes the provisions of this bill severable. Adds an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

**Status:** Chapter 729, Statutes of 2021

### **SB-523 (Leyva) - Health care coverage: contraceptives.**

Establishes the Contraceptive Equity Act of 2022, and expands coverage of contraceptives by a health care service plan (health plan) contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2024, including

requiring a health plan or health insurer to provide point-of-sale coverage for over-the-counter (OTC) U.S. Food and Drug Administration (FDA)-approved contraceptive drugs, devices, and products at in-network pharmacies without cost-sharing or medical management restrictions. Specifies that a prescription is not required to trigger coverage of OTC FDA-approved contraceptive drugs, devices, and products. Prohibits a health plan contract or disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, with certain exceptions, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on vasectomy coverage, as specified, under conditions similar to those applicable to other contraceptive coverage. Requires a health plan or insurer to defer to the provider's determination and judgement and provide coverage for the alternative prescribed drug, device, or service without cost-sharing, if a covered therapeutic is deemed medically inadvisable by the enrollee or insured's provider, as specified. Includes, for purposes of this bill, Medi-Cal managed care plans (MCMPs), to the extent that the benefits described are made the financial responsibility of the MCMPs and if some or all of the described benefits are not the MCMP's financial responsibility, then those benefits are available on a fee-for-service basis, as specified. Requires health plans and insurance policies offered by public or private institutions of higher learning that directly provide health care services only to its students, faculty, staff, administration, and their respective dependents, issued, amended, renewed, or delivered on or after specified dates, to comply with these contraceptive coverage requirements. Prohibits the California Public Employees' Retirement System Board of Public Relations, the California State University, and the University of California from approving or renewing a health benefit plan that does not comply with the contraceptive coverage requirements of this bill and existing law, on and after January 1, 2024. Amends existing law, under the Fair Employment and Housing Act, to include, among other provisions, protection for reproductive health decisionmaking, with respect to the opportunity to seek, obtain, and hold employment without discrimination. Defines reproductive health decisionmaking as, including but not limited to, a decision to use or access a particular drug, device, product, or medical service for reproductive health, as specified.

**Status:** Chapter 630, Statutes of 2022

### **[SB-524 \(Skinner\) - Health care coverage: patient steering.](#)**

Would have prohibited a health care service plan (health plan), a health insurer, or agent from engaging in patient steering, as specified. Would have defined patient steering as communicating to an enrollee or insured that they are required to have a prescription dispensed at, or pharmacy services provided by, a particular pharmacy, as specified, or offering health care coverage contracts or policies that include provisions that limit access to only pharmacy providers that are owned or operated by the health plan, or health insurer, or agent. Would have exempted a self-insured multiemployer



Taft-Hartley plan or the agent of a self-insured multiemployer Taft-Hartley plan from the provisions of this bill.

**Status:** Vetoed

### **SB-535 (Limón) - Biomarker testing.**

Prohibits a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for an enrollee or insured with advanced or metastatic stage 3 or 4 cancer. Provides that this bill does not limit, prohibit, or modify an enrollee's or insured's rights to biomarker testing as part of an approved clinical trial, as specified. Applies the provisions of this bill relating to biomarker testing to Medi-Cal managed care plans, as specified.

**Status:** Chapter 605, Statutes of 2021

### **SB-562 (Portantino) - Health care coverage: pervasive developmental disorders or autism.**

Would have expanded existing requirements on health care service plans (health plans) and health insurers to cover behavioral health treatment (BHT) for pervasive developmental disorder or autism. Would have expanded the definition of BHT to require the services and treatment program provided to be based on behavioral, developmental, relationship-based, or other evidence-based models and allow the substitution of specified current education, work experience, and training qualifications to meet the criteria of a qualified autism service (QAS) professional or paraprofessional. Would have required a health plan or insurer, when clinically appropriate, to include parent or caregiver participation that is individualized to the patient. Would have specified that if a parent or caregiver cannot participate in the patient's therapy, the QAS provider would be required to develop an alternative plan detailing how skills acquired in the course of provided BHT treatment will generalize to the individual's home and community absent parent participation. Would have prohibited a health plan and health insurer from denying or reducing medically necessary BHT based on a lack of parent or caregiver participation, or provider implementation of an alternative plan, as specified.

**Status:** Vetoed

### **SB-568 (Pan) - Deductibles: chronic disease management.**

Would have prohibited a health care service plan (health plan) contract or health insurance policy, as specified, from imposing a deductible requirement for a covered prescription drug or equipment and supplies used to treat a chronic disease, as defined. Would have limited the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance

specified in health plan contract or disability insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease, as specified.

**Status:** Died in Assembly Health

### **SB-718 (Bates) - Health care coverage: small employer groups.**

Authorizes, until January 1, 2026, an association of employers to offer a large group health care service plan (health plan) contract or large group health insurance policy to small group employer members of the association consistent with Employee Retirement Income Security Act of 1974 (ERISA) if certain requirements are met, including that the association is the sponsor of a multiple employer welfare arrangement (MEWA) that has offered a large group health contract since January 1, 2012, in connection with an employee welfare benefit plan under ERISA, and provides a specified level of coverage, and includes coverage for common law employees, and their dependents, who are employed by an association member in the biomedical industry with operations in California. Requires the association to be an organization with business and organizational purposes unrelated to the provision of health care benefits and requires the participating employers to have a commonality of interests from being in the same industry, as specified. Requires the large group health plan contract or health insurance policy to be treated as a single-risk-rated contract or policy that would not condition premium rates or eligibility on health status, as prescribed. Requires the association and the MEWA to file applications for registration with the Department of Managed Health Care or California Department of Insurance on or before June 1, 2022, and imposes specified coverage restrictions on an association and MEWA that fail to register or comply with the annual filing requirements, as specified. Sunsets this bill on January 1, 2026.

**Status:** Chapter 736, Statutes of 2021

### **SB-853 (Wiener) - Prescription drug coverage.**

Would have prohibited a health plan or disability insurer that provides coverage for prescription drugs from limiting or declining to cover a drug or dose of a drug as prescribed, or imposing additional cost sharing for covering a drug as prescribed, if specified criteria apply. Would have provided that a reduction or termination of an ongoing and approved course of treatment before the end of the treatment or the end or amendment of the policy is an adverse benefit determination, and would have required a health plan or disability insurer to notify an enrollee or insured, or their representative, and the enrollee's or insured's provider in writing, as specified. Would have required a health plan or disability insurer that has approved an ongoing course of treatment to provide continuing coverage pending appeal or review. Would have prohibited a health plan or disability insurer that provides coverage for prescription drugs from limiting or declining to cover a drug or dose of a drug as prescribed, or impose additional cost sharing for covering a drug as prescribed, if specified provisions apply, including that

the drug was previously covered by the health plan or disability insurer or the enrollees or insured's prior private or public health care coverage for the enrollees or insurer's medical condition.

**Status:** Died in Assembly Appropriations

**[SB-858 \(Wiener\) - Health care service plans: discipline: civil penalties.](#)**

Increases the base amount of the civil penalty per violation of the Knox-Keene Health Care Service Plan Act and Regulations from \$2,500 per violation to not more than \$25,000. Requires the Department of Managed Health Care (DMHC) Director, in assessing an administrative and civil penalty, to determine the appropriate amount for the penalty, based upon consideration of specified factors, including nature, scope, and gravity of the violation; good or bad faith of the plan; and, the plan's history of violations. Doubles the minimum and maximum amounts of specified civil and administrative penalties, and, beginning January 1, 2028, and every five years thereafter, adjusts these civil and administrative penalties, as specified. Authorizes the DMHC Director to impose a corrective action plan (CAP) to require future compliance, under certain circumstances. Requires the DMHC to monitor the health care service plan through medical surveys, financial examinations, or other means necessary to ensure timely compliance, if a health plan fails to comply with the CAP in a timely manner.

**Status:** Chapter 985, Statutes of 2022

**[SB-912 \(Limón\) - Biomarker testing.](#)**

Would have required a health plan contract or health insurance policy, as specified, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition only if the test is supported by medical and scientific evidence. Would have defined medical and scientific evidence as one or more of the following: a labeled indication for a test that has been approved or cleared by the U.S. Food and Drug Administration; a national coverage determination made by the federal Centers for Medicare and Medicaid Services, as specified; or, nationally recognized clinical practice guidelines and consensus statements. Would have applied these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified.

**Status:** Vetoed

**[SB-923 \(Wiener\) - Gender-affirming care.](#)**

Requires a health plan or health insurer, as specified, to require all of its health plan or insurer staff who are in direct contact with enrollees or insureds in the delivery of care or enrollee or insured services, to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or intersex (TGI), no later than January 1, 2024. Requires

a health plan, health insurer, or Medi-Cal managed care plan to include information on or accessible from the plan's provider directory, and accessible through the health plan's call center, that identifies which of a health plan or health insurer's in-network providers have affirmed that they offer and have provided gender-affirming services, as specified. Requires the California Health and Human Services Agency to, no later than March 1, 2023, convene a working group of representatives, as specified, to develop quality standard for patient experience to measure cultural competency related to the TGI community and recommend training curriculum to provide trans-inclusive health care. Requires, for purposes of the cultural competency requirements of continuing medical education standards in existing law, understanding and applying culturally, ethnically, and sociologically inclusive data to the process of clinical care, including, as appropriate, information and evidence-based cultural competency training pertinent to the treatment of, and provision of care to, individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning, asexual, intersex, or gender diverse.

**Status:** Chapter 822, Statutes of 2022

#### **[SB-974 \(Portantino\) - Health care coverage: diagnostic imaging.](#)**

Would have required a health plan contract, an individual or group disability insurance policy, as specified, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer.

**Status:** Vetoed

#### **[SB-979 \(Dodd\) - Health emergencies.](#)**

Revises existing law as it relates to health plan or health insurer requirements during a state of emergency to apply to enrollees whose health may otherwise be affected by a state of emergency or health emergencies declared by the State Public Health Officer, as specified. Allows the Department of Managed Health Care or the California Department of Insurance to issue guidance regarding compliance with this bill, and exempts this guidance from the Administrative Procedure Act, as specified.

**Status:** Chapter 421, Statutes of 2022

#### **[SB-999 \(Cortese\) - Health coverage: mental health and substance use disorders.](#)**

Would have established the California Mental Health and Substance Use Disorder Treatment Patient Safety and Fairness Act to require a health plan and a disability insurer, and an entity acting on a health plan's or health insurer's behalf, to ensure compliance with specific requirements for utilization review (UR), including to require UR determinations, to be made by a health care provider practicing in the relevant

clinical specialty with the same level of education, training, and experience in the relevant diagnosis or field of expertise, and holding the same applicable certification as the health care provider requesting the authorization; would have required a health plan or health insurer to maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding patient issues, including the appropriateness of a requested treatment, modification of a treatment request, or obtaining additional information needed to make a medical necessity determination; and, would have required an individual or health care provider performing UR to disclose to the treating health care provider and the enrollee or insured the basis for a denial, including a citation to the clinical guidelines reviewed, and an analysis of why the enrollee or insured did not meet the clinical criteria.

**Status:** Vetoes

### **SB-1033 (Pan) - Health care coverage.**

Would have revised the Department of Managed Health Care (DMHC) and California Department of Insurance (CDI) requirement to develop appropriate access to language assistance regulations, to also require DMHC and CDI to develop regulations to collect accurate and complete member-level demographic data on its enrollee or insured population to more effectively measure and reduce health disparities, as specified.

Would have required every health plan and health insurer, and specialized health plan and health insurer, to assess individual cultural, linguistic, and health related social needs of the enrollee or insured population, excluding Medi-Cal beneficiaries, for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health. Would have required the individual cultural, linguistic, and health-related social needs of the enrollee and insured population quality improvements, and disparity reductions to be identified based on accurate and complete member-level demographic data that is self-reported by the enrollee and insured.

**Status:** Died in Assembly Appropriations

### **SB-1207 (Portantino) - Health care coverage: maternal and pandemic-related mental health conditions.**

Revises existing law as it relates to the development of a maternal mental health program (program) to include quality measures to encourage screening, diagnosis, treatment, and referral; and, to encourage health plans and health insurers to include coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program.

**Status:** Chapter 618, Statutes of 2022

### **SB-1473 (Pan) - Health care coverage.**

Provides that a health plan or disability insurer is not required to cover cost sharing for COVID-19 testing and immunizations delivered by an out-of-network provider beginning six months after the federal public health emergency (PHE) expires. Requires a health plan contract or health insurance policy to cover therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a licensed health care provider acting within their scope of practice and the standard of care. Provides that a health plan or health insurer is not required to cover the cost sharing for COVID-19 therapeutics delivered by an out-of-network provider beginning six months after the federal PHE expires. Prohibits a provider from reporting adverse information to a consumer credit reporting agency or commencing civil action against an enrollee or insured for payment of COVID-19-related items, services, or immunizations. Eliminates a health plan's criminal liability for a violation of COVID-19 testing and immunization coverage requirements that occurred before January 1, 2022. Extends existing law requirements for health plans during a declared PHE to apply to Medi-Cal managed care plans, as specified. Creates an annual enrollment period from November 1, of the preceding calendar year to January 31, of the benefit year, for individual health benefit plans offered outside and through California Health Benefit Exchange (the Exchange or Covered California). Specifies that the effective date of coverage for individual health benefit plans offered outside and through the Exchange to no later than January 1, of the benefit year for plan selection made from November 1 to December 31, of the preceding calendar year, and be no later than February 1, of the benefit year for plan selection made from January 1 to January 31, of the benefit year.

**Status:** Chapter 545, Statutes of 2022



## Health Workforce

### **AB-240 (Rodriguez) - Local health department workforce assessment.**

Would have required the Department of Public Health (DPH) to conduct an evaluation of the adequacy of local health department infrastructure and make recommendations on workforce needs and resources to fund local public health; would have permitted DPH to contract with an appropriate and qualified entity to complete the evaluation. Would have required DPH to report its findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2025.

**Status:** Vetoed

### **AB-356 (Chen) - Fluoroscopy: temporary permit.**

Authorizes the Department of Public Health (DPH) to issue a physician and surgeon (MD) or a doctor of podiatric medicine (DPM) a one-time, temporary permit valid for up to 12 months authorizing them to operate or supervise the operator of fluoroscopic X-ray equipment if certain conditions are met, including an attestation that the MD or DPM has at least 40 hours of experience using fluoroscopic x-ray equipment and pays \$58 fee, and allows DPH to modify the fee, as specified.

**Status:** Chapter 459, Statutes of 2021

### **AB-389 (Grayson) - Ambulance services.**

Authorizes a county to contract for emergency ambulance services with a fire agency that provides those services, in whole or in part, through a written subcontract with a private ambulance service, and authorizes a fire agency to enter into a written subcontract with a private ambulance service for these purposes. Prohibits, on and after January 1, 2022, a county from entering into or renewing these contracts unless the county board of supervisors has adopted, by ordinance or resolution, a written policy setting forth issues to be considered for inclusion in the county contract for emergency ambulance services, and the fire agency adopts a written policy that requires the subcontract to be awarded pursuant to a competitive bidding process.

**Status:** Chapter 460, Statutes of 2021

### **AB-450 (Lorena Gonzalez) - Paramedic Board of California.**

Establishes the Paramedic Disciplinary Review Board (Board), and provides the Board, effective January 1, 2023, with authority to act on appeals of the Emergency Medical Services Authority's final decision to place a license holder on probation, suspend or revoke an EMT-Paramedic license, and consider appeals regarding denial of licensure.

**Status:** Chapter 463, Statutes of 2021

### **AB-666 (Chiu) - Substance use disorder workforce development.**

Requires the Department of Health Care Services to produce and submit to the Legislature a report assessing statewide substance use disorder (SUD) workforce

needs and, based on the report, to implement an SUD workforce development program that supports a "career ladder" for the SUD workforce.

**Status:** Chapter 7, Statutes of 2022

**AB-749 (Nazarian) - Skilled nursing facilities: medical director certification.**

Prohibits a free-standing skilled nursing facility (SNF) from contracting with a person as a medical director if the person is not, or will not be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director. Requires a SNF located in a hospital to contract with a physician that is board certified in a medical specialty consistent with the type of care provided in the SNF, including, but not limited to, physical medicine and rehabilitation or pulmonology, and whose role as the medical director of the SNF has been reviewed and approved by the hospital's leadership.

**Status:** Chapter 586, Statutes of 2021

**AB-858 (Jones-Sawyer) - Employment: health information technology: clinical practice guidelines: worker rights.**

Would have required a direct patient care worker at a general acute care hospital and their collective bargaining representative to be notified of the implementation of new health information technology, and would have authorized workers to provide input in such implementation. Would have permitted a worker to override health information technology under certain circumstances, without fear of discrimination or retaliation.

**Status:** Vetoed

**AB-882 (Gray) - Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program.**

Would have required the Department of Health Care Services to exclusively provide loan assistance payments under the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program (Loan Repayment Program) to individuals who maintain a patient caseload composed of a minimum of 30% Medi-Cal beneficiaries and who meet one or more of specified requirements at the time they enter into an Awardee Agreement. Would have repealed the January 1, 2026 sunset date of the existing Loan Repayment Program.

**Status:** Died in Assembly Appropriations

**AB-1204 (Wicks) - Hospital equity reporting.**

Establishes the Medical Equity Disclosure Act which requires hospitals to prepare and annually submit an equity report to the Department of Health Care Access and Information and, expands the definition of "vulnerable populations" related to community benefit plans and reports. Requires a hospital's equity report to include a health equity



plan to achieve disparity reductions, with measurable objectives and specific timeframes.

**Status:** Chapter 751, Statutes of 2021

**[AB-1306 \(Arambula\) - Health Professions Careers Opportunity Program.](#)**

Would have added to Legislative findings that there is an urgent and growing need for California to expand its pool of talented, diverse health workers. Would have provided recommended actions to address identified barriers to entry in the health professions for students from underrepresented and low-income backgrounds.

**Status:** Died in Senate Appropriations

**[AB-1407 \(Burke\) - Nurses: implicit bias courses.](#)**

Requires an approved school of nursing, or nursing program to include implicit bias coursework in its curriculum; requires a nurse renewing their license to complete one hour of direct participation in an implicit bias course; and, requires a hospital to implement an evidence-based implicit bias program as part of its new graduate training program that hires and trains new nursing program graduates.

**Status:** Chapter 445, Statutes of 2021

**[AB-1422 \(Gabriel\) - Nurse-to-patient ratios.](#)**

Requires the Department of Public Health (DPH) on or before March 1, 2022, to create a standardized form for any critical care unit program flexibility request. Requires a health facility that submits a critical care unit program flexibility request to conspicuously post a copy of the request in a location accessible to patients and employees. Requires DPH to post all approved requests by a health facility for critical care unit program flexibility on its internet website and include specified information.

**Status:** Chapter 716, Statutes of 2021

**[AB-1477 \(Cervantes\) - Maternal mental health.](#)**

Requires a licensed health care practitioner who provides prenatal, postpartum or interpregnancy care, to ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions.

**Status:** Chapter 535, Statutes of 2021

**[AB-1494 \(Fong\) - Blood banks: collection.](#)**

Would have codified existing regulations which permit blood to be collected at a blood bank when the employee placed in charge, in the absence of a physician or surgeon, is a registered nurse (RN); and would have permitted the RN placed in charge to be physically present on the premises or be available via telehealth, as defined.

**Status:** Died in Assembly Appropriations

### **AB-1704 (Chen) - Leg-podiatric X-ray equipment: certification or permit exemption.**

Permits the Department of Public Health (DPH) to issue to a person a limited permit in podiatric radiography, authorizing radiography of only the foot, ankle, tibia and fibula if the following conditions are met:

- 1) The person has completed a course in radiation safety and radiologic technology approved by DPH, that is provided by a licensed doctor of podiatric medicine (DPM) who holds a current and valid radiography supervisor and operator permit, as specified; and,
- 2) The person has satisfied eligibility requirements, consistent with existing regulations. Requires the course specified in 1) above to include instruction in radiation protection and safety, principles of radiologic exposure, quality control, image processing, anatomy and physiology, digital radiography, positioning, and the performance of at least a minimum of 60 hours of education, which may be online. Requires the person to be exempt from obtaining a permit if the person is operating x-ray machines under supervision of a DPM, as specified. Specifies that the training may not exceed one year for any one student, and there shall not be, at any one time, more than one student per DPM.

**Status:** Chapter 580, Statutes of 2022

### **AB-1918 (Petrie-Norris) - California Reproductive Health Service Corps.**

Establishes the California Reproductive Health Service Corps program within the Department of Health Care Access and Information to reduce the debt burden of current and future health care professionals dedicated to providing reproductive health care in underserved areas of California.

**Status:** Chapter 561, Statutes of 2022

### **AB-2069 (Villapudua) - California Home Health Aide Training Scholarship Act.**

Would have created the California Home Health Aid Training Scholarship to be administered by the California Student Aid Commission for the purpose of incentivizing the increase of enrollment in home health aide programs.

**Status:** Vetoed

### **AB-2123 (Villapudua) - Bringing Health Care into Communities Act of 2023.**

Would have established the Bringing Health Care into Communities Program within the California Housing Finance Agency to provide housing grants to health professionals for mortgage payments in health professional shortage areas.

**Status:** Died in Assembly Housing and Community Development

**[AB-2522 \(Gray\) - Public Health Workforce Loan Repayment Program.](#)**

Would have required the Department of Health Care Access and Information to develop and administer the Public Health Workforce Loan Repayment Program to provide loan assistance payments to qualifying public health workforce staff.

**Status:** Died in Senate Appropriations

**[AB-2529 \(Davies\) - Health care: workforce training programs.](#)**

Would have added programs that train certified nurse-midwives and licensed midwives to the list of programs eligible to contract with the state under the Song-Brown Health Care Workforce Training Act.

**Status:** Died in Senate Appropriations

**[AB-2626 \(Calderon\) - Medical Board of California: licensee discipline: abortion.](#)**

Prohibits the Medical Board of California or the Osteopathic Medical Board, from suspending or revoking the certificate of a physician and surgeon who performs an abortion in accordance with the provisions of the Medical Practice Act and the Reproductive Privacy Act. Prohibits the Board of Registered Nursing and the Physician Assistant Board from suspending or revoking the certification or license of a nurse practitioner, nurse-midwife, or a physician assistant, for performing an abortion so long as they performed the abortion in accordance with the provisions of the Nursing Practice Act or the Physician Assistant Practice Act, and the Reproductive Privacy Act.

**Status:** Chapter 565, Statutes of 2022

**[AB-2636 \(Berman\) - Refugees, asylees, and special immigrant visa holders: health care professions: grant program.](#)**

Would have required the California Workforce Development Board (Board) to implement a grant program to award competitive grants to community-based organizations that resettle or provide services to target populations, as defined, to provide services that address barriers to access and completion of health care training programs to obtain employment in health care professions.

**Status:** Died in Assembly Appropriations

**[AB-2666 \(Salas\) - Behavioral health internship grant program.](#)**

Would have established a new grant program within the Department of Healthcare Access and Information to provide stipends to students in behavioral health fields who are participating in unpaid internships or completing licensure hours, through unpaid positions, at a federally qualified health center.

**Status:** Vetoed

**AB-2818 (Waldron) - Substance use disorder treatment workforce expansion.**

Would have stated legislative intent to achieve nearly twenty separate one-year and five-year goals related to the state's substance use disorder treatment workforce.

**Status:** Died in Assembly Appropriations

**SB-40 (Hurtado) - Health care workforce development: California Medicine Scholars Program.**

Would have established the California Medicine Scholars Program within the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to establish a regional pipeline program for community college students to pursue premedical training and enter medical school.

**Status:** Died in Assembly Appropriations

**SB-65 (Skinner) - Maternal care and services.**

Establishes the California Momnibus Act. Requires the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to work to increase the number of students receiving training as certified nurse-midwives or licensed midwives, subject to an appropriation by the Legislature. Establishes the California Pregnancy-Associated Review Committee effective August 1, 2022 to review all pregnancy-related deaths and severe maternal morbidity; requires counties to annually report infant deaths and to establish a Fetal and Infant Mortality Review committee, upon appropriation by the Legislature. Requires the Department of Health Care Services to convene a workgroup to examine the implementation of the Medi-Cal doula benefit enacted pursuant to the Budget Act of 2021. Exempts pregnant persons from the California Work Opportunity and Responsibility to Kids program from medical verification and county determination requirements.

**Status:** Chapter 449, Statutes of 2021

**SB-395 (Caballero) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program.**

Enacts the Healthy Outcomes and Prevention Education Act, which imposes the California Electronic Cigarette Excise Tax on the sale of electronic cigarettes. Creates the Health Careers Opportunity Grant Program in the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) for the purpose of improving access by underrepresented students from disadvantaged backgrounds to health profession programs offered by the state's public postsecondary education institutions.

**Status:** Chapter 489, Statutes of 2021

### **SB-402 (Hurtado) - Multipayer Payment Reform Collaborative.**

Would have established the Multipayer Payment Reform Collaborative (collaborative) and Pilot Program and requires the California Health and Human Services Agency (CHHSA), by June 1, 2022, or within 90 days of receiving funding after June 1, 2022, to convene a collaborative composed of specified individuals and entities. Would have required the collaborative to propose Multipayer Payment Reform Pilots (pilots) to CHHSA for the fee-for-service primary care practices in areas hit hardest by the COVID-19 pandemic. Would have required CHHSA, at least three months before the implementation of a pilot, to provide the Legislature, including the appropriate policy committees of the Assembly and the Senate, with a summary of the proposed pilot, including the structure, eligibility, geography, payment methods, quality and equity metrics, and evaluation criteria. Would have required CHHSA, by the second and fourth year following the implementation of the pilots, to provide to the Legislature comprehensive evaluations of the pilots that include prescribed information, such as the number of enrollees in the pilots and the health characteristics of the enrollees.

**Status:** Died in Assembly Appropriations

### **SB-441 (Hurtado) - Health care workforce training programs: geriatric medicine.**

Would have required the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to include students and professionals with training in geriatrics in administering health workforce professions programs including, but not limited to the Health Professions Career Opportunity Program, the National Health Service Corps State Loan Repayment Program, and the Steven M. Thompson Physician Corps Loan Repayment Program.

**Status:** Died in Assembly Appropriations

### **SB-637 (Newman) - Health facility reporting: staffing.**

Would have required hospitals to report weekly during a statewide health-related state of emergency, and monthly at all other times, information, including but not limited to, staffing, staffing shortages, bed counts, and patient census, and layoffs and furloughs, to the Department of Public Health (DPH) on a form and schedule determined by DPH. Would have required DPH to publicly post the information. Would have required hospitals to report weekly during a statewide health-related state of emergency, and monthly at all other times (no emergency declaration), until January 1, 2025, or the end of the declared COVID-19 emergency, whichever comes first, specified information regarding COVID-19-positive staff. Would have required a licensed health facility to post any approval granted by DPH for program flexibility immediately adjacent to the health facility's license, and on the facility's internet website.

**Status:** Died in Senate Governmental Organization

### **SB-964 (Wiener) - Behavioral health.**

Would have required the Department of Health Care Access and Information to commission a report providing a landscape analysis of the current behavioral health workforce and the state's behavioral health workforce needs, to convene a stakeholder group, and to make recommendations on how to address the state's behavioral health workforce shortage. Would have required the report to be delivered to the Legislature on or before January 1, 2024.

**Status:** Vetoed

### **SB-1023 (Hurtado) - Health care: health workforce education and training.**

Would have required the California Health Workforce Education and Training Council to prepare and submit a report with findings and recommendations relating to expanding health personnel training, diversity and assistance in low-income communities.

**Status:** Died in Assembly Health

### **SB-1475 (Glazer) - Blood banks: collection.**

Permits, until January 1, 2028, blood to be collected at a blood bank when a physician and surgeon is not physically present on the premises if both of the following conditions are met: 1) The medical doctor and their medical advisory committee, if one exists, approves of blood collection without a physician or surgeon present on the premises; and, 2) the employee placed in charge, in the absence of a physician or surgeon, is a registered nurse (RN). Permits the RN placed in charge to be physically present on the premises or may be available via telehealth, as defined, so long as the method of telehealth used is synchronous. Requires a blood bank to annually report any adverse donor events requiring emergency medical intervention that occur, including the date, location, adverse event type, onsite response, and whether a RN was physically present on the premises, to the Department of Public Health.

**Status:** Chapter 726, Statutes of 2022

## Labs / Clinical Labs

### [AB-114 \(Maienschein\) - Medi-Cal benefits: rapid Whole Genome Sequencing.](#)

Would have required rapid Whole Genome Sequencing, including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing, to be a Medi-Cal covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of the 2021, a health budget trailer bill.

**Status:** Died in Senate Appropriations

### [AB-265 \(Petrie-Norris\) - Medi-Cal: reimbursement rates.](#)

Would have repealed one of four the caps on Medi-Cal laboratory or laboratory services reimbursement, which prohibits reimbursement from exceeding 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services under a Medi-Cal payment methodology that reimburses the “lowest of” of one of four methodologies. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of the 2021, a health budget trailer bill.

**Status:** Died in Assembly Appropriations

## Marijuana / Medical Marijuana

### [SB-311 \(Hueso\) - Compassionate Access to Medical Cannabis Act or Ryan's Law.](#)

Requires specified health care facilities to allow terminally ill patients to use medical cannabis within the facility, subject to certain restrictions. Requires a health facility to reasonably restrict the manner in which a patient stores and uses medicinal cannabis, including requiring the medicinal cannabis to be stored in a locked container. Requires health facilities permitting patient use of medicinal cannabis to comply with specified drug and medication requirements, subject to enforcement actions by the Department of Public Health.

**Status:** Chapter 384, Statutes of 2021

### [SB-988 \(Hueso\) - Compassionate Access to Medical Cannabis Act or Ryan's Law.](#)

Deletes the requirement that health facilities comply with drug and medication requirements applicable to Schedule II, III, and IV drugs, and be subject to enforcement actions by the California Department of Public Health, when permitting patient use of medicinal cannabis. Clarifies that a patient, as defined, does not include an individual receiving emergency services. Revises the requirements for how medicinal cannabis is permitted to be stored and administered.

**Status:** Chapter 242, Statutes of 2022



## Mental / Behavioral Health

### [AB-234 \(Ramos\) - Office of Suicide Prevention](#)

Would have deleted the requirements that the duties and responsibilities of the Statewide Office of Suicide Prevention established within the California Department of Public Health be carried out using existing staff and resources.

**Status:** Died in Assembly Appropriations

### [AB-383 \(Salas\) - Mental health: older adults.](#)

Would have created an Older Adult Mental Health Services Administrator (Administrator) within the Department of Health Care Services who is required to oversee mental health services for older adults. Would have required the Administrator position to be funded by the Mental Health Services Act's administrative funds. Would have set forth various responsibilities for the Administrator, including working in close coordination and collaboration with various state and local entities, as specified.

**Status:** Died in Senate Appropriations

### [AB-451 \(Arambula\) - Health care facilities: treatment of psychiatric emergency medical conditions.](#)

Requires a psychiatric unit of a general acute care hospital, a psychiatric health facility with more than 16 beds that is not county operated, and an acute psychiatric hospital, to accept a transfer of a person with a psychiatric emergency medical condition, regardless of whether the facility operates an emergency department (ED), if the facility has appropriate facilities and qualified personnel available to provide the services.

**Status:** Chapter 438, Statutes of 2021

### [AB-552 \(Quirk-Silva\) - Integrated School-Based Behavioral Health Partnership Program.](#)

Would have authorized a county behavioral health agency (county BH agency) and the governing board or governing body of a local educational agency (LEA) to establish an Integrated School-Based Behavioral Health Partnership Program (Partnership Program) to provide prevention and early intervention for, and access to, behavioral health services for pupils with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition. Would have established requirements for county BH agencies and LEAs establishing a Partnership Program, for designated behavioral health professionals participating in the Partnership Program, including a requirement that the designated behavioral health professional provide brief initial interventions when necessary for all referred pupils. Would have required private health plans to reimburse for brief initial intervention services provided by the designated behavioral health professional to pupils enrolled with the private plan at the amount a county BH agency would have received for the same services provided

to a Medi-Cal beneficiary if the private plan is unable to offer an appointment within existing non-urgent and appointment availability requirements.

**Status:** Vetoed

### **AB-573 (Carrillo) - Youth Mental Health Boards.**

Would have established the California Youth Mental Health Board (state board) within the California Health and Human Services Agency to advise the Governor and Legislature on the challenges facing youth with mental health (MH) needs and determine opportunities for improvement. Would have required each community MH service to have a local youth MH board to advise the county MH programs, school districts, and other entities on issues relating to youth MH.

**Status:** Died in Assembly Appropriations

### **AB-586 (O'Donnell) - Pupil health: health and mental health services: School Health Demonstration Project.**

Would have established the School Health Demonstration Project, a pilot project to expand comprehensive health and mental health services to public school pupils by providing local educational agencies (LEAs) with training and technical assistance on the requirements for health care provider participation in the Medi-Cal program through the Medi-Cal provider enrollment process to enable LEAs to participate in, contract with, and conduct billing and claiming in the Medi-Cal program by requiring the California Department of Education to select up to three technical assistance teams. Would have required an evaluation, and makes the project contingent upon an appropriation. Similar provisions were included in an education trailer bill, AB 167 (Committee on Budget), Chapter 252, Statutes of 2021).

**Status:** Died in Senate Education

### **AB-638 (Quirk-Silva) - Mental Health Services Act: early intervention and prevention programs.**

Revises the Mental Health Services Act by authorizing the use of Prevention and Early Intervention funds for prevention and early intervention strategies that address mental health needs, substance misuse or substance use disorders, or needs relating to co-occurring mental health substance use.

**Status:** Chapter 584, Statutes of 2021

### **AB-681 (Ramos) - Mental health: information sharing.**

Would have required the Department of Justice (DOJ) to electronically submit to the Department of Health Care Services a copy of the report the DOJ receives from Lanterman-Petris-Short Act designated facilities regarding individuals who are detained on a 72-hour involuntary hold and thus subject to owning, possessing, controlling, receiving, or purchasing any firearm.

**Status:** Died in Assembly Appropriations

**AB-686 (Arambula) - California Community-Based Behavioral Health Outcomes and Accountability Review.**

Would have required the California Health and Human Services Agency (CHHSA) by July 1, 2023 to establish the Community-Based Behavioral Health Outcomes and Accountability Review Act of 2022 to facilitate a local accountability system that fosters continuous quality improvement in county behavioral health programs and in the collection and dissemination by CHHSA and the departments and other entities within the agency of best practices in service delivery.

**Status:** Died in Assembly Appropriations

**AB-738 (Nguyen) - Community mental health services: mental health boards.**

Requires that at least one member of a community based Mental Health Board be a veteran or veteran advocate.

**Status:** Chapter 378, Statutes of 2022

**AB-808 (Stone) - Children's Crisis Continuum Pilot Program.**

Would have required the Department of Social Services, in collaboration with the Department of Health Care Services, to establish a five-year Children's Crisis Continuum Pilot Program for the purpose of developing treatment options that are needed to support California's commitment to eliminate the placement of foster youth with complex needs in out-of-state facilities. Would have required a participating entity to develop and implement a highly integrated continuum of care for foster youth with high acuity mental health needs, with specified services. Similar provisions were included in AB 153, (Committee on Budget), Chapter 86, Statutes of 2021, a human services trailer bill.

**Status:** Died in Senate Health

**AB-822 (Rodriguez) - Medi-Cal: psychiatric emergency medical conditions.**

Would have required observation services for a psychiatric emergency medical condition to be covered under the Medi-Cal program, and to include, but not be limited to, facility services for observation services provided within the emergency department (ED), or an onsite or offsite observation unit, of a general acute care hospital (GACH) to a Medi-Cal beneficiary with a confirmed or suspected psychiatric emergency medical condition. Would have established requirements for Medi-Cal managed care (MCMC) plans and County Mental Health Plans (MHPs) to notify the other plan within 24 hours of either plan being notified by a GACH of a Medi-Cal beneficiary with a confirmed or suspected psychiatric emergency medical condition in its ED or observation unit. Would have required the MHP to be responsible for observation services for a psychiatric emergency medical condition, and would have required the MCMC plan to be responsible for observation services for a suspected psychiatric emergency medical

condition that is subsequently determined not to be a psychiatric emergency medical condition. Would have required disputes between a MHP and a MCMC plan regarding the responsibility to pay for the charges for observation services to be resolved pursuant to the processes in existing specialty mental health services regulations.

**Status:** Died in Assembly Appropriations

### **AB-875 (Wood) - Medi-Cal: demonstration project.**

Would have required the Department of Health Care Services (DHCS) to establish and implement a program or programs under which a District and Municipal Public Hospital may earn performance-based quality incentive payments from the Medi-Cal managed care plan that the hospital contracts with. Would have required DHCS, to the extent federal financial participation is available, to continue to implement the Global Payment Program (GPP) during the term of the next federal waiver known as the California Advancing and Innovating Medi-Cal (CalAIM) term. Would have required each county board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist county jail inmates and juvenile inmates in county juvenile facilities with submitting an application for, or otherwise facilitating their enrollment in Medi-Cal and Covered California. Would have required DHCS, not later than July 1, 2022, in consultation with specified entities, to issue guidance to restart county Medi-Cal performance reporting and monitoring processes consistent with existing law performance requirements for counties for handling Medi-Cal applications. Would have required DHCS, during the CalAIM term, to convene a workgroup consisting of counties and other applicable stakeholders to develop and implement one or more initiatives designed to improve the collection and use of beneficiary demographic and contact information in administering the Medi-Cal program and other applicable public assistance programs. Similar provisions implementing CalAIM were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died in Assembly Appropriations

### **AB-883 (O'Donnell) - Mental Health Services Act: local educational agencies.**

Would have amended the Mental Health Services Act by requiring that funds subject to reversion, be reallocated to the county from which the funds reverted. Would have required that a county that has had funds reverted work with local educational agencies (LEAs) within that county to create a plan for the use of the reverted funds by the LEAs to provide early intervention services to youth, including through school-based or school-connected services.

**Status:** Died in Assembly Appropriations

### **AB-935 (Maienschein) - Telehealth: mental health.**

Would have established the Mothers and Children Mental Health Support Act of 2021 which would have required health care service plans (health plans) and health insurers, by July 1, 2022, to provide access to a telehealth consultation program that meets specified criteria and would have given providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. Would have required the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. Would have required health plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. Would have required health plans and health insurers to monitor data pertaining to the utilization of the program to facilitate ongoing quality improvements, as necessary, and to provide a description of the program to the appropriate state departments.

**Status:** Died in Assembly Appropriations

### **AB-940 (McCarty) - College Mental Health Services Program.**

Would have created the College Mental Health Services Program, a grant program to enhance the provision of mental health services on state college campuses.

Specifically, this bill:

- 1) Would have appropriated \$20 million annually from the Mental Health Services Fund administrative account to implement the grant program, which is intended to increase campus mental health services and mental health-related education and training at community colleges, colleges and universities;
- 2) Would have allocated \$3 million to the Board of Regents of the University of California, \$7 million to the Board of Trustees of the California State University and \$10 million to the Board of Governors of the California Community Colleges; and,
- 3) Would have required a participating campus to report by July 1, 2024, and every two years thereafter on the use of funds.

**Status:** Died in Assembly Appropriations

### **AB-942 (Wood) - Specialty mental health services and substance use disorder treatment.**

Would have made multiple changes to implement the Department of Health Care Services' California Advancing and Innovating Medi-Cal (CalAIM) proposal related to the Medi-Cal behavioral health delivery system for the treatment of individuals with a serious mental health condition or substance use disorder. Would have continued several Medi-Cal hospital funded payment provisions from the state's federal 2015 Medicaid waiver as part of the new proposed CalAIM waiver, and would have expanded one of those provisions to district hospitals. Would have required counties to assist

county jail inmates and juvenile inmates in county juvenile facilities with submitting an application for enrollment in Medi-Cal and Covered California. Similar provisions implementing CalAIM were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died on the Assembly Floor

**[AB-988 \(Bauer-Kahan\) - Mental health: mobile crisis support teams: 988 crisis hotline.](#)**

Requires the California Health and Human Services Agency (CHHSA) to appoint and convene a state 988 policy advisory group (AG) to advise CHHSA on the implementation and administration of the five-year implementation plan for the 988 Suicide Prevention System. Requires the Office of Emergency Services (OES) to appoint a 988 system director and convene an advisory board (Board) to guide how 988 is implemented and made interoperable with 911, including the creation of a new surcharge for 988 to fund the crisis services. Requires health plan and health insurer coverage of 988 center services when medically necessary and without prior authorization. Establishes a 988 surcharge for the 2023 and 2024 calendar years at \$0.08 per access line per month, and for years beginning January 2025, at an amount based on a specified formula, but not greater than \$0.30 per access line per month. Appropriates \$300,000 from the General Fund to the 988 State Suicide and Behavioral Health Crisis Services Fund previously the State Mental Health and Crisis Services Special Fund) to the Department of Tax and Fee Administration for purposes of implementing this bill. States it is the intent of the Legislature that the go live date for the federally established 988 Suicide and Crisis Lifeline using the three-digit telephone number 988 will be established by July 16, 2022; and, the 988 number receives and responds to the anticipated call volume in the first year of operation for 988 in order to provide crisis intervention services and crisis care coordination to individuals accessing 988.

**Status:** Chapter 747, Statutes of 2022

**[AB-1051 \(Bennett\) - Medi-Cal: specialty mental health services: foster youth.](#)**

Requires a foster child or probation-supervised youths county of original jurisdiction to retain responsibility to arrange and provide specialty mental health services (SMHS) if placed out of the county of original jurisdiction in a community treatment facility, group home, or short-term residential therapeutic program unless specified circumstances exist; enumerates contracting options and notification requirements for County Mental Health Plans and SMHS providers; and requires the Department of Health Care Services and the California Department of Social Services to collect and make available certain data



related to the receipt of SMHS of foster children who are placed outside of their county of original jurisdiction.

**Status:** Chapter 402, Statutes of 2022

**[AB-1132 \(Wood\) - Medi-Cal.](#)**

Would have made multiple changes to implement the Department of Health Care Services' California Advancing and Innovating Medi-Cal (CalAIM) proposal related to the standardization of Medi-Cal benefits, the sunset of an existing seven county pilot program for individuals dually eligible for Medicare and Medi-Cal, and its replacement with a requirement for Medi-Cal managed care plans to establish an aligned Medicare plan known as a dual eligible special needs plan and the proposed changes related to the Medi-Cal behavioral health delivery system for the treatment of individuals with mental health or substance use disorder. Would have continued several Medi-Cal hospital funded payment provisions from the state's federal 2015 Medicaid waiver as part of the new proposed CalAIM waiver, and would have expanded one of those provisions to district hospitals. Would have required counties to assist county jail inmates and juvenile inmates in county juvenile facilities with submitting an application for enrollment in Medi-Cal and Covered California. Similar statutory provisions implementing CalAIM were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died in Senate Health

**[AB-1178 \(Irwin\) - Medi-Cal: serious mental illness: drugs.](#)**

Would have prohibited prior authorization from being required by the Department of Health Care Services (DHCS) in Medi-Cal for a drug prescribed for the treatment of serious mental illness (SMI) for a period of 180 days after the initial prescription has been dispensed for a Medi-Cal beneficiary over 18 years of age who is not under the transition jurisdiction of the juvenile court. Would have required DHCS to automatically approve a prescription for a drug for the treatment of a SMI if the patient was previously dispensed that drug before they enrolled in the Medi-Cal program and during the previous 365 days of the date of the new prescription, if the patient is over 18 years of age and not under the transition jurisdiction of the juvenile court.

**Status:** Died in Assembly Appropriations

**[AB-1214 \(Waldron\) - Medi-Cal eligibility.](#)**

Would have required an individual who otherwise meets Medi-Cal eligibility but for their commitment in a state prison or county jail (correctional facility) to be eligible for the Medi-Cal program for 30 days prior to the date they are released from a correctional facility. Similar provisions implementing California Advancing and Innovating Medi-Cal (CalAIM) were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died in Senate Health

### **AB-1264 (Aguiar-Curry) - Project ECHO (registered trademark) Grant Program.**

Would have required the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information), upon appropriation by the Legislature, to establish, develop, implement, and administer the Project ECHO (registered trademark) Grant Program. Would have required participating children's hospitals to establish yearlong pediatric behavioral health teleECHO (trademark) clinics for specified individuals, including primary care clinicians and educators, to help them develop expertise and tools to better serve the youth that they work with by addressing their mental health needs stemming from the coronavirus pandemic.

**Status:** Died in Assembly Appropriations

### **AB-1331 (Irwin) - Mental health: Statewide Director of Crisis Services.**

Would have required the Director of Health Care Services to appoint a full-time Statewide Director of Crisis Services and assign the position various policy, planning and monitoring duties related to the creation of a comprehensive, integrated statewide network of crisis behavioral health services.

**Status:** Vetoed

### **AB-1394 (Irwin) - General acute care hospitals: suicide screening.**

Requires a general acute care hospital, on or before January 1, 2025, to establish and adopt written policies and procedures to screen patients who are twelve years of age and older for purposes of detecting a risk for suicidal ideation and behavior, and, recommends using guidelines similar to those developed by the National Institute for Mental Health.

**Status:** Chapter 101, Statutes of 2022

### **AB-1443 (McCarty) - Mental health: involuntary treatment.**

Permits any county to develop training and procedures related to taking, or causing to be taken, a person into custody for an involuntary detention, as specified. Requires the County of Sacramento to develop a written policy for training and procedures for designating persons who are employed by the City of Sacramento and who meet specified criteria to involuntarily detain individuals.

**Status:** Chapter 399, Statutes of 2021

### **AB-1470 (Mathis) - Ending Military Suicide Task Force.**

Would have required the Department of Public Health to establish the End Military Suicide Task Force to systematically reduce, on an annual basis, military suicides and to provide a plan by June 1, 2023, for the elimination of all military suicides in the state by January 1, 2029.

**Status:** Died in Assembly Appropriations



### **AB-1477 (Cervantes) - Maternal mental health.**

Requires a licensed health care practitioner who provides prenatal, postpartum or interpregnancy care, to ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions.

**Status:** Chapter 535, Statutes of 2021

### **AB-1542 (McCarty) - County of Yolo: Secured Residential Treatment Program.**

Would have authorized the County of Yolo to offer a pilot program, known as the Secured Residential Treatment Program, for individuals suffering from substance use disorders who have been convicted of drug-motivated felony crimes, as specified.

**Status:** Vetoed

### **AB-1668 (Patterson) - Mental Health Services Oversight and Accountability Commission.**

Would have urged the Governor, when making appointments to the Mental Health Services Oversight and Accountability Commission, to consider ensuring geographic representation among the 10 geographic regions of California as defined by the 2020 census.

**Status:** Vetoed

### **AB-1999 (Arambula) - Medi-Cal: behavioral health: individuals with vision loss.**

Would have required the Department of Health Care Services (DHCS) to establish a pilot project in at least six counties to provide funding for targeted outreach by participating counties to Medi-Cal beneficiaries who are blind or have low vision regarding behavioral health services that are covered by the Medi-Cal program. Would have required participating counties or their contracting providers to conduct outreach specifically focused on Medi-Cal beneficiaries who are blind or have low vision, including education and information regarding specialized services in the geographic region to connect individuals with behavioral health providers. Would have required each participating county to report to DHCS and the Legislature no later than December 31, 2025 on specified elements.

**Status:** Vetoed

### **AB-2032 (Eduardo Garcia) - Ending Military and Veteran Suicide Task Force.**

Would have required the Department of Public Health to establish the End Military Suicide Task Force to systematically reduce, on an annual basis, military suicides and to provide a plan by June 1, 2025, for the elimination of all military suicides in the state by January 1, 2030.

**Status:** Vetoed

**AB-2072 (Gabriel) - Mental health professionals: natural disasters: county offices of education: personnel sharing agreements.**

Requires, by November 1, 2024, county offices of education, in consultation with the California Department of Education and other relevant state and local agencies, to coordinate agreements between school districts and charter schools within the county to develop a system for rapidly deploying qualified mental health professionals and other key school personnel employed by individual school districts and charter schools throughout the county to areas of the county that experienced a natural disaster or other traumatic event.

**Status:** Chapter 909, Statutes of 2022

**AB-2144 (Ramos) - Mental health: information sharing.**

Would have required that no later than January 1, 2024, the Department of Justice (DOJ) electronically submit to the Department of Health Care Services a copy of the report DOJ receives from Lanterman-Petris-Short Act designated facilities regarding individuals who are detained on a 72-hour involuntary hold and are subject to restrictions relating to owning, possessing, controlling, receiving, or purchasing any firearm.

**Status:** Vetoed

**AB-2220 (Muratsuchi) - Homeless Courts Pilot Program.**

Would have established, until January 1, 2027, the Homeless Court Pilot Program administered by the Judicial Council as a grant pilot program for eligible applicants to provide comprehensive community-based services to achieve stabilization for, and address the specific legal needs of, chronically homeless individuals involved with the criminal justice system.

**Status:** Died in Assembly Appropriations

**AB-2242 (Santiago) - Mental health services.**

Permits counties to pay for the provision of mental health services using specified funds. Provides that a person cannot be denied access to services funded by the Mental Health Services Fund based solely on the person's voluntary or involuntary legal status. Requires any person detained under the Lanterman-Petris-Short Act for a 72-hour, 14-day, 30-day or a conservatorship to receive a care coordination plan prior to release and requires the care coordination plan to include a first follow-up appointment with an appropriate behavioral health professional. Specifies that under no circumstances may the individual be involuntarily held beyond when they would otherwise qualify for release. Requires on or before July 1, 2023, the Department of Health Care Services to convene a stakeholder group as specified, to create a model care coordination plan to be followed when discharging those held under temporary holds or conservatorships.

**Status:** Chapter 867, Statutes of 2022

### **AB-2259 (Berman) - Foster youth: substance use disorders.**

Would have required the California Department of Social Services, in collaboration with the Department of Health Care Services, and upon appropriation by the Legislature, to establish a grant program to fund the development and implementation of evidence-based models and promising practices to serve foster youth with substance use disorders who are residing in family-based settings.

**Status:** Died in Senate Appropriations

### **AB-2275 (Wood) - Mental health: involuntary commitment.**

Specifies that the 72-hours of detention under a Lanterman-Petris-Short Act 5150 involuntary hold begins at the time when the person is first detained. Requires when a person is certified for intensive treatment, a certification review hearing to be held within four days of the date on which the person is certified for a period of intensive treatment unless postponed by request of the person or their attorney or advocate. Requires when a person has not been certified for intensive treatment yet remains detained under a 5150 hold, a certification review hearing to be held within seven days of the date on which the person was initially detained under the 5150, unless judicial review has been requested as specified. Clarifies a person's rights with respect to the certification hearing.

**Status:** Chapter 960, Statutes of 2022

### **AB-2281 (Lackey) - Early Childhood Mental Health Services Act.**

Would have established the Early Childhood Mental Health Services Act as a mental health grant program to improve access to and quality of care, services and supports for children zero to five years of age, parents, family and caregivers with emphasis on prevention, early intervention and disparities.

**Status:** Vetoed

### **AB-2288 (Choi) - Advance health care directives: mental health treatment.**

Adds language to advance health care directives to clarify that the document may also include instructions relating to mental health treatment.

**Status:** Chapter 21, Statutes of 2022

### **AB-2317 (Ramos) - Children's psychiatric residential treatment facilities.**

Requires the Department of Health Care Services (DHCS) to license and establish regulations for psychiatric residential treatment facilities (PRTFs), as defined. Requires DHCS's regulations and certifications to be consistent with Medicaid regulations governing PRTFs, in order to maximize federal financial participation. Adds inpatient psychiatric services to individuals under 21 years of age provided in a licensed children's crisis PRTF as mental health services provided under the Medi-Cal Program.

**Status:** Chapter 589, Statutes of 2022

### **AB-2518 (Gabriel) - Severe mental illness.**

Would have prohibited a healthy facility or a facility that has a community residential treatment program from being required to obtain a signature of patient for purpose of administering antipsychotic medications to a person admitted as a voluntary patient who consents to receiving those medications in specified circumstances.

**Status:** Died in Assembly Health

### **AB-2666 (Salas) - Behavioral health internship grant program.**

Would have established a new grant program within the Department of Healthcare Access and Information to provide stipends to students in behavioral health fields who are participating in unpaid internships or completing licensure hours, through unpaid positions, at a federally qualified health center.

**Status:** Vetoed

### **AB-2768 (Waldron) - Mental health and substance use disorders: database of facilities.**

Would have required the California Health and Human Services Agency (CHHSA), either on its own or through the Behavioral Health Task Force established by the Governor, to create an ad hoc committee to study how to develop a real-time, Internet-based database to display information about available treatment beds in specified facilities.

**Status:** Died in Senate Appropriations

### **AB-2830 (Bloom) - The Community Assistance, Recovery, and Empowerment (CARE) Court Program.**

Would have established the Community Assistance, Recovery, and Empowerment (CARE) Court Program and the CARE Act to provide comprehensive treatment, housing and support services to Californians with complex behavioral health care needs.

**Status:** Died in Assembly Judiciary

### **AB-2853 (Lackey) - Mental health: involuntary holds.**

Would have required the Department of Health Care Services (DHCS) to establish guidelines for the uniform application of the Lanterman-Petris-Short Act by counties. Would have required the guidelines to include at a minimum, an explanation of how to determine if a person meets the definition of gravely disabled and if a person is a danger to themselves or others. Would have required DHCS to also establish a maximum period of time for which a person may be detained for an evaluation to determine if the person should be taken into custody under a 72-hour involuntary hold.

**Status:** Died in Assembly Judiciary

### **AB-2951 (Salas) - Mobile mental health crisis response teams.**

Would have required the Department of Health Care Services to establish a five-year, statewide pilot program to provide grants to cities to create mobile mental health crisis response teams. Would have required a city that receives grant funds pursuant to this bill to ensure that the mobile mental health crisis response team is a dispatch option when city employees respond to mental health emergency calls; that the team is partnered with one or more local fire departments; and, that the team is permitted to respond to calls independently and in response to a request from a local fire department that is present at a location where the team's services may be needed. Would have required a grant funded mobile mental health crisis response team to be staffed by licensed clinicians who have the legal authority to take, or cause to be taken, a person into custody pursuant to specified Lanterman-Petris-Short Act provisions. Would have sunset the provisions of this bill on January 1, 2029.

**Status:** Died in Assembly Appropriations

### **SB-110 (Wiener) - Substance use disorder services: contingency management services.**

Would have required Medi-Cal substance use disorder services to include contingency management services as an optional benefit under the Drug Medi-Cal organized delivery system, subject to utilization controls. Would have required contingency management services to include an incentive structure, including, but not limited to, scaling rewards for continued evidence of specified behaviors or adherence to treatment goals that rewards participants for specified behaviors, such as negative urinalysis.

**Status:** Vetoed

### **SB-293 (Limón) - Medi-Cal specialty mental health services.**

Would have required the Department of Health Care Services (DHCS), with respect to Medi-Cal specialty mental health services (SMHS) provided under the Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) to develop standard forms relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements. Would have permitted DHCS to develop and maintain a list of DHCS-approved nonstandard forms. Permits forms on the nonstandard forms list to be used by County Mental Health Plan (MHP) contractors, in addition to the standard forms, to determine eligibility and reimbursement for SMHS provided under the EPSDT Program. Would have required DHCS to require that a contractor or provider use the standard forms and DHCS-approved nonstandard forms in a manner that is consistent with the California Advancing and Innovating Medi-Cal (CalAIM) initiative, as approved by the federal Centers for Medicare and Medicaid Services, pursuant to the CalAIM Terms and Conditions, if a county MHP contractor or

any provider who renders services under a county MHP serves an eligible Medi-Cal beneficiary.

**Status:** Died in Assembly Appropriations

**[SB-316 \(Eggman\) - Medi-Cal: federally qualified health centers and rural health clinics.](#)**

Would have required Medi-Cal reimbursement to Federally Qualified Health Centers and Rural Health Clinics for two visits taking place on the same day at a single location when the patient suffers illness or injury requiring additional diagnosis or treatment after the first visit, or when the patient has a medical visit and another health visit with a mental health or dental provider.

**Status:** Died on the Assembly Floor

**[SB-340 \(Stern\) - Lanterman-Petris-Short Act: hearings.](#)**

Would have permitted people with personal knowledge of a person who is certified for involuntary detention for intensive treatment under the Lanterman-Petris-Short Act to request to testify in judicial challenges to the certification.

**Status:** Died in Assembly Judiciary

**[SB-465 \(Eggman\) - Mental health.](#)**

Requires the Mental Health Services Oversight and Accountability Commission to report annually to the Legislature, as specified, the outcomes for those receiving community mental health services under a Full Service Partnership.

**Status:** Chapter 544, Statutes of 2021

**[SB-507 \(Eggman\) - Mental health services: assisted outpatient treatment.](#)**

Expands the criteria for court ordered Assisted Outpatient Treatment (AOT) if, a clinical determination has been made that in view of the person's treatment history and current behavior, at least one of the following is true: a) the person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating, or b) the person is in need of AOT in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others. Expands the criteria for AOT to include an eligible conservatee who is the subject of a pending petition for termination of a conservatorship under the Lanterman-Petris-Short Act to obtain AOT treatment, as specified. Requires the examining mental health professional to determine if the subject of the AOT petition has the capacity to give informed consent regarding psychotropic medication in their affidavit to the court. Permits the subject of the petition or the examining mental health professional to appear before the court for testimony by videoconferencing.

**Status:** Chapter 426, Statutes of 2021

### **SB-562 (Portantino) - Health care coverage: pervasive developmental disorders or autism.**

Would have expanded existing requirements on health care service plans (health plans) and health insurers to cover behavioral health treatment (BHT) for pervasive developmental disorder or autism. Would have expanded the definition of BHT to require the services and treatment program provided to be based on behavioral, developmental, relationship-based, or other evidence-based models and allow the substitution of specified current education, work experience, and training qualifications to meet the criteria of a qualified autism service (QAS) professional or paraprofessional. Would have required a health plan or insurer, when clinically appropriate, to include parent or caregiver participation that is individualized to the patient. Would have specified that if a parent or caregiver cannot participate in the patient's therapy, the QAS provider would be required to develop an alternative plan detailing how skills acquired in the course of provided BHT treatment will generalize to the individual's home and community absent parent participation. Would have prohibited a health plan and health insurer from denying or reducing medically necessary BHT based on a lack of parent or caregiver participation, or provider implementation of an alternative plan, as specified.

**Status:** Vetoed

### **SB-749 (Glazer) - Mental health program oversight: county reporting.**

Would have required the Mental Health Services Oversight and Accountability Commission, in consultation with state and local mental health authorities and upon appropriation by the Legislature, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels, as specified.

**Status:** Died on the Assembly Floor

### **SB-782 (Glazer) - Assisted outpatient treatment programs.**

Would have authorized the filing of a petition to obtain Assisted Outpatient Treatment (AOT) under the existing petition procedures, for a conservatee or former conservatee, as specified, who would benefit from AOT as a means of reducing the risk of deteriorating mental health while the individual is living independently.

**Status:** Died in Assembly Rules

### **SB-929 (Eggman) - Community mental health services: data collection.**

Expands the Department of Health Care Services' (DHCS) existing responsibility to collect and publish information about involuntary detentions under the Lanterman-Petris-Short (LPS) Act to include additional information, such as clinical outcomes, services provided, demographic data, numbers and types of detentions and



conservatorships and availability of treatment beds. Requires the Judicial Council to provide DHCS with data from each superior court to complete the DHCS required report. Requires each county behavioral health director or other entity involved in implementing the LPS Act to provide the data as prescribed by DHCS. Authorizes DHCS to impose a plan of correction against a facility or county that fails to submit data timely or as required.

**Status:** Chapter 539, Statutes of 2022

#### **SB-964 (Wiener) - Behavioral health.**

Would have required the Department of Health Care Access and Information to commission a report providing a landscape analysis of the current behavioral health workforce and the state's behavioral health workforce needs, to convene a stakeholder group, and to make recommendations on how to address the state's behavioral health workforce shortage. Would have required the report to be delivered to the Legislature on or before January 1, 2024.

**Status:** Vetoed

#### **SB-966 (Limón) - Federally qualified health centers and rural health clinics: visits.**

Requires the Department of Health Care Services (DHCS) to seek any federal approvals necessary and issue appropriate guidance to allow a federally qualified health center (FQHC) or rural health clinic (RHC) to bill Medi-Cal for an encounter between an FQHC or RHC patient and an associate clinical social worker (ACSW) or associate marriage and family therapist (AMFT) who is under a supervising licensed behavioral health practitioner. Conditions this ability to bill Medi-Cal to when the ACSW or AMFT is supervised by the licensed behavioral health practitioner, as required by the Board of Behavioral Sciences, the visit is billed under the supervising licensed behavioral health practitioner of the FQHC or RHC, and the FQHC or RHC is otherwise authorized to bill for services provided by the supervising licensed behavioral health practitioner as a separate visit.

**Status:** Chapter 607, Statutes of 2022

#### **SB-970 (Eggman) - Mental Health Services Act.**

Would have required the California Health and Human Services Agency to establish the California Mental Health Services Act (MHSA) Outcomes and Accountability Review, with a dedicated workgroup tasked with establishing three specified components to assist county mental health programs in improving MHSA funded programs.

**Status:** Died on the Assembly Floor



### **SB-999 (Cortese) - Health coverage: mental health and substance use disorders.**

Would have established the California Mental Health and Substance Use Disorder Treatment Patient Safety and Fairness Act to require a health plan and a disability insurer, and an entity acting on a health plan's or health insurer's behalf, to ensure compliance with specific requirements for utilization review (UR), including to require UR determinations, to be made by a health care provider practicing in the relevant clinical specialty with the same level of education, training, and experience in the relevant diagnosis or field of expertise, and holding the same applicable certification as the health care provider requesting the authorization; would have required a health plan or health insurer to maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding patient issues, including the appropriateness of a requested treatment, modification of a treatment request, or obtaining additional information needed to make a medical necessity determination; and, would have required an individual or health care provider performing UR to disclose to the treating health care provider and the enrollee or insured the basis for a denial, including a citation to the clinical guidelines reviewed, and an analysis of why the enrollee or insured did not meet the clinical criteria.

**Status:** Vetoed

### **SB-1019 (Gonzalez) - Medi-Cal managed care plans: mental health benefits.**

Requires a Medi-Cal managed care (MCMC) plan to conduct annual outreach and education for its enrollees, based on an annual MCMC plan that the plan develops and submits to the Department of Health Care services (DHCS) regarding the mental health benefits that are covered by the MCMC plan. Requires the plan to include specified components including a utilization of mental health services. Requires DHCS to review the annual outreach and education plan and to approve or modify the plan within 180 calendar days since submission, to ensure appropriate local stakeholder engagement, alignment with the population needs assessment, and cultural and linguistic appropriateness. Requires a MCMC plan to also develop an annual outreach and education plan to inform primary care providers regarding the mental health benefits covered by the MCMC plan. Requires DHCS, once every three years, to assess enrollee experience with mental health benefits covered by MCMC plans. Requires DHCS, by January 1, 2024, in consultation with stakeholders, to develop survey tools and methodologies that meet specified conditions. Requires DHCS to publish reports, once every three years, on its internet website on consumer experience with mental health benefits covered by MCMC plans, and requires the reports to include plan-by-plan data, address inequities based on key demographic factors, and to provide recommendations for improving access to mental health benefits covered by MCMC plans.

**Status:** Chapter 879, Statutes of 2022

### **SB-1035 (Eggman) - Mental health services: assisted outpatient treatment.**

Allows the court to conduct status hearings with a person who is subject to an assisted outpatient treatment (AOT) order and their treatment team to receive information regarding progress and adherence to the treatment plan, including medication adherence. Requires the AOT program director to include specified information when filling an affidavit affirming the person continues to meet the criteria for AOT.

**Status:** Chapter 828, Statutes of 2022

### **SB-1143 (Roth) - Acute Care Psychiatric Hospital Loan Fund.**

Would have established the California Acute Care Psychiatric Hospital Loan Fund (Fund) in the State Treasury to provide zero-interest loans to qualifying entities to construct or renovate acute care psychiatric hospitals, psychiatric health facilities, or renovation or expansion of general acute care hospitals in order to add an inpatient psychiatric unit. Continuously appropriates any moneys in the Fund to the California Health Facilities Financing Authority.

**Status:** Vetoed

### **SB-1154 (Eggman) - Facilities for mental health or substance use disorder crisis: database.**

Would have required the State Department of Public Health, in consultation with the State Department of Health Care Services and the State Department of Social Services, and conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities, in order to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental health or substance use disorder (SUD) crisis. Would have required the database to include specified information and have the capacity to, among other things, enable searches to identify beds that are appropriate for the treatment of individuals in a mental health or SUD crisis and collect data.

**Status:** Died in Assembly Appropriations

### **SB-1207 (Portantino) - Health care coverage: maternal and pandemic-related mental health conditions.**

Revises existing law as it relates to the development of a maternal mental health program (program) to include quality measures to encourage screening, diagnosis, treatment, and referral; and, to encourage health plans and health insurers to include coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program.

**Status:** Chapter 618, Statutes of 2022

**SB-1227 (Eggman) - Involuntary commitment: intensive treatment.**

Permits a second up to 30-days of intensive treatment period under the Lanterman-Petris-Short Act for a person who is still in need of intensive services and the certification for an additional up-to 30 days has begun, as specified.

**Status:** Chapter 619, Statutes of 2022

**SB-1238 (Eggman) - Behavioral health services: existing and projected needs.**

Would have required the Department of Health Care Services, beginning January 1, 2024 and at least every five years thereafter, to conduct a review of and prepare a report regarding current and projected behavioral health care infrastructure and service needs in each region of the state, as specified, including barriers to meeting projected future needs and suggestions to alleviate bottlenecks in the continuum.

**Status:** Vetoed

**SB-1338 (Umberg) - Community Assistance, Recovery, and Empowerment (CARE) Court Program.**

Establishes the Community Assistance, Recovery, and Empowerment (CARE) Court Program and the CARE Act to provide comprehensive treatment, housing and support services to Californians with complex behavioral health care needs.

**Status:** Chapter 319, Statutes of 2022

**SB-1394 (Eggman) - Conservatorships: gravely disabled persons.**

Modifies the maximum amount of time by which a temporary 30-day conservatorship may be extended, pending the resolution of a petition for a conservatorship under the Lanterman-Petris-Short (LPS) Act when the potential conservatee has requested a court or jury trial on the question of whether they are “gravely disabled” for purposes of establishing a full LPS conservatorship, from six months to 180 days.

**Status:** Chapter 996, Statutes of 2022

**SB-1416 (Eggman) - Mental health services: gravely disabled persons.**

Would have expanded the definition of “gravely disabled” in the Lanterman-Petris-Short Act for individuals with a mental health disorder to include the inability of an individual to provide for their basic personal needs for medical care in addition to being unable to provide for their basic personal needs for food, clothing, and shelter.

**Status:** Died in Assembly Judiciary

**SB-1446 (Stern) - Behavioral health-related treatment, housing that heals, and other services or supports.**

Would have declared that it is the public policy of the state that the Department of Health Care Services (DHCS) will ensure when revising, adopting, or establishing policies, regulations, or grant program criteria, relating to access to behavioral health

(BH) related treatment, housing that heals or other services of supports, that any individual with a severe BH disorder, including a severe mental illness (SMI), who, as a result lacks supportive housing and BH services and is otherwise not living safely in the community, receives an individualized, clinically appropriate range of BH related treatment, housing that heals, and other services of supports. Would have specified that this declaration would not expand any obligation of the state or other entities to provide access to behavioral health-related treatment, housing that heals, or other services or supports, or to require the expenditure of additional resources, as specified.

**Status:** Vetoed

## Misc

### [AB-1130 \(Wood\) - California Health Care Quality and Affordability Act.](#)

Would have established the Office of Health Care Affordability (office) within the Department of Health Care Access and Information (HCAI) and would have required HCAI to analyze the health care market for cost trends and drivers of spending, create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers, and enforce cost targets. Would have established, within HCAI, the Health Care Affordability Advisory Board (board) and would have set forth the composition and duties of the board, as defined.

**Status:** Died in Senate Health

### [AB-1400 \(Kalra\) - Guaranteed Health Care for All.](#)

Would have established the California Guaranteed Health Care for All or CalCare as California's single-payer health care coverage program; and, would have established the CalCare Board (board) to administer CalCare. Would have required, on or before July 1, 2024, the board to conduct and deliver a fiscal analysis to the Legislature to determine both of the following: 1) whether or not CalCare may be implemented; and, 2) whether revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare's implementation. Would have indicated that after the board has determined whether or not CalCare may be implemented and if program revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare's implementation, CalCare to not be further implemented until the Senate Committee on Health, Assembly Committee on Health, Senate Committee on Appropriations, and Assembly Committee on Appropriations consider, and the Legislature approves, by statute, the implementation of CalCare. Would have specified that this bill, except for the general provisions, governance structure and federal waiver authority, to not become operative until the people of California approve a proposition that creates the revenue mechanisms necessary to implement this bill, after taking into consideration consolidation of existing revenues for health care coverage and anticipated savings from a single-payer health care coverage and a health care cost control system.

**Status:** Died on the Assembly Floor

### [AB-1670 \(Bryan\) - Criminal justice: Commission on Alternatives to Incarceration.](#)

Would have created within the California Health and Human Services Agency the Commission on Alternatives to Incarceration to research and develop policy recommendations on alternatives to incarceration; alternative crisis response models; alternatives to youth incarceration, reentry, including economic opportunity, housing, and social integration; restorative justice practices and opportunities; and, scope,

magnitude, and long-term effects of family separation within the jail and state prison systems.

**Status:** Died in Assembly Appropriations

**[AB-2338 \(Gipson\) - Health care decisions: decisionmakers and surrogates.](#)**

Creates a hierarchy of relatives and others who can make medical decisions for an incapacitated adult who does not otherwise have a legally recognized health care decision maker.

**Status:** Chapter 782, Statutes of 2022

**[AB-2504 \(Kalra\) - Living Organ Donor Reimbursement Act.](#)**

Would have established the Living Organ Donor Reimbursement Program within the Department of Health Care Services to reduce financial barriers for living organ donors of specified organs by providing reimbursement of up to \$10,000 per organ donation for qualified donation expenses. Would have sunset the provisions of this bill on January 1, 2027.

**Status:** Died in Assembly Health

**[AB-2534 \(Bryan\) - Survivor Support and Harm Prevention Pilot Program Act.](#)**

Would have established the Survivor Support and Harm Prevention Pilot Program to be administered by the California Health and Human Services Agency to fund noncarceral, nonpunitive, prevention-oriented, and therapeutic programs that support survivors of crime and otherwise support individuals who have experienced violence or trauma of any nature.

**Status:** Died in Assembly Appropriations

**[AB-2549 \(Mia Bonta\) - Street harassment prevention.](#)**

Would have required the Department of Public Health (DPH) to conduct research and prepare a report on street harassment in the state; and, would have defined street harassment to mean words, gestures, or actions directed at a specific person in a public place, without the consent of that person, based on the person's actual or perceived race, ethnicity, religion, disability, age, sex, gender, gender identity, gender expression, or sexual orientation, that the person experiences as intimidating, alarming, terrorizing, or threatening to their safety. Would have required DPH, commencing January 1, 2023, to conduct a five-year, statewide, public campaign to raise awareness and understanding of street harassment as a public health problem in the state with the purpose of preventing its occurrence.

**Status:** Died in Assembly Appropriations

**AB-2636 (Berman) - Refugees, asylees, and special immigrant visa holders: health care professions: grant program.**

Would have required the California Workforce Development Board (Board) to implement a grant program to award competitive grants to community-based organizations that resettle or provide services to target populations, as defined, to provide services that address barriers to access and completion of health care training programs to obtain employment in health care professions.

**Status:** Died in Assembly Appropriations

**AB-2725 (Low) - Coroners: anatomical gifts.**

Would have required a county coroner to have a licensed forensic pathologist present at the recovery of a donated organ in order to restrict recovery of a donated part. Would have made informing the next of kin and asking whether the deceased was a donor the responsibility of the organ procurement organization (OPO), rather than the coroner, and would have required a coroner to assist an OPO in the search for a person authorized to make an anatomical gift.

**Status:** Died in Assembly Health

**SB-402 (Hurtado) - Multipayer Payment Reform Collaborative.**

Would have established the Multipayer Payment Reform Collaborative (collaborative) and Pilot Program and would have required the California Health and Human Services Agency (CHHSA), by June 1, 2022, or within 90 days of receiving funding after June 1, 2022, to convene a collaborative composed of specified individuals and entities. Would have required the collaborative to propose Multipayer Payment Reform Pilots (pilots) to CHHSA for the fee-for-service primary care practices in areas hit hardest by the COVID-19 pandemic. Would have required CHHSA, at least three months before the implementation of a pilot, to provide the Legislature, including the appropriate policy committees of the Assembly and the Senate, with a summary of the proposed pilot, including the structure, eligibility, geography, payment methods, quality and equity metrics, and evaluation criteria. Would have required CHHSA, by the second and fourth year following the implementation of the pilots, to provide to the Legislature comprehensive evaluations of the pilots that include prescribed information, such as the number of enrollees in the pilots and the health characteristics of the enrollees.

**Status:** Died in Assembly Appropriations

**SB-519 (Wiener) - Controlled substances: decriminalization of certain hallucinogenic substances.**

Would have made it lawful for a person 21 years of age or older to possess, obtain, and ingest specified controlled substances classified as hallucinogens. Would have made it lawful for the facilitated or supportive use of specified controlled substances classified as hallucinogens. Would have made it unlawful for persons under the age of 21 to do



specified acts related to those hallucinogens. Would have required the California Department of Public Health to convene a working group to study specified hallucinogens and make recommendations to the Legislature regarding the statewide regulation of those hallucinogens and other controlled substances.

**Status:** Died on the Assembly Floor

**SB-842 (Dodd) - Health care: medical goods: reuse and redistribution.**

Would have required the Department of Rehabilitation to establish a three-year device utilization pilot in Contra Costa, Napa, Solano, and Yolo Counties to facilitate the reuse and redistribution of assistive technology, as specified.

**Status:** Vetoed

**SB-1500 (Committee on Health) - Public health: federal regulation.**

Aligns state law governing biologic drugs with state law governing all other drugs by exempting biologic drugs from state licensing requirements when the biologic drug is part of a new investigational drug trial. Makes other non-controversial changes to existing law regarding investigational/scientific use of whole blood, and extending the sunset date on an exemption for home medical device retail facility inspections.

**Status:** Chapter 955, Statutes of 2022

## Opioids

### [AB-1627 \(Ramos\) - Opioid overdose prevention.](#)

Would have required the Department of Health Care Services (DHCS), upon appropriation by the Legislature and until January 1, 2027, to establish a pilot program to provide grants to the Counties of San Bernardino, Riverside, and Orange, for public awareness campaigns to spread awareness of existing DHCS naloxone distribution programs.

**Status:** Died in Senate Appropriations

### [AB-1673 \(Seyarto\) - California Fentanyl Abuse Task Force.](#)

Would have created the Anti-Fentanyl Abuse Task Force to evaluate the nature and extent fentanyl abuse in California and to develop policy recommendations for addressing it.

**Status:** Died in Assembly Appropriations

### [AB-2365 \(Patterson\) - Fentanyl program grants.](#)

Requires the California Health and Human Services Agency, to the extent funds are appropriated, to establish a grant program to reduce fentanyl overdoses and use throughout the state by providing six one-time grants, as specified; and sunsets this bill on January 1, 2027.

**Status:** Chapter 783, Statutes of 2022

### [SB-367 \(Hurtado\) - Student safety: opioid overdose reversal medication.](#)

Requires each community college district (CCD) and the California State University (CSU), and requests the University of California (UC), to collaborate with campus-based and community-based recovery advocate organizations to provide educational and preventive information about opioid overdose and the use and location of opioid overdose reversal medication on campus as part of each campuses' established campus orientations. Requires the information to be provided by the California Department of Public Health (DPH). Requires each CCD and CSU, and requests UC, to apply to use the statewide standing order to distribute dosages of opioid overdose reversal medication and apply to participate in the Naloxone Distribution Project (NDP) administered by DPH. Upon approval for use of the statewide standing order and participation in the NDP, requires campuses to distribute opioid overdose reversal medication.

**Status:** Chapter 218, Statutes of 2022

### [SB-864 \(Melendez\) - General acute care hospitals: drug screening.](#)

Establishes Tyler's Law, which requires a general acute care hospital treating a person who is receiving a urine drug screening, to include testing for fentanyl in the screening.

**Status:** Chapter 169, Statutes of 2022



## Pharmaceuticals / Pharmacy / Biotech

### [AB-671 \(Wood\) - Medi-Cal: pharmacy benefits.](#)

Would have required the Department of Health Care Services (DHCS) to provide a disease management payment or similar payment to a pharmacy for specified costs and activities that are associated with dispensing specialty drugs in an amount necessary to ensure beneficiary access, as determined by DHCS based on the results of a DHCS-contracted survey completed during the 2020 calendar year. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died on the Assembly Floor

### [AB-752 \(Nazarian\) - Prescription drug coverage.](#)

Would have required a health care service plan (health plan) or health insurer, or an entity acting on its behalf, to furnish specified information about a prescription drug upon request by an enrollee or insured, their health care provider, or a third party acting on their behalf. Would have prohibited a health plan or health insurer from restricting a health care provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost drug, as specified.

**Status:** Died in Assembly Appropriations

### [AB-1050 \(Gray\) - Medi-Cal: application for enrollment: prescription drugs.](#)

Would have prohibited the Department of Health Care Services (DHCS) director from taking any action that materially increases the administrative burden or cost of dispensing 340B drugs by federally qualified health centers and rural health clinics, including, but not limited to, changes that adversely impact the use of contract pharmacy arrangements. Would have required the DHCS director, before taking an action that materially impacts the 340B drug program, to prepare a detailed report describing the proposed action, including a determination that the action does not violate this provision. Would have required the application for enrollment for Medi-Cal to include a statement that permits DHCS, the county welfare department, and a Medi-Cal managed care organization or health care provider to which the person is assigned to communicate with the applicant regarding appointment reminders or outreach efforts through Free to End User text messaging, unless the person opts out.

**Status:** Died in Assembly Appropriations

### [AB-1178 \(Irwin\) - Medi-Cal: serious mental illness: drugs.](#)

Would have prohibited prior authorization from being required by the Department of Health Care Services (DHCS) in Medi-Cal for a drug prescribed for the treatment of serious mental illness (SMI) for a period of 180 days after the initial prescription has been dispensed for a Medi-Cal beneficiary over 18 years of age who is not under the

transition jurisdiction of the juvenile court. Would have required DHCS to automatically approve a prescription for a drug for the treatment of a SMI if the patient was previously dispensed that drug before they enrolled in the Medi-Cal program and during the previous 365 days of the date of the new prescription, if the patient is over 18 years of age and not under the transition jurisdiction of the juvenile court.

**Status:** Died in Assembly Appropriations

### **AB-2032 (Eduardo Garcia) - Ending Military and Veteran Suicide Task Force.**

Would have required the Department of Public Health to establish the End Military Suicide Task Force to systematically reduce, on an annual basis, military suicides and to provide a plan by June 1, 2025, for the elimination of all military suicides in the state by January 1, 2030.

**Status:** Vetoed

### **AB-2942 (Daly) - Prescription drug cost sharing.**

Would have required an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. Would have required a health plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of their decrease in cost sharing. Would have prohibited a health plan, health insurer, or their agents from publishing or otherwise revealing information regarding the actual amount of rebates the health plan or health insurer receives on a product-specific, manufacturer-specific, or pharmacy-specific basis. Would have required the Department of Managed Health Care and Department of Insurance, on or before March 1 each year, to provide a report on the impact of those provisions on drug prices and health care premium rates, as specified.

**Status:** Died in Assembly Health

### **SB-57 (Wiener) - Controlled substances: overdose prevention program.**

Would have permitted the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland to approve entities to establish and operate overdose prevention programs (OPPs) until January 1, 2028. Would have required OPPs to provide a hygienic space supervised by trained staff, as specified, and provide sterile consumption supplies where people can consume controlled substances.

**Status:** Vetoed

### **SB-310 (Rubio) - Unused medications: cancer medication recycling.**

Establishes, until January 1, 2027, a registration program for the collection and distribution of specified unused cancer medications under the Cancer Medication Recycling Act.

**Status:** Chapter 541, Statutes of 2021

### **SB-521 (Bradford) - Drug manufacturers: value-based arrangement.**

Would have authorized the Department of Health Care Services (DHCS) to enter into a written value-based arrangement under the Medi-Cal program with drug manufacturers based on outcome data or other metrics, as determined by DHCS and the drug manufacturers, pursuant to those contracts. Would have defined a value-based arrangement to include, but not be limited to, a rebate, discount, price reduction, contribution, risk sharing, reimbursement, payment deferral, installment payment, guarantee, shared savings payment, withhold, bonus, or patient care. Would have required DHCS, on or before July 1, 2022, to report to the Legislature on how value-based arrangements may be implemented in the Medi-Cal program, including its recommendations for doing so.

**Status:** Died in Assembly Appropriations

### **SB-568 (Pan) - Deductibles: chronic disease management.**

Would have prohibited a health care service plan (health plan) contract or health insurance policy, as specified, from imposing a deductible requirement for a covered prescription drug or equipment and supplies used to treat a chronic disease, as defined. Would have limited the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance specified in health plan contract or disability insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease, as specified.

**Status:** Died in Assembly Health

### **SB-823 (Committee on Health) - Public health: omnibus bill.**

Renames the Bureau of Medi-Cal Fraud in the California Department of Justice (DOJ) as the Division of Medi-Cal Fraud and Elder Abuse, and makes various conforming changes across different code sections. Changes the required fees assessed by DOJ for processing fingerprint images to specified individuals of an Adult Day Health Center and a Home Health Agency that exclusively serves the Program of All Inclusive Care for the Elderly program. Expands the definition of an "opioid antagonist" to also include any other opioid antagonist that is approved by the federal Food and Drug Administration (FDA) for the treatment of an opioid overdose for purposes of existing law provisions authorizing prescribing and dispensing to a family member, friend, or other person in a position to assist a person at risk of an opioid-related disorder, and from existing law exemptions for health care providers and other persons from being subject to civil and

criminal action, as specified. Expands, for purposes of a Department of Public Health program that awards funding to local entities that provide Naloxone to first responders and at-risk users, to also include any other opioid antagonist approved by the FDA.

**Status:** Chapter 554, Statutes of 2021

### **SB-838 (Pan) - Health care: prescription drugs.**

Amends the California Affordable Drug Manufacturing Act of 2020 and requires the California Health and Human Services Agency (CHHSA), when entering into partnership contracts to produce or distribute at least one form of insulin, to establish initial and ongoing metrics to measure progress and efficiency, and remedies in case those metrics are not met, and to include those metrics and remedies in any partnership contract. Specifies Legislative intent that any partnership contract entered into by CHHSA is a partnership intended to create a California-branded label for generic drugs, and that any manufacturing that is done is intended to benefit the residents of this state, as specified. Clarifies that dispensing costs may include related expenses such as transportation, distribution, and market operations. Clarifies that CHHSA is to consult with public and private purchasers as appropriate. Requires CHHSA, before effectuating partnerships, to consider the volume of each generic prescription drug over a multiyear period to support a market for a lower cost generic prescription drug if volume is an important factor in driving down the cost of the drug. Allows, instead of requires, CHHSA to consult with the Statewide Pharmaceutical Program and the California Pharmaceutical Collaborative.

**Status:** Chapter 603, Statutes of 2022

### **SB-939 (Pan) - Prescription drug pricing.**

Would have prohibited a pharmaceutical benefits manager from imposing any requirements, conditions, or exclusions that discriminate against a covered entity (a CE is defined by reference to federal law as specific types of clinics, health centers and hospitals) or its in-house or contract pharmacies to prevent a CE from retaining the benefit of discounted drug pricing under the federal 340B statute (the 340B statute requires drug manufacturers to sell outpatient drugs at a discount to CEs). Would have required a drug manufacturer to comply with federal 340B drug pricing requirements when selling covered drugs to CEs. Would have prohibited a drug manufacturer from imposing any preconditions, limitations, delays, or other barriers to the purchase of covered drugs that are not required under the federal 340B statute, or any rules or regulations adopted under that statute. Implements this bill only to the extent that it is consistent with the federal 340B statute, or any rules or regulations adopted thereunder.

**Status:** Died in Assembly Health



**SB-1191 (Bates) - Medi-Cal: pharmacogenomic testing.**

Would have added pharmacogenomic testing as a covered benefit under Medi-Cal when a medication is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable.

**Status:** Vetoed

**SB-1346 (Becker) - Surplus medication collection and distribution.**

Expands the definition of a donor organization who may donate unused medication under the existing surplus medication collection and distribution program (program). Deletes certain requirements under the program and creates a pilot project in the Counties of Santa Clara and San Mateo and the City and County of San Francisco.

**Status:** Chapter 886, Statutes of 2022

## Public Health

### [AB-45 \(Aguiar-Curry\) - Industrial hemp products.](#)

Establishes a regulatory framework for industrial hemp under the Sherman Food, Drug, & Cosmetic Law. Requires manufacturers of products containing industrial hemp or hemp products to obtain a processed food registration and comply with good manufacturing practices. Contains an urgency clause to ensure the provisions of this bill go into effect immediately upon enactment.

**Status:** Chapter 576, Statutes of 2021

### [AB-61 \(Gabriel\) - Business pandemic relief.](#)

Authorizes a permitted food facility within any local jurisdiction that is subject to retail food operation restrictions related to a COVID-19 public health response to prepare and serve food as a temporary satellite food service without obtaining a separate satellite food service permit or submitting written operating procedures, as specified. Authorizes the Department of Alcohol Beverage Control, for 365 days from the date the COVID-19 state of emergency is lifted, to allow licensees to continue to exercise license privileges in an expanded licensed area authorized pursuant to a COVID-19 temporary catering permit, as provided. Contains an urgency clause to ensure the provisions of this bill go into effect immediately upon enactment.

**Status:** Chapter 651, Statutes of 2021

### [AB-70 \(Salas\) - Gene synthesis providers.](#)

Would have required, beginning January 1, 2025, a gene synthesis provider and manufacturer of gene synthesis equipment (collectively referred to as gene synthesis providers and manufacturers) operating in California to either be current members of the International Gene Synthesis Consortium or verified by the Department of Public Health (DPH) as entities adhering to proper screening protocols, as specified. Would have allowed DPH, beginning January 1, 2022 to charge gene synthesis providers and manufacturers a fee in an amount not to exceed its reasonable costs to establish and administer the verification process.

**Status:** Vetoed

### [AB-93 \(Eduardo Garcia\) - Pandemic response practices.](#)

Would have required the Medical and Health Coordination Center within the California Department of Public Health (DPH), during a state of emergency or a health emergency, as specified, to include federally qualified health centers in the organizational response structure established by the Office of Emergency Services. Would have required an annual inventory of personal protective equipment that the state maintains. Would have required DPH to develop an outreach and education campaign relating to COVID-19.

**Status:** Died in Assembly Appropriations

### **AB-234 (Ramos) - Office of Suicide Prevention**

Would have deleted the requirements that the duties and responsibilities of the Statewide Office of Suicide Prevention established within the California Department of Public Health be carried out using existing staff and resources.

**Status:** Died in Assembly Appropriations

### **AB-240 (Rodriguez) - Local health department workforce assessment.**

Would have required the Department of Public Health (DPH) to conduct an evaluation of the adequacy of local health department infrastructure and make recommendations on workforce needs and resources to fund local public health; would have permitted DPH to contract with an appropriate and qualified entity to complete the evaluation. Would have required DPH to report its findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2025.

**Status:** Vetoed

### **AB-323 (Kalra) - Long-term health facilities.**

Changes the standard for Department of Public Health when issuing penalties against long-term care (LTC) facilities for violations that result in the death of a resident from "direct proximate cause" to "substantial factor" and the death was a result of the violation. Increases the amount of civil penalties assessed against LTC facilities.

**Status:** Chapter 458, Statutes of 2021

### **AB-342 (Gipson) - Health care coverage: colorectal cancer: screening and testing.**

Requires a health care service plan (health plan) contract or a health insurance policy, except as specified, to provide coverage without cost sharing for colorectal cancer (CRC) screening tests assigned either a grade A or B by the United States Preventive Services Task Force (USPSTF). Specifies that the required colonoscopy for a positive result on a test or procedure, other than a colonoscopy, that is a CRC screening examination or laboratory test identified assigned either a grade of A or a grade of B by the USPSTF also be provided without any cost sharing. Clarifies that a health plan or health insurer that has coverage for out of network benefits is not precluded from imposing cost-sharing requirements for the items or services described in this bill that are delivered by an out-of-network provider.

**Status:** Chapter 436, Statutes of 2021

### **AB-356 (Chen) - Fluoroscopy: temporary permit.**

Authorizes the Department of Public Health (DPH) to issue a physician and surgeon (MD) or a doctor of podiatric medicine (DPM) a one-time, temporary permit valid for up to 12 months authorizing them to operate or supervise the operator of fluoroscopic X-ray equipment if certain conditions are met, including an attestation that the MD or DPM

has at least 40 hours of experience using fluoroscopic x-ray equipment and pays \$58 fee, and allows DPH to modify the fee, as specified.

**Status:** Chapter 459, Statutes of 2021

#### **AB-441 (Mayes) - Recreational water use: wave basins.**

Would have established standards for wave basins including safety requirements, water quality and disinfection standards. Would have defined lifeguard services to mean the attendance at a wave basin, during periods of use, of one or more lifeguards who possess minimum qualifications, and current certificates, as specified. Would have included in the definition of lifeguard services the supervision of the safety of participants in water-contact activities by lifeguards who are providing surfing lessons, coaching, or overseeing water-contact sports, or providing water safety instructions to participants when no other persons are using the facilities unless those persons are supervised by separate lifeguard services. Would have defined wave basin as an artificially constructed body of water within an impervious water containment structure incorporating the use of a mechanical device principally designed to generate waves for surfing on a surfboard or analogous surfing device commonly used in the ocean and intended for sport. Would have exempted wave pools from this definition.

**Status:** Died in Senate Appropriations

#### **AB-535 (Aguiar-Curry) - Olive oil: labeling.**

Requires a container of olive oil produced, processed, sold, offered for sale, given away, or possessed in California that includes “California” in any form on its principal display panel and contains olive oil derived from olives grown outside California to disclose the minimum percentage of olive oil in the container derived from olives grown in California. Specifies that this requirement does not apply to a container of olive oil produced on or before December 31, 2021. States that any olive oil produced, processed, sold, offered for sale, given away, or possessed in California with a principal display panel that uses “California” or any reference to California must comply with the quality and purity standards set forth in the “Grade and Labeling Standards for Olive Oil, Refined-Olive Oil, and Olive-Pomace Oil” published by the California Department of Food and Agriculture. Clarifies an olive oil producer or processor is not prohibited from using a truthful, non-misleading statement or representation regarding the geographic origin of the olives used in the production of olive oil in any label, packaging material, or advertising if the label, packaging material, or advertising contains no representation that is prohibited by this section.

**Status:** Chapter 466, Statutes of 2021

#### **AB-619 (Calderon) - Lung health.**

Requires the Department of Public Health (DPH) to develop a plan with recommendations and guidelines for counties to use in case of a significant air quality

event caused by wildfires or other sources. Requires a county, in advance of the next update to its emergency plan, to use the plan developed by DPH but allows a county to incorporate its existing process, as specified.

**Status:** Chapter 412, Statutes of 2021

**[AB-789 \(Low\) - Health care services.](#)**

Requires an adult patient who receives primary care services to be offered a hepatitis B and C screening test according to the latest recommendations from the United States Preventive Services Task Force, and to the extent these services are covered under the patient's health insurance, unless the patient lacks capacity to consent to the test, or is being treated in the emergency department of a general acute care hospital.

**Status:** Chapter 470, Statutes of 2021

**[AB-831 \(Committee on Health\) - California Retail Food Code.](#)**

Makes various technical and clarifying changes to the California Retail Food Code.

**Status:** Chapter 155, Statutes of 2021

**[AB-835 \(Nazarian\) - Hospital emergency departments: HIV testing.](#)**

Would have required every patient who has blood drawn at a hospital emergency department (ED) to be offered a human immunodeficiency virus (HIV) test. Would have required the California Department of Public Health to provide EDs with information about financial support for HIV testing and linkages to care for persons who are HIV positive.

**Status:** Died in Senate Appropriations

**[AB-895 \(Holden\) - Skilled nursing facilities and intermediate care facilities: notice to prospective residents.](#)**

Requires a skilled nursing facility or intermediate care facility, and a residential care facility for the elderly to provide a prospective resident, prior to or at the time of admission, with a written notice that includes specified contact information for the local long-term care ombudsman (LTCO). Requires a facility's grievance form to include contact information for the local LTCO and the Department of Public Health, with instructions on how to file a grievance with both entities.

**Status:** Chapter 577, Statutes of 2022

**[AB-1038 \(Gipson\) - California Health Equity Program.](#)**

Would have established the California Health Equity Program under the Office of Health Equity within the Department of Public Health to be a competitive grant program to support local health departments, nonprofit organizations, clinics and tribes that serve disproportionately impacted communities to take action in specified areas relating to COVID-19 to address health equity.

**Status:** Died in Senate Appropriations

**AB-1094 (Arambula) - Sexual orientation and gender identity data collection pilot project.**

Requires the Department of Public Health to establish a three-year pilot program in up to six counties (northern, southern and central regions) that agree to participate, for the identification and collection by coroners and medical examiners of gender identity and sexual orientation in cases of violent death.

**Status:** Chapter 177, Statutes of 2021

**AB-1144 (Robert Rivas) - Cottage food operations.**

Increases the verifiable gross annual sales of a Class A cottage food operation to no more than \$75,000 and a Class B cottage food operation to no more than \$150,000. Specifies that a Class A or Class B registration or permit in one county is sufficient for the cottage operation to operate throughout the state.

**Status:** Chapter 178, Statutes of 2021

**AB-1207 (Luz Rivas) - Pathways Through Pandemics Task Force.**

Would have established in the California Health and Human Services Agency, the Pathways Through Pandemics Task Force to study lessons learned from the COVID-19 pandemic and develop strategies to navigate future pandemics.

**Status:** Vetoed

**AB-1229 (Rodriguez) - Advisory task force: ambulance services.**

Would have required the Director of the Emergency Medical Services Authority to convene an advisory task force and to recommend a project plan for the task force that included an evaluation relating to ambulance patient offload delays due to the COVID-19 pandemic.

**Status:** Died in Assembly Appropriations

**AB-1251 (Muratsuchi) - Local public health orders.**

Would have required a public health order issued by the County of Los Angeles (LAC) local health officer due to the COVID-19 pandemic to be based on data for each respective service planning area (SPA) and not on data for the entire LAC. Would have required an order issued under this bill to include the data for each respective SPA upon which the order is based. Would have defined a SPA to mean the subdivided areas of LAC intended to facilitate and improve local service and health care planning, as defined. Would have made these provisions operative until the termination of the state of emergency proclaimed by the Governor on March 4, 2020, regarding the COVID-19 pandemic.

**Status:** Died in Assembly Health

### **AB-1341 (Cristina Garcia) - Dietary supplements for weight loss and over-the-counter diet pills.**

Would have prohibited a retail establishment from selling, transferring, or furnishing dietary supplements for weight loss or over-the-counter (OTC) diet pills to anyone under 18 years of age without a prescription. Would have required a retail establishment to request a valid identification from any person who attempts to purchase a dietary supplement for weight loss and OTC diet pill if that person reasonably appears to the retail establishment to be under 18 years of age. Would have required the Department of Public Health, in consultation with stakeholders, to determine which dietary supplements are subject to this bill, and to develop a notice for distribution to retail establishments to post that certain dietary supplements for weight loss or OTC diet pills may contribute to specified health problems. Would have made this bill operative on July 1, 2023 and would have established specific penalty for violations.

**Status:** Vetoed

### **AB-1344 (Arambula) - State Department of Public Health: needle and syringe exchange services.**

Exempts needle and syringe exchange services application submission, authorizations, and operations performed under the existing clean needle and syringe exchange program from review under the California Environmental Quality Act, as specified. States that the services performed by an entity authorized to provide hypodermic needle and syringe exchange services, and any foreseeable and reasonable consequence of providing these services, including discarded syringes or needles do not constitute a public nuisance, when done or maintained under the express authority of a statute, and shall not be considered a public nuisance, as specified. States that these provisions are intended to be declaratory of existing law and are severable.

**Status:** Chapter 480, Statutes of 2021

### **AB-1357 (Cervantes) - Perinatal services: maternal mental health.**

Would have required the Department of Public Health to develop and maintain on its internet website a referral network of community-based mental health providers and support services addressing postpartum depression, prenatal, delivery, and postpartum care, neonatal and infant care services, and support groups, to improve access to postpartum depression screening, referral, treatment, and support services, as specified.

**Status:** Vetoed

### **AB-1388 (Low) - COVID-19: death data.**

Would have required the California Department of Public Health (DPH) to report COVID-19 death data by ZIP Code on its COVID-19 dashboard, and would have



required DPH to create a uniform dashboard for county health departments to use for the purposes of reporting COVID-19 death data on their public internet websites.

**Status:** Died in Assembly Appropriations

**[AB-1494 \(Fong\) - Blood banks: collection.](#)**

Would have codified existing regulations which permit blood to be collected at a blood bank when the employee placed in charge, in the absence of a physician or surgeon, is a registered nurse (RN); and would have permitted the RN placed in charge to be physically present on the premises or be available via telehealth, as defined.

**Status:** Died in Assembly Appropriations

**[AB-1618 \(Aguilar-Curry\) - Alzheimer's disease.](#)**

Would have increased the membership of the Alzheimer's Disease and Related Disorders Advisory Committee within the California Health and Human Services Agency from 14 to 20. Would have required the Department of Public Health to establish the Office of Healthy Brain Initiative to plan and prepare for a historic increase in the population affected by Alzheimer's disease and other dementias.

**Status:** Died in Senate Appropriations

**[AB-1627 \(Ramos\) - Opioid overdose prevention.](#)**

Would have required the Department of Health Care Services (DHCS), upon appropriation by the Legislature and until January 1, 2027, to establish a pilot program to provide grants to the Counties of San Bernardino, Riverside, and Orange, for public awareness campaigns to spread awareness of existing DHCS naloxone distribution programs.

**Status:** Died in Senate Appropriations

**[AB-1632 \(Akilah Weber\) - Restroom access: medical conditions.](#)**

Requires a place of business open to the general public for the sale of goods that has a toilet facility for its employees to allow any individual who is lawfully on the premises of that place of business to use the employee toilet facility during normal business hours, if certain conditions are met.

**Status:** Chapter 893, Statutes of 2022

**[AB-1672 \(Boerner Horvath\) - Public swimming pools: lifeguards.](#)**

Permits a local public agency to use qualified lifeguard personnel to provide lifeguard services at a public swimming pool if there is a staffing shortage and both of the following are met: 1) the public agency is recognized by the United States Lifesaving Association, and, 2) the legislative body of the public agency makes a finding by resolution stating that the use of qualified lifeguard personnel is needed for a period no longer than 12 months, as specified.

**Status:** Chapter 273, Statutes of 2022

### **AB-1673 (Seyarto) - California Fentanyl Abuse Task Force.**

Would have created the Anti-Fentanyl Abuse Task Force to evaluate the nature and extent fentanyl abuse in California and to develop policy recommendations for addressing it.

**Status:** Died in Assembly Appropriations

### **AB-1690 (Luz Rivas) - Tobacco and cannabis products: single-use components.**

Would have prohibited the sale in this state of a single-use electronic cigarette, as defined. Would have authorized a city attorney, county counsel, or district attorney to assess a \$500 civil fine against a person determined to have violated those prohibitions.

**Status:** Died on the Assembly Floor

### **AB-1704 (Chen) - Leg-podiatric X-ray equipment: certification or permit exemption.**

Permits the Department of Public Health (DPH) to issue to a person a limited permit in podiatric radiography, authorizing radiography of only the foot, ankle, tibia and fibula if the following conditions are met:

- 1) The person has completed a course in radiation safety and radiologic technology approved by DPH, that is provided by a licensed doctor of podiatric medicine (DPM) who holds a current and valid radiography supervisor and operator permit, as specified; and,
- 2) The person has satisfied eligibility requirements, consistent with existing regulations. Requires the course specified in 1) above to include instruction in radiation protection and safety, principles of radiologic exposure, quality control, image processing, anatomy and physiology, digital radiography, positioning, and the performance of at least a minimum of 60 hours of education, which may be online. Requires the person to be exempt from obtaining a permit if the person is operating x-ray machines under supervision of a DPM, as specified. Specifies that the training may not exceed one year for any one student, and there shall not be, at any one time, more than one student per DPM.

**Status:** Chapter 580, Statutes of 2022

### **AB-1737 (Holden) - Children's camps: local registration and inspections.**

Would have required the Secretary of the California Health and Human Services Agency, in coordination with the Director of Social Services (DSS), to lead the development and implementation of a master plan for children's camp safety. Would have required the master plan to serve as a blueprint for state government, local government and the private sector to implement strategies and partnerships that promote health and safety in children's camps across California. Would have required the Secretary and Director to convene an agency workgroup to advise them in

developing and issuing the master plan; and would have required the Secretary and Director to work with specified state agencies for purposes of the masterplan. Would have required the workgroup to solicit input from stakeholders, as specified. Would have required the Secretary and Director to convene a children's camp safety stakeholder advisory committee to provide advice and input on the development of the masterplan. Would have required DSS to submit a report to the Governor and Legislature by January 1, 2024 identifying the recommendations of the workgroup and outlining the masterplan.

**Status:** Died on the Assembly Floor

#### **[AB-1743 \(Medina\) - Public health.](#)**

Would have authorized the State Public Health Officer, after a request by a board of supervisors of an affected county and after a public hearing, to waive regulations pertaining to the provision of hospital services in a hospital operated by a county or under contract to a county for a county with a population of 250,000 or less on January 1, 1980. Would have required the State Public Health Officer to make a finding that the waiver would not affect adversely the health and safety of persons in the county. This bill was amended into a different subject matter.

**Status:** Chapter 641, Statutes of 2022

#### **[AB-1797 \(Akilah Weber\) - Immunization registry.](#)**

Requires, instead of permits, a health care provider and specified entities to disclose certain information from a patient's medical record or the client's record, to local health departments operating countywide or regional immunization information and reminder systems and to the Department of Public Health. Includes a patient's or client's race and ethnicity in the existing list of information that must be disclosed by health care providers and other agencies as specified, from a patient's or client's medical record. Expands the purposes for the use of information collected by and reported to immunization information systems, to include, in the case of school, childcare facilities, family childcare homes and county human services agencies, in the event of a public health emergency, to perform immunization status assessment of pupils, adults, and clients to ensure health and safety. Specifies in the case of schools, this only applies if the school's governing board or body has adopted a policy mandating COVID-19 immunization for school attendance and the school limits the use of the data to verifying immunization status for this purpose. Sunsets these provisions on January 1, 2026. Recasts existing law effective January 1, 2026.

**Status:** Chapter 582, Statutes of 2022

#### **[AB-1882 \(Robert Rivas\) - Hospitals: seismic safety.](#)**

Requires owners of general acute care hospital buildings that are not compliant with the January 1, 2030 seismic safety requirement to remain operational following a major

earthquake, to submit annual status updates to various entities, including the county board of supervisors, any labor union that represents workers in a building that is not January 1, 2030 compliant, the local office of emergency services, and the medical health operational area coordinator; and, requires hospitals to post in any lobby or waiting area of a hospital building that is not compliant with the January 1, 2030 seismic requirement a notice that the hospital is not in compliance.

**Status:** Chapter 584, Statutes of 2022

#### **AB-1896 (Quirk) - Gamete banks.**

Would have required a licensed gamete bank to provide specified information to individuals obtaining donor gametes to conceive a child, including information on the risk of consanguineous relationships between half-siblings or closely related individuals that result in children; how genetic disease and disease risk factors from a sperm donor can be inherited by a donor-conceived child; how genetic disease and disease risk factors from a sperm donor can be inherited by a donor-conceived child; and, how large donor-sibling groups could occur as a result of a lack of tracking or limits on sperm donation use. Would have required the Department of Public Health to develop the information and guidance with stakeholders.

**Status:** Vetoed

#### **AB-1940 (Salas) - School-Based Health Center Support Program.**

Would have renamed the existing Public School Health Center Support Program, established within the Department of Public Health, as the School-Based Health Center Support Program (SBHCS Program); would have updated the functions of the SBHCS Program to include serving as a liaison between organizations on health equity, oral health and behavioral health; and would have revised existing grant programs for purposes of the SBHCS Program.

**Status:** Vetoed

#### **AB-2032 (Eduardo Garcia) - Ending Military and Veteran Suicide Task Force.**

Would have required the Department of Public Health to establish the End Military Suicide Task Force to systematically reduce, on an annual basis, military suicides and to provide a plan by June 1, 2025, for the elimination of all military suicides in the state by January 1, 2030.

**Status:** Vetoed

#### **AB-2076 (Luz Rivas) - Extreme Heat and Community Resilience Program: Extreme Heat Hospitalization and Death Reporting System.**

Would have required the Department of Public Health to establish and maintain the Extreme Heat and Health Reporting System to assist with local interventions and to

identify and protect heat-vulnerable populations. Would have established the Extreme Heat and Community Resilience Program within the Office of Planning and Research to coordinate state efforts and support local and regional efforts to prevent or mitigate the public health risks of extreme heat.

**Status:** Died in Senate Appropriations

#### **AB-2117 (Gipson) - Mobile stroke units.**

Defines mobile stroke unit (MSU) as a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local emergency medical services agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a MSU as set forth in federal law.

**Status:** Chapter 772, Statutes of 2022

#### **AB-2199 (Wicks) - Birthing Justice for California Families Pilot Project.**

Would have established the Birthing Justice for California Families Pilot Project, which requires the Department of Public Health (DPH) to implement a three-year program to provide grants to community-based doula groups, local public health departments, and other entities, to provide full-spectrum doula care to members of communities with high rates of adverse birth outcomes who are not eligible for Medi-Cal and in/8carcerated people. Would have established standards for payment rates for doula care, and would have required DPH to provide free training for certain doulas, as specified.

**Status:** Vetoed

#### **AB-2260 (Rodriguez) - Emergency response: trauma kits.**

Requires certain buildings constructed on or after January 1, 2023, with an occupancy of 200 or more to have at least six trauma kits on the premises of the building or facility. Exempts a person from liability for civil damages resulting from any acts or omissions in the rendering of emergency care, at the scene of an emergency. Exempts a property managing entity from civil damages resulting from the failure, improper operation, or malfunction of equipment or materials within a properly stocked trauma kit.

**Status:** Chapter 586, Statutes of 2022

#### **AB-2298 (Mayes) - Recreational water use: wave basins.**

Requires the Department of Public Health to adopt regulations for the safety and sanitation of wave basins, as defined. Excludes wave pools from the definition of wave basin.

**Status:** Chapter 461, Statutes of 2022

### **AB-2312 (Lee) - Nonprescription contraception: access.**

Would have prohibited a retail establishment from refusing to furnish nonprescription contraception to a person solely on the basis of age or other specified characteristics by requiring the customer to present identification.

**Status:** Died in Assembly Health

### **AB-2320 (Cristina Garcia) - Reproductive health care pilot program.**

Would have required, until January 1, 2028, the Department of Health Care Access and Information, to establish and administer a pilot program to direct funds to licensed primary care clinics that provide reproductive health care services in five counties that agree to participate. Would have required a participating primary care clinic to implement at least one of the following to improve health care delivery for marginalized patients:

- 1) Implement staff trainings on reproductive justice principles and trauma-informed care, with a focus on serving historically marginalized patients, including people of color, people who are lesbian, gay, bisexual, transgender, or queer, people who have low-English proficiency, and survivors of domestic and sexual violence;
- 2) Improve spoken language translation services for non-English speakers; or,
- 3) Build sustainable partnerships and inservice trainings with local centers, including domestic violence centers and homeless shelters, to strengthen wraparound care.

**Status:** Vetoed

### **AB-2326 (Reyes) - Lead poisoning prevention: laboratory reporting.**

Requires a laboratory that performs blood lead analysis on a specimen of human blood drawn in California to report additional information to the Department of Public Health (DPH) for each person tested. Changes the threshold of blood lead level (BLL) result that must be reported to DPH within three working days of the analysis from equal to or greater than 10 micrograms of lead per deciliter of blood to the most recent federal Centers for Disease Control and Prevention reference level for an elevated BLL.

Requires the timing of reporting to be based on rounding of results to the nearest whole number. Expands the entities with whom DPH may share laboratory information.

**Status:** Chapter 528, Statutes of 2022

### **AB-2360 (Arambula) - Emergency response advisory working group.**

Would have required the Office of Health Equity within the Department of Public Health, subject to an appropriation of funds by the Legislature in the annual Budget Act or other measure, in consultation with public health advocates and other subject matter experts, to convene an advisory working group, on or before March 31, 2023, to develop tools and protocols for the future allocation of funds to reduce racial disparities in recovery, response, and repair efforts following state and local emergencies.

**Status:** Died in Senate Appropriations



### **AB-2365 (Patterson) - Fentanyl program grants.**

Requires the California Health and Human Services Agency, to the extent funds are appropriated, to establish a grant program to reduce fentanyl overdoses and use throughout the state by providing six one-time grants, as specified; and sunsets this bill on January 1, 2027.

**Status:** Chapter 783, Statutes of 2022

### **AB-2420 (Arambula) - Perinatal health: extreme heat.**

Requires the Department of Public Health to review literature on the adverse effects of extreme heat on perinatal health and develop guidance for safe conditions and health considerations for pregnant individuals and infant children, and to provide guidance to the Legislature by submitting a report that includes legislative or policy recommendations on best practices for connecting perinatal patients with the appropriate health and well-being information relating to extreme heat.

**Status:** Chapter 265, Statutes of 2022

### **AB-2473 (Nazarian) - Substance use disorder: counselors.**

Requires the Department of Health Care Services (DHCS) to determine the required core competencies for registered and certified counselors working within an alcoholism or drug abuse recovery and treatment program. Requires DHCS to consult with affected stakeholders in developing the requirements.

**Status:** Chapter 594, Statutes of 2022

### **AB-2500 (Arambula) - Farm to Hospital Grant Pilot Program.**

Would have established the Farm to Hospital Grant Pilot Program (Program), upon appropriation and until January 1, 2031, administered by the Department of Food and Agriculture Office of Farm to Fork (Office), to award competitive grants to eligible applicants to provide hospital patients with meals prepared from California-sourced agricultural products and build direct relationships with California farmers and ranchers, as specified. Would have required the Office, in consultation with the Department of Public Health (DPH), to develop grant criteria to evaluate proposals from eligible applicants. Would have authorized grant recipients to use grant moneys only for specified purposes, and required them to report specified information to the Office and DPH. Would have required the Office, in consultation with DPH, on or before January 1, 2027, to submit to the Legislature a report on the Program.

**Status:** Died in Assembly Appropriations

### **AB-2504 (Kalra) - Living Organ Donor Reimbursement Act.**

Would have established the Living Organ Donor Reimbursement Program within the Department of Health Care Services to reduce financial barriers for living organ donors of specified organs by providing reimbursement of up to \$10,000 per organ donation for



qualified donation expenses. Would have sunset the provisions of this bill on January 1, 2027.

**Status:** Died in Assembly Health

**[AB-2521 \(Santiago\) - Transgender Wellness and Equity Fund.](#)**

Renames the Transgender Wellness and Equity Fund within the Office of Health Equity as the Transgender, Gender Nonconforming, or Intersex Fund, and defines the terms transgender, gender nonconforming, and intersex.

**Status:** Chapter 869, Statutes of 2022

**[AB-2522 \(Gray\) - Public Health Workforce Loan Repayment Program.](#)**

Would have required the Department of Health Care Access and Information to develop and administer the Public Health Workforce Loan Repayment Program to provide loan assistance payments to qualifying public health workforce staff.

**Status:** Died in Senate Appropriations

**[AB-2534 \(Bryan\) - Survivor Support and Harm Prevention Pilot Program Act.](#)**

Would have established the Survivor Support and Harm Prevention Pilot Program to be administered by the California Health and Human Services Agency to fund noncarceral, nonpunitive, prevention-oriented, and therapeutic programs that support survivors of crime and otherwise support individuals who have experienced violence or trauma of any nature.

**Status:** Died in Assembly Appropriations

**[AB-2549 \(Mia Bonta\) - Street harassment prevention.](#)**

Would have required the Department of Public Health (DPH) to conduct research and prepare a report on street harassment in the state; and, would have defined street harassment to mean words, gestures, or actions directed at a specific person in a public place, without the consent of that person, based on the person's actual or perceived race, ethnicity, religion, disability, age, sex, gender, gender identity, gender expression, or sexual orientation, that the person experiences as intimidating, alarming, terrorizing, or threatening to their safety. Would have required DPH, commencing January 1, 2023, to conduct a five-year, statewide, public campaign to raise awareness and understanding of street harassment as a public health problem in the state with the purpose of preventing its occurrence.

**Status:** Died in Assembly Appropriations

**[AB-2586 \(Cristina Garcia\) - Reproductive and sexual health inequities.](#)**

Establishes the California Reproductive Justice and Freedom Fund in the Department of Public Health (DPH), and requires DPH, upon appropriation, to award grants to eligible community-based organizations over a three-year period, with the goal of dismantling

historic and standing systemic reproductive and sexual health inequities through medically accurate, culturally congruent education and outreach.

**Status:** Chapter 564, Statutes of 2022

**[AB-2655 \(Blanca Rubio\) - Multicultural health.](#)**

Would have required the Department of Public Health to grant the California Tribal Epidemiology Center (CTEC) access to the California Reportable Disease Information Exchange system no later than January 1, 2023; would have prohibited CTEC from disclosing any information it receives to any person or entity, except in response to a court order, search warrant, or subpoena, or as otherwise required or permitted by the federal medical privacy regulations; and would have prohibited a hospital, contractor, or subcontractor from re-identifying or attempting to re-identify any information received under this bill. Would have prohibited disclosure if the director of the DPH has determined that the disclosure would create an unreasonable risk to patient privacy. Would have required the director to provide a written explanation of the determination to the requester within 60 days.

**Status:** Died on the Assembly Floor

**[AB-2673 \(Irwin\) - Hospice licensure: moratorium on new licenses.](#)**

Extends the existing moratorium on the Department of Public Health to issue new licenses to provide hospice services from 365 days from the date that the California State Auditor (Auditor) publishes a report, or on January 1, 2027, when the moratorium provisions are repealed (whichever is earlier), to instead end on January 1, 2027, or two years from the date the Auditor publishes a report on hospice licensure, whichever is earlier. Enacts numerous recommendations from the Auditor's report on hospice licensure.

**Status:** Chapter 797, Statutes of 2022

**[AB-2771 \(Friedman\) - Cosmetic products: safety.](#)**

Prohibits a person or entity from manufacturing, selling, delivering, holding, or offering for sale in commerce any cosmetic product that contains perfluoroalkyl and polyfluoroalkyl substances.

**Status:** Chapter 804, Statutes of 2022

**[AB-2833 \(Irwin\) - COVID-19 testing capacity.](#)**

Would have required the Department of Public Health (DPH) to make plans to ensure that the laboratory infrastructure in the state is sufficient and prepared to scale up COVID-19 testing capacity, within a period of two calendar weeks, to 500,000 tests per day, and that the test results of at least 90% of COVID-19 tests are returned to the individual within 24 hours of collecting the testing samples.

**Status:** Died in Senate Health

### **HR-33 (Gipson) - Public Health.**

Would have commended President Joe Biden and Vice President Kamala Harris for their strong leadership to Build Back Better and strengthen the nation for all of its residents, including persons living with HIV and communities heavily impacted by HIV.

**Status:** Died in Assembly Health

### **SB-57 (Wiener) - Controlled substances: overdose prevention program.**

Would have permitted the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland to approve entities to establish and operate overdose prevention programs (OPPs) until January 1, 2028. Would have required OPPs to provide a hygienic space supervised by trained staff, as specified, and provide sterile consumption supplies where people can consume controlled substances.

**Status:** Vetoed

### **SB-80 (McGuire) - Commercial fishing: inspection: crab traps.**

Requires the Department of Public Health to issue an order authorizing the evisceration of Dungeness crab or rock crab if the domoic acid of the Dungeness crab or rock crab exceeds the allowable levels of viscera in a specific area, if certain criteria are met. Makes other changes relating to commercial fishing. Adds an urgency clause to ensure that the provisions of this bill go into effect immediately upon enactment.

**Status:** Chapter 757, Statutes of 2021

### **SB-247 (Eggman) - Rare Disease Advisory Council.**

Would have established, within the California Health and Human Services Agency, the Rare Disease Advisory Council to among various purposes, coordinate statewide efforts on rare diseases and serve as advisory body on rare diseases.

**Status:** Vetoed

### **SB-306 (Pan) - Sexually transmitted disease: testing.**

Permits a pharmacist to dispense a drug to treat a sexually transmitted disease (STD) without the name of an individual for whom a drug is intended if the prescription includes the words "expedited partner therapy" or the letters "(EPT)." Requires every health care service plan (health plan) contract or health insurance policy issued, amended, renewed or delivered on or after January 1, 2022 to provide coverage for home test kits for STDs, including any laboratory costs of processing the kit, that are deemed medically necessary or appropriate and ordered directly by a clinician or furnished through a standing order for patient use based on clinical guidelines and individual health needs. Permits a human immunodeficiency virus (HIV) counselor that meets certain requirements to perform an STD test. Clarifies that the practice of a physician and surgeon prescribing, dispensing, furnishing, or providing prescription antibiotic drugs to a patient's sexual partner/s without examination of the partner/s is

referred to as EPT. Requires a prescription to include the words EPT if a health care provider is unable to obtain the name of a patient's sexual partner for a drug prescribed for an STD. Prohibits a health care provider from being held liable in medical malpractice action or professional disciplinary action if the use of EPT is in compliance with this bill, except in cases of misconduct, gross negligence, or wanton or reckless activity. Expands the scope of comprehensive clinical family planning services under Medi-Cal to include home STD test kits but makes reimbursement contingent upon the addition of codes specific to home STD test kits, and implements Medi-Cal coverage of EPT only to the extent that the Department of Health Care Services obtains any necessary federal approvals and federal financial participation is available and not jeopardized. Defines home test kit to mean a product used for a test recommended by the U.S. Centers for Disease Control and Prevention guidelines and/or United States Preventive Services Taskforce that has been Clinical Laboratory Improvement Amendments-waived, Food and Drug Administration-waived, -cleared, - approved, or developed by a laboratory in accordance with established regulations and quality standards, to allow individuals to self-collect specimens or test, or both collect specimens and test, for STDs, including HIV, remotely at a location outside of a clinical setting.

**Status:** Chapter 486, Statutes of 2021

### **[SB-310 \(Rubio\) - Unused medications: cancer medication recycling.](#)**

Establishes, until January 1, 2027, a registration program for the collection and distribution of specified unused cancer medications under the Cancer Medication Recycling Act.

**Status:** Chapter 541, Statutes of 2021

### **[SB-336 \(Ochoa Bogh\) - Public health: COVID-19.](#)**

Requires the Department of Public Health (DPH), when it issues a statewide order or mandatory guidance or a local health officer when it issues a jurisdiction wide local order related to preventing the spread of COVID-19 or protecting public health against a threat of COVID-19, to: 1) publish on its internet website, the order or mandatory guidance and the date that the order or mandatory guidance takes effect; and, 2) create an opportunity for local communities, businesses, nonprofit organizations, individuals and others to sign up for an email distribution list. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

**Status:** Chapter 487, Statutes of 2021

### **[SB-371 \(Caballero\) - Health information technology.](#)**

Would have established the California Health Information Technology (HIT) Advisory Committee and the position of Deputy Secretary for HIT within the California Health and Human Services Agency to provide information and advice to the Secretary on HIT and

create an annual report; 2) would have required a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network to facilitate bidirectional exchange of patient data across networks; 3) would have required a health care provider, health system, health plan, or health insurer that engages in health information exchange to do so in accordance with specified standards; and, 4) would have required the Department of Health Care Services to apply for funding made available through the Coronavirus Aid, Relief and Economic Security Act of 2020, American Rescue Plan Act of 2021 or the Medicaid Information Technology Architecture program for specified purposes.

**Status:** Died in Assembly Health

**[SB-395 \(Caballero\) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program.](#)**

Enacts the Healthy Outcomes and Prevention Education Act, which imposes the California Electronic Cigarette Excise Tax on the sale of electronic cigarettes. Creates the Health Careers Opportunity Grant Program in the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) for the purpose of improving access by underrepresented students from disadvantaged backgrounds to health profession programs offered by the state's public postsecondary education institutions.

**Status:** Chapter 489, Statutes of 2021

**[SB-434 \(Bates\) - Substance abuse and mental health services: advertising and marketing.](#)**

Prohibits entities, licensed or certified by the state to provide substance use or mental health disorder services, from making false statements or providing false information in advertising or marketing, as specified.

**Status:** Chapter 447, Statutes of 2021

**[SB-519 \(Wiener\) - Controlled substances: decriminalization of certain hallucinogenic substances.](#)**

Would have made it lawful for a person 21 years of age or older to possess, obtain, and ingest specified controlled substances classified as hallucinogens. Would have made it lawful for the facilitated or supportive use of specified controlled substances classified as hallucinogens. Would have made it unlawful for persons under the age of 21 to do specified acts related to those hallucinogens. Would have required the California Department of Public Health to convene a working group to study specified hallucinogens and make recommendations to the Legislature regarding the statewide regulation of those hallucinogens and other controlled substances.

**Status:** Died on the Assembly Floor

### **SB-637 (Newman) - Health facility reporting: staffing.**

Would have required hospitals to report weekly during a statewide health-related state of emergency, and monthly at all other times, information, including but not limited to, staffing, staffing shortages, bed counts, and patient census, and layoffs and furloughs, to the Department of Public Health (DPH) on a form and schedule determined by DPH. Would have required DPH to publicly post the information. Would have required hospitals to report weekly during a statewide health-related state of emergency, and monthly at all other times (no emergency declaration), until January 1, 2025, or the end of the declared COVID-19 emergency, whichever comes first, specified information regarding COVID-19-positive staff. Would have required a licensed health facility to post any approval granted by DPH for program flexibility immediately adjacent to the health facility's license, and on the facility's internet website.

**Status:** Died in Senate Governmental Organization

### **SB-682 (Rubio) - Childhood chronic health conditions: racial disparities.**

Would have established the End Racial Inequities in Children's Health in California Initiative and would have required the California Health and Human Services Agency to convene an advisory workgroup to develop and implement a plan to reduce racial disparities in childhood chronic diseases by at least 50% by December 31, 2030.

**Status:** Vetoed

### **SB-687 (Hueso) - Emergency response: trauma kits.**

Would have enacted the Tactical Response to Traumatic Injuries Act, which requires certain buildings constructed on or after January 1, 2022, with an occupancy of 200 or more to have at least six trauma kits on the premises of the building or facility. Would have exempted a person from liability for civil damages resulting from any acts or omissions in the rendering of emergency care if certain requirements are met.

**Status:** Died in Assembly Appropriations

### **SB-744 (Glazer) - Communicable diseases: respiratory disease information.**

Would have required an electronic tool for reporting cases of communicable respiratory disease to the California Department of Public Health to include the type of housing where the patient resides, the number of people in the household where the patient resides, the occupation and workplace of the of the patient and a relevant travel history based in the disease course; would have required a healthcare provider to also report to the local health officer the same information; and, would have required DPH to create a program to provide expedited release of communicable respiratory disease data, during a declared public health emergency, to bona fide research institution, as specified.

**Status:** Died in Assembly Appropriations



### **SB-771 (Becker) - Prenatal screening program.**

Would have prohibited the Department of Public Health, by way of a rule, regulation, contract, or any other manner, from prohibiting a laboratory that has both a current Clinical Laboratory Improvement Amendments certificate of accreditation and a current state clinical or public health laboratory license from offering noninvasive prenatal tests, or otherwise limit the number of tests that the laboratory may provide, including, but not limited to, testing for autosomal trisomies (trisomies 21, 18, and 13) and fetal sex, to a pregnant person who has an order from a prenatal care provider and either: 1) opted out of the California Prenatal Screening Program; or, 2) chosen to have tests in addition to the genetic tests offered as part of the California Prenatal Screening Program.

Defines a prenatal care provider as someone who provides prenatal medical care within their scope of practice, as specified.

**Status:** Died in Assembly Appropriations

### **SB-855 (Newman) - Childhood Drowning Data Collection Pilot Program.**

Establishes the Childhood Drowning Data Collection Pilot Program (CDDCP) within the Department of Public Health (DPH) and requires DPH, upon completion of the CDDCP to develop a Water Safety Action Plan for Children.

**Status:** Chapter 817, Statutes of 2022

### **SB-883 (Roth) - Umbilical Cord Blood Collection Program.**

Extends the sunset provisions for the Umbilical Cord Blood Collection Program until 2027.

**Status:** Chapter 604, Statutes of 2022

### **SB-972 (Gonzalez) - California Retail Food Code.**

Establishes a regulatory framework for compact mobile food operations (CMFOs). Defines CMFOs as a mobile food facility that operates from an individual or from a pushcart, stand, display, pedal-driven cart, wagon, showcase, rack, or other nonmotorized conveyance. Authorizes a local enforcement agency to inspect a CMFO during its hours of operation and other reasonable times on the basis of consumer complaint or just cause.

**Status:** Chapter 489, Statutes of 2022

### **SB-1003 (Eggman) - Trauma-Informed Care Training Certification Program.**

Would have established the Trauma-Informed Care Training Certification Program within the Department of Public Health to certify trauma-informed care training programs for entities that offer services to victims of crime.

**Status:** Died in Assembly Appropriations



### **SB-1029 (Hurtado) - One Health Program: zoonotic diseases.**

Requires the Department of Public Health, the Department of Food and Agriculture, and the Department of Fish and Wildlife to jointly establish and administer the One Health Program to develop a framework for interagency coordination in responding to zoonotic diseases and reduce hazards to human and nonhuman animal health.

**Status:** Chapter 990, Statutes of 2022

### **SB-1231 (Caballero) - California Standard Diagnostic for Valley Fever.**

Would have required the Department of Public Health to create a California Standard Diagnostic for Valley Fever (standard diagnostic) and to conduct an awareness campaign on the standard diagnostic.

**Status:** Died in Assembly Appropriations

### **SB-1296 (Pan) - Viral surveillance program.**

Would have required the Department of Public Health (DPH), no later than January 1, 2024, to complete an evaluation of the effectiveness of the state's viral surveillance capacity. Would have required DPH, no later than January 1, 2025, to establish the Viral Surveillance Hub responsible for timely communication with any laboratory that conducts viral surveillance that identifies a potential novel virus or variant.

**Status:** Vetoed

### **SB-1346 (Becker) - Surplus medication collection and distribution.**

Expands the definition of a donor organization who may donate unused medication under the existing surplus medication collection and distribution program (program). Deletes certain requirements under the program and creates a pilot project in the Counties of Santa Clara and San Mateo and the City and County of San Francisco.

**Status:** Chapter 886, Statutes of 2022

### **SB-1475 (Glazer) - Blood banks: collection.**

Permits, until January 1, 2028, blood to be collected at a blood bank when a physician and surgeon is not physically present on the premises if both of the following conditions are met: 1) The medical doctor and their medical advisory committee, if one exists, approves of blood collection without a physician or surgeon present on the premises; and, 2) the employee placed in charge, in the absence of a physician or surgeon, is a registered nurse (RN). Permits the RN placed in charge to be physically present on the premises or may be available via telehealth, as defined, so long as the method of telehealth used is synchronous. Requires a blood bank to annually report any adverse donor events requiring emergency medical intervention that occur, including the date, location, adverse event type, onsite response, and whether a RN was physically present on the premises, to the Department of Public Health.

**Status:** Chapter 726, Statutes of 2022

### **SB-1479 (Pan) - COVID-19 testing in schools: COVID-19 testing plans.**

Requires the Department of Public Health (DPH) to coordinate COVID-19 testing programs in local educational agencies (LEAs) funded by federal resources or organized under the California COVID-19 Testing Task Force to the extent required by testing plans, as specified. Permits DPH to provide supportive services related to the LEA testing plans. Encourages DPH to expand its contagious, infectious, or communicable disease testing guidance and other public health mitigation efforts to include prekindergarten and childcare centers as needed according to the framework. Requires each LEA, after consultation with its local health department, as specified, to create a COVID-19 testing plan or adopt the framework that is consistent with guidance from DPH. Requires each LEA to public the testing plan on its internet website. Specifies that testing plan is not required to include the provision of onsite testing or programs. Specifies that this bill does not require DPH to review or approve testing plans that are consistent with the framework before the testing plan is published or implemented. Makes implementation of this bill contingent upon appropriation, as specified. Sunsets the provisions of this bill on January 1, 2026.

**Status:** Chapter 850, Statutes of 2022

### **SB-1500 (Committee on Health) - Public health: federal regulation.**

Aligns state law governing biologic drugs with state law governing all other drugs by exempting biologic drugs from state licensing requirements when the biologic drug is part of a new investigational drug trial. Makes other non-controversial changes to existing law regarding investigational/scientific use of whole blood, and extending the sunset date on an exemption for home medical device retail facility inspections.

**Status:** Chapter 955, Statutes of 2022

### **SCR-11 (Rubio) - Cancer Patients' Bill of Rights.**

Proclaims specified principles as the Cancer Patients' Bill of Rights, including that cancer patients have a right to transparent and timely processes, a right to fully understand their diagnoses and be informed about treatment options, and a right to medical treatments for pain management and other services that support their overall health.

**Status:** Chapter 120, Statutes of 2021

## Public Insurance / Medi-Cal / MCMC

### [AB-4 \(Arambula\) - Medi-Cal: eligibility.](#)

Would have extended eligibility for full-scope Medi-Cal benefits to undocumented adults age 26 to 49 who are otherwise eligible for those benefits but for their immigration status. AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, extended full-scope coverage to undocumented adults age 50 and above who are otherwise eligible for those benefits but for their immigration status, and SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022, extended full-scope coverage to undocumented adults age 26 to 49 who are otherwise eligible for those benefits but for their immigration status.

**Status:** Died in Senate Appropriations

### [AB-32 \(Aguiar-Curry\) - Telehealth.](#)

Permits a health care provider, a federally qualified health center (FQHC) or a rural health clinic (RHC) to establish a new patient relationship using an audio-only synchronous interaction (for example, a telephone call) when the visit is related to sensitive services (defined by reference to a definition in existing law to include health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence), and when established in accordance with Department of Health Care Services (DHCS)-specific requirements and consistent with federal state law, regulations and guidance. Permits a health care provider, an FQHC or RHC to also establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality, or attests they do not have access to video, and when established in accordance with DHCS specific requirements and consistent with federal and state laws, regulations and guidance. Implements these changes only to the extent that any necessary federal approvals are obtained, federal financial participation is available and not otherwise jeopardized. Authorizes DHCS, in making exceptions to the requirement that health care providers offer both audio and video, to take into consideration the availability of broadband access based on speed standards set by the Federal Communications Commission, pursuant to a specified provision of the federal Telecommunications Act of 1996 or other applicable federal law or regulation.

**Status:** Chapter 515, Statutes of 2022

### [AB-112 \(Holden\) - Medi-Cal eligibility.](#)

Would have extended the duration during which Medi-Cal benefits are suspended when an individual is an inmate of a public institution to three years or until the individual is no longer an inmate, whichever occurs sooner, instead of the shorter time-limited suspension of one year or until the individual is no longer an inmate. Similar provisions

were included in SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022, which extended the duration of the suspension of Medi-Cal benefits until the date the individual is no longer an inmate of a public institution, if the individual is otherwise eligible.

**Status:** Died in Assembly Appropriations

### **AB-114 (Maienschein) - Medi-Cal benefits: rapid Whole Genome Sequencing.**

Would have required rapid Whole Genome Sequencing, including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing, to be a Medi-Cal covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of the 2021, a health budget trailer bill.

**Status:** Died in Senate Appropriations

### **AB-265 (Petrie-Norris) - Medi-Cal: reimbursement rates.**

Would have repealed one of four the caps on Medi-Cal laboratory or laboratory services reimbursement, which prohibits reimbursement from exceeding 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services under a Medi-Cal payment methodology that reimburses the “lowest of” of one of four methodologies. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of the 2021, a health budget trailer bill.

**Status:** Died in Assembly Appropriations

### **AB-278 (Flora) - Medi-Cal: podiatric services.**

Would have extended to doctors of podiatric medicine (DPM) the following Medi-Cal provider enrollment provisions that currently apply to physicians: 1) the change of location option in lieu of submitting a complete application to individual DPM who are enrolled and in good standing in Medi-Cal and who are changing locations within the same county; 2) the requirement that the Department of Health Care Services provide 15-day written notice or receipt of a provider enrollment application or a change of location form to DPM; 3) the preferred provider status (which grants preferred provisional provider status for a period of no longer than 18 months) to DPM who meet the same criteria as physicians; 4) the short form application option to DPM who meet the same criteria as physicians; and, 5) the 90-day application processing timeframe and notice to DPM, instead of the 180 day processing timeframe applicable now.

**Status:** Died in Assembly Appropriations

### **AB-368 (Bonta) - Food prescriptions.**

Would have required the Department of Health Care Services, to the extent funds are made available in the annual Budget Act, to establish a pilot program for a two-year

period in Alameda County and two counties with a population greater than 700,000 individuals to provide food prescriptions to eligible medically vulnerable Medi-Cal beneficiaries with one or more of seven chronic health conditions. Would have sunset on January 1, 2027.

**Status:** Died in Assembly Appropriations

**[AB-369 \(Kamlager\) - Medi-Cal services: persons experiencing homelessness.](#)**

Would have required the Department of Health Care Services (DHCS) to implement a Medi-Cal presumptive eligibility enrollment process for persons experiencing homelessness (PEH). Would have required the single streamlined paper and electronic application for Medi-Cal and Covered California to include information collection for the applicant to indicate if they are experiencing homelessness at the time of application. Would have required Medi-Cal fee-for-service and a Medi-Cal managed care (MCMC) plan to reimburse an enrolled Medi-Cal provider for providing covered services that are otherwise reimbursable to the Medi-Cal provider, but that are provided off the premises of the Medi-Cal provider's office, to a Medi-Cal beneficiary who is a PEH. Would have required DHCS to authorize an enrolled Medi-Cal provider to issue a temporary, provider-issued Medi-Cal benefits identification card to a PEH who is a Medi-Cal beneficiary. Would have required DHCS, if Medi-Cal services covered by a MCMC plan are not provided within the first 60 calendar days of enrollment to a Medi-Cal beneficiary who has indicated that they are a PEH at the time of application, to deduct the capitation payments made by DHCS to the plan from subsequent payments due to the plan for the time period from when the PEH was initially enrolled into a MCMC plan until the first receipt of plan-covered services.

**Status:** Vetoed

**[AB-382 \(Kamlager\) - Whole Child Model program.](#)**

Extends the sunset date of the statewide California Children's Services (CCS) Whole Child Model (WCM) program stakeholder advisory group by an additional two years, from December 31, 2021 to December 31, 2023, and removes "labor organizations" from the CCS WCM stakeholder advisory group, and instead replaces the phrase "labor organizations" with "recognized exclusive representatives of CCS county providers on the WCM advisory group.

**Status:** Chapter 51, Statutes of 2021

**[AB-470 \(Carrillo\) - Medi-Cal: eligibility.](#)**

Would have repealed the Medi-Cal "asset test" by prohibiting resources including property or other assets from being used to determine eligibility under the Medi-Cal program, to the extent permitted by federal law. Would have made multiple conforming changes to implement the repeal of the asset test to existing state law resource

provisions regarding what is and what is not considered an asset and how assets are counted and valued. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of the 2021, a health budget trailer bill, which increased the asset limit from \$2,000 for an individual to \$165,000 for an individual, plus an additional \$65,000 for each other household member (which took effect July 1, 2022), and which repeals the asset limit when the director of the Department of Health Care Services determines that systems have been programmed, and they communicate that determination in writing to the Department of Finance, and no sooner than January 1, 2024.

**Status:** Died in Senate Appropriations

**[AB-498 \(Quirk-Silva\) - Medi-Cal: county organized health system: Orange County Health Authority.](#)**

Makes permanent by repealing the January 1, 2023 sunset date of existing law requirements for the CalOptima governing body (CalOptima is the county organized health system plan serving Medi-Cal beneficiaries in Orange County), including the requirement for nine voting members and one nonvoting member, the membership categories of the CalOptima governing board, the duties of board members, and their terms. Imposes additional requirements on the Orange County Board of Supervisors related to stakeholder consultation and a one year "cooling off" period for subsequent service as a non-board of supervisor member of the CalOptima governing board, and for specified governing board members conduct after the end of their CalOptima governing board service. Imposes additional requirements for CalOptima governing board members generally, including provisions related to the duties of board members and conflict of interest provisions.

**Status:** Chapter 430, Statutes of 2022

**[AB-521 \(Mathis\) - Medi-Cal: unrecovered payments: interest rate.](#)**

Would have permitted the Director of the Department of Health Care Services (DHCS) to waive any or all interest and penalties assessed resulting from an audit or examination for overpayments for up to 12 months in specified circumstances, such as when the DHCS Director determines that the provider has demonstrated that imposing interest or penalties on the overpayment has a high likelihood of creating a financial hardship for the provider, there is a significant danger of reducing the provision of needed health care services, or if the overpayment is due to a change in rate for a particular service, consistent with program rules and the approved Medi-Cal State Plan, that is not the fault of the provider.

**Status:** Died in Assembly Appropriations



### **AB-523 (Nazarian) - Program of All-Inclusive Care for the Elderly.**

Would have required the Department of Health Care Services (DHCS) to make permanent the changes in the Program of All-Inclusive Care for the Elderly (PACE) program that DHCS instituted, on or before January 1, 2021, in response to the public health emergency caused by the 2019 novel coronavirus by means of all-facility letters, or other similar instructions, which were taken without regulatory action, in the following areas: telehealth, PACE enrollment agreements, Adult Day Health Care services provided in the home, involuntary disenrollments for a beneficiary being of the service area, facility beds, marketing, and discharge planning.

**Status:** Vetoed

### **AB-540 (Petrie-Norris) - Program of All-Inclusive Care for the Elderly.**

Would have required a Program of All-Inclusive Care for the Elderly (PACE) plan to be presented as an enrollment option in the same manner as other Medi-Cal managed care (MCMC) plan options, included in all enrollment materials, enrollment assistance programs, and outreach programs, and made available to beneficiaries whenever enrollment choices and options are presented to Medi-Cal beneficiaries. Would have prohibited persons meeting the age qualifications for PACE and who choose PACE from being assigned to a MCMC plan for the lesser of 60 days or until they are assessed for eligibility for PACE and determined not to be eligible for a PACE plan.

**Status:** Died in Senate Appropriations

### **AB-563 (Berman) - School-based health programs.**

Would have required the California Department of Education to establish an Office of School-Based Health (Office) and specified its duties, which would have included assisting local educational agencies (LEA) with information on and participation in Medi-Cal school-based health programs. Would have increased the annual amount of federal Medicaid funds available for transfer under the LEA billing option program from \$1.5 million to \$2 million, to be used for the support of the Office.

**Status:** Died in Senate Education

### **AB-586 (O'Donnell) - Pupil health: health and mental health services: School Health Demonstration Project.**

Would have established the School Health Demonstration Project, a pilot project to expand comprehensive health and mental health services to public school pupils by providing local educational agencies (LEAs) with training and technical assistance on the requirements for health care provider participation in the Medi-Cal program through the Medi-Cal provider enrollment process to enable LEAs to participate in, contract with, and conduct billing and claiming in the Medi-Cal program by requiring the California Department of Education to select up to three technical assistance teams. Would have required an evaluation, and makes the project contingent upon an appropriation. Similar



provisions were included in an education trailer bill, AB 167 (Committee on Budget), Chapter 252, Statutes of 2021).

**Status:** Died in Senate Education

**AB-671 (Wood) - Medi-Cal: pharmacy benefits.**

Would have required the Department of Health Care Services (DHCS) to provide a disease management payment or similar payment to a pharmacy for specified costs and activities that are associated with dispensing specialty drugs in an amount necessary to ensure beneficiary access, as determined by DHCS based on the results of a DHCS-contracted survey completed during the 2020 calendar year. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died on the Assembly Floor

**AB-808 (Stone) - Children's Crisis Continuum Pilot Program.**

Would have required the Department of Social Services, in collaboration with the Department of Health Care Services, to establish a five-year Children's Crisis Continuum Pilot Program for the purpose of developing treatment options that are needed to support California's commitment to eliminate the placement of foster youth with complex needs in out-of-state facilities. Would have required a participating entity to develop and implement a highly integrated continuum of care for foster youth with high acuity mental health needs, with specified services. Similar provisions were included in AB 153, (Committee on Budget), Chapter 86, Statutes of 2021, a human services trailer bill.

**Status:** Died in Senate Health

**AB-822 (Rodriguez) - Medi-Cal: psychiatric emergency medical conditions.**

Would have required observation services for a psychiatric emergency medical condition to be covered under the Medi-Cal program, and to include, but not be limited to, facility services for observation services provided within the emergency department (ED), or an onsite or offsite observation unit, of a general acute care hospital (GACH) to a Medi-Cal beneficiary with a confirmed or suspected psychiatric emergency medical condition. Would have established requirements for Medi-Cal managed care (MCMC) plans and County Mental Health Plans (MHPs) to notify the other plan within 24 hours of either plan being notified by a GACH of a Medi-Cal beneficiary with a confirmed or suspected psychiatric emergency medical condition in its ED or observation unit. Would have required the MHP to be responsible for observation services for a psychiatric emergency medical condition, and would have required the MCMC plan to be responsible for observation services for a suspected psychiatric emergency medical condition that is subsequently determined not to be a psychiatric emergency medical condition. Would have required disputes between a MHP and a MCMC plan regarding

the responsibility to pay for the charges for observation services to be resolved pursuant to the processes in existing specialty mental health services regulations.

**Status:** Died in Assembly Appropriations

**AB-848 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs.**

Would have increased the personal needs allowance (PNA) amount from \$35 to \$80 per month for Medi-Cal-eligible individuals who live in a medical institution, nursing facility, or receive services from a Program of All-Inclusive Care for the Elderly organization. Would have required the Department of Health Care Services (DHCS) to annually increase the PNA based on the percentage increase in the California Consumer Price Index. Similar language was included in AB 2077 (Calderon), which would have increased the PNA to \$80 per month but without the requirement that DHCS annually increase the PNA.

**Status:** Died in Assembly Appropriations

**AB-875 (Wood) - Medi-Cal: demonstration project.**

Would have required the Department of Health Care Services (DHCS) to establish and implement a program or programs under which a District and Municipal Public Hospital may earn performance-based quality incentive payments from the Medi-Cal managed care plan that the hospital contracts with. Would have required DHCS, to the extent federal financial participation is available, to continue to implement the Global Payment Program (GPP) during the term of the next federal waiver known as the California Advancing and Innovating Medi-Cal (CalAIM) term. Would have required each county board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist county jail inmates and juvenile inmates in county juvenile facilities with submitting an application for, or otherwise facilitating their enrollment in Medi-Cal and Covered California. Would have required DHCS, not later than July 1, 2022, in consultation with specified entities, to issue guidance to restart county Medi-Cal performance reporting and monitoring processes consistent with existing law performance requirements for counties for handling Medi-Cal applications. Would have required DHCS, during the CalAIM term, to convene a workgroup consisting of counties and other applicable stakeholders to develop and implement one or more initiatives designed to improve the collection and use of beneficiary demographic and contact information in administering the Medi-Cal program and other applicable public assistance programs. Similar provisions implementing CalAIM were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died in Assembly Appropriations

### **AB-882 (Gray) - Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program.**

Would have required the Department of Health Care Services to exclusively provide loan assistance payments under the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program (Loan Repayment Program) to individuals who maintain a patient caseload composed of a minimum of 30% Medi-Cal beneficiaries and who meet one or more of specified requirements at the time they enter into an Awardee Agreement. Would have repealed the January 1, 2026 sunset date of the existing Loan Repayment Program.

**Status:** Died in Assembly Appropriations

### **AB-942 (Wood) - Specialty mental health services and substance use disorder treatment.**

Would have made multiple changes to implement the Department of Health Care Services' California Advancing and Innovating Medi-Cal (CalAIM) proposal related to the Medi-Cal behavioral health delivery system for the treatment of individuals with a serious mental health condition or substance use disorder. Would have continued several Medi-Cal hospital funded payment provisions from the state's federal 2015 Medicaid waiver as part of the new proposed CalAIM waiver, and would have expanded one of those provisions to district hospitals. Would have required counties to assist county jail inmates and juvenile inmates in county juvenile facilities with submitting an application for enrollment in Medi-Cal and Covered California. Similar provisions implementing CalAIM were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died on the Assembly Floor

### **AB-1046 (Blanca Rubio) - Nurse-Family Partnership program.**

Would have required the California Health and Human Services Agency to consult with stakeholders from diverse geographical regions of the state to identify mechanisms to improve the state and counties' ability to effectively draw down Medi-Cal funding for evidence-based maternal-infant and early childhood home visiting encounters.

**Status:** Died in Senate Rules

### **AB-1050 (Gray) - Medi-Cal: application for enrollment: prescription drugs.**

Would have prohibited the Department of Health Care Services (DHCS) director from taking any action that materially increases the administrative burden or cost of dispensing 340B drugs by federally qualified health centers and rural health clinics, including, but not limited to, changes that adversely impact the use of contract pharmacy arrangements. Would have required the DHCS director, before taking an action that materially impacts the 340B drug program, to prepare a detailed report describing the proposed action, including a determination that the action does not

violate this provision. Would have required the application for enrollment for Medi-Cal to include a statement that permits DHCS, the county welfare department, and a Medi-Cal managed care organization or health care provider to which the person is assigned to communicate with the applicant regarding appointment reminders or outreach efforts through Free to End User text messaging, unless the person opts out.

**Status:** Died in Assembly Appropriations

### **AB-1051 (Bennett) - Medi-Cal: specialty mental health services: foster youth.**

Requires a foster child or probation-supervised youths county of original jurisdiction to retain responsibility to arrange and provide specialty mental health services (SMHS) if placed out of

the county of original jurisdiction in a community treatment facility, group home, or short-term residential therapeutic program unless specified circumstances exist; enumerates contracting options and notification requirements for County Mental Health Plans and SMHS providers; and requires the Department of Health Care Services and the California Department of Social Services to collect and make available certain data related to the receipt of SMHS of foster children who are placed outside of their county of original jurisdiction.

**Status:** Chapter 402, Statutes of 2022

### **AB-1104 (Grayson) - Air ambulance services.**

Extends the July 1, 2021 sunset date of the Emergency Medical Air Transportation Act and its \$4 penalty assessment collected from every conviction for a violation of the Vehicle Code or local ordinance adopted pursuant to the Vehicle Code, other than a parking offense, to be used for purposes of the Emergency Medical Air Transportation and Children's Coverage Fund, by an additional 18 months to December 31, 2022.

Makes legislative findings and declarations regarding the use of penalty assessments to fund state programs. Requires the Department of Health Care Services (DHCS), effective January 1, 2023 and subject to legislative appropriation, to design and implement a supplemental payment program for emergency medical air transportation services to increase the Medi-Cal reimbursement in an amount not to exceed normal and customary charges charged by qualified emergency medical air transportation providers. Permits DHCS to implement this payment program through the use of non-regulatory guidance, requires DHCS to seek any federal approvals, and implements the supplemental payment program only if federal financial participation is available and makes the program inoperative under specified conditions.

**Status:** Chapter 476, Statutes of 2021

### **AB-1132 (Wood) - Medi-Cal.**

Would have made multiple changes to implement the Department of Health Care Services' California Advancing and Innovating Medi-Cal (CalAIM) proposal related to the standardization of Medi-Cal benefits, the sunset of an existing seven county pilot program for individuals dually eligible for Medicare and Medi-Cal, and its replacement with a requirement for Medi-Cal managed care plans to establish an aligned Medicare plan known as a dual eligible special needs plan and the proposed changes to related to the Medi-Cal behavioral health delivery system for the treatment of individuals with mental health or substance use disorder. Would have continued several Medi-Cal hospital funded payment provisions from the state's federal 2015 Medicaid waiver as part of the new proposed CalAIM waiver, and would have expanded one of those provisions to district hospitals. Would have required counties to assist county jail inmates and juvenile inmates in county juvenile facilities with submitting an application for enrollment in Medi-Cal and Covered California. Similar statutory provisions implementing CalAIM were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died in Senate Health

### **AB-1178 (Irwin) - Medi-Cal: serious mental illness: drugs.**

Would have prohibited prior authorization from being required by the Department of Health Care Services (DHCS) in Medi-Cal for a drug prescribed for the treatment of serious mental illness (SMI) for a period of 180 days after the initial prescription has been dispensed for a Medi-Cal beneficiary over 18 years of age who is not under the transition jurisdiction of the juvenile court. Would have required DHCS to automatically approve a prescription for a drug for the treatment of a SMI if the patient was previously dispensed that drug before they enrolled in the Medi-Cal program and during the previous 365 days of the date of the new prescription, if the patient is over 18 years of age and not under the transition jurisdiction of the juvenile court.

**Status:** Died in Assembly Appropriations

### **AB-1214 (Waldron) - Medi-Cal eligibility.**

Would have required an individual who otherwise meets Medi-Cal eligibility but for their commitment in a state prison or county jail (correctional facility) to be eligible for the Medi-Cal program for 30 days prior to the date they are released from a correctional facility. Similar provisions implementing California Advancing and Innovating Medi-Cal (CalAIM) were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died in Senate Health

### **AB-1355 (Levine) - Medi-Cal: Independent Medical Review System.**

Establishes new requirements for state fair hearing decisions (state fair hearings are the administrative appeals process for health and human services programs) by requiring, when a director orders a further hearing to be conducted, to afford the parties the opportunity to present and respond to additional evidence, and by requiring alternated decisions (where the state department director does not adopt a state fair decision) to be made after reviewing the transcript or recording of the hearing. Requires the director's alternated decision to contain a statement of the facts and evidence, including references to the applicable sections of law and regulations, and the analysis that supports the director's decision.

**Status:** Chapter 944, Statutes of 2022

### **AB-1400 (Kalra) - Guaranteed Health Care for All.**

Would have established the California Guaranteed Health Care for All or CalCare as California's single-payer health care coverage program; and, would have established the CalCare Board (board) to administer CalCare. Would have required, on or before July 1, 2024, the board to conduct and deliver a fiscal analysis to the Legislature to determine both of the following: 1) whether or not CalCare may be implemented; and, 2) whether revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare's implementation. Would have indicated that after the board has determined whether or not CalCare may be implemented and if program revenue is more likely than not to be sufficient to pay for program costs within eight years of CalCare's implementation, CalCare to not be further implemented until the Senate Committee on Health, Assembly Committee on Health, Senate Committee on Appropriations, and Assembly Committee on Appropriations consider, and the Legislature approves, by statute, the implementation of CalCare. Would have specified that this bill, except for the general provisions, governance structure and federal waiver authority, to not become operative until the people of California approve a proposition that creates the revenue mechanisms necessary to implement this bill, after taking into consideration consolidation of existing revenues for health care coverage and anticipated savings from a single-payer health care coverage and a health care cost control system.

**Status:** Died on the Assembly Floor

### **AB-1585 (Committee on Health) - Health care.**

Expands the current definition of an infection preventionist employed by a skilled nursing facility to include persons who have professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field, and have completed specialized training in infection prevention and control. Extends the due date, from July 1, 2020 to January 1, 2023, by which the Department of Health Care Services is required to adopt regulations related to the



California Children's Services Whole Child Model in accordance with the rulemaking requirements of the Administrative Procedure Act.

**Status:** Chapter 181, Statutes of 2021

**[AB-1892 \(Flora\) - Medi-Cal: orthotic and prosthetic appliances.](#)**

Would have required Medi-Cal reimbursement for prosthetic and orthotic appliances to be set at up to 80% of the lowest maximum allowance for California established by the federal Medicare program, instead of those appliances being reimbursed at amounts that do not exceed 80% of the lowest maximum allowance for Medicare established by Medicare under existing law. Would have required that Medi-Cal reimbursement for these appliances to be adjusted annually to conform to any relevant changes in the Medicare Program.

**Status:** Died in Senate Appropriations

**[AB-1900 \(Arambula\) - Medi-Cal: income level for maintenance.](#)**

Would have expanded eligibility for Medi-Cal for individuals with income above Medi-Cal eligibility levels by reducing the Medi-Cal share of cost (SOC) amounts (also known as the "spend down" amount) for medically needy people and families in the community with too much income to qualify for free Medi-Cal. Would have increased the maintenance need income level to be equal to the income limit for Medi-Cal for individuals who are 65 years of age or older or are disabled who do not have a SOC (effectively, 138% of the federal poverty level [FPL]), instead of the current amount, which is approximately 50% of the FPL. Would have implemented this change to the extent that any necessary federal authorization is obtained. Similar provisions were included in SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022, a health budget trailer bill.

**Status:** Died in Senate Appropriations

**[AB-1929 \(Gabriel\) - Medi-Cal: violence preventive services.](#)**

Requires violence prevention services to be a Medi-Cal covered benefit, subject to medical necessity and utilization controls. Defines "violence prevention services" to mean evidence-based, trauma-informed, and culturally responsive preventive services provided to reduce the incidence of violent injury or re-injury, trauma, and related harms and promote trauma recovery, stabilization, and improved health outcomes. Implements this bill only to the extent that any necessary federal approvals are obtained, and federal financial participation is available and not otherwise jeopardized. Requires DHCS to post on its internet website the date upon which violence prevention services may be provided and billed under this bill.

**Status:** Chapter 154, Statutes of 2022



### **AB-1930 (Arambula) - Medi-Cal: comprehensive perinatal services.**

Would have required the Department of Health Care Services (DHCS) to cover additional comprehensive perinatal assessments and individualized care plans and provide additional visits and units of services during the one-year post-pregnancy eligibility period in proportion to those available during pregnancy and the initial 60-day post-pregnancy period as part of services under the Comprehensive Perinatal Services Program (CPSP) under Medi-Cal. Would have required DHCS, as part of CPSP, to seek federal approvals to cover preventive services that are recommended by a physician or other licensed practitioner and that are rendered by a non-licensed perinatal health worker in a beneficiary's home or other community setting away from a medical site. Would have required DHCS, as part of CPSP, to seek any necessary federal approvals to allow a non-licensed perinatal health worker rendering preventive services to be supervised by either an enrolled Medi-Cal provider that is a clinic, a hospital, a community-based organization (CBO), or a licensed practitioner or a CBO that is not an enrolled Medi-Cal provider, so long as an enrolled Medi-Cal provider was available for Medi-Cal billing purposes, subject to a legislative appropriation.

**Status:** Vetoed

### **AB-1937 (Patterson) - Medi-Cal: out-of-pocket pregnancy costs.**

Would have required the Department of Health Care Services (DHCS) to establish a health expense account program for pregnant Medi-Cal beneficiaries and pregnant subscribers of the Medi-Cal Access Program for reimbursement for out-of-pocket pregnancy-related costs in an amount not to exceed \$1,250. Would have defined "out-of-pocket pregnancy-related costs" to include birth and infant care classes, doula services, midwifery care, lactation support services, prenatal vitamins, lab tests or screening, prenatal acupuncture or acupressure, and transportation expenses essential to medical care. Would have authorized DHCS to authorize reimbursement for additional pregnancy-related expenses as DHCS deems fit.

**Status:** Died in Assembly Health

### **AB-1995 (Arambula) - Medi-Cal: premiums, contributions, and copayments.**

Would have repealed the premiums and subscriber contributions for the Medi-Cal Other Targeted Low-Income Children's Program (TLICP), the Medi-Cal Access Program (MCAP), the Medi-Cal Access Infants Program (MCAIP), the 250% Working Disabled Program (250% WD), and the County Children's Health Initiative Program. Would have prohibited the Department of Health Care Services, effective July 1, 2022, from imposing copayments required under existing law, to the extent allowable under federal law. The prohibition on charging premiums for TLICP, MCACP, MCAIP were included in SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022 and the repeal of the copayments was included in AB 204 (Committee on Budget), Chapter, Statutes of 2022.

**Status:** Died in Senate Appropriations

**AB-1999 (Arambula) - Medi-Cal: behavioral health: individuals with vision loss.**

Would have required the Department of Health Care Services (DHCS) to establish a pilot project in at least six counties to provide funding for targeted outreach by participating counties to Medi-Cal beneficiaries who are blind or have low vision regarding behavioral health services that are covered by the Medi-Cal program. Would have required participating counties or their contracting providers to conduct outreach specifically focused on Medi-Cal beneficiaries who are blind or have low vision, including education and information regarding specialized services in the geographic region to connect individuals with behavioral health providers. Would have required each participating county to report to DHCS and the Legislature no later than December 31, 2025 on specified elements.

**Status:** Vetoed

**AB-2034 (O'Donnell) - Local education agency: Medi-Cal billing option.**

Would have required the Department of Health Care Services (DHCS) to establish a revised audit process for Local Education Agency Medi-Cal Billing Option (LEA) claims submitted for dates of service on or after January 1, 2024 to require DHCS' audit plan to include a risk assessment of LEAs using paid claim data to determine the appropriate level of oversight, including the percentage of LEA claims to be audited in a given year to ensure that audits conducted are primarily focused on potential instances of fraud, waste, or abuse of LEA services and Medi-Cal funds. Would have required DHCS' audit plan to make reimbursement for fraud, waste, and abuse the primary focus of recoupment. Would have required DHCS to complete an audit and notify a LEA of the audit findings within 12 months of the date that the Cost and Reimbursement Comparison Schedule (CRCS) is due. Would have required DHCS to perform final settlement on a claim, including completion of the appeals process within three years from the date the CRCS is submitted. Would have authorized a LEA, in the event that a LEA's audit appeal is not fully and finally resolved by DHCS within 300 days after the date a notice of appeal is filed, to elect to seek immediate relief in superior court in the same manner as if the DHCS appeal process had been concluded. Would have prohibited an auditor from disallowing a claim for LEA services meeting the requirements of a specified Medi-Cal regulation unless the claim is out of compliance with the standards of the LEA program guide or the State Plan in effect at the time of submission. Would have required the person reviewing an audit appeal to use the LEA program guide including the guidance contained in any internet website links in the LEA program guide, to determine whether the claim was appropriately disallowed.

**Status:** Died in Senate Education

**AB-2077 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs.**

Would have increased the personal needs allowance amount, which is the amount of money a Medi-Cal beneficiary in a medical institution, nursing facility, or receiving services from a Program of All-Inclusive Care for Elderly is allowed to retain, from \$35 to \$80 per month.

**Status:** Vetoed

**AB-2134 (Akilah Weber) - Reproductive health care.**

Establishes the California Abortion and Reproductive Equity, and the California Reproductive Health Equity Program (Program) within the Department of Health Care Access and Information, to ensure abortion and contraception services are affordable for and accessible to all patients and to provide financial support for safety net providers of these services. Authorizes a Medi-Cal enrolled provider to apply for a grant, and a continuation award after the initial grant, to provide abortion and contraception at no cost to an individual with a household income at or below 400% of the federal poverty level who is uninsured or has health care coverage that does not include both abortion and contraception, and who is not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family Planning, Access, Care and Treatment programs. Requires a health plan or health insurer that provides health coverage to employees of a religious employer that does not include coverage and benefits for both abortion and contraception to provide an enrollee or insured with written information that abortion and contraception benefits and services may be available at no cost through the Program. Requires the Department of Industrial Relations to post information regarding benefits that may be available at no cost through the Program on its website.

**Status:** Chapter 562, Statutes of 2022

**AB-2402 (Blanca Rubio) - Medi-Cal: continuous eligibility.**

Would have required the application for the County Children's Health Initiative Matching Program to specify that the applicant would provide continuous eligibility for a child under the program until the child is five years of age if the child is not determined to be eligible for Medi-Cal during that time, unless the Department of Health Care Services (DHCS) or county possesses facts indicating that the family has requested the child's voluntary disenrollment, the child is deceased, the child is no longer a state resident, or the child's original enrollment was based on a state or county error or on fraud, abuse, or perjury attributed to the child or the child's representative. Would have made implementation of this bill subject to specified conditions, and implemented this bill on January 1, 2025 or the date certified by DHCS.

**Status:** Died on the Senate Floor

### **AB-2426 (Gipson) - Martin Luther King, Jr. Community Hospital.**

Would have required the Department of Health Care Services (DHCS), in consultation with Martin Luther King, Jr. Community Hospital (MLKCH), to create a directed payment program in Medi-Cal managed care (MCMC) for outpatient hospital services to provide that total MCMC plan reimbursement received by MLKCH for those services is approximately equal to the hospital's costs for those services. Would have required, for each fiscal year, General Fund amounts to fund the nonfederal share of the additional payments, to the extent that the payment rates for MCMC outpatient hospital services provided by the hospital that would have been payable are less than 72% of the hospital's projected Medi-Cal costs. Would have authorized the remaining necessary nonfederal share of the additional payments to fund costs between 72% and 100% of costs, to be funded with an intergovernmental transfer of public funds that are transferred to the state from the County of Los Angeles, at the county's election. Would have required, consistent with federal law, the capitation rates paid to MCMC plans to be determined to reflect the obligation to provide reimbursement approximately equal to the hospital's costs. Would have required DHCS, in consultation with MLKCH, to develop an alternative mechanism for ensuring Medi-Cal inpatient services payment levels to the hospital from MCMC plans, consistent with existing law MLKCH Medi-Cal payment requirements, that comply with the federal Medicaid managed care regulations on directed payments. Would have made implementation of this bill contingent upon an appropriation by the Legislature in the annual Budget Act or another statute for the express purpose of this bill.

**Status:** Vetoed

### **AB-2458 (Akilah Weber) - California Children's Services: reimbursement rates.**

Would have required, subject to an appropriation by the Legislature, the reimbursement rates for physician services provided under the California Children's Services (CCS) Program to be increased by adding at least 25% to the augmentation percentage that was in effect for CCS physician services on December 31, 2022, relative to the applicable Medi-Cal rates. Would have required the rate increase to apply only if the services are provided by a physician in a practice in which at least 30% of the practice's pediatric patients are Medi-Cal beneficiaries. Would have required the Department of Health Care Services to complete a review of the reimbursement rates for physician services provided under the CCS Program no later than January 1, 2026, and every three years thereafter.

**Status:** Died in Assembly Appropriations

### **AB-2516 (Aguilar-Curry) - Health care coverage: human papillomavirus.**

Would have required a health plan contract or a disability insurance policy issued, amended, or renewed on or after January 1, 2023, that provides coverage for hospital,

medical, or surgical benefits, issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the human papillomavirus (HPV) vaccine, as approved by the U.S. Food and Drug Administration (FDA). Would have expanded comprehensive clinical family planning services under the Family Planning, Access, Care, and Treatment Program to include the HPV vaccine for persons for whom it is FDA approved.

**Status:** Vetoed

#### **AB-2648 (Grayson) - Air ambulance services.**

Extends the sunset date by one year, from July 1, 2024, to July 1, 2025, of the Emergency Medical Air Transportation Act (EMATA) statute, but does not extend the sunset date of the existing penalty assessment for state or local vehicle code violations. Extends the date, from December 31, 2023, to July 1, 2024, by which moneys remaining unexpended and unencumbered in the EMATA and Children's Coverage Fund are required to be transferred to the General Fund, to be available, upon appropriation by the Legislature, for the purposes of augmenting Medi-Cal reimbursement for emergency medical air transportation and related costs, generally, or funding children's health care coverage.

**Status:** Chapter 440, Statutes of 2022

#### **AB-2659 (Patterson) - Medi-Cal managed care: midwifery services.**

Would have required a Medi-Cal managed care (MCMC) plan, for purposes of midwifery services or nurse-midwifery services, to have within its provider network at least one licensed midwife and one certified-nurse midwife within each county where the MCMC plan provides services to Medi-Cal beneficiaries. Would have exempted a MCMC plan from the requirement in 1) above for purposes of a given county if no licensed midwife or certified nurse-midwife is available in that county or if no licensed midwife or certified nurse-midwife in that county accepts Medi-Cal payments. Would have required a MCMC plan, for purposes of providing midwifery services or nurse-midwifery services, to have within its provider network at least one alternative birth center specialty clinic, within each county where the MCMC plan provides services to Medi-Cal beneficiaries, to the extent at least one qualified licensed alternative birth center specialty clinic is available in that county and willing to contract with the MCMC plan. Would have required, if a MCMC plan cannot provide an enrollee with an in-network licensed midwife or in-network certified nurse-midwife, or if it is more convenient due to time, distance, safety, mode of transport, or other considerations for the enrollee to seek care from an out-of-network licensed midwife or out-of-network certified nurse-midwife who accepts Medi-Cal payments, the plan to reimburse out-of-network licensed midwives and out-of-network certified nurse midwives at no less than the applicable Medi-Cal FFS rate, in accordance with the MCMC plan contract, for services provided to its enrollees. Requires a MCMC plan, for purposes of providing midwifery services or nurse-midwifery

services, to provide direct access to licensed midwives and certified-nurse midwives in their network without requiring the patient to first have a referral from a physician, or requiring a midwife to be contracted with or be a member of an organized physician group.

**Status:** Died in Assembly Health

### **AB-2680 (Arambula) - Medi-Cal: Community Health Navigator Program.**

Would have required the Department of Health Care Services (DHCS) to create the Community Health Navigator Program to make direct grants to qualified non-profit community-based organizations to conduct targeted outreach, enrollment, retention, utilization, and access activities for individuals and families eligible for all Medi-Cal programs. Would have required DHCS to coordinate and partner with Covered California (CC) and counties that elect to participate on a seamless approach to application assistance outreach, enrollment, retention, utilization, and access activities and for marketing targeted to individuals eligible for health coverage in Medi-Cal and CC that includes investment in a coordinated marketing, communications, and messaging strategy for CC and Medi-Cal.

**Status:** Died on the Senate Floor

### **AB-2697 (Aguiar-Curry) - Medi-Cal: community health workers and promoters.**

Makes community health worker (CHW) services a covered Medi-Cal benefit. Defines a “community health worker” per existing law definition. Requires a Medi-Cal managed care (MCMC) plan to engage in outreach and education efforts to enrollees in a form and manner as directed by the Department of Health Care Services (DHCS). Requires DHCS, at a minimum, to require a MCMC plan to provide specified information to an enrollee, including a description of the CHW services benefit, including eligibility and coverage criteria, a list of providers that are authorized to refer an enrollee to CHW services, and an explanation of how to request a referral, a list of contracted CHW entities, including community-based organizations, community clinics, local health jurisdictions, licensed providers, clinics, or hospitals available to provide CHW services, updated at least annually, and an email address, internet website, and telephone number for an enrollee to access to request additional information regarding CHW services. Requires the outreach and education efforts conducted by a MCMC plan to meet cultural and linguistic appropriateness standards, as determined by DHCS. Requires the MCMC plan to notify providers about the CHW services benefit, as set forth by DHCS. Implements this bill only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained.

**Status:** Chapter 488, Statutes of 2022



### **AB-2724 (Arambula) - Medi-Cal: alternate health care service plan.**

Permits the Department of Health Care Services (DHCS) to enter into one or more comprehensive risk contracts with an alternate health care service plan (defined to refer exclusively to Kaiser) to serve as a primary Medi-Cal managed care plan whereby Medi-Cal beneficiaries from eight specified groups of eligible beneficiaries in geographic regions designated by DHCS can enroll in Kaiser, including those individuals who fail to select a plan and who are assigned through existing default enrollment process.

**Status:** Chapter 73, Statutes of 2022

### **AB-2727 (Wood) - Medi-Cal: eligibility.**

Updates the legislative intent language in the Medi-Cal Act, which establishes the purpose of the program, by replacing the program providing services to "aged and other persons, including family persons" with "California residents," by repealing the limitation in the intent language to persons whose assets are limited as a Medi-Cal eligibility criteria but to delay this change until the Medi-Cal asset test repeal is implemented; and by deleting the reference to "annual" income in the intent language as income for Medi-Cal eligibility purposes is predominantly calculated on a monthly basis.

**Status:** Chapter 291, Statutes of 2022

### **AB-2786 (Stone) - Children's Crisis Continuum Pilot Program.**

Would have expanded eligibility for the Children's Crisis Continuum Pilot Program (CCCP Program) from foster youth to also include a child or youth who meets the eligibility requirements to enroll in the Medi-Cal program and who meets medical necessity standards for the care components in the CCCP Program. Would have required respite care to be provided as part of the CCCP Program. Would have added, as an additional core program and service of a CCCP Program participating entity, a requirement that the entity include the ability to support youth with co-occurring substance use and mental health needs, by providing highly integrated substance use disorder services. Would have delayed, by one year, multiple implementation and reporting dates in existing law including the date to seek federal approval for the CCCP Program, the date to issue proposals to participate in the CCCP Program, the issuance of guidance dates and an interim report, and the sunset date of the reporting requirement.

**Status:** Died in Senate Health

### **AB-2823 (Levine) - Medi-Cal: beneficiary maintenance needs: home upkeep allowances.**

Would have increased the maximum dollar value of the "home upkeep allowance" (HUA) in the Medi-Cal program, which is money a Medi-Cal beneficiary in a long-term care facility is allowed to keep for upkeep and maintenance of the beneficiary's home. Would have required the HUA to be based on the actual minimum cost of maintaining a



resident's home, instead of the current \$209 per month amount. Would have required money that would have otherwise gone to the resident's share-of-cost in Medi-Cal to instead be applied to the HUA. Would have established a "transitional needs allowance" to cover the costs of securing a home for an individual if a long-term care facility resident does not have a home, but intends to leave the facility and establish a home in the community. Would have included within the costs eligible for funding from the transitional needs allowance (TNA) to include, but is not limited to, rent, security and utility deposits, accessibility modifications necessary to meet the needs of the individual, and essential furnishings. Would have required the TNA to be set aside from the income that otherwise would be applied toward the resident's Medi-Cal share of cost for residing in the facility, would have capped the duration of the TNA deduction at no more than six months, and would have made the TNA available only if a physician has certified that the resident is likely to return to the community. Would have required moneys in the HUA to be considered an exempt asset for Medi-Cal eligibility purposes. Would have required the Department of Health Care Services to take specified information and outreach activities related to the HUA and TNA.

**Status:** Died in Senate Appropriations

#### **SB-48 (Limón) - Medi-Cal: annual cognitive health assessment.**

Requires an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older to be a Medi-Cal covered benefit if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. Requires the Department of Health Care Services (DHCS) to provide reimbursement to a Medi-Cal provider who conducts the annual cognitive health assessment, if the provider has completed cognitive health assessment training, as specified and approved by DHCS, and conducts the cognitive health assessment using a validated tool recommended by DHCS, in consultation with specified entities.

**Status:** Chapter 484, Statutes of 2021

#### **SB-56 (Durazo) - Medi-Cal: eligibility.**

Would have extended eligibility for full-scope Medi-Cal benefits to undocumented adults age 60 and older who are otherwise eligible for those benefits but for their immigration status, effective July 1, 2022, contingent upon an appropriation in the annual Budget Act. AB 133 (Committee on Budget), Chapter 143, Statutes of 2021 extended full-scope coverage to undocumented adults age 50 and above who are otherwise eligible for those benefits but for their immigration status, and SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022 extended full-scope coverage to undocumented adults age 26 to 49 who are otherwise eligible for those benefits but for their immigration status.

**Status:** Died in Assembly Appropriations

### **SB-110 (Wiener) - Substance use disorder services: contingency management services.**

Would have required Medi-Cal substance use disorder services to include contingency management services as an optional benefit under the Drug Medi-Cal organized delivery system, subject to utilization controls. Would have required contingency management services to include an incentive structure, including, but not limited to, scaling rewards for continued evidence of specified behaviors or adherence to treatment goals that rewards participants for specified behaviors, such as negative urinalysis.

**Status:** Vetoed

### **SB-226 (Pan) - Medi-Cal: County of Sacramento.**

Authorizes Sacramento County, by ordinance, to establish a health authority, defined as a separate public entity established by the Sacramento County Board of Supervisors. Authorizes the health authority to designate a number of Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene) licensed health plans for purposes of Medi-Cal managed care (MCMC) plan procurement for Geographic Managed Care (GMC) as the only MCMC plans authorized to operate within Sacramento County. Authorizes Sacramento County to seek and obtain Knox-Keene health plan licensure in order to serve as the county-sponsored local initiative (LI) health plan contracted with the Department of Health Care Services (DHCS) for MCMC, or to negotiate and enter into a contract with a Knox-Keene licensed plan to be the designated LI health plan for the purpose of contracting with DHCS, instead of the current GMC model in Sacramento County.

**Status:** Chapter 446, Statutes of 2021

### **SB-256 (Pan) - California Advancing and Innovating Medi-Cal.**

Would have established the California Advancing and Innovating Medi-Cal (CalAIM) Act in order to require the Department of Health Care Services (DHCS) to seek federal approval for, and implement, waivers for the CalAIM initiative in accordance with the CalAIM Terms and Conditions and consistent with existing federal law; would have required DHCS to implement the Population Health Management, Enhanced Care Management, In Lieu of Services, and Incentive Payments components of the CalAIM initiative; and would have authorized DHCS to implement the mandatory managed care enrollment population and regional rate-setting components of the CalAIM initiatives, subject to additional requirements.

**Status:** Died in Assembly Health

### **SB-281 (Dodd) - Medi-Cal: California Community Transitions program.**

Extends the duration of the temporary state-only Money Follows the Person (MFP) Rebalancing Demonstration by requiring the Department of Health Care Services to

cease enrollment January 1, 2026, instead of January 1, 2023, under existing law, and by extending the sunset date of this state-only MFP program from January 1, 2025, to January 1, 2028, (the MFP facilitates the transition of individuals from an inpatient facility to a community setting for those individuals who have resided in an inpatient setting for fewer than 60 days).

**Status:** Chapter 898, Statutes of 2022

### **SB-293 (Limón) - Medi-Cal specialty mental health services.**

Would have required the Department of Health Care Services (DHCS), with respect to Medi-Cal specialty mental health services (SMHS) provided under the Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) to develop standard forms relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements. Would have permitted DHCS to develop and maintain a list of DHCS-approved nonstandard forms. Permits forms on the nonstandard forms list to be used by County Mental Health Plan (MHP) contractors, in addition to the standard forms, to determine eligibility and reimbursement for SMHS provided under the EPSDT Program. Would have required DHCS to require that a contractor or provider use the standard forms and DHCS-approved nonstandard forms in a manner that is consistent with the California Advancing and Innovating Medi-Cal (CalAIM) initiative, as approved by the federal Centers for Medicare and Medicaid Services, pursuant to the CalAIM Terms and Conditions, if a county MHP contractor or any provider who renders services under a county MHP serves an eligible Medi-Cal beneficiary.

**Status:** Died in Assembly Appropriations

### **SB-316 (Eggman) - Medi-Cal: federally qualified health centers and rural health clinics.**

Would have required Medi-Cal reimbursement to Federally Qualified Health Centers and Rural Health Clinics for two visits taking place on the same day at a single location when the patient suffers illness or injury requiring additional diagnosis or treatment after the first visit, or when the patient has a medical visit and another health visit with a mental health or dental provider.

**Status:** Died on the Assembly Floor

### **SB-365 (Caballero) - E-consult service.**

Would have required an e-consult service to be reimbursable under the Medi-Cal program for an enrolled provider, including a federally qualified health center (FQHC) or rural health clinic (RHC), if a provider renders that service. Defines an “e-consult service” to mean an interprofessional health record assessment and management service initiated by a treating or requesting provider and delivered by a consultative provider, including a written report to the patient’s treating or requesting provider.

**Status:** Vetoes

### **SB-521 (Bradford) - Drug manufacturers: value-based arrangement.**

Would have authorized the Department of Health Care Services (DHCS) to enter into a written value-based arrangement under the Medi-Cal program with drug manufacturers based on outcome data or other metrics, as determined by DHCS and the drug manufacturers, pursuant to those contracts. Would have defined a value-based arrangement to include, but not be limited to, a rebate, discount, price reduction, contribution, risk sharing, reimbursement, payment deferral, installment payment, guarantee, shared savings payment, withhold, bonus, or patient care. Would have required DHCS, on or before July 1, 2022, to report to the Legislature on how value-based arrangements may be implemented in the Medi-Cal program, including its recommendations for doing so.

**Status:** Died in Assembly Appropriations

### **SB-644 (Leyva) - Health care coverage outreach.**

Requires the California Health Benefits Exchange (the Exchange or Covered California), at least monthly no later than September 1, 2023, to request from the Employment Development Department (EDD) contact information of each new applicant for unemployment compensation, state disability, and paid family leave, including last name, first name, social security number, date of birth, and all mailing addresses. Prohibits the Exchange from disclosing personal information obtained from EDD without the applicant's consent. Requires the Exchange to take reasonable measures to safeguard the confidentiality of any personal information obtained by the EDD, as specified. Requires EDD to provide specified information to the Exchange or the Department of Health Care Services upon request to assist in determining eligibility for insurance administered by those state agencies. Requires the Exchange to market and publicize the availability of health care coverage through the Exchange, and engage in outreach activities, to the individuals whose information the Exchange receives from EDD.

**Status:** Chapter 983, Statutes of 2022

### **SB-823 (Committee on Health) - Public health: omnibus bill.**

Renames the Bureau of Medi-Cal Fraud in the California Department of Justice (DOJ) as the Division of Medi-Cal Fraud and Elder Abuse, and makes various conforming changes across different code sections. Changes the required fees assessed by DOJ for processing fingerprint images to specified individuals of an Adult Day Health Center and a Home Health Agency that exclusively serves the Program of All Inclusive Care for the Elderly program. Expands the definition of an "opioid antagonist" to also include any other opioid antagonist that is approved by the federal Food and Drug Administration (FDA) for the treatment of an opioid overdose for purposes of existing law provisions authorizing prescribing and dispensing to a family member, friend, or other person in a position to assist a person at risk of an opioid-related disorder, and from existing law

exemptions for health care providers and other persons from being subject to civil and criminal action, as specified. Expands, for purposes of a Department of Public Health program that awards funding to local entities that provide Naloxone to first responders and at-risk users, to also include any other opioid antagonist approved by the FDA.

**Status:** Chapter 554, Statutes of 2021

### **SB-966 (Limón) - Federally qualified health centers and rural health clinics: visits.**

Requires the Department of Health Care Services (DHCS) to seek any federal approvals necessary and issue appropriate guidance to allow a federally qualified health center (FQHC) or rural health clinic (RHC) to bill Medi-Cal for an encounter between an FQHC or RHC patient and an associate clinical social worker (ACSW) or associate marriage and family therapist (AMFT) who is under a supervising licensed behavioral health practitioner. Conditions this ability to bill Medi-Cal to when the ACSW or AMFT is supervised by the licensed behavioral health practitioner, as required by the Board of Behavioral Sciences, the visit is billed under the supervising licensed behavioral health practitioner of the FQHC or RHC, and the FQHC or RHC is otherwise authorized to bill for services provided by the supervising licensed behavioral health practitioner as a separate visit.

**Status:** Chapter 607, Statutes of 2022

### **SB-987 (Portantino) - California Cancer Care Equity Act.**

Requires a Medi-Cal managed care (MCMC) plan to make a good faith effort to include in its contracted provider network at least one National Cancer Institute-designated Comprehensive Cancer Center (NCI-designated CCC), a site affiliated with the NCI Community Oncology Research Program (NCORP) or a Qualifying Academic Cancer Center (a QACC is effectively defined as Cedars-Sinai Medical Center) located within the beneficiary's county of residence or, if none exists in that county, located within the nearest county that has an NCI-designated CCC, NCORP affiliated site or specialized cancer center for eligible enrollees with a "complex cancer diagnosis," as defined.

Requires a MCMC plan to allow an eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to receive services through an NCI-designated CCC, NCORP-affiliated site, or QACC, as appropriate, for the enrollee's condition and identified needs. Requires a denial of a referral request to be based upon a determination by the treating provider that the request to receive services at an NCI-designated comprehensive cancer center, or NCORP affiliated site, or a qualifying academic cancer center is not medically necessary, the requested services are not available at, or not applicable to, the enrollee's cancer diagnosis at the requested NCI-designated comprehensive cancer center, NCORP affiliated site, or a qualifying academic cancer center site.

**Status:** Chapter 608, Statutes of 2022

### **SB-1014 (Hertzberg) - Enhanced Clinically Integrated Program for Federally Qualified Health Centers.**

Would have required the Department of Health Care Services (DHCS) to authorize a new and voluntary supplemental payment program known as the Enhanced Clinically Integrated Program (ECIP) for federally qualified health centers (FQHCs), or, pursuant to DHCS' discretion, another type of payment program that DHCS determines will best meet the clinical and financial goals of ECIP and that is permissible under federal law. Would have required ECIP to improve quality and access to care by allocating funds to FQHCs that commit to ensuring that all health center workers are paid a minimum wage equivalent to at least \$25 per hour, as specified, and that commit to participate in a bona fide labor-management cooperation committee (LMCC). Would have required 80% of ECIP funds to be allocated to FQHCs for the purpose of improving patient access primarily by strengthening the workforce, through improved wages, benefits, and salaries, addressing specialist physician reimbursement, and investing in clinic infrastructure and capacity, as specified, and 20% for purposes of training workers and financially supporting workers as they train through a bona fide LMCC. Would have made ECIP funding subject to an appropriation by the Legislature through the annual Budget Act, and permitted DHCS to implement the payment program using state-only funds.

**Status:** Died on the Assembly Floor

### **SB-1019 (Gonzalez) - Medi-Cal managed care plans: mental health benefits.**

Requires a Medi-Cal managed care (MCMC) plan to conduct annual outreach and education for its enrollees, based on an annual MCMC plan that the plan develops and submits to the Department of Health Care services (DHCS) regarding the mental health benefits that are covered by the MCMC plan. Requires the plan to include specified components including a utilization of mental health services. Requires DHCS to review the annual outreach and education plan and to approve or modify the plan within 180 calendar days since submission, to ensure appropriate local stakeholder engagement, alignment with the population needs assessment, and cultural and linguistic appropriateness. Requires a MCMC plan to also develop an annual outreach and education plan to inform primary care providers regarding the mental health benefits covered by the MCMC plan. Requires DHCS, once every three years, to assess enrollee experience with mental health benefits covered by MCMC plans. Requires DHCS, by January 1, 2024, in consultation with stakeholders, to develop survey tools and methodologies that meet specified conditions. Requires DHCS to publish reports, once every three years, on its internet website on consumer experience with mental health benefits covered by MCMC plans, and requires the reports to include plan-by-plan data, address inequities based on key demographic factors, and to provide recommendations for improving access to mental health benefits covered by MCMC plans.

**Status:** Chapter 879, Statutes of 2022



### **SB-1089 (Wilk) - Medi-Cal: eyeglasses: Prison Industry Authority.**

Would have permitted a provider, for purposes of Medi-Cal reimbursement for covered optometric services to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the California Prison Industry Authority (PIA), based on the provider's needs and assessment of quality and value. This bill was subsequently amended to instead extend the sunset date from January 1, 2025, to January 1, 2035, under existing law relating to the government of Turkey, its failure to officially acknowledge its responsibility for the Armenian Genocide, and divestment by the California State Teachers' Retirement System and California Public Employees' Retirement System, respectively, from the government of Turkey.

**Status:** Chapter 541, Statutes of 2022

### **SB-1180 (Pan) - Medi-Cal: time and distance standards for managed care services.**

Would have extended the existing time and distance and appointment availability standards for Medi-Cal managed care (MCMC) plans, County Mental Health Plans (MHPs), County Drug Medi-Cal organized Delivery Systems (DMC-ODS) and Denti-Cal managed care plans an additional three years, from January 1, 2023 to January 1, 2026. Would have required the Department of Health Care Services to seek input from stakeholders, including consumer advocates, MCMC plans, and providers prior to January 1, 2025, to determine what changes, if any, are needed to existing time and distance and appointment availability standards for MCMC plans, MHPs, county Drug Medi-Cal Organized Delivery Systems and Denti-Cal managed care plans. SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022, contained similar provisions, including, among other provisions, extending the sunset date of these requirements to January 1, 2026.

**Status:** Died on the Assembly Floor

### **SB-1191 (Bates) - Medi-Cal: pharmacogenomic testing.**

Would have added pharmacogenomic testing as a covered benefit under Medi-Cal when a medication is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable.

**Status:** Vetoed

### **SB-1234 (Pan) - Family Planning, Access, Care, and Treatment Program.**

Would have made explicit in statute that Family Planning, Access, Care, and Treatment Program (Family PACT) reimbursement is required to be provided for services related to the prevention and treatment of sexually transmitted diseases to uninsured and income-eligible patients, patients with health care coverage who are income-eligible for Family PACT and have confidentiality concerns, and other income-eligible individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are



not in need of contraceptive services. Would have made this change subject to an appropriation and any federal matching funds.

**Status:** Vetoed

## Reproductive health

### [AB-1046 \(Blanca Rubio\) - Nurse-Family Partnership program.](#)

Would have required the California Health and Human Services Agency to consult with stakeholders from diverse geographical regions of the state to identify mechanisms to improve the state and counties' ability to effectively draw down Medi-Cal funding for evidence-based maternal-infant and early childhood home visiting encounters.

**Status:** Died in Senate Rules

### [AB-1477 \(Cervantes\) - Maternal mental health.](#)

Requires a licensed health care practitioner who provides prenatal, postpartum or interpregnancy care, to ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions.

**Status:** Chapter 535, Statutes of 2021

### [AB-1666 \(Bauer-Kahan\) - Abortion: civil actions.](#)

Declares that a law of another state that authorizes a person to bring a civil action against a person who receives or seeks, performs or induces, or aids or abets the performance of an abortion is contrary to the public policy of this state.

**Status:** Chapter 42, Statutes of 2022

### [AB-1896 \(Quirk\) - Gamete banks.](#)

Would have required a licensed gamete bank to provide specified information to individuals obtaining donor gametes to conceive a child, including information on the risk of consanguineous relationships between half-siblings or closely related individuals that result in children; how genetic disease and disease risk factors from a sperm donor can be inherited by a donor-conceived child; how genetic disease and disease risk factors from a sperm donor can be inherited by a donor-conceived child; and, how large donor-sibling groups could occur as a result of a lack of tracking or limits on sperm donation use. Would have required the Department of Public Health to develop the information and guidance with stakeholders.

**Status:** Vetoed

### [AB-1918 \(Petrie-Norris\) - California Reproductive Health Service Corps.](#)

Establishes the California Reproductive Health Service Corps program within the Department of Health Care Access and Information to reduce the debt burden of current and future health care professionals dedicated to providing reproductive health care in underserved areas of California.

**Status:** Chapter 561, Statutes of 2022

### **AB-1930 (Arambula) - Medi-Cal: comprehensive perinatal services.**

Would have required the Department of Health Care Services (DHCS) to cover additional comprehensive perinatal assessments and individualized care plans and provide additional visits and units of services during the one-year post-pregnancy eligibility period in proportion to those available during pregnancy and the initial 60-day post-pregnancy period as part of services under the Comprehensive Perinatal Services Program (CPSP) under Medi-Cal. Would have required DHCS, as part of CPSP, to seek federal approvals to cover preventive services that are recommended by a physician or other licensed practitioner and that are rendered by a non-licensed perinatal health worker in a beneficiary's home or other community setting away from a medical site. Would have required DHCS, as part of CPSP, to seek any necessary federal approvals to allow a non-licensed perinatal health worker rendering preventive services to be supervised by either an enrolled Medi-Cal provider that is a clinic, a hospital, a community-based organization (CBO), or a licensed practitioner or a CBO that is not an enrolled Medi-Cal provider, so long as an enrolled Medi-Cal provider was available for Medi-Cal billing purposes, subject to a legislative appropriation.

**Status:** Vetoed

### **AB-1937 (Patterson) - Medi-Cal: out-of-pocket pregnancy costs.**

Would have required the Department of Health Care Services (DHCS) to establish a health expense account program for pregnant Medi-Cal beneficiaries and pregnant subscribers of the Medi-Cal Access Program for reimbursement for out-of-pocket pregnancy-related costs in an amount not to exceed \$1,250. Would have defined "out-of-pocket pregnancy-related costs" to include birth and infant care classes, doula services, midwifery care, lactation support services, prenatal vitamins, lab tests or screening, prenatal acupuncture or acupressure, and transportation expenses essential to medical care. Would have authorized DHCS to authorize reimbursement for additional pregnancy-related expenses as DHCS deems fit.

**Status:** Died in Assembly Health

### **AB-2029 (Wicks) - Health care coverage: treatment for infertility.**

Would have required a group health plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2023, to provide coverage for the diagnosis and treatment of infertility and fertility services, as specified, up to a lifetime maximum benefit of \$75,000. Would have required a health plan or health insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified.

**Status:** Died in Assembly Appropriations

### **AB-2091 (Mia Bonta) - Disclosure of information: reproductive health and foreign penal civil actions.**

Prohibits a health care provider, a health plan, or a contractor from releasing medical information related to an individual seeking or obtaining an abortion in response to a subpoena or a request if that subpoena or request is based on either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Authorizes the California Department of Insurance Commissioner to assess a civil penalty, as specified, against a health insurer that has disclosed an insured's confidential medical information. Prohibits compelling a person to identify or provide information that would identify an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action, as defined. Prohibits the issuance of a subpoena if the submitted foreign subpoena relates to a foreign penal civil action. Prohibits prison staff from disclosing identifying medical information related to an incarcerated person's right to seek and obtain an abortion if the information is being requested based on another state's law that interferes with a person's rights to choose or obtain an abortion or a foreign penal civil action.

**Status:** Chapter 628, Statutes of 2022

### **AB-2134 (Akilah Weber) - Reproductive health care.**

Establishes the California Abortion and Reproductive Equity, and the California Reproductive Health Equity Program (Program) within the Department of Health Care Access and Information, to ensure abortion and contraception services are affordable for and accessible to all patients and to provide financial support for safety net providers of these services. Authorizes a Medi-Cal enrolled provider to apply for a grant, and a continuation award after the initial grant, to provide abortion and contraception at no cost to an individual with a household income at or below 400% of the federal poverty level who is uninsured or has health care coverage that does not include both abortion and contraception, and who is not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family Planning, Access, Care and Treatment programs. Requires a health plan or health insurer that provides health coverage to employees of a religious employer that does not include coverage and benefits for both abortion and contraception to provide an enrollee or insured with written information that abortion and contraception benefits and services may be available at no cost through the Program. Requires the Department of Industrial Relations to post information regarding benefits that may be available at no cost through the Program on its website.

**Status:** Chapter 562, Statutes of 2022

### **AB-2199 (Wicks) - Birthing Justice for California Families Pilot Project.**

Would have established the Birthing Justice for California Families Pilot Project, which requires the Department of Public Health (DPH) to implement a three-year program to provide grants to community-based doula groups, local public health departments, and other entities, to provide full-spectrum doula care to members of communities with high rates of adverse birth outcomes who are not eligible for Medi-Cal and in/8carcerated people. Would have established standards for payment rates for doula care, and would have required DPH to provide free training for certain doulas, as specified.

**Status:** Vetoed

### **AB-2205 (Carrillo) - California Health Benefit Exchange: abortion services coverage reporting.**

Requires, beginning July 1, 2023, a health plan or health insurer offering qualified health plans, as defined, to annually report the total amount of funds in the segregated account maintained pursuant to the federal Patient Protection and Affordable Care Act. Requires the annual report to include the ending balance of the account and the total dollar amount of claims paid during a reporting year.

**Status:** Chapter 563, Statutes of 2022

### **AB-2223 (Wicks) - Reproductive health.**

Strengthens and clarifies the state's existing prohibitions on imposing civil and criminal penalties for pregnancy loss, creates a new civil action that allows individuals whose rights to be free of civil and criminal penalties for pregnancy loss are violated, to seek accountability, and limits the duties of coroners to be consistent with those laws.

**Status:** Chapter 629, Statutes of 2022

### **AB-2312 (Lee) - Nonprescription contraception: access.**

Would have prohibited a retail establishment from refusing to furnish nonprescription contraception to a person solely on the basis of age or other specified characteristics by requiring the customer to present identification.

**Status:** Died in Assembly Health

### **AB-2320 (Cristina Garcia) - Reproductive health care pilot program.**

Would have required, until January 1, 2028, the Department of Health Care Access and Information, to establish and administer a pilot program to direct funds to licensed primary care clinics that provide reproductive health care services in five counties that agree to participate. Would have required a participating primary care clinic to implement at least one of the following to improve health care delivery for marginalized patients:

1) Implement staff trainings on reproductive justice principles and trauma-informed care, with a focus on serving historically marginalized patients, including people of color,

people who are lesbian, gay, bisexual, transgender, or queer, people who have low-English proficiency, and survivors of domestic and sexual violence;

2) Improve spoken language translation services for non-English speakers; or,

3) Build sustainable partnerships and inservice trainings with local centers, including domestic violence centers and homeless shelters, to strengthen wraparound care.

**Status:** Vetoed

### **AB-2420 (Arambula) - Perinatal health: extreme heat.**

Requires the Department of Public Health to review literature on the adverse effects of extreme heat on perinatal health and develop guidance for safe conditions and health considerations for pregnant individuals and infant children, and to provide guidance to the Legislature by submitting a report that includes legislative or policy recommendations on best practices for connecting perinatal patients with the appropriate health and well-being information relating to extreme heat.

**Status:** Chapter 265, Statutes of 2022

### **AB-2529 (Davies) - Health care: workforce training programs.**

Would have added programs that train certified nurse-midwives and licensed midwives to the list of programs eligible to contract with the state under the Song-Brown Health Care Workforce Training Act.

**Status:** Died in Senate Appropriations

### **AB-2581 (Salas) - Health care service plans: mental health and substance use disorders: provider credentials.**

Requires a health plan and disability insurer, for provider contracts issued, amended, or renewed on and after January 1, 2023, that provides coverage for mental health and substance use disorders and credentials health care providers of those services for the health plan's networks, to assess and verify the qualifications of a health care provider within 60 days after receiving a completed provider credentialing application. Requires a health plan and insurer, upon receipt of the application by the credentialing department, to notify the applicant within seven business days, to verify receipt and inform the applicant whether the application is complete.

**Status:** Chapter 533, Statutes of 2022

### **AB-2586 (Cristina Garcia) - Reproductive and sexual health inequities.**

Establishes the California Reproductive Justice and Freedom Fund in the Department of Public Health (DPH), and requires DPH, upon appropriation, to award grants to eligible community-based organizations over a three-year period, with the goal of dismantling historic and standing systemic reproductive and sexual health inequities through medically accurate, culturally congruent education and outreach.

**Status:** Chapter 564, Statutes of 2022

### **AB-2626 (Calderon) - Medical Board of California: licensee discipline: abortion.**

Prohibits the Medical Board of California or the Osteopathic Medical Board, from suspending or revoking the certificate of a physician and surgeon who performs an abortion in accordance with the provisions of the Medical Practice Act and the Reproductive Privacy Act. Prohibits the Board of Registered Nursing and the Physician Assistant Board from suspending or revoking the certification or license of a nurse practitioner, nurse-midwife, or a physician assistant, for performing an abortion so long as they performed the abortion in accordance with the provisions of the Nursing Practice Act or the Physician Assistant Practice Act, and the Reproductive Privacy Act.

**Status:** Chapter 565, Statutes of 2022

### **SB-65 (Skinner) - Maternal care and services.**

Establishes the California Momnibus Act. Requires the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to work to increase the number of students receiving training as certified nurse-midwives or licensed midwives, subject to an appropriation by the Legislature. Establishes the California Pregnancy-Associated Review Committee effective August 1, 2022 to review all pregnancy-related deaths and severe maternal morbidity; requires counties to annually report infant deaths and to establish a Fetal and Infant Mortality Review committee, upon appropriation by the Legislature. Requires the Department of Health Care Services to convene a workgroup to examine the implementation of the Medi-Cal doula benefit enacted pursuant to the Budget Act of 2021. Exempts pregnant persons from the California Work Opportunity and Responsibility to Kids program from medical verification and county determination requirements.

**Status:** Chapter 449, Statutes of 2021

### **SB-245 (Gonzalez) - Health care coverage: abortion services: cost sharing.**

Prohibits a health plan or an individual or group policy, as specified, that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services. Prohibits a health plan or a health insurer from imposing utilization management or utilization review on the coverage for outpatient abortion services. Applies these requirements to Medi-Cal managed care plans, providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review. Authorizes the Department of Managed Health Care (DMHC) or California Department of Insurance (CDI) Commissioner to interpret and implement this bill, in consultation with specified departments by means of plan letters or similar guidance without taking any further regulatory action. Requires DMHC and CDI to adopt regulations on or before January 1, 2026.

**Status:** Chapter 11, Statutes of 2022



### **SB-306 (Pan) - Sexually transmitted disease: testing.**

Permits a pharmacist to dispense a drug to treat a sexually transmitted disease (STD) without the name of an individual for whom a drug is intended if the prescription includes the words "expedited partner therapy" or the letters "(EPT)." Requires every health care service plan (health plan) contract or health insurance policy issued, amended, renewed or delivered on or after January 1, 2022 to provide coverage for home test kits for STDs, including any laboratory costs of processing the kit, that are deemed medically necessary or appropriate and ordered directly by a clinician or furnished through a standing order for patient use based on clinical guidelines and individual health needs. Permits a human immunodeficiency virus (HIV) counselor that meets certain requirements to perform an STD test. Clarifies that the practice of a physician and surgeon prescribing, dispensing, furnishing, or providing prescription antibiotic drugs to a patient's sexual partner/s without examination of the partner/s is referred to as EPT. Requires a prescription to include the words EPT if a health care provider is unable to obtain the name of a patient's sexual partner for a drug prescribed for an STD. Prohibits a health care provider from being held liable in medical malpractice action or professional disciplinary action if the use of EPT is in compliance with this bill, except in cases of misconduct, gross negligence, or wanton or reckless activity. Expands the scope of comprehensive clinical family planning services under Medi-Cal to include home STD test kits but makes reimbursement contingent upon the addition of codes specific to home STD test kits, and implements Medi-Cal coverage of EPT only to the extent that the Department of Health Care Services obtains any necessary federal approvals and federal financial participation is available and not jeopardized. Defines home test kit to mean a product used for a test recommended by the U.S. Centers for Disease Control and Prevention guidelines and/or United States Preventive Services Taskforce that has been Clinical Laboratory Improvement Amendments-waived, Food and Drug Administration-waived, -cleared, - approved, or developed by a laboratory in accordance with established regulations and quality standards, to allow individuals to self-collect specimens or test, or both collect specimens and test, for STDs, including HIV, remotely at a location outside of a clinical setting.

**Status:** Chapter 486, Statutes of 2021

### **SB-523 (Leyva) - Health care coverage: contraceptives.**

Establishes the Contraceptive Equity Act of 2022, and expands coverage of contraceptives by a health care service plan (health plan) contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2024, including requiring a health plan or health insurer to provide point-of-sale coverage for over-the-counter (OTC) U.S. Food and Drug Administration (FDA)-approved contraceptive drugs, devices, and products at in-network pharmacies without cost-sharing or medical management restrictions. Specifies that a prescription is not required to trigger

coverage of OTC FDA-approved contraceptive drugs, devices, and products. Prohibits a health plan contract or disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, with certain exceptions, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on vasectomy coverage, as specified, under conditions similar to those applicable to other contraceptive coverage. Requires a health plan or insurer to defer to the provider's determination and judgement and provide coverage for the alternative prescribed drug, device, or service without cost-sharing, if a covered therapeutic is deemed medically inadvisable by the enrollee or insured's provider, as specified. Includes, for purposes of this bill, Medi-Cal managed care plans (MCMPs), to the extent that the benefits described are made the financial responsibility of the MCMPs and if some or all of the described benefits are not the MCMP's financial responsibility, then those benefits are available on a fee-for-service basis, as specified. Requires health plans and insurance policies offered by public or private institutions of higher learning that directly provide health care services only to its students, faculty, staff, administration, and their respective dependents, issued, amended, renewed, or delivered on or after specified dates, to comply with these contraceptive coverage requirements. Prohibits the California Public Employees' Retirement System Board of Public Relations, the California State University, and the University of California from approving or renewing a health benefit plan that does not comply with the contraceptive coverage requirements of this bill and existing law, on and after January 1, 2024. Amends existing law, under the Fair Employment and Housing Act, to include, among other provisions, protection for reproductive health decisionmaking, with respect to the opportunity to seek, obtain, and hold employment without discrimination. Defines reproductive health decisionmaking as, including but not limited to, a decision to use or access a particular drug, device, product, or medical service for reproductive health, as specified.

**Status:** Chapter 630, Statutes of 2022

### **[SB-771 \(Becker\) - Prenatal screening program.](#)**

Would have prohibited the Department of Public Health, by way of a rule, regulation, contract, or any other manner, from prohibiting a laboratory that has both a current Clinical Laboratory Improvement Amendments certificate of accreditation and a current state clinical or public health laboratory license from offering noninvasive prenatal tests, or otherwise limit the number of tests that the laboratory may provide, including, but not limited to, testing for autosomal trisomies (trisomies 21, 18, and 13) and fetal sex, to a pregnant person who has an order from a prenatal care provider and either: 1) opted out of the California Prenatal Screening Program; or, 2) chosen to have tests in addition to the genetic tests offered as part of the California Prenatal Screening Program.

Defines a prenatal care provider as someone who provides prenatal medical care within their scope of practice, as specified.

**Status:** Died in Assembly Appropriations

### **SB-1142 (Caballero) - Abortion services.**

Requires the California Health and Human Services Agency to establish an internet website where the public can access information on abortion services in the state, on or before July 1, 2023, to ensure people have accurate and comprehensive information when accessing abortion services in California.

**Status:** Chapter 566, Statutes of 2022

### **SB-1234 (Pan) - Family Planning, Access, Care, and Treatment Program.**

Would have made explicit in statute that Family Planning, Access, Care, and Treatment Program (Family PACT) reimbursement is required to be provided for services related to the prevention and treatment of sexually transmitted diseases to uninsured and income-eligible patients, patients with health care coverage who are income-eligible for Family PACT and have confidentiality concerns, and other income-eligible individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. Would have made this change subject to an appropriation and any federal matching funds.

**Status:** Vetoed

### **SB-1245 (Kamlager) - Los Angeles County Abortion Access Safe Haven Pilot Program.**

Establishes the Los Angeles County (county) Abortion Access Safe Haven Pilot Program (Pilot Program), subject to appropriation by the Legislature, for the purpose of expanding and improving access to the full spectrum of sexual and reproductive health care, including abortion. Requires the county to provide an annual report to the Legislature on the projects and collaborations funded by the Pilot Program.

**Status:** Chapter 567, Statutes of 2022

## Senior Health

### [AB-4 \(Arambula\) - Medi-Cal: eligibility.](#)

Would have extended eligibility for full-scope Medi-Cal benefits to undocumented adults age 26 to 49 who are otherwise eligible for those benefits but for their immigration status. AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, extended full-scope coverage to undocumented adults age 50 and above who are otherwise eligible for those benefits but for their immigration status, and SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022, extended full-scope coverage to undocumented adults age 26 to 49 who are otherwise eligible for those benefits but for their immigration status.

**Status:** Died in Senate Appropriations

### [AB-383 \(Salas\) - Mental health: older adults.](#)

Would have created an Older Adult Mental Health Services Administrator (Administrator) within the Department of Health Care Services who is required to oversee mental health services for older adults. Would have required the Administrator position to be funded by the Mental Health Services Act's administrative funds. Would have set forth various responsibilities for the Administrator, including working in close coordination and collaboration with various state and local entities, as specified.

**Status:** Died in Senate Appropriations

### [AB-470 \(Carrillo\) - Medi-Cal: eligibility.](#)

Would have repealed the Medi-Cal "asset test" by prohibiting resources including property or other assets from being used to determine eligibility under the Medi-Cal program, to the extent permitted by federal law. Would have made multiple conforming changes to implement the repeal of the asset test to existing state law resource provisions regarding what is and what is not considered an asset and how assets are counted and valued. Similar provisions were included in AB 133 (Committee on Budget), Chapter 143, Statutes of the 2021, a health budget trailer bill, which increased the asset limit from \$2,000 for an individual to \$165,000 for an individual, plus an additional \$65,000 for each other household member (which took effect July 1, 2022), and which repeals the asset limit when the director of the Department of Health Care Services determines that systems have been programmed, and they communicate that determination in writing to the Department of Finance, and no sooner than January 1, 2024.

**Status:** Died in Senate Appropriations

### [AB-523 \(Nazarian\) - Program of All-Inclusive Care for the Elderly.](#)

Would have required the Department of Health Care Services (DHCS) to make permanent the changes in the Program of All-Inclusive Care for the Elderly (PACE)

program that DHCS instituted, on or before January 1, 2021, in response to the public health emergency caused by the 2019 novel coronavirus by means of all-facility letters, or other similar instructions, which were taken without regulatory action, in the following areas: telehealth, PACE enrollment agreements, Adult Day Health Care services provided in the home, involuntary disenrollments for a beneficiary being of the service area, facility beds, marketing, and discharge planning.

**Status:** Vetoed

**AB-540 (Petrie-Norris) - Program of All-Inclusive Care for the Elderly.**

Would have required a Program of All-Inclusive Care for the Elderly (PACE) plan to be presented as an enrollment option in the same manner as other Medi-Cal managed care (MCMC) plan options, included in all enrollment materials, enrollment assistance programs, and outreach programs, and made available to beneficiaries whenever enrollment choices and options are presented to Medi-Cal beneficiaries. Would have prohibited persons meeting the age qualifications for PACE and who choose PACE from being assigned to a MCMC plan for the lesser of 60 days or until they are assessed for eligibility for PACE and determined not to be eligible for a PACE plan.

**Status:** Died in Senate Appropriations

**AB-749 (Nazarian) - Skilled nursing facilities: medical director certification.**

Prohibits a free-standing skilled nursing facility (SNF) from contracting with a person as a medical director if the person is not, or will not be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director. Requires a SNF located in a hospital to contract with a physician that is board certified in a medical specialty consistent with the type of care provided in the SNF, including, but not limited to, physical medicine and rehabilitation or pulmonology, and whose role as the medical director of the SNF has been reviewed and approved by the hospital's leadership.

**Status:** Chapter 586, Statutes of 2021

**AB-848 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs.**

Would have increased the personal needs allowance (PNA) amount from \$35 to \$80 per month for Medi-Cal-eligible individuals who live in a medical institution, nursing facility, or receive services from a Program of All-Inclusive Care for the Elderly organization. Would have required the Department of Health Care Services (DHCS) to annually increase the PNA based on the percentage increase in the California Consumer Price Index. Similar language was included in AB 2077 (Calderon), which would have increased the PNA to \$80 per month but without the requirement that DHCS annually increase the PNA.

**Status:** Died in Assembly Appropriations

**AB-895 (Holden) - Skilled nursing facilities and intermediate care facilities: notice to prospective residents.**

Requires a skilled nursing facility or intermediate care facility, and a residential care facility for the elderly to provide a prospective resident, prior to or at the time of admission, with a written notice that includes specified contact information for the local long-term care ombudsman (LTCO). Requires a facility's grievance form to include contact information for the local LTCO and the Department of Public Health, with instructions on how to file a grievance with both entities.

**Status:** Chapter 577, Statutes of 2022

**AB-1132 (Wood) - Medi-Cal.**

Would have made multiple changes to implement the Department of Health Care Services' California Advancing and Innovating Medi-Cal (CalAIM) proposal related to the standardization of Medi-Cal benefits, the sunset of an existing seven county pilot program for individuals dually eligible for Medicare and Medi-Cal, and its replacement with a requirement for Medi-Cal managed care plans to establish an aligned Medicare plan known as a dual eligible special needs plan and the proposed changes to related to the Medi-Cal behavioral health delivery system for the treatment of individuals with mental health or substance use disorder. Would have continued several Medi-Cal hospital funded payment provisions from the state's federal 2015 Medicaid waiver as part of the new proposed CalAIM waiver, and would have expanded one of those provisions to district hospitals. Would have required counties to assist county jail inmates and juvenile inmates in county juvenile facilities with submitting an application for enrollment in Medi-Cal and Covered California. Similar statutory provisions implementing CalAIM were included in AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, a health budget trailer bill.

**Status:** Died in Senate Health

**AB-1502 (Muratsuchi) - Freestanding skilled nursing facilities.**

Enacts the Skilled Nursing Facility Ownership and Management Reform Act of 2022, which establishes suitability standards for persons and entities seeking to acquire, operate, or manage skilled nursing facilities (SNFs) in California. Directs the Department of Public Health (DPH) to screen all persons and entities seeking licenses to acquire, operate, or manage SNFs. Requires owners and operators, including nursing home chains, to obtain prior approval from DPH before acquiring, operating, or managing a SNF. Prohibits the use of interim or longer-term management agreements to circumvent state licensure requirements. Requires DPH to make a determination within 120 days of an applicant's submission of a complete application for any type of change to the SNF license.

**Status:** Chapter 578, Statutes of 2022



### **AB-1618 (Aguiar-Curry) - Alzheimer's disease.**

Would have increased the membership of the Alzheimer's Disease and Related Disorders Advisory Committee within the California Health and Human Services Agency from 14 to 20. Would have required the Department of Public Health to establish the Office of Healthy Brain Initiative to plan and prepare for a historic increase in the population affected by Alzheimer's disease and other dementias.

**Status:** Died in Senate Appropriations

### **AB-1809 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2022.**

Would have created the Nursing Facility Resident Informed Consent Protection Act of 2022 which would have established the rights of skilled nursing facility and intermediate care facility residents to receive information that is material to the individual's decision whether to accept or refuse a proposed treatment or procedure, and provide residents with the right to be free from psychotherapeutic drugs used as a chemical restraint, except in the case of an emergency, as specified.

**Status:** Vetoed

### **AB-1900 (Arambula) - Medi-Cal: income level for maintenance.**

Would have expanded eligibility for Medi-Cal for individuals with income above Medi-Cal eligibility levels by reducing the Medi-Cal share of cost (SOC) amounts (also known as the "spend down" amount) for medically needy people and families in the community with too much income to qualify for free Medi-Cal. Would have increased the maintenance need income level to be equal to the income limit for Medi-Cal for individuals who are 65 years of age or older or are disabled who do not have a SOC (effectively, 138% of the federal poverty level [FPL]), instead of the current amount, which is approximately 50% of the FPL. Would have implemented this change to the extent that any necessary federal authorization is obtained. Similar provisions were included in SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022, a health budget trailer bill.

**Status:** Died in Senate Appropriations

### **AB-2077 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs.**

Would have increased the personal needs allowance amount, which is the amount of money a Medi-Cal beneficiary in a medical institution, nursing facility, or receiving services from a Program of All-Inclusive Care for Elderly is allowed to retain, from \$35 to \$80 per month.

**Status:** Vetoed



### **AB-2546 (Nazarian) - Resident-Designated Support Persons Act.**

Would have enacted the Resident-Designated Support Persons Act, which would grant residents of long-term care facilities the right to in-person, onsite access to a minimum of two designated support persons during any public health emergency, as defined, in which the residents' visitation rights are curtailed by a state or local order. This bill was later amended to deal with a different subject.

**Status:** Died in Senate Transportation

### **AB-2823 (Levine) - Medi-Cal: beneficiary maintenance needs: home upkeep allowances.**

Would have increased the maximum dollar value of the "home upkeep allowance" (HUA) in the Medi-Cal program, which is money a Medi-Cal beneficiary in a long-term care facility is allowed to keep for upkeep and maintenance of the beneficiary's home. Would have required the HUA to be based on the actual minimum cost of maintaining a resident's home, instead of the current \$209 per month amount. Would have required money that would have otherwise gone to the resident's share-of-cost in Medi-Cal to instead be applied to the HUA. Would have established a "transitional needs allowance" to cover the costs of securing a home for an individual if a long-term care facility resident does not have a home, but intends to leave the facility and establish a home in the community. Would have included within the costs eligible for funding from the transitional needs allowance (TNA) to include, but is not limited to, rent, security and utility deposits, accessibility modifications necessary to meet the needs of the individual, and essential furnishings. Would have required the TNA to be set aside from the income that otherwise would be applied toward the resident's Medi-Cal share of cost for residing in the facility, would have capped the duration of the TNA deduction at no more than six months, and would have made the TNA available only if a physician has certified that the resident is likely to return to the community. Would have required moneys in the HUA to be considered an exempt asset for Medi-Cal eligibility purposes. Would have required the Department of Health Care Services to take specified information and outreach activities related to the HUA and TNA.

**Status:** Died in Senate Appropriations

### **SB-48 (Limón) - Medi-Cal: annual cognitive health assessment.**

Requires an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older to be a Medi-Cal covered benefit if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. Requires the Department of Health Care Services (DHCS) to provide reimbursement to a Medi-Cal provider who conducts the annual cognitive health assessment, if the provider has completed cognitive health assessment training, as specified and approved by DHCS, and conducts the cognitive health assessment using a validated tool recommended by DHCS, in consultation with specified entities.

**Status:** Chapter 484, Statutes of 2021

**[SB-56 \(Durazo\) - Medi-Cal: eligibility.](#)**

Would have extended eligibility for full-scope Medi-Cal benefits to undocumented adults age 60 and older who are otherwise eligible for those benefits but for their immigration status, effective July 1, 2022, contingent upon an appropriation in the annual Budget Act. AB 133 (Committee on Budget), Chapter 143, Statutes of 2021 extended full-scope coverage to undocumented adults age 50 and above who are otherwise eligible for those benefits but for their immigration status, and SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022 extended full-scope coverage to undocumented adults age 26 to 49 who are otherwise eligible for those benefits but for their immigration status.

**Status:** Died in Assembly Appropriations

**[SB-281 \(Dodd\) - Medi-Cal: California Community Transitions program.](#)**

Extends the duration of the temporary state-only Money Follows the Person (MFP) Rebalancing Demonstration by requiring the Department of Health Care Services to cease enrollment January 1, 2026, instead of January 1, 2023, under existing law, and by extending the sunset date of this state-only MFP program from January 1, 2025, to January 1, 2028, (the MFP facilitates the transition of individuals from an inpatient facility to a community setting for those individuals who have resided in an inpatient setting for fewer than 60 days).

**Status:** Chapter 898, Statutes of 2022

**[SB-441 \(Hurtado\) - Health care workforce training programs: geriatric medicine.](#)**

Would have required the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) to include students and professionals with training in geriatrics in administering health workforce professions programs including, but not limited to the Health Professions Career Opportunity Program, the National Health Service Corps State Loan Repayment Program, and the Steven M. Thompson Physician Corps Loan Repayment Program.

**Status:** Died in Assembly Appropriations

**[SB-823 \(Committee on Health\) - Public health: omnibus bill.](#)**

Renames the Bureau of Medi-Cal Fraud in the California Department of Justice (DOJ) as the Division of Medi-Cal Fraud and Elder Abuse, and makes various conforming changes across different code sections. Changes the required fees assessed by DOJ for processing fingerprint images to specified individuals of an Adult Day Health Center and a Home Health Agency that exclusively serves the Program of All Inclusive Care for the Elderly program. Expands the definition of an “opioid antagonist” to also include any other opioid antagonist that is approved by the federal Food and Drug Administration

(FDA) for the treatment of an opioid overdose for purposes of existing law provisions authorizing prescribing and dispensing to a family member, friend, or other person in a position to assist a person at risk of an opioid-related disorder, and from existing law exemptions for health care providers and other persons from being subject to civil and criminal action, as specified. Expands, for purposes of a Department of Public Health program that awards funding to local entities that provide Naloxone to first responders and at-risk users, to also include any other opioid antagonist approved by the FDA.

**Status:** Chapter 554, Statutes of 2021

## Tobacco

### [AB-541 \(Berman\) - Tobacco assessment.](#)

Requires alcoholism or substance use disorder recovery or treatment facilities and alcohol or other drug programs licensed or certified by the Department of Health Care Services to assess each client or patient for tobacco use at the time of the initial intake and to comply with specified requirements.

**Status:** Chapter 150, Statutes of 2021

### [AB-1690 \(Luz Rivas\) - Tobacco and cannabis products: single-use components.](#)

Prohibits the sale in this state of a single-use electronic cigarette, as defined. Authorizes a city attorney, county counsel, or district attorney to assess a \$500 civil fine against a person determined to have violated those prohibitions.

**Status:** Died on the Assembly Floor

### [SB-395 \(Caballero\) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program.](#)

Enacts the Healthy Outcomes and Prevention Education Act, which imposes the California Electronic Cigarette Excise Tax on the sale of electronic cigarettes. Creates the Health Careers Opportunity Grant Program in the Office of Statewide Health Planning and Development (renamed the Department of Health Care Access and Information) for the purpose of improving access by underrepresented students from disadvantaged backgrounds to health profession programs offered by the state's public postsecondary education institutions.

**Status:** Chapter 489, Statutes of 2021

## Vital Statistics

### [AB-439 \(Bauer-Kahan\) - Certificates of death: gender identity.](#)

Adds "nonbinary" as a gender identity option on death certificates.

**Status:** Chapter 53, Statutes of 2021

### [AB-751 \(Irwin\) - Vital records: certified copies: electronic requests.](#)

Deletes the January 1, 2022, sunset date authorizing an official to accept an electronic request for a certified copy of a birth, death, or marriage certificate.

**Status:** Chapter 623, Statutes of 2021

### [AB-1094 \(Arambula\) - Sexual orientation and gender identity data collection pilot project.](#)

Requires the Department of Public Health to establish a three-year pilot program in up to six counties (northern, southern and central regions) that agree to participate, for the identification and collection by coroners and medical examiners of gender identity and sexual orientation in cases of violent death.

**Status:** Chapter 177, Statutes of 2021

### [AB-1286 \(Petrie-Norris\) - Marriage: local registrar.](#)

Would have required the State Registrar to provide the Legislature with an annual report regarding the number of marriage certificates issued in which one or both of the parties were minors. Would have required a local registrar to submit the same information to the state registrar four times a year.

**Status:** Died in Assembly Appropriations

### [AB-1388 \(Low\) - COVID-19: death data.](#)

Would have required the California Department of Public Health (DPH) to report COVID-19 death data by ZIP Code on its COVID-19 dashboard, and would have required DPH to create a uniform dashboard for county health departments to use for the purposes of reporting COVID-19 death data on their public internet websites.

**Status:** Died in Assembly Appropriations

### [AB-2176 \(Wood\) - Live birth registration.](#)

Increases the amount of time to register a live birth with the local registrar from within 10 days following the date of the event, to within 21 days.

**Status:** Chapter 34, Statutes of 2022

### [AB-2436 \(Bauer-Kahan\) - Death certificates: content.](#)

Revises the information required on death certificates to include the current first and middle names, birth last names, and the birthplaces of the parents, without reference to the parents' gendered relationship to the decedent.

**Status:** Chapter 966, Statutes of 2022

**SB-786 (Hertzberg) - Records: blockchain.**

Permits a county recorder to, upon request, issue a certified copy of a birth, death, or marriage record by means of blockchain technology. Defines 'blockchain technology' as a decentralized data system, in which the data stored is mathematically verifiable, that uses distributed ledgers or databases to store specialized data in the permanent order of transactions recorded.

**Status:** Chapter 704, Statutes of 2022

**SB-855 (Newman) - Childhood Drowning Data Collection Pilot Program.**

Establishes the Childhood Drowning Data Collection Pilot Program (CDDCP) within the Department of Public Health (DPH) and requires DPH, upon completion of the CDDCP to develop a Water Safety Action Plan for Children.

**Status:** Chapter 817, Statutes of 2022