California Legislature

Assembly Committee on Health

2021

Legislative Summary

Assembly Committee on Health

2021

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I. Alcohol/Drug Programs

Chaptered

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 n 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. *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. *Chapter 150, Statutes of 2021*

AB 1158 (Petrie-Norris) Alcoholism or drug abuse recovery or treatment facilities: recovery residences: 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. *Chapter 443, 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. *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. *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. *Chapter 730, Statutes of 2021*

Vetoed

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. *Vetoed*

II. CHBRP

Chaptered

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. *Chapter 468, Statutes of 2021*

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. *Chapter 592, 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. *Chapter 641, Statutes of 2021*

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 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 public health emergency, 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. *Chapter 729, Statutes of 2021*

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. *Chapter 605, Statutes of 2021*

III. Children's Health

Chaptered

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 would instead include "recognized exclusive representatives of CCS county providers" on the WCM advisory group. *Chapter 51, Statutes of 2021*

IV. Chronic Health / Cancer

Chaptered

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. *Chapter 470, Statutes of 2021*

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. *Chapter 605, Statutes of 2021*

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. *Resolution Chapter 120, Statutes of 2021*

V. Emergency Medical Services

Chaptered

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 *Chapter 460, Statutes of 2021*

AB 450 (Lorena Gonzalez) Paramedic Disciplinary Review Board.

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-P license, and consider appeals regarding denial of licensure. *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. *Chapter 438, Statutes of 2021*

AB 1104 (Grayson) Air ambulance services.

Extends the July 1, 2021 sunset date by an additional 18 months 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. 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. *Chapter 476, Statutes of 2021*

VI. End-of-Life

Chaptered

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. *Chapter 478, Statutes of 2021*

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. *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. *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. *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.
Chapter 494, Statutes of 2021

VII. Food Safety / Nutrition

Chaptered

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 immediate effect upon enactment. *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 immediate effect upon enactment. *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. *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. *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.
Chapter 178, Statutes of 2021

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 immediate effect upon enactment.
Chapter 757, Statutes of 2021

VIII. Health Care Facilities

Chaptered

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. *Chapter 458, 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. *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. *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. *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. *Chapter 470, Statutes of 2021*

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. *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. *Chapter 475, Statutes of 2021*

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. *Chapter 751, Statutes of 2021*

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. *Chapter 445, Statutes of 2021*

AB 1422 (Gabriel) Health facilities: critical care units: critical care unit program flexibility.

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. *Chapter 716, Statutes of 2021*

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

Authorizes the Office of Statewide Health Planning and Development to waive requirements for the Seaton Medical Center in Daly City to comply with seismic safety requirements. *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. *Chapter 181, Statutes of 2021*

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. *Chapter 384, Statutes of 2021*

SB 395 (Caballero) Excise tax: electronic cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief 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 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. *Chapter 489, Statutes of 2021*

SB 564 (Cortese) Hospitals: seismic compliance: O'Connor Hospital and Santa Clara Valley Medical Center.

Authorizes the Department of Health Care Access and Information, (HCAI) formerly the Office of Statewide Health Planning and Development, to waive specified seismic safety requirements for two hospitals in San Jose if both of the following occur: 1) The hospitals submit a plan for compliance to HCAI on or before January 15, 2022, and, 2) HCAI accepts the plans submitted based on them being feasible to complete and promoting public safety. Prohibits HCAI from unreasonably rejecting the plans. Requires, if HCAI accepts the plans, the hospitals to provide reports to HCAI on their progress to timely complete the plan. *Chapter 388, Statutes of 2021*

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. 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. *Chapter 493, Statutes of 2021*

Vetoed

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. Contained an urgency clause to ensure that the provisions of this bill would go into immediate effect upon enactment. *Vetoed*

IX. Health Disparities

Chaptered

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. *Chapter 751, Statutes of 2021*

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. *Chapter 445, Statutes of 2021*

SB 65 (Skinner) Maternal care and services.

Establishes the California Momnibus Act. Requires the Office of Statewide Health Planning and Development 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. *Chapter 449, Statutes of 2021*

Vetoed

AB 1207 (Akilah Weber) 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. *Vetoed*

X. Health Information / HIPAA

Chaptered

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 care service plan (health plan) and a health insurer to comply with specified notice and consent requirements if the plan or 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 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 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 shall 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 insurer to report specified information relating to telehealth services to the Department of Managed Health Care or California Department of Insurance. *Chapter 439, Statutes of 2021*

AB 1184 (Chiu) Medical information: confidentiality.

Revises and recasts provisions to require a health care service plan (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. *Chapter 190, Statutes of 2021*

XI. Health Insurance

Chaptered

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. *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. *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 supporting the provider's determination that the required prescription drug is inconsistent with good professional practice for 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. *Chapter 742, Statutes of 2021*

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 care service plan (health plan) and a health insurer to comply with specified notice and consent requirements if the plan or 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 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 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 shall 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 insurer to report specified information relating to telehealth services to the Department of Managed Health Care or California Department of Insurance. *Chapter 439, Statutes of 2021*

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. *Chapter 468, Statutes of 2021*

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. *Chapter 592, Statutes of 2021*

AB 1184 (Chiu) Medical information: confidentiality.

Revises and recasts provisions to require a health care service plan (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. *Chapter 190, Statutes of 2021*

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 care service plans (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 meet the timely access standards. Requires the health plan, including a Medi-Cal Managed Care Plan, to arrange coverage outside the 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 not be subject to the Administrative Procedure Act, as specified, until July 1, 2025. Provides that nothing in this bill be construed to prevent the DMHC or CDI from developing additional standards to improve timely access to care and network adequacy. *Chapter 724, Statutes of 2021*

SB 242 (Newman) Health care provider reimbursements.

Requires a health care service plan (health plan) or 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. *Chapter 538, Statutes of 2021*

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. *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 individual on protected classifications, as specified. *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 waivered 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 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. *Chapter 764, Statutes of 2021*

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

Requires a health care service plan (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 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 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 insurer to notify enrollees or insured's of their rights under this bill. Applies this bill to contracted entities who perform claims payment functions, as specified. *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. *Chapter 641, Statutes of 2021*

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 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 public health emergency, 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. *Chapter 729, Statutes of 2021*

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. *Chapter 605, Statutes of 2021*

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. *Chapter 736, Statutes of 2021*

XII. Health Workforce

Chaptered

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 *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 *Chapter 460, Statutes of 2021*

AB 450 (Lorena Gonzalez) Paramedic Disciplinary Review Board.

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-P license, and consider appeals regarding denial of licensure. *Chapter 463, 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. *Chapter 586, Statutes of 2021*

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. *Chapter 751, Statutes of 2021*

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. *Chapter 445, Statutes of 2021*

AB 1422 (Gabriel) Health facilities: critical care units: critical care unit program flexibility.

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. *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. *Chapter 535, Statutes of 2021*

SB 65 (Skinner) Maternal care and services.

Establishes the California Momnibus Act. Requires the Office of Statewide Health Planning and Development 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. *Chapter 449, Statutes of 2021*

SB 395 (Caballero) Excise tax: electronic cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief 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 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. *Chapter 489, Statutes of 2021*

XIII. Marijuana / Medical Marijuana

Chaptered

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. *Chapter 384, Statutes of 2021*

XIV. Mental / Behavioral Health

Chaptered

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. *Chapter 438, Statutes of 2021*

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. *Chapter 584, Statutes of 2021*

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. *Chapter 399, 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. *Chapter 535, Statutes of 2021*

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. *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. *Chapter 426, Statutes of 2021*

Vetoed

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. *Vetoed*

AB 1542 (McCarty) County of Yolo: Secured Residential Treatment Program.
Would have authorized the County of Yolo to offer a pilot program, the Secured Residential Treatment Program, for individuals suffering from substance use disorders who have been convicted of drug-motivated felony crimes, as specified. *Vetoed*

SB 110 (Weiner) 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. *Vetoed*

XV. Pharmaceuticals / Pharmacy / Biotech

Chaptered

SB 310 (Rubio) Unused medications: cancer medication recycling.

Establishes a registration program for the collection and distribution of specified unused cancer medications under the Cancer Medication Recycling Act. *Chapter 541, Statutes of 2021*

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. *Chapter 554, Statutes of 2021*

XVI. Public Health

Chaptered

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 immediate effect upon enactment. *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 immediate effect upon enactment. *Chapter 651, Statutes of 2021*

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. *Chapter 458, 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 *Chapter 459, 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. *Chapter 466, Statutes of 2021*

AB 619 (Calderon) Air quality.

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. *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. *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. *Chapter 155, 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. *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. *Chapter 178, Statutes of 2021*

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 immediate effect upon enactment. *Chapter 757, Statutes of 2021*

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. *Chapter 486, Statutes of 2021*

SB 310 (Rubio) Unused medications: cancer medication recycling.

Establishes a registration program for the collection and distribution of specified unused cancer medications under the Cancer Medication Recycling Act. *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. *Chapter 487, Statutes of 2021*

SB 395 (Caballero) Excise tax: electronic cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief 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 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. *Chapter 489, Statutes of 2021*

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. *Resolution Chapter 120, Statutes of 2021*

Vetoed

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. *Vetoed*

AB 1207 (Akilah Weber) 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. *Vetoed*

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. *Vetoed*

XVII. Public Insurance / Medi-Cal / MCMC

Chaptered

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 would instead include "recognized exclusive representatives of CCS county providers" on the WCM advisory group. *Chapter 51, Statutes of 2021*

AB 1104 (Grayson) Air ambulance services.

Extends the July 1, 2021 sunset date by an additional 18 months 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. 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. *Chapter 476, 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. *Chapter 181, Statutes of 2021*

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. *Chapter 484, Statutes of 2021*

SB 226 (Pan) Medi-Cal: County of Sacramento.

Authorizes Sacramento County (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 the county. Authorizes the 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 the county. *Chapter 446, Statutes of 2021*

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. *Chapter 554, Statutes of 2021*

Vetoed

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. *Vetoed*

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 state of 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. *Vetoed*

SB 110 (Weiner) 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. *Vetoed*

XVIII. Reproductive Health

Chaptered

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. *Chapter 535, Statutes of 2021*

SB 65 (Skinner) Maternal care and services.

Establishes the California Momnibus Act. Requires the Office of Statewide Health Planning and Development 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. *Chapter 449, Statutes of 2021*

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. *Chapter 486, Statutes of 2021*

XIX. Senior Health

Chaptered

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. *Chapter 586, Statutes of 2021*

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. *Chapter 484, Statutes of 2021*

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. *Chapter 554, Statutes of 2021*

Vetoed

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 state of 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. *Vetoed*

XX. Tobacco

Chaptered

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. *Chapter 150, Statutes of 2021*

SB 395 (Caballero) Excise tax: electronic cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief 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 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. *Chapter 489, Statutes of 2021*

XXI. Vital Statistics

Chaptered

AB 439 (Bauer-Kahan) Certificates of death: gender identity.
Adds "nonbinary" as a gender identity option on death certificates. *Chapter 53, Statutes of 2021*

AB 751 (Irwin, Flora) 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. *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. *Chapter 177, Statutes of 2021*