# CALIFORNIA LEGISLATURE

## Assembly Committee on Health

# 2017 - 18

## LEGISLATIVE SUMMARY

# Assembly Committee on Health

# 2 0 1 7

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# Assembly Committee on Health

# 2 0 1 8

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## 01 Alcohol / Drug Programs

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Grants permanent authority for the Department of Health Care Services (DHCS) to annually establish and update the statewide maximum allowable reimbursement rates for Drug Medi-Cal (DMC) by means of bulletins or similar instructions. Authorizes DHCS to annually establish and update the DMC statewide maximum allowable reimbursement rates by means of bulletins or similar instructions without being required to adopt regulations until July 1, 2020. Chapter 643, Statutes of 2018.

**AB 395** **(Bocanegra) Substance abuse treatment providers.**
Modifies the specific controlled substances authorized for use in narcotic replacement therapy to include medication-assisted treatment and replaces references to controlled substances with references to medications; conforms the number of patients a physician can treat under office-based narcotic treatment program to federal law; and conforms billing requirements for Drug Medi-Cal substance use disorder services to current Medi-Cal billing requirements. Chapter 223, Statutes of 2017.

**AB 2861** **(Salas) Medi-Cal: telehealth: alcohol and drug use treatment.**
Requires a Drug Medi-Cal certified provider to receive reimbursement for individual counseling services provided through telehealth, as defined, by a licensed practitioner of the healing arts or registered or certified alcohol or other drug counselor, when medically necessary and in accordance with the Medicaid state plan, to the extent federal financial participation is available and any necessary federal approvals have been obtained. Requires the Department of Health Care Services to adopt regulations by July 1, 2022, to implement this bill, as specified. Chapter 500, Statutes of 2018.

**AB 3162** **(Friedman) Alcoholism or drug abuse treatment facilities.**
Requires new single licenses to operate an alcoholism or drug abuse recovery or treatment facility to be provisional for one year, as specified, and increases the civil penalties for license suspensions, revocations, and violations, as specified. Chapter 775, Statutes of 2018.

**SB 823** **(Hill) Alcohol and drug treatment abuse recovery and treatment facilities.**
Requires the Department of Health Care Services to adopt the American Society of Addiction Medicine treatment criteria, or an equivalent evidence-based standard, as the minimum standard of care for licensed adult alcoholism or drug abuse recovery or treatment facilities and, requires a licensee to maintain those standards with respect to the level of care to be provided by the licensee. Chapter 781, Statutes of 2018.

**SB 992** **(Hernandez) Alcoholism or drug abuse recovery or treatment facilities.**
Requires all alcoholism and drug abuse recovery or treatment facilities (RTFs) certified or licensed by the Department of Health Care Services (DHCS) to disclose specified information to DHCS. Requires RTFs to develop a plan to address relapses. Prohibits RTFs from denying admission to any individual based on the individual having a valid prescription from a licensed health care professional for a medication approved by the federal Food and Drug Administration for the purpose of narcotic replacement treatment or medication-assisted treatment of substance use disorders. Chapter 784, Statutes of 2018.

**SB 1045** **(Wiener and Stern) Conservatorship: serious mental illness and substance use disorders.**
Creates in Los Angeles, San Diego, and San Francisco Counties, until January 1, 2024, a new conservatorship process for individuals who are incapable of caring for their own health and well-being due to a serious mental illness and substance use disorder. Chapter 845, Statutes of 2018.

**SB 1228** **(Lara) Alcoholism or drug abuse recovery and treatment services: referrals.**
Prohibits a licensed alcoholism or drug abuse recovery and treatment facility, an alcohol or other drug program certified and registered, and certified counselors and licensed professionals, from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery and treatment services, as specified. Chapter 792, Statutes of 2018.

*Vetoed*

**AB 186** **(Eggman) Controlled substances: overdose prevention program.**
Would have authorized the City and County of San Francisco to approve entities to operate an overdose prevention program for adults supervised by healthcare professionals or other trained staff where people who use drugs could safely consume drugs and access referrals to addiction treatment. Would have sunset the program on January 1, 2022. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 186 without my signature. This bill authorizes the City and County of San Francisco to approve "overdose prevention programs," including the establishment of centers where illegal drugs can be injected under sanitary conditions. The supporters of this bill believe these "injection centers" will have positive impacts, including the reduction of deaths, disease and infections resulting from drug use. Other authorities-including law enforcement, drug court judges and some who provide rehabilitative treatment-strongly disagree that the "harm reduction" approach envisioned by AB 186 is beneficial. After great reflection, I conclude that the disadvantages of this bill far outweigh the possible benefits. Fundamentally, I do not believe that enabling illegal drug use in government sponsored injection centers-with no corresponding requirement that the user undergo treatment-will reduce drug addiction. In addition, although this bill creates immunity under state law, it can't create such immunity under federal law. In fact, the United States Attorney General has already threatened prosecution and it would be irresponsible to expose local officials and health care professionals to potential federal criminal charges. Our paramount goal must be to reduce the use of illegal drugs and opioids that daily enslaves human beings and wreaks havoc in our communities. California has never had enough drug treatment programs

and does not have enough now. Residential, outpatient and case management-all are needed, voluntarily undertaken or coercively imposed by our courts. Both incentives and sanctions are needed. One without the other is futile. There is no silver bullet, quick fix or piecemeal approach that will work. A comprehensive effort at the state and local level is required. Fortunately, under the Affordable Care Act, California now has federal money to support a much expanded system of care for the addicted. That's the route we should follow: involving many parties and many elements in a thoroughly integrated undertaking. I repeat, enabling illegal and destructive drug use will never work. The community must have the authority and the laws to require compassionate but effective and mandatory treatment. AB 186 is all carrot and no stick."

## AB 532 (Waldron) Drug courts: drug and alcohol assistance.

Would have authorized a court to develop a program to offer mental health and addiction treatment services, as defined, to women charged with specified non-felony complaints and would have sunset the provisions of this bill on January 1, 2020. ***Vetoed.***

*Veto Message:* "This bill authorizes a court to collaborate with outside organizations to develop a program to offer mental health and addiction treatment services to women charged with specified non-felony complaints. The programs to assist women in jail contemplated by this bill are laudatory, but the judicial branch already has full authority to develop collaborative courts which address these kinds of treatment services."

## SB 275 (Portantino) Alcohol and drug treatment: youth.

Would have established the Children, Adolescents, and Young Adults Substance Use Disorder Treatment Act. Would have required the Department of Health Care Services (DHCS) to convene an expert panel to advise DHCS solely on the development of youth substance use disorder (SUD) treatment quality standards, as specified. Would have defined youth SUD treatment services to include any publicly funded direct services intended to treat SUDs for individuals from birth to 26 years of age. ***Vetoed.***

*Veto Message:* "I am returning the following bills without my signature. AB 180, SB 275, SB 707. Each of these bills requires the Department of Health Care Services to establish a stakeholder process to deliberate and advise the department on an issue with Medi-Cal. Not every problem with Medi-Cal needs or deserves a public stakeholder process. The department regularly collaborates with stakeholders including interested organizations, experts, partners and colleagues. I am confident it will continue to do so."

**SB 1019** **(Beall) Youth mental health and substance use disorder services.**
Would have required the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of existing Investment in Mental Health Wellness Act of 2013 triage grant program funds to the County and Local Education Agency Partnership Fund through a competitive grant process, to support prevention, early intervention, and direct services to pupils on school campuses. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 1019 without my signature. This bill would require the Mental Health Services Oversight and Accountability Commission to allocate at least half of its triage grant funds to local education and mental health partnerships. The bill as written would limit the Commission's authority to exercise its judgment in the distribution of these grants. I believe the better practice would be to leave this matter to the Commission."

## 02 California Health Benefits Review Program: CHBRP

*Chaptered*

**AB 1074 (Maienschein) Health care coverage: pervasive developmental disorder or autism.**
Makes changes to the requirements for qualified autism service (QAS) providers and QAS paraprofessionals for purposes of behavioral health therapy coverage by health care service plans and health insurers. Chapter 385, Statutes of 2017.

**AB 1316 (Quirk and Cristina Garcia) Public health: childhood lead poisoning: prevention.**
Revises the existing standard of care for children determined to be at risk for lead poisoning and requires all children to be screened for blood lead levels. Chapter 507, Statutes of 2017.

**AB 1860 (Limón and Cervantes) Health care coverage: cancer treatment.**
Increases the $200 copayment and coinsurance limit to $250 and extends the sunset date from January 1, 2019, to January 1, 2024 for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells. Chapter 427, Statutes of 2018.

**AB 2193 (Maienschein) Maternal mental health.**
Requires a health care service plan or insurer to develop a maternal mental health (MMH) program by July 1, 2019, and requires a licensed health care practitioner who provides prenatal or postpartum care for a patient to ensure the mother is offered screening or is appropriately screened for MMH conditions. Chapter 755, Statutes of 2018.

**AB 2861 (Salas) Medi-Cal: telehealth: alcohol and drug use treatment.**
Requires a Drug Medi-Cal certified provider to receive reimbursement for individual counseling services provided through telehealth, as defined, by a licensed practitioner of the healing arts or registered or certified alcohol or other drug counselor, when medically necessary and in accordance with the Medicaid state plan, to the extent federal financial participation is available and any necessary federal approvals have been obtained. Requires the Department of Health Care Services to adopt regulations by July 1, 2022, to implement this bill, as specified. Chapter 500, Statutes of 2018.

**AB 2893 (Waldron) California Health Benefit Review Program: financial impacts.**
Requests the California Health Benefit Review Program, within the University of California, when assessing legislation proposing to mandate a benefit or service, to include in the financial impacts, one subsequent state fiscal year, or if applicable, the anticipated costs or savings upon estimated implementation for the subsequent two state fiscal years through a long-range estimate. Chapter 326, Statutes of 2018.

*Vetoed*

## AB 391 (Chiu and Gomez) Medi-Cal: asthma preventive services.

Would have established the Asthma Preventive Services Program Act of 2017 and provided coverage of asthma preventive services under the Medi-Cal program. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bills 391 and 447 without my signature. These bills expand benefits in the Medi-Cal program, one for asthma preventative services and one for continuous glucose monitor medical devices. The Department of Health Care Services, however, has considerable administrative authority to make changes to benefits based upon new medical evidence and clinical guidelines. Therefore, these statutory changes are unnecessary."

## SB 399 (Portantino) Health care coverage: pervasive developmental disorder or autism.

Would have revised existing requirements on health plans and health insurers to cover behavioral health treatment (BHT) for pervasive developmental disorder or autism, such as allowing the substitution of specified current education, work experience, and training qualifications to meet the criteria of a qualified autism service professional or paraprofessional. Would have prohibited a health plan and health insurer from denying or reducing medically necessary BHT based on a lack of parent or caregiver participation, or on the setting, location, or time of treatment, as specified. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 399 without my signature. This bill would revise qualification standards for providers of behavioral health treatment for individuals with autism. Standards for autism providers were updated last year. I'm not inclined to revise them again."

## AB 447 (Gray) Medi-Cal: covered benefits: continuous glucose monitors.

Would have provided Medi-Cal coverage for continuous glucose monitors when medically necessary for the management and treatment of diabetes mellitus, subject to utilization controls, and to the extent that federal financial participation is available and any necessary federal approvals have been obtained. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bills 391 and 447 without my signature. These bills expand benefits in the Medi-Cal program, one for asthma preventative services and one for continuous glucose monitor medical devices. The Department of Health Care Services, however, has considerable administrative authority to make changes to benefits based upon new medical evidence and clinical guidelines. Therefore, these statutory changes are unnecessary."

## AB 1534 (Nazarian) Health care coverage: HIV specialists.

Would have designated a human immunodeficiency virus (HIV) specialist as an eligible primary care provider (PCP) for a health plan policy that is issued, amended, or renewed on or after January 1, 2018, and that provided hospital, medical, or surgical coverage, if the HIV specialist requested provider status and met the health plan's eligibility criteria for all specialists seeking PCP status. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 1534 without my signature. This bill would require health plans and insurers to accept doctors who specialize in HIV as primary care providers. Existing law allows specialists to serve as primary care providers when patients require continuing care from a particular specialist. It's not necessary to call out this particular specialty in statute."

## AB 2342 (Burke and Waldron) Breast and ovarian cancer susceptibility screening.

Would have required health plans, health insurers, and the Department of Health Care Services to provide coverage for breast and ovarian cancer susceptibility screening as recommended by the United States Preventive Services Task Force. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

## AB 2384 (Arambula) Medication-assisted treatment.

Would have required, until January 1, 2024, a health care service plan (excluding Medi-Cal managed care plans), or a health insurer that provides prescription drug benefits to cover, at a minimum, at least one version of each of the medication assisted treatment, relapse prevention, or overdose reversal prescription drugs approved by the federal Food and Drug Administration, for opioids use disorder regardless of whether a drug is self-administered or administered by a health care provider, as specified. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2384 without my signature. This bill requires health plans to cover at least one version of each drug used in medication-assisted treatment for opioid disorders and restricts health plans' ability to manage the utilization of these drugs. While the drugs specified in this bill are useful to treat opioid addiction, I'm not willing to eliminate requirements that may be in the best interest of patients."

## 03 Children's Health

*Chaptered*

**AB 340** **(Arambula) Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.**
Requires the Department of Health Care Services (DHCS), in consultation with the Department of Social Services, county mental health, managed care plan, behavioral health, and child welfare experts, and stakeholders, to convene an advisory working group (Workgroup) to update, amend, or develop tools and protocols for the screening of children for trauma, within the Early and Periodic Screening, Diagnosis, and Treatment benefit by May 1, 2018; requires the Workgroup to report its findings and recommendations to DHCS and to the Legislature no later than May 1, 2019; and disband the Workgroup on December 31, 2019. Chapter 700, Statutes of 2017.

**AB 2022** **(Chu) Pupil mental health services: school notification.**
Requires each school of a school district or county office of education and charter schools to notify students and parents or guardians of pupils, at least twice per school year, how to initiate access to available student mental health services on campus or in the community. Chapter 759, Statutes of 2018.

**AB 2315** **(Quirk-Silva) Pupil health: mental and behavioral health services: telehealth technology: guidelines.**
Requires the California Department of Education, in consultation with the Department of Health Care Services and appropriate stakeholders with experience in telehealth, to develop guidelines on or before July 1, 2020, for the use of telehealth technology to provide mental health and behavioral health services to pupils on public school campuses, including charter schools. Chapter 484, Statutes of 2018.

**AB 3192** **(O'Donnell) LEA Medi-Cal billing option: program guide.**
Requires the Department of Health Care Services, in consultation with the Local Education Agency (LEA) Ad Hoc Workgroup and the California Department of Education, to prepare and complete a fiscal and compliance audit guide of the LEA Medi-Cal billing option, for distribution by June 30, 2019, and subject to approval by the LEA Ad Hoc Workgroup. Chapter 658, Statutes of 2018.

**ACR 8** **(Jones-Sawyer) Adverse childhood experiences: post-traumatic "street" disorder.**
Recognizes adverse childhood experiences, also known as post-traumatic "street" disorder in communities of color, having lasting negative outcomes to both physical and mental health with growing implications for our state. Resolution Chapter 139, Statutes of 2017.

**ACR 108** **(Bonta) "Food as Medicine" programs.**
Encourages local jurisdictions across California to create Food as Medicine programs to address the obesity and diabetes epidemics. Includes findings related to the incidence and societal cost of diabetes and obesity and the value of healthy eating in preventing them. Resolution Chapter 166, Statutes of 2017.

**ACR 113** **(Rubio) Breastfeeding Awareness Month of 2017.**
Recognizes August 2017 as the Breastfeeding Awareness Month of 2017 in California and encourages Californians to work together to support breastfeeding. Resolution Chapter 167, Statutes of 2017.

**ACR 234** **(Rubio) Breastfeeding Awareness Month of 2018.**
Recognizes August 2018 as the Breastfeeding Awareness Month of 2018 in California and affirms that the State of California should work to ensure that barriers to initiation and continuation of breastfeeding are removed. Resolution Chapter 200, Statutes of 2018.

**SB 220** **(Pan) Medi-Cal Children's Health Advisory Panel.**
Limits the terms of members of the Medi-Cal Children's Health Advisory Panel (MCHAP) in the Department of Health Care Services (DHCS), permits DHCS greater flexibility in appointing three parent positions to MCHAP, and permits a MCHAP member to be removed by DHCS, in consultation with the Chair, if the removal is determined to be necessary by the Director of DHCS. Chapter 280, Statutes of 2017.

**SB 379** **(Atkins) Pupil health: oral health assessment.**
Modifies the current oral health assessment requirement for pupils in public schools, including: 1) authorizing schools that offer schoolsite-based oral health assessments to use a passive consent process; 2) adding requirements to reports submitted by school districts; and, 3) encouraging all school districts to report to a system designated by the state Dental Director for collection of the required reports. Chapter 772, Statutes of 2017.

**SB 557** **(Hernandez) Food donations: schools.**
Requires the California Department of Education to update its guidance on the donation of leftover food to allow a public school cafeteria to donate food to a food bank or other nonprofit charitable organization for distribution to persons free of charge and permits local education agencies to include whole uncut produce, unopened bags of sliced fruit, and unopened containers of milk, as specified, to be made available to food service staff, pupils, and faculty to minimize waste. Chapter 285, Statutes of 2017.

**SB 1041** **(Leyva) Childhood lead poisoning prevention.**
Requires the Department of Public Health (DPH) to notify health care providers who perform periodic health assessments for children that all children at risk of lead exposure receive blood lead screening tests, and requires those health care providers to inform parents and guardians of the requirement that children enrolled and not enrolled in Medi-Cal receive blood lead screening tests, as specified. Chapter 690, Statutes of 2018.

**SB 1287** **(Hernandez) Medi-Cal: medically necessary services.**
Establishes a definition for medically necessary services for individuals under 21 years of age; and, requires Medi-Cal providers to update any model evidence of coverage documents, beneficiary handbooks, and related material to reflect the provisions of this bill. Chapter 855, Statutes of 2018.

*Vetoed*

**AB 11** **(McCarty and Bonta) Early and Periodic Screening, Diagnosis, and Treatment Program: screening services.**

Would have required screening services available under the Early and Periodic Screening, Diagnostic, and Treatment Program, consistent with federal law, to include developmental screening services for individuals zero to three years of age, inclusive. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 11 without my signature. This bill would require developmental screening of children from birth to age three in Medi-Cal and impose annual reporting requirements to assess managed care plan compliance. The Medi-Cal State Plan already requires providers to screen children for developmental delays according to the schedule recommended by the American Academy of Pediatrics. Codifying this requirement and producing another costly report is not necessary."

**AB 1801** **(Nazarian) Newborns: cytomegalovirus public education and testing.**

Would have required the California Department of Health Care Services to establish a Commission on Cytomegalovirus Public Education and Testing, as specified. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 1801 without my signature. This bill would require the Department of Health Care Services to establish a 13-member Commission to identify public educational resources for, and examine research and data relating to, Cytomegalovirus, a non-genetic virus which causes birth defects. Researching, educating and testing for diseases in newborns is the function of the Department of Public Health's Newborn Screening program. I encourage the author to work with this department to review and assess this disease rather than create a new governmental body in a different department."

**AB 2122** **(Reyes) Medi-Cal: blood lead screening tests.**

Would have required the Department of Health Care Services (DHCS) to prepare provider training guidelines, curriculum and resources to educate providers about childhood lead poisoning prevention, exposure risks, health effects, and sources of exposure. Would have required DHCS to ensure contracted Medi-Cal managed care plan providers comply with specified requirements, including meeting the standard of care for early and periodic screening when providing lead testing. Would have required DHCS to ensure that children in specified age groups receive blood lead screening tests. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2122 without my signature. This bill would set statewide goals for blood lead level screening tests for children in Medi-Cal and require the Department of Health Care Services to ensure these goals are met. Lead exposure in children is a serious health concern and I share the author's desire to increase the number of Medi-Cal children who are screened. The department, however, already requires in its contracts with managed care plans and providers that children receive screenings in accordance with federal and state regulations. Updated and more thorough data on periodic screening tests is being developed with the Department of Public Health to assist in tracking compliance. I believe the department should continue its current efforts working with managed care plans, health care providers and public health officials to determine what additional policies and practices may be necessary to improve screening rates."

**AB 2691** **(Jones-Sawyer) Pupil health: pupil and school staff trauma: Trauma-Informed Schools Initiative.**

Would have established the Trauma-Informed Schools Initiative within the California Department of Education (CDE), contingent upon the availability of funding, and would have required CDE to: provide information regarding the trauma-informed care approach to school districts and charter schools; develop a guide for schools on how to become trauma-informed schools; offer training on the trauma-informed care approach to schools; and, develop and post online a Website about the Trauma-Informed Schools Initiative. Would have required, if the CDE implemented the initiative, each school district and charter school to provide the Website address to parents and guardians of pupils. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2691 without my signature. This bill would establish the "Trauma-Informed Schools Initiative" within the Department of Education at state headquarters "to address the impact of ACEs [Adverse Childhood Experiences] on the educational outcomes of California pupils". It's a no brainer that our schools should be sensitive to the unique and diverse characteristics of all students. With that goal in mind, I have signed dozens of bills that have sought to ensure that all our students are free from discrimination, bullying, or any other form of disrespect. While this bill is intended to do good, I am alarmed by the amount of jargon it creates and the inevitable labeling it will encourage. The issues here are best handled by local schools -- and in plain English."

**SB 1019** **(Beall) Youth mental health and substance use disorder services.**

Would have required the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of existing Investment in Mental Health Wellness Act of 2013 triage grant program funds to the County and Local Education Agency Partnership Fund through a competitive grant process, to support prevention, early intervention, and direct services to pupils on school campuses. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 1019 without my signature. This bill would require the Mental Health Services Oversight and Accountability Commission to allocate at least half of its triage grant funds to local education and mental health partnerships. The bill as written would limit the Commission's authority to exercise its judgment in the distribution of these grants. I believe the better practice would be to leave this matter to the Commission."

## 04 Chronic Health / Cancer

*Chaptered*

**AB 1386** **(Waldron) Genomic cancer testing pilot program.**
Requires the Department of Health Care Services to include information relating to breast cancer susceptibility gene mutations in the next revision of a brochure that is provided to cancer patients. Chapter 693, Statutes of 2017.

**AB 1860** **(Limón and Cervantes) Health care coverage: cancer treatment.**
Increases the $200 copayment and coinsurance limit to $250 and extends the sunset date from January 1, 2019, to January 1, 2024 for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells. Chapter 427, Statutes of 2018.

**ACR 108** **(Bonta) "Food as Medicine" programs.**
Encourages local jurisdictions across California to create Food as Medicine programs to address the obesity and diabetes epidemics. Includes findings related to the incidence and societal cost of diabetes and obesity and the value of healthy eating in preventing them. Resolution Chapter 166, Statutes of 2017.

**SB 239** **(Wiener) Infectious and communicable diseases: HIV and AIDS: criminal penalties.**
Modifies criminal penalties related to the intentional transmission of the human immunodeficiency virus to another person and specifies a higher punishment than which applies to other communicable diseases. Makes reckless exposure of another to a communicable disease punishable as a misdemeanor. Chapter 537, Statutes of 2017.

**SB 294** **(Hernandez) Hospices: palliative care.**
Authorizes a licensed hospice, until January 1, 2022, to provide interdisciplinary hospice services to a patient with a serious illness authorized in the Hospice Licensure Act of 1990 as determined by the physician and surgeon in charge of the care of the patient, including if the patient is continuing to receive curative treatment from other licensed health care professionals. Chapter 515, Statutes of 2017.

**SB 512** **(Hernandez) Health care practitioners: stem cell therapy.**
Requires health care practitioners who perform stem cell therapy that is not United States Food and Drug Administration (FDA)-approved to provide patients with a notice that the therapy is not FDA-approved. Requires the Medical Board of California to report complaints received and disciplinary actions taken against licensed physicians for administering non-FDA approved stem cell therapies. Chapter 428, Statutes of 2017.

**SB 1292** **(Hueso) Alzheimer's disease.**

Requires the Center for Healthy Communities, within the Department of Public Health, to update the 2009 Alzheimer's Disease Facts and Figures in California: Current Status and Future Projections (Report) to quantify the burden of Alzheimer's disease on at-risk and underrepresented populations, including African Americans, Asian-Pacific Islanders, Latinos, Hispanics, and women; and, requires the Report to be updated on or before January 1, 2021 and sunset the new provisions of the bill on January 1, 2025. Chapter 737, Statutes of 2018.

*Vetoed*

**AB 1279** **(Salas) Valley fever.**

Would have required the Department of Public Health to develop and implement public outreach programs to educate the public about coccidioidomycosis, commonly referred to as valley fever. ***Vetoed.***

*Veto Message:* "This bill requires the Department of Public Health to develop outreach programs to educate the public about Valley Fever. The department already provides fact sheets, brochures, posters and other educational materials to raise awareness of this disease. Expanding this program would necessitate additional resources which should be considered along with other funding requests as part of the budget process."

**AB 2342** **(Burke and Waldron) Breast and ovarian cancer susceptibility screening.**

Would have required health plans, health insurers, and the Department of Health Care Services to provide coverage for breast and ovarian cancer susceptibility screening as recommended by the United States Preventive Services Task Force. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

**SB 643** **(Pan) The Holden-Moscone-Garamendi Genetically Handicapped Persons Program: Duchenne muscular dystrophy.**

Would have added Duchenne muscular dystrophy to the list of medical conditions eligible for the Genetically Handicapped Persons Program. ***Vetoed.***

*Veto Message:* "This bill adds Duchenne muscular dystrophy to the list of medical conditions eligible for health care coverage under the Genetically Handicapped Persons Program. California's implementation of the Affordable Care Act has expanded subsidized health care coverage provided by Medi-Cal and Covered California so coverage is available to adults with serious genetic diseases such as Duchenne. As such, there is no longer a need to expand specialized coverage programs."

## 05 Covered CA (Exchange)

*Chaptered*

**AB 156** **(Wood) Individual market: single risk pool: index rate.**
Deletes references to the federal transitional reinsurance program in the individual and small group market, and revises the enrollment periods for individual health benefit plans offered outside of the California Health Benefit Exchange (Exchange) and through the Exchange for policy years beginning on or after 2019. Chapter 468, Statutes of 2017.

**SB 1245** **(Leyva) Covered California.**
Extends the emergency regulatory authority of the board governing California's Health Benefits Exchange (Exchange), also known as Covered California, until January 1, 2022, with two readoptions until January 1, 2027. Requires the board governing the Exchange to discuss the regulations during at least one properly noticed board meeting prior to its adoption by Covered California. Chapter 417, Statutes of 2018.

## 06 Denti-Cal / Oral Health

*Chaptered*

**SB 379** **(Atkins) Pupil health: oral health assessment.**
Modifies the current oral health assessment requirement for pupils in public schools, including: 1) authorizing schools that offer schoolsite-based oral health assessments to use a passive consent process; 2) adding requirements to reports submitted by school districts; and, 3) encouraging all school districts to report to a system designated by the state Dental Director for collection of the required reports. Chapter 772, Statutes of 2017.

**SB 1008** **(Skinner) Health insurance: dental services: reporting and disclosures.**
Requires a health plan or health insurance policy that issues, sells, renews, or offers a contract or insurance policy that covers dental services to utilize a uniform benefits and coverage disclosure matrix. Changes the annual medical loss ratio (MLR) report filing requirement of specialized dental plans or insurers to be filed with the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) from September 30 each year to July 31 of each year, and requires DMHC or CDI to post a plan's or insurer's MLR annual report on their Internet Websites within 45 days after receiving the report. Chapter 933, Statutes of 2018.

*Vetoed*

**SB 707** **(Cannella) Medi-Cal: Denti-Cal Advisory Group.**
Would have established within the Department of Health Care Services, the Medi-Cal Dental Advisory Group and specified the duties of the advisory group and its members and required an annual report to the Legislature. ***Vetoed.***

*Veto Message:* "I am returning the following bills without my signature. AB 180, SB 275, SB 707. Each of these bills requires the Department of Health Care Services to establish a stakeholder process to deliberate and advise the department on an issue with Medi-Cal. Not every problem with Medi-Cal needs or deserves a public stakeholder process. The department regularly collaborates with stakeholders including interested organizations, experts, partners and colleagues. I am confident it will continue to do so."

**SB 1148** **(Pan) Medi-Cal: restorative dental services.**
Would have added silver diamine fluoride when used as a caries arresting agent, as a benefit under the Medi-Cal Dental Program, provided specified conditions are met. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

## 07 Emergency Medical Services

*Chaptered*

**AB 545** **(Bigelow) Joint powers agreements: County of El Dorado: nonprofit hospitals.**
Authorizes a private, nonprofit hospital in the County of El Dorado to enter into a joint powers agreement with a public agency. Chapter 124, Statutes of 2017.

**AB 1119** **(Limón) Developmental and mental health services: information and records: confidentiality.**
Authorizes the disclosure of patient information and records of individuals with developmental and mental health disabilities who are voluntarily or involuntarily detained, including those detained under the Lanterman-Petris-Short Act, during the provision of emergency services and care, as defined, including the communication of patient information between a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, emergency medical personnel at the scene of an emergency or in an emergency medical transport vehicle, or other professional person or emergency medical personnel at a health facility, as specified. Makes other technical and non-substantive changes. Chapter 323, Statutes of 2017.

**AB 1776** **(Steinorth) Emergency medical transport of police dogs: pilot project.**
Authorizes the County of San Bernardino to work with the Inland Counties Emergency Medical Agency to conduct a pilot project, beginning January 1, 2019, that would authorize an emergency medical technician to provide emergency transportation for a police dog injured in the line of duty to a facility capable of providing veterinary medical services if there is not a person requiring medical attention or medical transportation at the time the decision is made to transport the police dog. Chapter 272, Statutes of 2018.

**AB 2293** **(Reyes) Emergency medical services: report.**
Requires local emergency medical services agencies to annually submit to the Emergency Medical Services Authority (EMSA), by July 1 of each year, data on the approval or denial of EMT-I or EMT-II applicants who have prior criminal convictions, and requires EMSA to make an annual report to the Legislature. Sunsets the provisions in this bill on July 1, 2024. Chapter 342, Statutes of 2018.

**AB 2961** **(O'Donnell) Emergency medical services.**
Requires, on or before July 1, 2019, local emergency medical service agencies (LEMSAs) to transmit patient offload time data to the Emergency Medical Services Authority (EMSA), and requires EMSA, upon receipt of the data, to calculate ambulance patient offload time by LEMSA jurisdiction and by each facility in a LEMSA jurisdiction. Chapter 656, Statutes of 2018.

**SB 432** **(Pan) Emergency medical services.**
Revises the required communicable disease exposure notification procedure for emergency medical care providers by requiring a health facility to immediately notify a prehospital emergency medical care provider upon determining that a person who received emergency medical services is diagnosed with a reportable communicable disease or condition, in addition to the existing requirement that provides notification to the county health officer, who in turn notifies the emergency medical care provider. Chapter 426, Statutes of 2017.

**SB 1495** **(Committee on Health) Health.**
Makes noncontroversial revisions to various provisions of existing law, including revising the reporting structure of law enforcement personnel at state hospitals; revising the mental health services performance contract requirements; hospice licensing requirements; and, making clean-up changes to two recently enacted bills. Chapter 424, Statutes of 2018.

*Vetoed*

**AB 1116** **(Grayson) Peer Support and Crisis Referral Services Pilot Program.**
Would have enacted the Peer Support and Crisis Referral Services Pilot Program to provide peer support and crisis referral services for California's correctional peace officers, parole officers, and firefighters. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 1116 without my signature. This bill creates a pilot peer support program for state correctional and parole officers, firefighters, paramedics, emergency medical technicians, and dispatchers. I appreciate the author's sincere attempt to address the occupational stress experienced by some of our bravest public servants. However, I believe that the scope of confidentiality afforded under this bill is too broad and fails to strike the right balance between fostering collegial trust and concealing information necessary to ensure safe and healthy workplaces. Further, peer support programs are already in place for many public safety personnel, making this narrow pilot program largely duplicative and potentially in conflict with existing programs. I would recommend that instead of new statutory provisions, the sponsors and author work with the affected agencies to improve existing programs."

**AB 3115** **(Gipson) Community Paramedicine or Triage to Alternate Destination Act.**
Would have established the Community Paramedicine or Triage to Alternate Destination Act of 2018 to establish state guidelines to govern the implementation of community paramedicine programs or triage to alternate destination programs by local Emergency Medical Service agencies in California. Would have sunset the provisions of this bill on January 1, 2025. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 3115 without my signature. This bill would permit local emergency medical services agencies to develop community paramedicine programs under prescribed state rules. Through the health workforce pilot project started in 2014, local community paramedicine programs are using paramedics to assist in the transportation and care of patients in settings other than an emergency room. While this bill has the good intention of making the pilot project permanent, it restricts the types of facilities to which patients can be transported. It also limits the discretion of local governments to design and manage their projects in the way they think best. I support these innovative local efforts and believe they should be expanded but without the

restrictions contained in this bill. To achieve that, I am directing the continuation of the existing pilot project and encouraging all of the interested parties to work together to make this program permanent."

**SB 687** **(Skinner) Health facilities: emergency centers: Attorney General.**
Would have required a nonprofit corporation that operates a health facility that includes a licensed emergency center, regardless of whether it is currently operating or providing health care services or has a suspended license, to obtain written consent from the Attorney General prior to a planned elimination or reduction in the level of emergency medical services provided. ***Vetoed.***

*Veto Message:* "This bill requires a nonprofit hospital to receive approval from the Attorney General prior to reducing or eliminating services in its emergency department. A hospital's decision to reduce or eliminate emergency services poses real challenges for a community. This is why current law requires public notice prior to a hospital taking such an action. Removing a hospital's authority to determine emergency service needs, however, will not solve the underlying financial issues that typically force these decisions. An Attorney General decision to prohibit a reduction or elimination of these services may hasten the reduction of other services or closure of the entire hospital."

## 08 Food Safety / Nutrition

*Chaptered*

**AB 626** **(Eduardo Garcia and Arambula) California Retail Food Code: microenterprise home kitchen operations.**
Establishes "microenterprise home kitchens (MHKs)" as a new category of retail food facility, that cities or counties would have discretion to authorize and permit, to be operated by a resident in a private home, subject to specified requirements. Subjects MHKs to the requirements of a restricted food service facility, with numerous exemptions from these requirements primarily to accommodate the differences between a home kitchen and a commercial kitchen. Limits MHKs to selling food directly to consumers, but specifies that the sale of food through an Internet food service intermediary is considered a direct sale to consumers, and establishes requirements on these intermediaries. Chapter 470, Statutes of 2018.

**AB 836** **(Chiu) Vending machines: bulk food.**
Permits the Department of Public Health to issue a variance for dispensing bulk potentially hazardous food from vending machines. Chapter 259, Statutes of 2017.

**AB 954** **(Chiu) Food labeling: guidelines: quality and safety dates.**
Requires the Department of Food and Agriculture, in consultation with the Department of Public Health, to publish information that encourages food manufacturers, processors, and retailers responsible for the labeling of food products to voluntarily use specified "best by" and "use by" labels that communicate quality and safety dates, respectively. Chapter 787, Statutes of 2017.

**AB 2178** **(Limón) Limited service charitable feeding operation.**
Expands the definition of a food facility to include a limited service charitable feeding operation whose purpose is to feed food-insecure individuals and requires limited service charitable feeding operations to register with the local enforcement agency. Chapter 489, Statutes of 2018.

**AB 2524** **(Wood) California Retail Food Code.**
Expands the definition of a food facility to include a catering operation and a host facility, and allows a catering operation to serve food at specified host facilities, breweries, wineries, or other locations approved by the local enforcement agency. Chapter 493, Statutes of 2018.

**ACR 108** **(Bonta) "Food as Medicine" programs.**
Encourages local jurisdictions across California to create Food as Medicine programs to address the obesity and diabetes epidemics. Includes findings related to the incidence and societal cost of diabetes and obesity and the value of healthy eating in preventing them. Resolution Chapter 166, Statutes of 2017.

**SB 557** **(Hernandez) Food donations: schools.**
Requires the California Department of Education to update its guidance on the donation of leftover food to allow a public school cafeteria to donate food to a food bank or other nonprofit charitable organization for distribution to persons free of charge and permits local education agencies to include whole uncut produce, unopened bags of sliced fruit, and unopened containers of milk, as specified, to be made available to food service staff, pupils, and faculty to minimize waste. Chapter 285, Statutes of 2017.

**SB 1138** **(Skinner) Food options: plant-based meals.**
Requires hospitals and long-term care facilities, as defined, and prisons, to make wholesome, plant-based meals available to patients and prisoners. Chapter 512, Statutes of 2018.

**SB 1192** **(Monning) Children's meals.**
Requires a restaurant that sells a children's meal to make the default beverage be water, unflavored milk, or a nondairy milk alternative. Chapter 608, Statutes of 2018.

*Vetoed*

**AB 1461** **(Thurmond) Food facility employee: food handler cards.**
Would have required an employee of a food facility that offers meal subscription plans, who is a food handler and who also works in whole or in part with unpackaged food, to obtain a food handler card. ***Vetoed.***

*Veto Message:* "This bill requires employees of a food facility that offers a meal subscription plan to obtain food handler cards if they work with unpackaged food. This bill attempts to regulate a burgeoning new business model of home food delivery. I'm not convinced, however, that the existing regulatory scheme for food facilities is suitable for this new industry. I encourage the Legislature to continue to work on this issue with the Department of Public Health and interested stakeholders to ensure food safety is protected and innovation is encouraged."

## 09 Health Care Facilities

*Chaptered*

**AB 275** **(Wood) Long-term care facilities: requirements for changes resulting in the inability of the facility to care for its residents.**
Extends the timeline and notice periods that long-term care (LTC) facilities are required to give residents, their families, the Department of Public Health, the Department of Health Care Services and the Office of the State LTC Ombudsman when they are planning to close. Clarifies and strengthens requirements to medically and socially assess residents in order to prevent and reduce transfer trauma. Requires LTC facilities, as part of their relocation plans, to provide specific information regarding the number of residents who do not have the capacity to make decisions for themselves, the availability of alternative LTC beds in the community, and the reason for the proposed closure, among other things. Chapter 185, Statutes of 2017.

**AB 417** **(Limón) Acute psychiatric hospital: County of Ventura: outpatient mental health services.**
Authorizes the Department of Public Health (DPH), for a period of no more than 180 days, to permit an acute psychiatric hospital (APH) that was affected by a wildfire during the month of December 2017 and that is in the County of Ventura to provide outpatient mental health services that were approved by DPH and operational as supplemental services before the wildfire occurred, while the inpatient operations of the APH are voluntarily suspended. Makes the provisions of this bill inoperative on November 1, 2018. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 9, Statutes of 2018.

**AB 545** **(Bigelow) Joint powers agreements: County of El Dorado: nonprofit hospitals.**
Authorizes a private, nonprofit hospital in the County of El Dorado to enter into a joint powers agreement with a public agency. Chapter 124, Statutes of 2017.

**AB 651** **(Muratsuchi) Nonprofit health facilities: sale of assets: Attorney General approval.**
Extends the time frame the Attorney General (AG) has to approve or reject the proposed sale of a nonprofit health facility from 60 to 90 days, requires the public notice of a hearing regarding the proposed sale to be provided in English, the primary languages spoken at the facility, and the threshold languages for Medi-Cal as determined by the Department of Health Care Services for the county in which the facility is located. Requires the AG to consider whether the sale will have a significant effect on the availability and accessibility of cultural interests provided by the facility in the affected community. Chapter 782, Statutes of 2017.

**AB 653** **(Cunningham) Joint powers agreements: County of Santa Barbara: nonprofit hospitals.**
Authorizes a nonprofit hospital in Santa Barbara County to enter into a joint powers agreements with a public agency. Chapter 706, Statutes of 2018.

**AB 908** **(Dababneh) Hospitals: seismic safety.**
Authorizes Providence Tarzana Medical Center in Los Angeles to request an additional extension, until October 1, 2022, of the seismic safety requirement that hospital buildings must be rebuilt or retrofitted in order to be capable of withstanding an earthquake. Chapter 350, Statutes of 2017.

**AB 1014** **(Cooper) Diesel backup generators: health facility.**
Requires a health facility to test and maintain each of its diesel backup generators and standby systems in conformance with the edition of the National Fire Protection Association 110: Standard for Emergency and Standby Power Systems adopted by the Life Safety Code and the Centers for Medicare and Medicaid Services. Applies the provisions of this bill to: general acute care hospitals; acute psychiatric hospitals; skilled nursing facilities; intermediate care facilities; intermediate care facilities/Developmentally Disabled; special hospitals; and, nursing facilities. Chapter 145, Statutes of 2017.

**AB 1048** **(Arambula) Health care: pain management and Schedule II drug prescriptions.**
Allows a pharmacist to dispense a partial fill of a prescription for a Schedule II controlled substance, prohibits a pharmacy from charging any additional fees for prescriptions dispensed as partial fills, and removes the requirement that health facilities assess pain at the same time as vital signs. Chapter 615, Statutes of 2017.

**AB 1102** **(Rodriguez) Health facilities: whistleblower protections.**
Increases the maximum criminal fine, from $20,000 to $75,000, for violations of whistleblower protection laws that apply to patients, employees and other health care workers of hospitals. Chapter 275, Statutes of 2017.

**AB 1411** **(Cristina Garcia) Health care facilities: rehabilitation innovation centers.**
Establishes the Preserving Rehabilitation Innovation Centers Act of 2017 which defines a "rehabilitation innovation center" as a not-for-profit or government-owned rehabilitation facility that meets specified requirements, and makes various findings and declarations regarding the importance of supporting these institutions so they can continue to lead the nation's efforts to provide cutting-edge medical care to the most complex rehabilitation patients. Chapter 386, Statutes of 2017.

**AB 1953** **(Wood) Skilled nursing facilities: disclosure of interests in business providing services.**
Requires skilled nursing facilities (SNFs) to disclose to the Office of Statewide Health Planning and Development whether the SNF, or any partner, director or officer of the SNF, has an ownership or controlling interest of 5% or more in a related party that provides any service to the SNF. Chapter 383, Statutes of 2018.

**AB 2190** **(Reyes) Hospitals: seismic safety.**
Provides for an extension of the January 1, 2020, hospital seismic safety deadline of up to 30 months (until July 1, 2022) for hospitals that plan to replace or retrofit a building to at least the 2020 standard of Seismic Performance Category - 2 (SPC), and up to five years (January 1, 2025) for hospitals that plan to rebuild to SPC-4D or SPC-5 standards that meet 2030 standards. Chapter 673, Statutes of 2018.

**AB 2204** **(Gray) Clinics: licensure and regulation: exemption.**
Increases from 30 to 40, the number of hours per week an intermittent clinic that is exempt from licensure can operate. Chapter 279, Statutes of 2018.

**AB 2428** **(Gonzalez Fletcher) Federally qualified health centers: rural health clinics.**
Allows a federally qualified health center (FQHC) or rural health clinic (RHC) that adds a physical plant to its primary care license to elect to have the reimbursement rate for each new plant be billed at and reimbursed at the same rate as the FQHC or RHC. Chapter 762, Statutes of 2018.

**AB 2679** **(O'Donnell) Health facilities: linen laundry.**
Requires general acute care hospitals, on or before January 1, 2020, to adopt and implement a linen laundry processing policy that is consistent and in accordance with the most recent infection control guidelines and standards developed by the federal Centers for Disease Control and Prevention and the federal Centers for Medicare and Medicaid Services. Chapter 587, Statutes of 2018.

**AB 2798** **(Maienschein) Hospitals: licensing.**
Establishes specific timelines for the Department of Public Health (DPH) to approve applications from hospitals seeking to modify, add, or expand a service or program. Requires DPH, if it does not meet those timelines for an expanded service, to deem the application approved and issue a new license that includes the expanded service, which will remain licensed for not more than 18 months. Requires DPH to develop a Centralized Applications Unit advice program to assist hospitals in completing application paperwork, and to develop an automated system to process applications. Chapter 922, Statutes of 2018.

**AB 2983** **(Arambula) Health care facilities: voluntary psychiatric care.**
Prohibits a general acute care hospital or acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody pursuant to section 5150 of the Lanterman-Petris-Short Act (commonly referred to as a 5150 hold) as a condition of admittance. Chapter 831, Statutes of 2018.

**SB 323** **(Mitchell) Medi-Cal: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services.**
Permits a federally qualified health center or rural health clinic to be reimbursed directly from a county or the Department of Health Care Services for providing Drug Medi-Cal or specialty mental health services to Medi-Cal beneficiaries. Specifies the methodology for billing and receiving reimbursements for these services. Chapter 540, Statutes of 2017.

**SB 449** **(Monning) Skilled nursing and intermediate care facilities: training programs.**
Requires at least two of the 60 hours of classroom training required as part of certified nurse assistant training programs to address the special needs of persons with Alzheimer's disease and related dementias, and restores the Department of Public Health's ability to include training regarding Alzheimer's in clinical training sections. Chapter 282, Statutes of 2017.

**SB 512** **(Hernandez) Health care practitioners: stem cell therapy.**
Requires health care practitioners who perform stem cell therapy that is not United States Food and Drug Administration (FDA)-approved to provide patients with a notice that the therapy is not FDA-approved. Requires the Medical Board of California to report complaints received and disciplinary actions taken against licensed physicians for administering non-FDA approved stem cell therapies. Chapter 428, Statutes of 2017.

**SB 1138** **(Skinner) Food options: plant-based meals.**
Requires hospitals and long-term care facilities, as defined, and prisons, to make wholesome, plant-based meals available to patients and prisoners. Chapter 512, Statutes of 2018.

**SB 1152** **(Hernandez) Hospital patient discharge process: homeless patients.**
Requires all hospitals, as defined, to include a written homeless patient discharge planning policy and process within its established hospital discharge policy. Chapter 981, Statutes of 2018.

**SB 1254** **(Stone) Hospital pharmacies: medication profiles or lists for high-risk patients.**
Requires a pharmacist at a hospital pharmacy to obtain an accurate medication profile or list for each high-risk patient. Chapter 697, Statutes of 2018.

**SB 1280** **(Roth) Small house skilled nursing facilities.**
Extends the operation of the Small House Skilled Nursing Facilities (SHSNF) Pilot Program from January 1, 2020 to January 1, 2026, and deletes the July 1, 2013 deadline for the Department of Public Health to issue all-facility letters providing standards for the SHSNF Pilot Program. Chapter 115, Statutes of 2018.

*Vetoed*

**AB 1591** **(Berman) Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor.**
Would have added, no later than July 1, 2018, licensed professional clinical counselors to the list of healthcare professionals that qualify for a face-to-face encounter with a patient at Federally Qualified Health Centers or Rural Health Clinics for purposes of a per-visit Medi-Cal payment under the prospective payment system. ***Vetoed.***

*Veto Message:* "This bill adds Licensed Professional Clinical Counselors to the list of health care professionals whose services are reimbursable by Medi-Cal on a per visit basis at Federally Qualified Health Centers and Rural Health Clinics. The Department of Health Care Services is developing a new payment model for these health clinics that will eliminate the need to add specific providers to an approved list. Consequently, this bill is unnecessary."

**AB 2397** **(Obernolte) Health and human services: information sharing: administrative actions.**

Would have revised existing law to require, instead of allow, the sharing of specified information in order to protect the health and safety of persons receiving care or services from individuals or facilities licensed by the state or from individuals certified or approved by a foster family agency. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2397 without my signature. This bill would mandate that the Departments of Aging, Health Care Services, Public Health, Social Services and the Emergency Medical Services Authority, share information regarding adverse administrative actions against licensees, facilities or providers. This bill is unnecessary because the information called for is already being shared as authorized under current law."

**SB 687** **(Skinner) Health facilities: emergency centers: Attorney General.**

Would have required a nonprofit corporation that operates a health facility that includes a licensed emergency center, regardless of whether it is currently operating or providing health care services or has a suspended license, to obtain written consent from the Attorney General prior to a planned elimination or reduction in the level of emergency medical services provided. ***Vetoed.***

*Veto Message:* "This bill requires a nonprofit hospital to receive approval from the Attorney General prior to reducing or eliminating services in its emergency department. A hospital's decision to reduce or eliminate emergency services poses real challenges for a community. This is why current law requires public notice prior to a hospital taking such an action. Removing a hospital's authority to determine emergency service needs, however, will not solve the underlying financial issues that typically force these decisions. An Attorney General decision to prohibit a reduction or elimination of these services may hasten the reduction of other services or closure of the entire hospital."

**SB 1125** **(Atkins) Federally qualified health center and rural health clinic services.**

Would have permitted a federally qualified health center (FQHC) or rural health center (RHC) to elect to apply for an adjustment to its per-visit rate, and after the rate adjustment had been approved by the Department of Health Care Services, would have allowed the FQHC or RHC to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

## SB 1288 (Leyva) Health and care facilities: inspections.

Would have required the Department of Public Health (DPH) to include reviews of compliance with nurse-to-patient-ratios and staff assignment regulations during state hospital inspections. Would have required DPH to assess specific penalties for violations of the nurse-to-patient ratios and staff assignment regulations. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 1288 without my signature. This bill requires the Department of Public Health to issue a specific penalty for violating nurse-to-patient ratio requirements. California hospitals are regularly inspected to assure patient safety and quality of care. When violations are found, penalties are imposed based on an overall assessment of the severity and duration of the violations, including for any failure to meet the required staffing ratio. Nurse-to-patient ratios are a vital part of the state's regulatory scheme. Hospitals, however, are best evaluated in a comprehensive manner and I am reluctant to start singling out specific violations for a separate penalty."

## 10 Health Disparities

*Chaptered*

**SCR 74 (Wiener) HIV viral load suppression.**
Recognizes the critical importance that viral load suppression plays in improving health outcomes and reducing human immunodeficiency virus (HIV) transmissions on a population level in this state, and encourages stakeholders in the HIV/acquired immune deficiency syndrome (AIDS) community, and all Californians, to carefully examine the Office of AIDS findings and conclusions relating to the HIV Health Improvement Affinity Group when the Office of AIDS completes its findings and generates any related data. Resolution Chapter 29, Statutes of 2018.

**SCR 110 (Wiener) Sex characteristics.**
Calls upon stakeholders in the health professions to foster the well-being of children born with variations of sex characteristics through the enactment of policies and procedures that ensure individualized, multidisciplinary care, as provided. Resolution Chapter 225, Statutes of 2018.

*Vetoed*

**AB 2275 (Arambula) Medi-Cal managed care: quality assessment and performance improvement.**
Would have required the Department of Health Care Services to establish a quality assessment and performance improvement program for all Medi-Cal managed care (MCMC) plans, through which the MCMC plans, commencing January 1, 2021, would be required to meet a minimum performance level that improves quality and reduces health disparities, as specified. Would have required MCMC plans that meet the performance targets to receive specified financial incentives. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2275 without my signature. This bill would require the Department of Health Care Services to establish a quality assessment and performance improvement program for Medi-Cal managed care plans. The department, however, is required by federal law to have an external organization conduct periodic quality reviews of its managed care program. The department also requires extensive plan-specific quality improvement projects. Adopting these statutory requirements will duplicate current efforts while adding significant costs to Medi-Cal."

## 11 Health Information / Health Insurance Portability and Accountability Act: HIPAA

*Chaptered*

**AB 1119** **(Limón) Developmental and mental health services: information and records: confidentiality.**
Authorizes the disclosure of patient information and records of individuals with developmental and mental health disabilities who are voluntarily or involuntarily detained, including those detained under the Lanterman-Petris-Short Act, during the provision of emergency services and care, as defined, including the communication of patient information between a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, emergency medical personnel at the scene of an emergency or in an emergency medical transport vehicle, or other professional person or emergency medical personnel at a health facility, as specified. Makes other technical and non-substantive changes. Chapter 323, Statutes of 2017.

**AB 1726** **(Committee on Health) Vital records: confidentiality.**
Authorizes the Department of Public Health to release confidential birth and fetal death vital record data to government entities and birth hospitals. Chapter 215, Statutes of 2017.

**AB 2088** **(Santiago) Patient records: addenda.**
Expands existing law to allow a minor patient authorized by law to consent to medical treatment to provide a health care provider with a written addendum with respect to any item or statement in his or her record that the patient believes to be incomplete or incorrect. Makes other technical and non-substantive changes. Chapter 275, Statutes of 2018.

**SB 241** **(Monning) Medical records: access.**
Entitles a patient or patient's personal representative to a paper or electronic copy of all or any portion of the patient records; and imposes a reasonable, cost-based fee for providing a paper or electronic copy or summary of patient records, as specified. Authorizes the disclosure of patient information and records of individuals with developmental and mental health disabilities who are voluntarily or involuntarily detained, including those detained under the Lanterman-Petris-Short Act, to a business associate or for health care operations purposes, in accordance with specified federal law. Chapter 513, Statutes of 2017.

**SB 575** **(Leyva) Patient access to health records.**
Entitles a patient to a copy, at no charge, of the relevant portion of the patient's records that are needed to support a claim regarding eligibility for specified public benefit programs. Adds to the list of public benefit programs the In-Home Supportive Services program, the California Work Opportunity and Responsibility to Kids program, federal veterans' service-connected compensation and nonservice connected pension disability benefits, and CalFRESH. Makes other clarifying, technical and non-substantive changes. Chapter 626, Statutes of 2017.

*Vetoed*

## AB 2384 (Arambula) Medication-assisted treatment.

Would have required, until January 1, 2024, a health care service plan (excluding Medi-Cal managed care plans), or a health insurer that provides prescription drug benefits to cover, at a minimum, at least one version of each of the medication assisted treatment, relapse prevention, or overdose reversal prescription drugs approved by the federal Food and Drug Administration, for opioids use disorder regardless of whether a drug is self-administered or administered by a health care provider, as specified. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2384 without my signature. This bill requires health plans to cover at least one version of each drug used in medication-assisted treatment for opioid disorders and restricts health plans' ability to manage the utilization of these drugs. While the drugs specified in this bill are useful to treat opioid addiction, I'm not willing to eliminate requirements that may be in the best interest of patients."

## 12 Health Insurance / Health Plans

*Chaptered*

**AB 156** **(Wood) Individual market: single risk pool: index rate.**
Deletes references to the federal transitional reinsurance program in the individual and small group market, and revises the enrollment periods for individual health benefit plans offered outside of the California Health Benefit Exchange (Exchange) and through the Exchange for policy years beginning on or after 2019. Chapter 468, Statutes of 2017.

**AB 315** **(Wood, Dahle, and Nazarian) Pharmacy benefit management.**
Requires pharmacy benefit managers (PBMs) to register with the Department of Managed Health Care (DMHC), to exercise good faith and fair dealing, and to disclose, upon a purchaser's request, information with respect to prescription product benefits, as specified. Requires DMHC to convene a Task Force on PBM Reporting to determine what information related to pharmaceutical costs, if any, it should require to be reported by health care service plans (health plan) or their contracted PBMs. Establishes a pilot project in Riverside and Sonoma Counties to assess the impact of health plan and PBM prohibitions that prohibit the dispensing of certain amounts of prescription drugs by network retail pharmacies. Chapter 905, Statutes of 2018.

**AB 595** **(Wood) Health care service plans: mergers and acquisitions.**
Requires prior approval by the Department of Managed Health Care (DMHC) Director for a health plan that intends to merge or consolidate with, or enters into an agreement resulting in its purchase, acquisition or control by, any entity and allows the DMHC Director to disapprove a transaction if the transaction would substantially lessen competition. Chapter 292, Statutes of 2018.

**AB 1074** **(Maienschein) Health care coverage: pervasive developmental disorder or autism.**
Makes changes to the requirements for qualified autism service (QAS) providers and QAS paraprofessionals for purposes of behavioral health therapy coverage by health care service plans and health insurers. Chapter 385, Statutes of 2017.

**AB 1092** **(Cooley) Health care service plans: vision care services: provider claims: fraud.**
Authorizes a specialized health care service plan that arranges for the provision of vision care services to use a statistically reliable method to investigate suspected fraud and to recover over payments made as a result of fraud, if specified requirements are met. Chapter 525, Statutes of 2018.

**AB 1315** **(Mullin) Mental health: early psychosis detection and intervention.**
Establishes the Early Psychosis Intervention Competitive Selection Process Plus Program and an advisory committee to the Mental Health Services Oversight and Accountability Commission to encompass early psychosis and mood disorder detection and intervention. Provides that the implementation of the grant program and adoption of regulations be contingent upon the deposit into the Early Psychosis Detection and Intervention Fund of at least $500,000 in nonstate funds for the purpose of funding grants. Chapter 414, Statutes of 2017.

**AB 1316** **(Quirk and Cristina Garcia) Public health: childhood lead poisoning: prevention.**
Revises the existing standard of care for children determined to be at risk for lead poisoning and requires all children to be screened for blood lead levels. Chapter 507, Statutes of 2017.

**AB 1860** **(Limón and Cervantes) Health care coverage: cancer treatment.**
Increases the $200 copayment and coinsurance limit to $250 and extends the sunset date from January 1, 2019, to January 1, 2024 for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells. Chapter 427, Statutes of 2018.

**AB 2193** **(Maienschein) Maternal mental health.**
Requires a health care service plan or insurer to develop a maternal mental health (MMH) program by July 1, 2019, and requires a licensed health care practitioner who provides prenatal or postpartum care for a patient to ensure the mother is offered screening or is appropriately screened for MMH conditions. Chapter 755, Statutes of 2018.

**AB 2472** **(Wood) Health care coverage.**
Requires the Council on Health Care Delivery Systems to prepare an analysis and evaluation, known as a feasibility analysis, to determine the feasibility of a public health insurance plan option to increase competition and choice for health care consumers. Chapter 677, Statutes of 2018.

**AB 2499** **(Arambula) Health care coverage: medical loss ratios.**
Deletes requirements in existing law that health insurance medical loss ratios (MLRs) be implemented to the extent required by, in compliance with, and not to exceed federal law, and instead, requires MLRs to be implemented as described in federal law and any rules or regulations issued as in effect on January 1, 2017. Chapter 678, Statutes of 2018.

**AB 2674** **(Aguiar-Curry) Health care service plans: disciplinary actions.**
Requires the Department of Managed Health Care (DMHC) to review complaints filed by a provider who believes a plan is engaging in an unfair payment pattern, and authorizes DMHC to conduct an audit and an enforcement action pursuant to existing regulations. Chapter 303, Statutes of 2018.

**AB 2863** **(Nazarian) Health care coverage: prescriptions.**
Limits the maximum amount a health plan or health insurer may require an enrollee or insured to pay at the point of sale for a covered prescription medication to the lesser of the applicable cost-sharing amount for the prescription medication or the retail price. Chapter 770, Statutes of 2018.

**AB 2941** **(Berman) Health care coverage: state of emergency.**
Requires, within 48 hours of a declaration by the Governor of a state of emergency that displaces or has the immediate potential to displace enrollees or insureds, a health plan or health insurer (carrier) operating in the county or counties included in the declaration, to file with the Department of Managed Health Care or the California Department of Insurance a notification describing whether the carrier has experienced delays or expects to experience any disruption to operation, explaining how the carrier is communicating with potentially impacted enrollees and the actions the plan has taken, or is in the process of taking, to ensure that the health care needs of enrollees or insureds are met. Chapter 196, Statutes of 2018.

**SB 17** **(Hernandez) Health care: prescription drug costs.**
Requires health care service plans (health plans) and health insurers that report rate information through the existing rate review process to also report information related to covered prescription drugs, as specified, to the Department of Managed Health Care (DMHC) or California Department of Insurance (CDI), respectively. Requires DMHC and CDI to compile the data reported by health plans and insurers into a report that demonstrates the overall impact of drug costs on health care premiums. Requires drug manufacturers to notify specified state purchasers, health plans, and health insurers, in writing at least 60 days prior to the planned effective date, if it is increasing the wholesale acquisition cost (WAC) of a prescription drug by specified amounts. Requires drug manufacturers to notify the Office of Statewide Health Planning and Development (OSHPD) within three days of commercial availability if it is introducing a new prescription drug to market at a WAC that exceeds the Medicare Part D specialty drug threshold. Requires drug manufacturers to provide specified information to OSHPD related to the drug's price. Chapter 603, Statutes of 2017.

**SB 133** **(Hernandez) Health care coverage: continuity of care.**
Expands existing law relating to completion of covered services to newly covered enrollees under individual health care service plan contracts or insurance policies. Chapter 481, Statutes of 2017.

**SB 223** **(Atkins) Health care language assistance services.**
Requires health care service plans (health plans), including Medi-Cal managed care plans, and health insurers to include a written notice of availability of interpretation services in the top 15 languages spoken by limited English-proficient individuals in California, as specified. Requires interpreters to meet specified requirements, requires specified disclosures to enrollees, insureds, Medi-Cal beneficiaries, and the public. Applies specified provisions and existing Medi-Cal provisions on language assistance to Medi-Cal mental health plans. Chapter 771, Statutes of 2017.

**SB 374** **(Newman) Health insurance: discriminatory practices: mental health.**
Requires large group, small group, and individual health insurance policies regulated by the California Department of Insurance to provide all covered mental health and substance use disorder benefits in compliance with the federal Paul Wellstone and Pete Dominici Mental Health Parity and Addiction Equity Act of 2008 (Act) and all rules, regulations, and guidance issued pursuant to the Act. Chapter 162, Statutes of 2017.

**SB 910** **(Hernandez) Short-term limited duration health insurance.**
Prohibits a health insurer from issuing, amending, selling, renewing, or offering a policy of short-term limited duration health insurance in California commencing January 1, 2019. Chapter 687, Statutes of 2018.

**SB 997** **(Monning) Health care service plans: physician to enrollee ratios.**
Deletes the January 1, 2019 sunset date in existing law and makes permanent the requirement that a health plan ensure that there is at least one full-time equivalent primary care physician for every 2,000 enrollees of the health plan and permits an additional 1,000 enrollees for each full-time equivalent nonphysician medical practitioner (nurse practitioners or Physician Assistants). Chapter 152, Statutes of 2018.

**SB 1008** **(Skinner) Health insurance: dental services: reporting and disclosures.**
Requires a health plan or health insurance policy that issues, sells, renews, or offers a contract or insurance policy that covers dental services to utilize a uniform benefits and coverage disclosure matrix. Changes the annual medical loss ratio (MLR) report filing requirement of specialized dental plans or insurers to be filed with the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) from September 30 each year to July 31 of each year, and requires DMHC or CDI to post a plan's or insurer's MLR annual report on their Internet Websites within 45 days after receiving the report. Chapter 933, Statutes of 2018.

**SB 1021** **(Wiener) Prescription drugs.**
Extends the sunset date, from January 1, 2020 to January 1, 2024, of a requirement that puts a cap on the cost sharing of a covered outpatient prescription drugs at $250 or $500 per 30-day supply, as specified, and that requires a nongrandfathered individual or small group plan contract or policy to use specified definitions for each tier of a prescription drug formulary. Requires health plan contracts or health insurance policies to cover medically necessary drug treatments for the prevention of acquired immunodeficiency syndrome /human immunodeficiency virus, as specified, until January 1, 2023. Chapter 787, Statutes of 2018.

**SB 1375** **(Hernandez) Health insurance: small employer groups.**
Prohibits employer group health benefit plans from being issued, marketed, or sold, directly or indirectly through any arrangement, to a sole proprietorship or partnership without employees. Requires only individual health benefit plans to be sold to any entity without employees. Revises the definition of eligible employee for purposes of all small employer health plan contracts and health insurance policies to exclude sole proprietors or their spouses, and partners or their spouses. Chapter 700, Statutes of 2018.

**SJR 23** **(Newman) Health care coverage for active military, veterans, and their families.**

Urges the United States Department of Defense and the United States Department of Health and Human Services to implement, and the United States Congress to require, if necessary, a resolution between the federal Centers for Medicare and Medicaid Services and TRICARE to immediately restore a data sharing agreement in which states provide Medicaid enrollee eligibility information to TRICARE, and to waive the one-year timely filing restriction for all claims caught in this stoppage. Resolution Chapter 103, Statutes of 2018.

*Vetoed*

**AB 391** **(Chiu and Gomez) Medi-Cal: asthma preventive services.**

Would have established the Asthma Preventive Services Program Act of 2017 and provided coverage of asthma preventive services under the Medi-Cal program. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bills 391 and 447 without my signature. These bills expand benefits in the Medi-Cal program, one for asthma preventative services and one for continuous glucose monitor medical devices. The Department of Health Care Services, however, has considerable administrative authority to make changes to benefits based upon new medical evidence and clinical guidelines. Therefore, these statutory changes are unnecessary."

**AB 447** **(Gray) Medi-Cal: covered benefits: continuous glucose monitors.**

Would have provided Medi-Cal coverage for continuous glucose monitors when medically necessary for the management and treatment of diabetes mellitus, subject to utilization controls, and to the extent that federal financial participation is available and any necessary federal approvals have been obtained. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bills 391 and 447 without my signature. These bills expand benefits in the Medi-Cal program, one for asthma preventative services and one for continuous glucose monitor medical devices. The Department of Health Care Services, however, has considerable administrative authority to make changes to benefits based upon new medical evidence and clinical guidelines. Therefore, these statutory changes are unnecessary."

**AB 1534** **(Nazarian) Health care coverage: HIV specialists.**

Would have designated a human immunodeficiency virus (HIV) specialist as an eligible primary care provider (PCP) for a health plan policy that is issued, amended, or renewed on or after January 1, 2018, and that provided hospital, medical, or surgical coverage, if the HIV specialist requested provider status and met the health plan's eligibility criteria for all specialists seeking PCP status. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 1534 without my signature. This bill would require health plans and insurers to accept doctors who specialize in HIV as primary care providers. Existing law allows specialists to serve as primary care providers when patients require continuing care from a particular specialist. It's not necessary to call out this particular specialty in statute."

## AB 2342 (Burke and Waldron) Breast and ovarian cancer susceptibility screening.

Would have required health plans, health insurers, and the Department of Health Care Services to provide coverage for breast and ovarian cancer susceptibility screening as recommended by the United States Preventive Services Task Force. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

## AB 2384 (Arambula) Medication-assisted treatment.

Would have required, until January 1, 2024, a health care service plan (excluding Medi-Cal managed care plans), or a health insurer that provides prescription drug benefits to cover, at a minimum, at least one version of each of the medication assisted treatment, relapse prevention, or overdose reversal prescription drugs approved by the federal Food and Drug Administration, for opioids use disorder regardless of whether a drug is self-administered or administered by a health care provider, as specified. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2384 without my signature. This bill requires health plans to cover at least one version of each drug used in medication-assisted treatment for opioid disorders and restricts health plans' ability to manage the utilization of these drugs. While the drugs specified in this bill are useful to treat opioid addiction, I'm not willing to eliminate requirements that may be in the best interest of patients."

## AB 2593 (Grayson) Air ambulance services.

Would have required health plan contracts and health insurance policies to provide that if an enrollee or insured receives covered services from a non-contracting air ambulance provider, the enrollee or insured is prohibited from paying more than the same cost-sharing that the enrollee or insured would pay for the same covered services received from a contracting air ambulance provider. Would have required the Department of Health Care Services to set and maintain the Medi-Cal fee rate for air ambulance services provided either by fixed or rotary wing aircraft that is equal to a percentage of the rural Medicare rates for those services, and would have required the final rate to either meet or exceed the sum of the air ambulance service rate as provided in the Medi-Cal program on December 31, 2017, and the supplemental payment offered in 2017 under the existing Emergency Medical Air Transportation Act. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

## SB 399 (Portantino) Health care coverage: pervasive developmental disorder or autism.

Would have revised existing requirements on health plans and health insurers to cover behavioral health treatment (BHT) for pervasive developmental disorder or autism, such as allowing the substitution of specified current education, work experience, and training qualifications to meet the criteria of a qualified autism service professional or paraprofessional. Would have prohibited a health plan and health insurer from denying or reducing medically necessary BHT based on a lack of parent or caregiver participation, or on the setting, location, or time of treatment, as specified. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 399 without my signature. This bill would revise qualification standards for providers of behavioral health treatment for individuals with autism. Standards for autism providers were updated last year. I'm not inclined to revise them again."

## SB 1156 (Leyva) Health care service plans and health insurance: 3rd-party payments.

Would have established requirements related to third-party premium payments to health plans and insurers made on behalf of patients by financially interested entities or providers. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 1156 without my signature. This bill attempts to prohibit the questionable practice of financially interested entities providing premium assistance payments to patients for the purpose of obtaining higher fees for medical services. I believe, however, that this bill goes too far as it would permit health plans and insurers to refuse premium assistance payments and to choose which patients they will cover. I encourage all stakeholders to continue to work to together to find a more narrowly tailored solution that ensures patients' access to coverage."

## 13 Health Workforce

*Chaptered*

**AB 1102** **(Rodriguez) Health facilities: whistleblower protections.**
Increases the maximum criminal fine, from $20,000 to $75,000, for violations of whistleblower protection laws that apply to patients, employees and other health care workers of hospitals. Chapter 275, Statutes of 2017.

**AB 1188** **(Nazarian) Health professions development: loan repayment.**
Adds licensed professional clinical counselors (LPCCs), and LPCC interns to the types of mental health providers eligible to participate in the Licensed Mental Health Service Provider Education Program (Loan Program) within the Health Professions Education Foundation; increases the license renewal fees paid by the mental health providers eligible to participate in the Loan Program; and, contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 557, Statutes of 2017.

**AB 2850** **(Rubio) Nurse assistant training programs: online or distance learning.**
Authorizes the 60 hours of required classroom training for certified nurse assistants to be offered through online or distance learning classes. Requires that online or distance learning classes be approved by the Department of Public Health. Chapter 769, Statutes of 2018.

**SB 449** **(Monning) Skilled nursing and intermediate care facilities: training programs.**
Requires at least two of the 60 hours of classroom training required as part of certified nurse assistant training programs to address the special needs of persons with Alzheimer's disease and related dementias, and restores the Department of Public Health's ability to include training regarding Alzheimer's in clinical training sections. Chapter 282, Statutes of 2017.

*Vetoed*

**AB 2143** **(Caballero) Mental health: Licensed Mental Health Service Provider Education Program.**
Would have authorized licensed mental health service providers who are currently able to apply for educational loan repayment grants under the Licensed Mental Health Service Provider Education Program (program) to apply for additional grants under the program if they subsequently attain licensure and currently practice as: 1) a nurse practitioner registered as "psychiatric mental health nurses" with the Board of Registered Nursing; or, 2) a physician assistant who works in a psychiatric mental health setting. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2143 without my signature. This bill would expand eligibility for educational loan reimbursement grants, through the Licensed Mental Health Provider Education Program, to mental health providers who further their education to become physician assistants or nurse practitioners in mental health facilities. Physician assistants and nurse practitioners are already eligible for educational loan repayment grants under the state's Advanced Healthcare Loan Repayment Program. Unfortunately, the loan repayment fund referenced in this bill lacks the necessary funding to pay for the hundreds of applications it currently receives. Adding more applicants as this bill requires just compounds the problem."

## AB 2397 (Obernolte) Health and human services: information sharing: administrative actions.

Would have revised existing law to require, instead of allow, the sharing of specified information in order to protect the health and safety of persons receiving care or services from individuals or facilities licensed by the state or from individuals certified or approved by a foster family agency. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2397 without my signature. This bill would mandate that the Departments of Aging, Health Care Services, Public Health, Social Services and the Emergency Medical Services Authority, share information regarding adverse administrative actions against licensees, facilities or providers. This bill is unnecessary because the information called for is already being shared as authorized under current law."

## 14 Labs / Clinical Labs

*Chaptered*

**AB 658 (Waldron) Clinical laboratories.**
Suspends the annual renewal fee for clinical laboratory licenses for years 2018 and 2019. Sunsets this provision on January 1, 2020. Chapter 345, Statutes of 2017.

## 15 Marijuana / Medical Marijuana

*Vetoed*

### AB 350 (Salas) Marijuana edibles: appealing to children.

Would have prohibited making a cannabis product in the shape of a person, animal, insect or fruit. Would have deleted references to marijuana and replaces them with cannabis. ***Vetoed.***

*Veto Message:* "This bill prohibits cannabis products to be made in the shape of a person, animal, insect, or fruit. In mid-September the Legislature passed Assembly Bill 133, which made clarifying changes necessary to implement a single cannabis state regulatory framework. As currently drafted, this bill would chapter out specific provisions in the recently enacted trailer bill. Therefore, I cannot sign it at this time."

### SB 663 (Nielsen) Packages and labels of marijuana or marijuana products: children.

Would have specified that a package or label of cannabis or cannabis products shall be deemed appealing to children if it has any of a number of characteristics, including: showing the content of the package through a transparent material, resembles any commercially available candy, snack or beverage, displays cartoons, logos, or colors that appeal children, or includes designs that could reasonably mislead a person under 21 that the package contains anything other than cannabis or cannabis products. ***Vetoed.***

*Veto Message:* "This bill outlines standards that will determine if cannabis packages or labels are attractive to children. Current law already prohibits cannabis and cannabis products from being designed to be attractive to children. State licensing authorities are currently drafting emergency regulations on packaging and labeling for the cannabis industry, which must take effect before January 1, 2018. This process is more nimble than statute and allows the licensing authorities to respond to the changing industry. Rather than creating new statutory restrictions, it would be prudent to allow licensing authorities to finish drafting the regulations."

## 16 Mental / Behavioral Health

*Chaptered*

**AB 191** **(Wood) Mental health: involuntary treatment.**
Authorizes a licensed marriage and family therapist or a licensed professional clinical counselor to be the second person to sign a notice of certification to hold a person involuntarily for an extended 14 days or 30 days, after an initial 72 hour hold, as specified. Chapter 184, Statutes of 2017.

**AB 417** **(Limón) Acute psychiatric hospital: County of Ventura: outpatient mental health services.**
Authorizes the Department of Public Health (DPH), for a period of no more than 180 days, to permit an acute psychiatric hospital (APH) that was affected by a wildfire during the month of December 2017 and that is in the County of Ventura to provide outpatient mental health services that were approved by DPH and operational as supplemental services before the wildfire occurred, while the inpatient operations of the APH are voluntarily suspended. Makes the provisions of this bill inoperative on November 1, 2018. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 9, Statutes of 2018.

**AB 462** **(Thurmond) Mental Health Services Oversight and Accountability Commission: wage information data access.**
Authorizes the Director of Employment Development Department (EDD) to share information with the Mental Health Services Oversight and Accountability Commission (Commission) related to quarterly wage data to assist the Commission in fulfilling its duties under the Mental Health Services Act, for the purpose of monitoring and evaluating employment outcomes to determine the effectiveness of those services, to the extent permitted under applicable federal statute and regulation. Permits EDD to require reimbursement for all direct costs incurred in providing any and all information. Chapter 403, Statutes of 2017.

**AB 470** **(Arambula) Medi-Cal: specialty mental health services: performance outcome dashboard.**
Requires the Department of Health Care Services to consult with specified stakeholders to inform the updates to the performance outcomes system for specialty mental health services (SMHS) developed for Early and Periodic Screening, Diagnosis, and Treatment and under the Special Terms and Conditions of the Medi-Cal SMHS Waiver. Chapter 550, Statutes of 2017.

**AB 501** **(Ridley-Thomas) Mental health: community care facilities.**
Expands the definition of a short-term residential treatment center to include a children's crisis residential center (CCRC) to be used as a diversion from psychiatric hospitalization and creates a new facility licensure category for CCRCs, and makes related changes. Chapter 704, Statutes of 2017.

**AB 727** **(Nazarian) Mental Health Services Act: housing assistance.**
Clarifies that counties may spend funds on housing assistance for people in the target population for programs funded by the Mental Health Services Act, including programs that serve seriously emotionally disturbed children or adolescents and adults or older adults who have a serious mental disorder. Chapter 410, Statutes of 2017.

**AB 974** **(Quirk-Silva) Mental Health Services Act: reporting veterans spending.**
Requires counties to report their Mental Health Services Act expenditures spent on mental health services for veterans to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission. Chapter 411, Statutes of 2017.

**AB 1074** **(Maienschein) Health care coverage: pervasive developmental disorder or autism.**
Makes changes to the requirements for qualified autism service (QAS) providers and QAS paraprofessionals for purposes of behavioral health therapy coverage by health care service plans and health insurers. Chapter 385, Statutes of 2017.

**AB 1119** **(Limón) Developmental and mental health services: information and records: confidentiality.**
Authorizes the disclosure of patient information and records of individuals with developmental and mental health disabilities who are voluntarily or involuntarily detained, including those detained under the Lanterman-Petris-Short Act, during the provision of emergency services and care, as defined, including the communication of patient information between a physician and surgeon, licensed psychologist, social worker with a master's degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, emergency medical personnel at the scene of an emergency or in an emergency medical transport vehicle, or other professional person or emergency medical personnel at a health facility, as specified. Makes other technical and non-substantive changes. Chapter 323, Statutes of 2017.

**AB 1134** **(Gloria) Mental Health Services Oversight and Accountability Commission: fellowship program.**
Authorizes the Mental Health Services Oversight and Accountability Commission to establish a fellowship program for the purpose of providing an experiential learning opportunity for a mental health consumer and a mental health professional. Chapter 412, Statutes of 2017.

**AB 1188** **(Nazarian) Health professions development: loan repayment.**
Adds licensed professional clinical counselors (LPCCs), and LPCC interns to the types of mental health providers eligible to participate in the Licensed Mental Health Service Provider Education Program (Loan Program) within the Health Professions Education Foundation; increases the license renewal fees paid by the mental health providers eligible to participate in the Loan Program; and, contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 557, Statutes of 2017.

**AB 1215** **(Weber) Mental Health Services Act: innovative programs: research.**
Encourages a county mental health program (MHP) to conduct research of the brain and its physical and biochemical processes, as specified, including, but not limited to, collaborative, public-private initiatives, if research is chosen by a county MHP for an innovative project for the purpose of assessing a new or changed application of a promising approach to solving persistent mental health challenges. Chapter 227, Statutes of 2018.

**AB 1315** **(Mullin) Mental health: early psychosis detection and intervention.**
Establishes the Early Psychosis Intervention Competitive Selection Process Plus Program and an advisory committee to the Mental Health Services Oversight and Accountability Commission to encompass early psychosis and mood disorder detection and intervention. Provides that the implementation of the grant program and adoption of regulations be contingent upon the deposit into the Early Psychosis Detection and Intervention Fund of at least $500,000 in nonstate funds for the purpose of funding grants. Chapter 414, Statutes of 2017.

**AB 1456** **(Low) Professional licensure.**
Extends from three years to five years the ability of the Department of Health Care Services and the Department of Public Health to waive the licensure requirements for psychologists who are gaining qualifying experience for licensure in this state and are working in settings defined as "exempt" (state settings) and makes conforming licensure provisions for psychologists and clinical social workers working in the state correctional system. Chapter 151, Statutes of 2017.

**AB 1893** **(Maienschein) Maternal mental health: federal funding.**
Requires the State Department of Public Health (DPH) to investigate and apply for federal funding opportunities, including, but not limited to, the grant available pursuant to the federal 21st Century Cures Act to support maternal mental health, to the extent that programs are financed in whole, by federal funds; requires DPH to notify the Legislature on or before January 1, 2020, on DPH's efforts to secure and utilize the federal funding, and sunsets the provisions of this bill on January 1, 2023. Chapter 140, Statutes of 2018.

**AB 2099** **(Gloria) Mental health: detention and evaluation.**
Authorizes a copy of the form that permits an individual, who, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled to be held involuntarily, known as a "5150 hold," to be treated as the original for purposes of evaluation and treatment. Chapter 258, Statutes of 2018.

**AB 2112** **(Santiago) Federal 21st Century Cures Act: community-based crisis response plan: grant.**
Requires the Department of Health Care Services to develop and submit an application to solicit a grant authorized under the federal 21st Century Cures Act to develop a community-based crisis response plan. Chapter 315, Statutes of 2018.

**AB 2316** **(Eggman) Mental health: county patients' rights advocates: training materials.**

Requires the State Department of Hospitals and the Department of Health Care Services to develop a comprehensive training and certification program for county patients' rights advocates that is accessible remotely and at any time. Chapter 237, Statutes of 2018.

**AB 2325** **(Irwin) County mental health services: veterans.**

Clarifies existing law that requires county mental or behavioral health services be provided to veterans who are eligible for services through county mental health programs while a determination of eligibility for, and availability of, mental or behavioral health services by the U.S. Department of Veterans Affairs (VA) is pending. Expands the existing prohibition against denying county mental or behavioral health services to an eligible veteran based solely on his or her status as a veteran, to also include whether or not the person is eligible for services provided by the VA. Chapter 128, Statutes of 2018.

**AB 2393** **(Committee on Health) Mental health.**

Prohibits a county from charging fees for Medi-Cal specialty mental health services (SMHS) to Medi-Cal beneficiaries who do not have a share of cost and Medi-Cal beneficiaries who have met their share of cost. Allows, instead of requires, a county to charge fees to individuals who are not Medi-Cal beneficiaries and Medi-Cal beneficiaries who have a share of cost that has not been met, as specified. Deletes the term SMHS and replaces it with community mental health services. Prohibits this bill from being construed to waive a county's responsibility to screen for eligibility for Medi-Cal, any other insurance affordability program, or a county health program. Chapter 77, Statutes of 2018.

**AB 2983** **(Arambula) Health care facilities: voluntary psychiatric care.**

Prohibits a general acute care hospital or acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody pursuant to section 5150 of the Lanterman-Petris-Short Act (commonly referred to as a 5150 hold) as a condition of admittance. Chapter 831, Statutes of 2018.

**AB 3032** **(Frazier) Maternal mental health conditions.**

Establishes the Maternal Mental Health (MMH) Conditions Education, Early Diagnosis, and Treatment Act, and requires hospitals that have a perinatal unit to develop and implement a program to provide education and information to appropriate health care professionals and patients about MMH conditions. Chapter 773, Statutes of 2018.

**ACR 8** **(Jones-Sawyer) Adverse childhood experiences: post-traumatic "street" disorder.**

Recognizes adverse childhood experiences, also known as post-traumatic "street" disorder in communities of color, having lasting negative outcomes to both physical and mental health with growing implications for our state. Resolution Chapter 139, Statutes of 2017.

**SB 192** **(Beall) Mental Health Services Fund.**

Establishes a state Mental Health Services Act (MHSA) Reversion Account for the purpose of depositing any MHSA funds allocated to a county that have not been spent for their authorized purpose, as specified, and establishes reporting and planning requirements for counties regarding unspent MHSA funds, as specified. Chapter 328, Statutes of 2018.

**SB 374** **(Newman) Health insurance: discriminatory practices: mental health.**

Requires large group, small group, and individual health insurance policies regulated by the California Department of Insurance to provide all covered mental health and substance use disorder benefits in compliance with the federal Paul Wellstone and Pete Dominici Mental Health Parity and Addiction Equity Act of 2008 (Act) and all rules, regulations, and guidance issued pursuant to the Act. Chapter 162, Statutes of 2017.

**SB 565** **(Portantino) Mental health: involuntary commitment.**

Requires a mental health facility, prior to a certification review hearing to extend intensive mental health treatment services to 30-days, to make reasonable attempts to notify family members or any other person designated by the patient at least 36 hours prior to the certification review hearing. Requires the notice to include the time and place of the certification review hearing, unless the patient requests that this information not be provided, and requires the facility to advise the patient that he or she has the right to request that this information not be provided. Chapter 218, Statutes of 2017.

**SB 688** **(Moorlach) Mental Health Services Act: revenue and expenditure reports.**

Requires each county to prepare the Annual Mental Health Services Act Revenue and Expenditure Report (MHSA Report) in accordance with generally accepted accounting principles, as specified, and to electronically submit the MHSA Report to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (Commission). Requires DHCS and the Commission to post each county's report in a text-searchable format on its Internet Website in a timely manner. Chapter 403, Statutes of 2018.

**SB 931** **(Hertzberg) Conservatorships: custody status.**

Expands who is eligible to conduct an investigation to establish a Lanterman-Petris-Short conservatorship to include a professional person in charge of providing mental health treatment at a county jail, or that person's designee. Prohibits the custody status of a person who is subject to a conservatorship evaluation from being the sole reason for not scheduling an investigation by the conservatorship investigator. Chapter 458, Statutes of 2018.

**SB 1004** **(Wiener and Moorlach) Mental Health Services Act: prevention and early intervention.**

Requires, on or before January 1, 2020, the Mental Health Services Oversight and Accountability Commission to establish priorities, a statewide strategy for monitoring, and a strategy for technical assistance to support the successful implementation of prevention and early intervention funds provided by the Mental Health Services Act. Chapter 843, Statutes of 2018.

**SB 1045** **(Wiener and Stern) Conservatorship: serious mental illness and substance use disorders.**

Creates, until January 1, 2024, a new conservatorship process for individuals who are incapable of caring for their own health and well-being due to a serious mental illness and substance use disorder in Los Angeles, San Diego, and San Francisco Counties. Chapter 845, Statutes of 2018.

**SB 1113** **(Monning) Mental health in the workplace: voluntary standards.**

Permits the Mental Health Services Oversight and Accountability Commission (MHSOAC) to establish a framework and voluntary standard for mental health in the workplace that serves to reduce mental health stigma and increase public, employee, and employer awareness of the recovery goals of the Mental Health Services Act, and to provide guidance to California's employer community to put in place strategies and programs, as determined by the MHSOAC, to support the mental health and wellness of employees. Requires the MHSOAC to consult with the Labor and Workforce Development Agency to establish a voluntary standard for mental health in the workplace. Chapter 354, Statutes of 2018.

**SB 1495** **(Committee on Health) Health.**

Makes noncontroversial revisions to various provisions of existing law, including revising the reporting structure of law enforcement personnel at state hospitals; revising the mental health services performance contract requirements; hospice licensing requirements; and, making clean-up changes to two recently enacted bills. Chapter 424, Statutes of 2018.

*Vetoed*

**AB 850** **(Chau) Mental Health Services Oversight and Accountability Commission.**

Would have increased the membership of the Mental Health Services Oversight and Accountability Commission to include an individual with knowledge and experience in reducing mental health disparities, especially for racial and ethnic communities, to be appointed by the Governor. ***Vetoed.***

*Veto Message:* "This bill adds a member to the Mental Health Services Oversight and Accountability Commission who has experience in reducing mental health disparities. I believe the Commission as currently constituted is up to the task entrusted to it."

## AB 860 (Cooley) Mental Health Services Oversight and Accountability Commission: factfinding tour.

Would have exempted the Mental Health Services Oversight and Accountability Commission (Commission) from the Bagley-Keene Open Meeting Act (Bagley-Keene Act) when conducting a fact-finding tour of specified mental health facilities, or other facilities related to the discharge of the Commission's duties. Would have required the Commission to comply with specified Bagley-Keene Act notice requirements prior to the fact-finding tour. ***Vetoed.***

*Veto Message:* "This bill would allow the Mental Health Services Oversight and Accountability Commission to tour facilities that are providing mental health services to patients and are not open to the public. Individual commission members can and do visit locked mental health facilities, jails, psychiatric hospitals, and schools to observe mental health care services firsthand. Creating an exception to the Bagley-Keene open meeting laws to allow an entourage of commissioners and press to visit these facilities is unnecessary and could disrupt treatment programs or compromise the privacy of those receiving services."

## AB 1116 (Grayson) Peer Support and Crisis Referral Services Pilot Program.

Would have enacted the Peer Support and Crisis Referral Services Pilot Program to provide peer support and crisis referral services for California's correctional peace officers, parole officers, and firefighters. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 1116 without my signature. This bill creates a pilot peer support program for state correctional and parole officers, firefighters, paramedics, emergency medical technicians, and dispatchers. I appreciate the author's sincere attempt to address the occupational stress experienced by some of our bravest public servants. However, I believe that the scope of confidentiality afforded under this bill is too broad and fails to strike the right balance between fostering collegial trust and concealing information necessary to ensure safe and healthy workplaces. Further, peer support programs are already in place for many public safety personnel, making this narrow pilot program largely duplicative and potentially in conflict with existing programs. I would recommend that instead of new statutory provisions, the sponsors and author work with the affected agencies to improve existing programs."

## AB 2143 (Caballero) Mental health: Licensed Mental Health Service Provider Education Program.

Would have authorized licensed mental health service providers who are currently able to apply for educational loan repayment grants under the Licensed Mental Health Service Provider Education Program (program) to apply for additional grants under the program if they subsequently attain licensure and currently practice as: 1) a nurse practitioner registered as "psychiatric mental health nurses" with the Board of Registered Nursing; or, 2) a physician assistant who works in a psychiatric mental health setting. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2143 without my signature. This bill would expand eligibility for educational loan reimbursement grants, through the Licensed Mental Health Provider Education Program, to mental health providers who further their education to become physician assistants or nurse practitioners in mental health facilities. Physician assistants and nurse practitioners are already eligible for educational loan repayment grants under the state's Advanced Healthcare Loan Repayment Program. Unfortunately, the loan repayment fund referenced in this bill lacks the necessary funding to pay for the hundreds of applications it currently receives. Adding more applicants as this bill requires just compounds the problem."

## AB 2691 (Jones-Sawyer) Pupil health: pupil and school staff trauma: Trauma-Informed Schools Initiative.

Would have established the Trauma-Informed Schools Initiative within the California Department of Education (CDE), contingent upon the availability of funding, and would have required CDE to: provide information regarding the trauma-informed care approach to school districts and charter schools; develop a guide for schools on how to become trauma-informed schools; offer training on the trauma-informed care approach to schools; and, develop and post online a Website about the Trauma-Informed Schools Initiative. Would have required, if the CDE implemented the initiative, each school district and charter school to provide the Website address to parents and guardians of pupils. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2691 without my signature. This bill would establish the "Trauma-Informed Schools Initiative" within the Department of Education at state headquarters "to address the impact of ACEs [Adverse Childhood Experiences] on the educational outcomes of California pupils". It's a no brainer that our schools should be sensitive to the unique and diverse characteristics of all students. With that goal in mind, I have signed dozens of bills that have sought to ensure that all our students are free from discrimination, bullying, or any other form of disrespect. While this bill is intended to do good, I am alarmed by the amount of jargon it creates and the inevitable labeling it will encourage. The issues here are best handled by local schools -- and in plain English."

## AB 3115 (Gipson) Community Paramedicine or Triage to Alternate Destination Act.

Would have established the Community Paramedicine or Triage to Alternate Destination Act of 2018 to establish state guidelines to govern the implementation of community paramedicine programs or triage to alternate destination programs by local Emergency Medical Service agencies in California. Would have sunset the provisions of this bill on January 1, 2025. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 3115 without my signature. This bill would permit local emergency medical services agencies to develop community paramedicine programs under prescribed state rules. Through the health workforce pilot project started in 2014, local community paramedicine programs are using paramedics to assist in the transportation and care of patients in settings other than an emergency room. While this bill has the good intention of making the pilot project permanent, it restricts the types of facilities to which patients can be transported. It also limits the discretion of local governments to design and manage their projects in the way they think best. I support these innovative local efforts and believe they should be expanded but without the restrictions contained in this bill. To achieve that, I am directing the continuation of the existing pilot project and encouraging all of the interested parties to work together to make this program permanent."

**SB 275** **(Portantino) Alcohol and drug treatment: youth.**

Would have established the Children, Adolescents, and Young Adults Substance Use Disorder Treatment Act. Would have required the Department of Health Care Services (DHCS) to convene an expert panel to advise DHCS solely on the development of youth substance use disorder (SUD) treatment quality standards, as specified. Would have defined youth SUD treatment services to include any publicly funded direct services intended to treat SUDs for individuals from birth to 26 years of age. ***Vetoed.***

*Veto Message:* "I am returning the following bills without my signature. AB 180, SB 275, SB 707. Each of these bills requires the Department of Health Care Services to establish a stakeholder process to deliberate and advise the department on an issue with Medi-Cal. Not every problem with Medi-Cal needs or deserves a public stakeholder process. The department regularly collaborates with stakeholders including interested organizations, experts, partners and colleagues. I am confident it will continue to do so."

**SB 906** **(Beall and Anderson) Mental health services and substance use disorder treatment: peer support specialist certification.**

Would have established the Peer Support Specialist Certification Act of 2018 which would have required the Department of Health Care Services to establish, by July 1, 2020, a peer support specialist certification program to support the ongoing provision of services to individuals experiencing mental health care needs, substance use disorder needs, or both. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 906 without my signature. This bill requires the Department of Health Care Services to establish a certificate program for peer support specialists in Medi-Cal. Currently, peer support specialists are used as providers in Medi-Cal without a state certificate. This bill imposes a costly new program which will permit some of these individuals to continue providing services but shut others out. I urge the stakeholders and the department to improve upon the existing framework while allowing all peer support specialists to continue to work."

**SB 1019** **(Beall) Youth mental health and substance use disorder services.**

Would have required the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of existing Investment in Mental Health Wellness Act of 2013 triage grant program funds to the County and Local Education Agency Partnership Fund through a competitive grant process, to support prevention, early intervention, and direct services to pupils on school campuses. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 1019 without my signature. This bill would require the Mental Health Services Oversight and Accountability Commission to allocate at least half of its triage grant funds to local education and mental health partnerships. The bill as written would limit the Commission's authority to exercise its judgment in the distribution of these grants. I believe the better practice would be to leave this matter to the Commission."

## 17 Opioids

*Chaptered*

**AB 2760** **(Wood) Prescription drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs.**
Requires a prescriber to offer a prescription of naloxone hydrochloride (naloxone) or another drug approved by the U.S. Food and Drug Administration for the complete or partial reversal of opioid depression to a patient identified to be in specific at-risk groups. Requires a prescriber to provide education to patients receiving a naloxone prescription and/or to other patient designated individuals on overdose prevention and use of naloxone. Chapter 324, Statutes of 2018.

**AJR 19** **(Arambula) Opioid awareness and dependency prevention.**
Resolves that the Legislature urges the use of non-opioid alternatives for pain management and supports physician choice of treatment to prevent opioid dependency. Resolution Chapter 96, Statutes of 2017.

**SB 1109** **(Bates) Controlled substances: Schedule II drugs: opioids.**
Requires warning labels for opioid prescription drug containers; requires the Opioid Factsheet for Patients to be provided to athletes engaged in after-school youth sports or organized youth sports; requires prescribers to discuss the dangers of opioid abuse and addiction with a minor patient or their parent or guardian prior to prescribing an opioid; and requires existing training for prescribers related to pain management to include addiction risks associated with Schedule II drugs. Chapter 693, Statutes of 2018.

**SCR 115** **(McGuire and Gaines) Opioid crisis.**
Recognizes the dramatic impact the current opioid epidemic and opioid related deaths have had on California communities, families, friends, and colleagues. Declares theLegislature's support of groups and organizations working to combat the epidemic and provide resources, help, and support for individuals facing opioid addiction. Resolution Chapter 242, Statutes of 2018.

*Vetoed*

**AB 715** **(Wood) Workgroup review of opioid pain reliever use and abuse.**
Would have made various findings and recommendations regarding opioid abuse. Would have required the Department of Public Health to convene a workgroup to review existing prescription guidelines and develop a recommended statewide guideline addressing best practices for prescribing opioid pain relievers. ***Vetoed.***

*Veto Message:* "This bill requires the Department of Public Health to convene a workgroup to develop a statewide guideline for prescribing opioids for acute, short term pain. Opioid misuse and addiction is a national epidemic that has been devastating for many California communities. Since 2014, the Department of Public Health has lead the Prescription Opioid Misuse and Overdose Prevention Workgroup which is comprised of state and local agencies as well as medical and patient organizations committed to reducing opioid overdose rates in California. Furthermore, both the California Medical Board and the federal Centers for Disease Control have published updated guidelines for prescribing controlled substances for pain including opioids. For these reasons, this bill is unnecessary."

## AB 2384 (Arambula) Medication-assisted treatment.

Would have required, until January 1, 2024, a health care service plan (excluding Medi-Cal managed care plans), or a health insurer that provides prescription drug benefits to cover, at a minimum, at least one version of each of the medication assisted treatment, relapse prevention, or overdose reversal prescription drugs approved by the federal Food and Drug Administration, for opioids use disorder regardless of whether a drug is self-administered or administered by a health care provider, as specified. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2384 without my signature. This bill requires health plans to cover at least one version of each drug used in medication-assisted treatment for opioid disorders and restricts health plans' ability to manage the utilization of these drugs. While the drugs specified in this bill are useful to treat opioid addiction, I'm not willing to eliminate requirements that may be in the best interest of patients."

## 18 Pharmaceuticals / Pharmacy / Biotech

*Chaptered*

**AB 265** **(Wood) Prescription drugs: prohibition on price discount.**
Prohibits prescription drug manufacturers from offering discounts or other reduction in an individual's out-of-pocket expenses associated with his or her insurance coverage, if a lower cost therapeutically equivalent generic drug is available. Specifies a number of exceptions that allow discounts even if a lower cost therapeutically equivalent generic drug is available. Chapter 611, Statutes of 2017.

**AB 315** **(Wood, Dahle, and Nazarian) Pharmacy benefit management.**
Requires pharmacy benefit managers (PBMs) to register with the Department of Managed Health Care (DMHC), to exercise good faith and fair dealing, and to disclose, upon a purchaser's request, information with respect to prescription product benefits, as specified. Requires DMHC to convene a Task Force on PBM Reporting to determine what information related to pharmaceutical costs, if any, it should require to be reported by health care service plans (health plan) or their contracted PBMs. Establishes a pilot project in Riverside and Sonoma Counties to assess the impact of health plan and PBM prohibitions that prohibit the dispensing of certain amounts of prescription drugs by network retail pharmacies. Chapter 905, Statutes of 2018.

**AB 1048** **(Arambula) Health care: pain management and Schedule II drug prescriptions.**
Allows a pharmacist to dispense a partial fill of a prescription for a Schedule II controlled substance, prohibits a pharmacy from charging any additional fees for prescriptions dispensed as partial fills, and removes the requirement that health facilities assess pain at the same time as vital signs. Chapter 615, Statutes of 2017.

**AB 2760** **(Wood) Prescription drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs.**
Requires a prescriber to offer a prescription of naloxone hydrochloride (naloxone) or another drug approved by the U.S. Food and Drug Administration for the complete or partial reversal of opioid depression to a patient identified to be in specific at-risk groups. Requires a prescriber to provide education to patients receiving a naloxone prescription and/or to other patient designated individuals on overdose prevention and use of naloxone. Chapter 324, Statutes of 2018.

**AB 2863** **(Nazarian) Health care coverage: prescriptions.**
Limits the maximum amount a health plan or health insurer may require an enrollee or insured to pay at the point of sale for a covered prescription medication to the lesser of the applicable cost-sharing amount for the prescription medication or the retail price. Chapter 770, Statutes of 2018.

**AJR 19** **(Arambula) Opioid awareness and dependency prevention.**
Resolves that the Legislature urges the use of non-opioid alternatives for pain management and supports physician choice of treatment to prevent opioid dependency. Resolution Chapter 96, Statutes of 2017.

**SB 17** **(Hernandez) Health care: prescription drug costs.**
Requires health care service plans (health plans) and health insurers that report rate information through the existing rate review process to also report information related to covered prescription drugs, as specified, to the Department of Managed Health Care (DMHC) or California Department of Insurance (CDI), respectively. Requires DMHC and CDI to compile the data reported by health plans and insurers into a report that demonstrates the overall impact of drug costs on health care premiums. Requires drug manufacturers to notify specified state purchasers, health plans, and health insurers, in writing at least 60 days prior to the planned effective date, if it is increasing the wholesale acquisition cost (WAC) of a prescription drug by specified amounts. Requires drug manufacturers to notify the Office of Statewide Health Planning and Development (OSHPD) within three days of commercial availability if it is introducing a new prescription drug to market at a WAC that exceeds the Medicare Part D specialty drug threshold. Requires drug manufacturers to provide specified information to OSHPD related to the drug's price. Chapter 603, Statutes of 2017.

**SB 1254** **(Stone) Hospital pharmacies: medication profiles or lists for high-risk patients.**
Requires a pharmacist at a hospital pharmacy to obtain an accurate medication profile or list for each high-risk patient. Chapter 697, Statutes of 2018.

*Vetoed*

**AB 715** **(Wood) Workgroup review of opioid pain reliever use and abuse.**
Would have made various findings and recommendations regarding opioid abuse. Would have required the Department of Public Health to convene a workgroup to review existing prescription guidelines and develop a recommended statewide guideline addressing best practices for prescribing opioid pain relievers. ***Vetoed.***

*Veto Message:* "This bill requires the Department of Public Health to convene a workgroup to develop a statewide guideline for prescribing opioids for acute, short term pain. Opioid misuse and addiction is a national epidemic that has been devastating for many California communities. Since 2014, the Department of Public Health has lead the Prescription Opioid Misuse and Overdose Prevention Workgroup which is comprised of state and local agencies as well as medical and patient organizations committed to reducing opioid overdose rates in California. Furthermore, both the California Medical Board and the federal Centers for Disease Control have published updated guidelines for prescribing controlled substances for pain including opioids. For these reasons, this bill is unnecessary."

## AB 2384 (Arambula) Medication-assisted treatment.

Would have required, until January 1, 2024, a health care service plan (excluding Medi-Cal managed care plans), or a health insurer that provides prescription drug benefits to cover, at a minimum, at least one version of each of the medication assisted treatment, relapse prevention, or overdose reversal prescription drugs approved by the federal Food and Drug Administration, for opioids use disorder regardless of whether a drug is self-administered or administered by a health care provider, as specified. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2384 without my signature. This bill requires health plans to cover at least one version of each drug used in medication-assisted treatment for opioid disorders and restricts health plans' ability to manage the utilization of these drugs. While the drugs specified in this bill are useful to treat opioid addiction, I'm not willing to eliminate requirements that may be in the best interest of patients."

## 19 Public Health

*Chaptered*

**AB 653** **(Cunningham) Joint powers agreements: County of Santa Barbara: nonprofit hospitals.**
Authorizes a nonprofit hospital in Santa Barbara County to enter into a joint powers agreements with a public agency. Chapter 706, Statutes of 2018.

**AB 658** **(Waldron) Clinical laboratories.**
Suspends the annual renewal fee for clinical laboratory licenses for years 2018 and 2019. Sunsets this provision on January 1, 2020. Chapter 345, Statutes of 2017.

**AB 836** **(Chiu) Vending machines: bulk food.**
Permits the Department of Public Health to issue a variance for dispensing bulk potentially hazardous food from vending machines. Chapter 259, Statutes of 2017.

**AB 911** **(Wood, Quirk) Radioactive materials: licensing and registration: exemption.**
Exempts certified bomb technicians employed by local governments and the State of California, including the University of California, from specified requirements related to radioactive materials. Chapter 128, Statutes of 2017.

**AB 954** **(Chiu) Food labeling: guidelines: quality and safety dates.**
Requires the Department of Food and Agriculture, in consultation with the Department of Public Health, to publish information that encourages food manufacturers, processors, and retailers responsible for the labeling of food products to voluntarily use specified "best by" and "use by" labels that communicate quality and safety dates, respectively. Chapter 787, Statutes of 2017.

**AB 1316** **(Quirk and Cristina Garcia) Public health: childhood lead poisoning: prevention.**
Revises the existing standard of care for children determined to be at risk for lead poisoning and requires all children to be screened for blood lead levels. Chapter 507, Statutes of 2017.

**AB 1386** **(Waldron) Genomic cancer testing pilot program.**
Requires the Department of Health Care Services to include information relating to breast cancer susceptibility gene mutations in the next revision of a brochure that is provided to cancer patients. Chapter 693, Statutes of 2017.

**AB 1387** **(Arambula) Home medical device retail facility business: licensing: inspections.**
Modifies the inspection requirements for home medical device retail (HMDR) facilities by requiring that HMDR providers, which have been accredited by an accreditation organization approved by the federal Centers for Medicare and Medicaid Services, be inspected only in response to a complaint made to the Department of Public Health regarding that provider. Continues to require at least annual inspections for those HMDR providers that are not accredited. Chapter 213, Statutes of 2017.

**AB 1726** **(Committee on Health) Vital records: confidentiality.**
Authorizes the Department of Public Health to release confidential birth and fetal death vital record data to government entities and birth hospitals. Chapter 215, Statutes of 2017.

**AB 1766** **(Maienschein) Swimming pools: public safety.**
Requires public swimming pools that are required to provide lifeguard services and that charge a direct fee to additionally provide an Automated External Defibrillator (AED) during pool operations, and requires the Department of Education, in consultation with the Department of Public Health, to issue best practices guidelines related to pool safety at K through 12 schools. Exempts a volunteer, person, or entity that acquires an AED for emergency care from liability for any civil damages resulting from the rendering of emergency care by use of the AED. Chapter 270, Statutes of 2018.

**AB 1787** **(Salas and Fong) Reporting: Valley Fever.**
Requires the Department of Public Health to collect data on Valley Fever by April 15 of each year from the California Reportable Disease Information Exchange and any other electronic data system. Chapter 229, Statutes of 2018.

**AB 1788** **(Salas and Grayson) Public health: Valley Fever.**
Authorizes the Department of Public Health to use laboratory results to confirm a case of Valley Fever with or without clinical criteria. Chapter 230, Statutes of 2018.

**AB 2204** **(Gray) Clinics: licensure and regulation: exemption.**
Increases from 30 to 40, the number of hours per week an intermittent clinic that is exempt from licensure can operate. Chapter 279, Statutes of 2018.

**AB 2775** **(Kalra) Professional cosmetics: labeling requirements.**
Requires a professional cosmetic manufactured on or after July 1, 2020, and sold in California to have a label affixed on the container that satisfies all of the labeling requirements for any other cosmetic pursuant to the Federal Food, Drug, and Cosmetic Act, and the Federal Fair Packaging and Labeling Act. Chapter 393, Statutes of 2018.

**ACR 108** **(Bonta) "Food as Medicine" programs.**
Encourages local jurisdictions across California to create Food as Medicine programs to address the obesity and diabetes epidemics. Includes findings related to the incidence and societal cost of diabetes and obesity and the value of healthy eating in preventing them. Resolution Chapter 166, Statutes of 2017.

**ACR 113** **(Rubio) Breastfeeding Awareness Month of 2017.**
Recognizes August 2017 as the Breastfeeding Awareness Month of 2017 in California and encourages Californians to work together to support breastfeeding. Resolution Chapter 167, Statutes of 2017.

**ACR 258** **(Gloria) Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis Awareness Day.**
Designates August 16, 2018 as Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis Awareness Day in California to enhance public awareness of comprehensive human immunodeficiency virus prevention strategies. Resolution Chapter 171, Statutes of 2018.

**AJR 19** **(Arambula) Opioid awareness and dependency prevention.**
Resolves that the Legislature urges the use of non-opioid alternatives for pain management and supports physician choice of treatment to prevent opioid dependency. Resolution Chapter 96, Statutes of 2017.

**SB 239** **(Wiener) Infectious and communicable diseases: HIV and AIDS: criminal penalties.**
Modifies criminal penalties related to the intentional transmission of the human immunodeficiency virus to another that specify higher punishment than that which applies to other communicable diseases. Makes reckless exposure of another to a communicable disease punishable as a misdemeanor. Chapter 537, Statutes of 2017.

**SB 398** **(Monning) Acquired brain trauma.**
Extends until July 1, 2024 the sunset date on the state's traumatic brain injury program, and makes specified programmatic changes. Chapter 402, Statutes of 2018.

**SB 432** **(Pan) Emergency medical services.**
Revises the required communicable disease exposure notification procedure for emergency medical care providers by requiring a health facility to immediately notify a prehospital emergency medical care provider upon determining that a person who received emergency medical services is diagnosed with a reportable communicable disease or condition, in addition to the existing requirement that provides notification to the county health officer, who in turn notifies the emergency medical care provider. Chapter 426, Statutes of 2017.

**SB 442** **(Newman) Public health: pools: drownings.**
Requires a newly constructed or remodeled swimming pool or spa at a private single-family home to be equipped with at least two of seven drowning prevention safety features and requires home inspection reports to identify which two drowning prevention safety features are equipped in the pool or spa. Chapter 670, Statutes of 2017.

**SB 1097** **(Hueso) Lead poisoning.**
Revises the requirements of the biennial report required to be published by Department of Public Health regarding the effectiveness of appropriate case management efforts for lead poisoning management. Chapter 691, Statutes of 2018.

**SB 1495** **(Committee on Health) Health.**
Makes noncontroversial revisions to various provisions of existing law, including revising the reporting structure of law enforcement personnel at state hospitals; revising the mental health services performance contract requirements; hospice licensing requirements; and, making clean-up changes to two recently enacted bills. Chapter 424, Statutes of 2018.

**SCR 74** **(Wiener) HIV viral load suppression.**
Recognizes the critical importance that viral load suppression plays in improving health outcomes and reducing human immunodeficiency virus (HIV) transmissions on a population level in this state, and encourages stakeholders in the HIV/acquired immune deficiency syndrome (AIDS) community, and all Californians, to carefully examine the Office of AIDS findings and conclusions relating to the HIV Health Improvement Affinity Group when the Office of AIDS completes its findings and generates any related data. Resolution Chapter 29, Statutes of 2018.

**SCR 110** **(Wiener) Sex characteristics.**
Calls upon stakeholders in the health professions to foster the well-being of children born with variations of sex characteristics through the enactment of policies and procedures that ensure individualized, multidisciplinary care, as provided. Resolution Chapter 225, Statutes of 2018.

**SJR 25** **(Wilk) Batten Disease Awareness Weekend.**
Designates the weekend of June 2, 2018 through June 3, 2018 as Batten Disease Awareness Weekend and calls upon the President and Congress of the United States to enact legislation that provides more funding for research to be done on potential treatment and cures for rare diseases. Resolution Chapter 114, Statutes of 2018.

*Vetoed*

**AB 186** **(Eggman) Controlled substances: overdose prevention program.**
Would have authorized the City and County of San Francisco to approve entities to operate an overdose prevention program for adults supervised by healthcare professionals or other trained staff where people who use drugs could safely consume drugs and access referrals to addiction treatment. Would have sunset the program on January 1, 2022. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 186 without my signature. This bill authorizes the City and County of San Francisco to approve "overdose prevention programs," including the establishment of centers where illegal drugs can be injected under sanitary conditions. The supporters of this bill believe these "injection centers" will have positive impacts, including the reduction of deaths, disease and infections resulting from drug use. Other authorities-including law enforcement, drug court judges and some who provide rehabilitative treatment-strongly disagree that the "harm reduction" approach envisioned by AB 186 is beneficial. After great reflection, I conclude that the disadvantages of this bill far outweigh the possible benefits. Fundamentally, I do not believe that enabling illegal drug use in government sponsored injection centers-with no corresponding requirement that the user undergo treatment-will reduce drug addiction. In addition, although this bill creates immunity under state law, it can't create such immunity under federal law. In fact, the United States Attorney General has already threatened prosecution and it would be irresponsible to expose local officials and health care professionals to potential federal criminal charges. Our paramount goal must be to reduce the use of illegal drugs and opioids that daily enslaves human beings and wreaks havoc in our communities. California has never had enough drug treatment programs and does not have enough now. Residential, outpatient and case management-all are needed, voluntarily undertaken or coercively imposed by our courts. Both incentives and sanctions are needed. One without the other is futile. There is no silver bullet, quick fix or piecemeal approach that will work. A

comprehensive effort at the state and local level is required. Fortunately, under the Affordable Care Act, California now has federal money to support a much expanded system of care for the addicted. That's the route we should follow: involving many parties and many elements in a thoroughly integrated undertaking. I repeat, enabling illegal and destructive drug use will never work. The community must have the authority and the laws to require compassionate but effective and mandatory treatment. AB 186 is all carrot and no stick."

**AB 715** **(Wood) Workgroup review of opioid pain reliever use and abuse.**
Would have made various findings and recommendations regarding opioid abuse. Would have required the Department of Public Health to convene a workgroup to review existing prescription guidelines and develop a recommended statewide guideline addressing best practices for prescribing opioid pain relievers. ***Vetoed.***

*Veto Message:* "This bill requires the Department of Public Health to convene a workgroup to develop a statewide guideline for prescribing opioids for acute, short term pain. Opioid misuse and addiction is a national epidemic that has been devastating for many California communities. Since 2014, the Department of Public Health has lead the Prescription Opioid Misuse and Overdose Prevention Workgroup which is comprised of state and local agencies as well as medical and patient organizations committed to reducing opioid overdose rates in California. Furthermore, both the California Medical Board and the federal Centers for Disease Control have published updated guidelines for prescribing controlled substances for pain including opioids. For these reasons, this bill is unnecessary."

**AB 1279** **(Salas) Valley fever.**
Would have required the Department of Public Health to develop and implement public outreach programs to educate the public about coccidioidomycosis, commonly referred to as valley fever. ***Vetoed.***

*Veto Message:* "This bill requires the Department of Public Health to develop outreach programs to educate the public about Valley Fever. The department already provides fact sheets, brochures, posters and other educational materials to raise awareness of this disease. Expanding this program would necessitate additional resources which should be considered along with other funding requests as part of the budget process."

**AB 1461** **(Thurmond) Food facility employee: food handler cards.**
Would have required an employee of a food facility that offers meal subscription plans, who is a food handler and who also works in whole or in part with unpackaged food, to obtain a food handler card. ***Vetoed.***

*Veto Message:* "This bill requires employees of a food facility that offers a meal subscription plan to obtain food handler cards if they work with unpackaged food. This bill attempts to regulate a burgeoning new business model of home food delivery. I'm not convinced, however, that the existing regulatory scheme for food facilities is suitable for this new industry. I encourage the Legislature to continue to work on this issue with the Department of Public Health and interested stakeholders to ensure food safety is protected and innovation is encouraged."

**AB 1801** **(Nazarian) Newborns: cytomegalovirus public education and testing.**
Would have required the California Department of Health Care Services to establish a Commission on Cytomegalovirus Public Education and Testing, as specified. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 1801 without my signature. This bill would require the Department of Health Care Services to establish a 13-member Commission to identify public educational resources for, and examine research and data relating to, Cytomegalovirus, a non-genetic virus which causes birth defects. Researching, educating and testing for diseases in newborns is the function of the Department of Public Health's Newborn Screening program. I encourage the author to work with this department to review and assess this disease rather than create a new governmental body in a different department."

**AB 2122** **(Reyes) Medi-Cal: blood lead screening tests.**
Would have required the Department of Health Care Services (DHCS) to prepare provider training guidelines, curriculum and resources to educate providers about childhood lead poisoning prevention, exposure risks, health effects, and sources of exposure. Would have required DHCS to ensure contracted Medi-Cal managed care plan providers comply with specified requirements, including meeting the standard of care for early and periodic screening when providing lead testing. Would have required DHCS to ensure that children in specified age groups receive blood lead screening tests. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2122 without my signature. This bill would set statewide goals for blood lead level screening tests for children in Medi-Cal and require the Department of Health Care Services to ensure these goals are met. Lead exposure in children is a serious health concern and I share the author's desire to increase the number of Medi-Cal children who are screened. The department, however, already requires in its contracts with managed care plans and providers that children receive screenings in accordance with federal and state regulations. Updated and more thorough data on periodic screening tests is being developed with the Department of Public Health to assist in tracking compliance. I believe the department should continue its current efforts working with managed care plans, health care providers and public health officials to determine what additional policies and practices may be necessary to improve screening rates."

**AB 2397** **(Obernolte) Health and human services: information sharing: administrative actions.**
Would have revised existing law to require, instead of allow, the sharing of specified information in order to protect the health and safety of persons receiving care or services from individuals or facilities licensed by the state or from individuals certified or approved by a foster family agency. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2397 without my signature. This bill would mandate that the Departments of Aging, Health Care Services, Public Health, Social Services and the Emergency Medical Services Authority, share information regarding adverse administrative actions against licensees, facilities or providers. This bill is unnecessary because the information called for is already being shared as authorized under current law."

*Chaptered*

**AB 74** **(Chiu, Bonta, and Santiago) Housing.**
Creates the Housing for a Healthy California Program to provide rental assistance to individuals who are homeless and receive services from the Whole Person Care pilot program, Health Homes, or another locally controlled funding source. Chapter 777, Statutes of 2017.

**AB 205** **(Wood) Medi-Cal: Medi-Cal managed care plans.**
Requires Medi-Cal managed care (MCMC) plans, including county mental health plans (MHPs) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) to maintain a network of providers within specified time and distance standards, with differing requirements by provider type and county. Requires, if a MCMC plan cannot meet the time and distance standards, the MCMC plan to submit a request for alternative access standards. Requires MCMC plans, MHPs, and DMC-ODS to comply with the appointment time standards in existing Knox-Keene Health Care Service Plan Act of 1975 regulation standards. Sunsets these requirements on January 1, 2022. Implements changes required by the federal Medicaid managed care rule for state fair hearings involving MCMC beneficiaries, and appeals to MCMC plans. Chapter 738, Statutes of 2017.

**AB 340** **(Arambula) Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.**
Requires the Department of Health Care Services (DHCS), in consultation with the Department of Social Services, county mental health, managed care plan, behavioral health, and child welfare experts, and stakeholders, to convene an advisory working group (Workgroup) to update, amend, or develop tools and protocols for the screening of children for trauma, within the Early and Periodic Screening, Diagnosis, and Treatment benefit by May 1, 2018; requires the Workgroup to report its findings and recommendations to DHCS and to the Legislature no later than May 1, 2019; and disband the Workgroup on December 31, 2019. Chapter 700, Statutes of 2017.

**AB 349** **(McCarty) Drug Medi-Cal Treatment Program: ratesetting process.**
Grants permanent authority for the Department of Health Care Services (DHCS) to annually establish and update the statewide maximum allowable reimbursement rates for Drug Medi-Cal (DMC) by means of bulletins or similar instructions. Authorizes DHCS to annually establish and update the DMC statewide maximum allowable reimbursement rates by means of bulletins or similar instructions without being required to adopt regulations until July 1, 2020. Chapter 643, Statutes of 2018.

**AB 470** **(Arambula) Medi-Cal: specialty mental health services: performance outcome dashboard.**
Requires the Department of Health Care Services to consult with specified stakeholders to inform the updates to the performance outcomes system for specialty mental health services (SMHS) developed for Early and Periodic Screening, Diagnosis, and Treatment and under the Special Terms and Conditions of the Medi-Cal SMHS Waiver. Chapter 550, Statutes of 2017.

**AB 659** **(Ridley-Thomas) Medi-Cal: reimbursement rates.**

Changes from annually to every three years, beginning in 2019, the frequency by which clinical laboratory or laboratory service providers are required to submit data reports to the Department of Health Care Services for purposes of developing reimbursement rates. Requires the reimbursement rates developed under this bill to become effective July 1, 2020, and July 1 of every third year thereafter. Chapter 346, Statutes of 2017.

**AB 1092** **(Cooley) Health care service plans: vision care services: provider claims: fraud.**

Authorizes a specialized health care service plan that arranges for the provision of vision care services to use a statistically reliable method to investigate suspected fraud and to recover over payments made as a result of fraud, if specified requirements are met. Chapter 525, Statutes of 2018.

**AB 1688** **(Committee on Health) Medi-Cal: Alameda County pilot program.**

Repeals an Alameda County program that did not require Medi-Cal utilization controls when a county hospital based utilization review committee has been established to determine the level of authorization for payment. Makes various changes to implement provisions of the federal Medicaid managed care rules related to record retention, health plan penalties, external quality review programs and health plan accreditation. Renames the California Mental Health Planning Council as the California Behavioral Health Planning Council, and makes conforming changes to broaden the duties of the renamed Council to incorporate substance use disorders. Chapter 511, Statutes of 2017.

**AB 1785** **(Nazarian) Medi-Cal eligibility: assets.**

Excludes the principal and interest of a 529 college savings plan from consideration for purposes of any asset or resources test to determine eligibility for Medi-Cal benefits for those applicants or beneficiaries whose eligibility is determined using non-Modified Adjusted Gross Income based financial methods. Requires the Department of Health Care Services to seek any necessary approvals from the federal Centers for Medicare and Medicaid Services to implement this bill and to implement this bill in a manner consistent with federal Medicaid law and only to the extent that the necessary approvals are obtained and federal financial participation is not jeopardized. Chapter 121, Statutes of 2018.

**AB 2393** **(Committee on Health) Mental health.**

Prohibits a county from charging fees for Medi-Cal specialty mental health services (SMHS) to Medi-Cal beneficiaries who do not have a share of cost and Medi-Cal beneficiaries who have met their share of cost. Allows, instead of requires, a county to charge fees to individuals who are not Medi-Cal beneficiaries and Medi-Cal beneficiaries who have a share of cost that has not been met, as specified. Deletes the term SMHS and replaces it with community mental health services. Prohibits this bill from being construed to waive a county's responsibility to screen for eligibility for Medi-Cal, any other insurance affordability program, or a county health program. Chapter 77, Statutes of 2018.

**AB 2428** **(Gonzalez Fletcher) Federally qualified health centers: rural health clinics.**
Allows a federally qualified health center (FQHC) or rural health clinic (RHC) that adds a physical plant to its primary care license to elect to have the reimbursement rate for each new plant be billed at and reimbursed at the same rate as the FQHC or RHC. Chapter 762, Statutes of 2018.

**AB 2472** **(Wood) Health care coverage.**
Requires the Council on Health Care Delivery Systems to prepare an analysis and evaluation, known as a feasibility analysis, to determine the feasibility of a public health insurance plan option to increase competition and choice for health care consumers. Chapter 677, Statutes of 2018.

**AB 2576** **(Aguiar-Curry) Emergencies: health care.**
Authorizes a community clinic licensed by the Board of Pharmacy (BOP) to furnish drugs or devices without a prescription during a state of emergency, and authorizes the BOP to waive specified provisions of the Pharmacy Practice Act for up to 90 days following the termination of a declared emergency. Permits the Governor, during a state of emergency, to direct all state agencies to utilize, employ, and direct state personnel, equipment and facilities to allow community clinics and health centers to provide and receive reimbursement for services provided during or immediately following an emergency, as specified. Chapter 716, Statutes of 2018.

**AB 2861** **(Salas) Medi-Cal: telehealth: alcohol and drug use treatment.**
Requires a Drug Medi-Cal certified provider to receive reimbursement for individual counseling services provided through telehealth, as defined, by a licensed practitioner of the healing arts or registered or certified alcohol or other drug counselor, when medically necessary and in accordance with the Medicaid state plan, to the extent federal financial participation is available and any necessary federal approvals have been obtained. Requires the Department of Health Care Services to adopt regulations by July 1, 2022, to implement this bill, as specified. Chapter 500, Statutes of 2018.

**AB 3192** **(O'Donnell) LEA Medi-Cal billing option: program guide.**
Requires the Department of Health Care Services, in consultation with the Local Education Agency (LEA) Ad Hoc Workgroup and the California Department of Education, to prepare and complete a fiscal and compliance audit guide of the LEA Medi-Cal billing option, for distribution by June 30, 2019, and subject to approval by the LEA Ad Hoc Workgroup. Chapter 658, Statutes of 2018.

**AJR 8** **(Kalra) Public social services: Social Security, Medicare, and Medicaid.**
Calls on California's representatives in the United States Congress to vote against cuts to and proposals to privatize Social Security, Medicare, and Medicaid and to support legislation to improve and expand these programs. Calls on the President of the United States to honor his campaign promise not to cut these programs, to veto any legislation to do so, and to work with Congress to expand and improve these programs. Resolution Chapter 139, Statutes of 2017.

**SB 4** **(Mendoza) Medi-Cal: county organized health system: County of Orange.**
Codifies the enabling ordinance adopted by the Board of Supervisors of the County of Orange that prescribes the composition of the governing body of the Orange County Health Authority, a county organized health system, known as CalOptima. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 479, Statutes of 2017.

**SB 171** **(Hernandez) Medi-Cal: Medi-Cal managed care plans.**
Implements a federal option to require Medi-Cal managed care (MCMC) plans to provide a remittance if the MCMC plan fails to meet an 85% medical loss ratio. Requires the Department of Health Care Services (DHCS) to ensure that all covered mental health and substance use disorder benefits are provided in compliance with federal mental health parity regulations. Requires DHCS to require MCMC plans to increase contract services payments to designated public hospitals (DPHs) by amounts determined under a directed payment methodology. Requires DHCS to establish a program under which DPHs may earn performance-based quality incentive payments from MCMC plans. Chapter 768, Statutes of 2017.

**SB 220** **(Pan) Medi-Cal Children's Health Advisory Panel.**
Limits the terms of members of the Medi-Cal Children's Health Advisory Panel (MCHAP) in the Department of Health Care Services (DHCS), permits DHCS greater flexibility in appointing three parent positions to MCHAP, and permits a MCHAP member to be removed by DHCS, in consultation with the Chair, if the removal is determined to be necessary by the Director of DHCS. Chapter 280, Statutes of 2017.

**SB 223** **(Atkins) Health care language assistance services.**
Requires health care service plans (health plans), including Medi-Cal managed care plans, and health insurers to include a written notice of availability of interpretation services in the top 15 languages spoken by limited English-proficient individuals in California, as specified. Requires interpreters to meet specified requirements, requires specified disclosures to enrollees, insureds, Medi-Cal beneficiaries, and the public. Applies specified provisions and existing Medi-Cal provisions on language assistance to Medi-Cal mental health plans. Chapter 771, Statutes of 2017.

**SB 323** **(Mitchell) Medi-Cal: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services.**
Permits a federally qualified health center or rural health clinic to be reimbursed directly from a county or the Department of Health Care Services for providing Drug Medi-Cal or specialty mental health services to Medi-Cal beneficiaries. Specifies the methodology for billing and receiving reimbursements for these services. Chapter 540, Statutes of 2017.

**SB 398** **(Monning) Acquired brain trauma.**
Extends until July 1, 2024 the sunset date on the state's traumatic brain injury program, and makes specified programmatic changes. Chapter 402, Statutes of 2018.

**SB 523** **(Hernandez) Medi-Cal: emergency medical transport providers: quality assurance fee.**
Imposes a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider, pursuant to a prescribed methodology. Chapter 773, Statutes of 2017.

**SB 743** **(Hernandez and Leyva) Medi-Cal: family planning providers.**
Establishes the Protection of Choice for Family Planning Act and prohibits Medi-Cal managed care plans (MCPs) from restricting the choice of a qualified provider, as defined, from whom a beneficiary enrolled in the MCP may receive family planning services covered by Medi-Cal. Chapter 572, Statutes of 2017.

**SB 1108** **(Hernandez) Medi-Cal: conditions of eligibility or coverage.**
Authorizes the Department of Health Care Services to seek federal Medicaid waivers that further the goal of Medi-Cal which is to provide comprehensive health care to low-income Californians who cannot afford the cost of health care. Chapter 692, Statutes of 2018.

**SB 1287** **(Hernandez) Medi-Cal: medically necessary services.**
Establishes a definition for medically necessary services for individuals under 21 years of age; and, requires Medi-Cal providers to update any model evidence of coverage documents, beneficiary handbooks, and related material to reflect the provisions of this bill. Chapter 855, Statutes of 2018.

**SB 1423** **(Hernandez) Medi-Cal: oral interpretation services.**
Revises existing law relating to Medi-Cal Managed Care Plan and mental health plan oral interpretation services for an individual who is limited-English-proficient (LEP) to require that an interpreter must have the ability to provide effective, accurate, and impartial, interpreter services to and from the language spoken by the LEP beneficiary and in English, using any necessary specialized vocabulary, terminology, and phraseology, and makes other clarifying changes. Chapter 568, Statutes of 2018.

**SJR 23** **(Newman) Health care coverage for active military, veterans, and their families.**
Urges the United States Department of Defense and the United States Department of Health and Human Services to implement, and the United States Congress to require, if necessary, a resolution between the federal Centers for Medicare and Medicaid Services and TRICARE to immediately restore a data sharing agreement in which states provide Medicaid enrollee eligibility information to TRICARE, and to waive the one-year timely filing restriction for all claims caught in this stoppage. Resolution Chapter 103, Statutes of 2018.

## AB 180 (Wood) Medi-Cal.

Would have required the Department of Health Care Services (DHCS) to establish a stakeholder process to assist DHCS in developing guidance for a federally qualified health center or rural health clinic to determine whether a payment would constitute an incentive payment that is prohibited from being included in the calculation of supplemental payments during the reconciliation process. Included an urgency clause that would have ensured the provisions of this bill take effect immediately upon enactment. ***Vetoed.***

*Veto Message:* "I am returning the following bills without my signature. AB 180, SB 275, SB 707. Each of these bills requires the Department of Health Care Services to establish a stakeholder process to deliberate and advise the department on an issue with Medi-Cal. Not every problem with Medi-Cal needs or deserves a public stakeholder process. The department regularly collaborates with stakeholders including interested organizations, experts, partners and colleagues. I am confident it will continue to do so."

## AB 391 (Chiu and Gomez) Medi-Cal: asthma preventive services.

Would have established the Asthma Preventive Services Program Act of 2017 and provided coverage of asthma preventive services under the Medi-Cal program. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bills 391 and 447 without my signature. These bills expand benefits in the Medi-Cal program, one for asthma preventative services and one for continuous glucose monitor medical devices. The Department of Health Care Services, however, has considerable administrative authority to make changes to benefits based upon new medical evidence and clinical guidelines. Therefore, these statutory changes are unnecessary."

## AB 447 (Gray) Medi-Cal: covered benefits: continuous glucose monitors.

Would have provided Medi-Cal coverage for continuous glucose monitors when medically necessary for the management and treatment of diabetes mellitus, subject to utilization controls, and to the extent that federal financial participation is available and any necessary federal approvals have been obtained. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bills 391 and 447 without my signature. These bills expand benefits in the Medi-Cal program, one for asthma preventative services and one for continuous glucose monitor medical devices. The Department of Health Care Services, however, has considerable administrative authority to make changes to benefits based upon new medical evidence and clinical guidelines. Therefore, these statutory changes are unnecessary."

## AB 1591 (Berman) Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor.

Would have added, no later than July 1, 2018, licensed professional clinical counselors to the list of healthcare professionals that qualify for a face-to-face encounter with a patient at Federally Qualified Health Centers or Rural Health Clinics for purposes of a per-visit Medi-Cal payment under the prospective payment system. ***Vetoed.***

*Veto Message:* "This bill adds Licensed Professional Clinical Counselors to the list of health care professionals whose services are reimbursable by Medi-Cal on a per visit basis at Federally Qualified Health Centers and Rural Health Clinics. The Department of Health Care Services is developing a new payment model for these health clinics that will eliminate the need to add specific providers to an approved list. Consequently, this bill is unnecessary."

## AB 2122 (Reyes) Medi-Cal: blood lead screening tests.

Would have required the Department of Health Care Services (DHCS) to prepare provider training guidelines, curriculum and resources to educate providers about childhood lead poisoning prevention, exposure risks, health effects, and sources of exposure. Would have required DHCS to ensure contracted Medi-Cal managed care plan providers comply with specified requirements, including meeting the standard of care for early and periodic screening when providing lead testing. Would have required DHCS to ensure that children in specified age groups receive blood lead screening tests. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2122 without my signature. This bill would set statewide goals for blood lead level screening tests for children in Medi-Cal and require the Department of Health Care Services to ensure these goals are met. Lead exposure in children is a serious health concern and I share the author's desire to increase the number of Medi-Cal children who are screened. The department, however, already requires in its contracts with managed care plans and providers that children receive screenings in accordance with federal and state regulations. Updated and more thorough data on periodic screening tests is being developed with the Department of Public Health to assist in tracking compliance. I believe the department should continue its current efforts working with managed care plans, health care providers and public health officials to determine what additional policies and practices may be necessary to improve screening rates."

## AB 2233 (Kalra) Medi-Cal: Assisted Living Waiver program.

Would have required the Department of Health Care Services to submit in 2019 to the federal Centers for Medicare and Medicaid Services a request for renewal of the Assisted Living Waiver program to increase the slots that would be phased in on a regional basis. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2233 without my signature. This bill would require a significant expansion of the Assisted Living Waiver program in Medi-Cal. This program was expanded in this year's budget. Any further changes should be considered in next year's budget."

## AB 2275 (Arambula) Medi-Cal managed care: quality assessment and performance improvement.

Would have required the Department of Health Care Services to establish a quality assessment and performance improvement program for all Medi-Cal managed care (MCMC) plans, through which the MCMC plans, commencing January 1, 2021, would be required to meet a minimum performance level that improves quality and reduces health disparities, as specified. Would have required MCMC plans that meet the performance targets to receive specified financial incentives. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2275 without my signature. This bill would require the Department of Health Care Services to establish a quality assessment and performance improvement program for Medi-Cal managed care plans. The department, however, is required by federal law to have an external organization conduct periodic quality reviews of its managed care program. The department also requires extensive plan-specific quality improvement projects. Adopting these statutory requirements will duplicate current efforts while adding significant costs to Medi-Cal."

## AB 2299 (Chu) Medi-Cal: managed care plans: informational materials.

Would have required the Department of Health Care Services (DHCS) to ensure that all written health education and informing materials developed by Medi-Cal Managed Care (MCMC) plans in English or translated into threshold languages are at or below the equivalent of sixth grade reading level, except as specified. Would have required DHCS to require MCMC plans or their subcontractors to conduct a one-time, targeted community review of health education and informing materials in English and each threshold language, in order for members to ensure the cultural and linguistic appropriateness of materials in community-based settings. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2299 without my signature. This bill would require the Department of Health Care Services to ensure all written health education and informational materials provided by Medi-Cal managed care plans to their beneficiaries are translated at or below the sixth grade reading level. I signed legislation last year to codify the Affordable Care Act's language access provisions into state law. Furthermore, the department requires its plans to provide written materials in an easily understood and readily accessible format. Current law and contractual practice are sufficient to compel plans to make these important health care documents understandable for Medi-Cal beneficiaries."

## AB 2427 (Wood) Medi-Cal: anticompetitive conduct.

Would have required the Department of Health Care Services (DHCS) to include a contract provision, in each for-profit Medi-Cal Managed Care (MCMC) contract, that authorizes DHCS to terminate the contract if the Attorney General had determined the MCMC plan has engaged in anticompetitive conduct, or if the MCMC had a pattern of noncompliance with specified medical loss ratios. Would have applied these provisions only to new contracts, and renewals of existing contracts, executed on or after January 1, 2019. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2427 without my signature. This bill would require Medi-Cal managed care plan contracts to include a provision allowing the Department of Health Care Services to terminate the contract if the Attorney General determines that the plan engaged in anticompetitive conduct, or if the department determines the plan has a pattern of not complying with medical loss ratio requirements. This bill is unnecessary as the department has sufficient statutory and contractual authority to deal with inappropriate or illegal conduct by plans."

## AB 2593 (Grayson) Air ambulance services.

Would have required health plan contracts and health insurance policies to provide that if an enrollee or insured receives covered services from a non-contracting air ambulance provider, the enrollee or insured is prohibited from paying more than the same cost-sharing that the enrollee or insured would pay for the same covered services received from a contracting air ambulance provider. Would have required the Department of Health Care Services to set and maintain the Medi-Cal fee rate for air ambulance services provided either by fixed or rotary wing aircraft that is equal to a percentage of the rural Medicare rates for those services, and would have required the final rate to either meet or exceed the sum of the air ambulance service rate as provided in the Medi-Cal program on December 31, 2017, and the supplemental payment offered in 2017 under the existing Emergency Medical Air Transportation Act. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

## SB 906 (Beall and Anderson) Mental health services and substance use disorder treatment: peer support specialist certification.

Would have established the Peer Support Specialist Certification Act of 2018 which would have required the Department of Health Care Services to establish, by July 1, 2020, a peer support specialist certification program to support the ongoing provision of services to individuals experiencing mental health care needs, substance use disorder needs, or both. ***Vetoed.***

*Veto Message:* "I am returning Senate Bill 906 without my signature. This bill requires the Department of Health Care Services to establish a certificate program for peer support specialists in Medi-Cal. Currently, peer support specialists are used as providers in Medi-Cal without a state certificate. This bill imposes a costly new program which will permit some of these individuals to continue providing services but shut others out. I urge the stakeholders and the department to improve upon the existing framework while allowing all peer support specialists to continue to work."

**SB 1125** **(Atkins) Federally qualified health center and rural health clinic services.**

Would have permitted a federally qualified health center (FQHC) or rural health center (RHC) to elect to apply for an adjustment to its per-visit rate, and after the rate adjustment had been approved by the Department of Health Care Services, would have allowed the FQHC or RHC to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

## 21 Reproductive Health

*Chaptered*

**AB 3032** **(Frazier) Maternal mental health conditions.**
Establishes the Maternal Mental Health (MMH) Conditions Education, Early Diagnosis, and Treatment Act, and requires hospitals that have a perinatal unit to develop and implement a program to provide education and information to appropriate health care professionals and patients about MMH conditions. Chapter 773, Statutes of 2018.

**ACR 113** **(Rubio) Breastfeeding Awareness Month of 2017.**
Recognizes August 2017 as the Breastfeeding Awareness Month of 2017 in California and encourages Californians to work together to support breastfeeding. Resolution Chapter 167, Statutes of 2017.

**ACR 234** **(Rubio) Breastfeeding Awareness Month of 2018.**
Recognizes August 2018 as the Breastfeeding Awareness Month of 2018 in California and affirms that the State of California should work to ensure that barriers to initiation and continuation of breastfeeding are removed. Resolution Chapter 200, Statutes of 2018.

**SB 743** **(Hernandez and Leyva) Medi-Cal: family planning providers.**
Establishes the Protection of Choice for Family Planning Act and prohibits Medi-Cal managed care plans (MCPs) from restricting the choice of a qualified provider, as defined, from whom a beneficiary enrolled in the MCP may receive family planning services covered by Medi-Cal. Chapter 572, Statutes of 2017.

**SB 1034** **(Mitchell) Health care: mammograms.**
Extends the sunset date, until January 1, 2025, on existing law that requires health facilities where mammography is performed, if a patient is categorized by the facility as having dense breasts, as specified, to provide a notice informing the patient that she has dense breasts. Chapter 332, Statutes of 2018.

*Vetoed*

**SB 320** **(Leyva) Public university student health centers: medication abortion readiness: abortion by medication techniques: College Student Health Center Sexual and Reproductive Health Preparation Fund.**
Would have required public university student health centers, as defined, by January 1, 2022, to offer medication abortion services. ***Vetoed.***

*Veto Message:* "I am returning the following six bills without my signature: AB 2043, AB 2342, AB 2593, SB 320, SB 1125, SB 1148. Each of these bills require significant, ongoing general fund commitments. As such, I commend these policies to the budget process where they may be prioritized along with other spending proposals and which begins again on January 3rd."

## 22 Senior Health / End-of-life

*Chaptered*

**AB 275** **(Wood) Long-term care facilities: requirements for changes resulting in the inability of the facility to care for its residents.**
Extends the timeline and notice periods that long-term care (LTC) facilities are required to give residents, their families, the Department of Public Health, the Department of Health Care Services and the Office of the State LTC Ombudsman when they are planning to close. Clarifies and strengthens requirements to medically and socially assess residents in order to prevent and reduce transfer trauma. Requires LTC facilities, as part of their relocation plans, to provide specific information regarding the number of residents who do not have the capacity to make decisions for themselves, the availability of alternative LTC beds in the community, and the reason for the proposed closure, among other things. Chapter 185, Statutes of 2017.

**AB 575** **(Jones-Sawyer) Elder and dependent adult abuse: mandated reporters: substance use disorder counselors.**
Expands the definition of health practitioner, for purposes of the mandated elder and dependent adult abuse reporter law, to include substance use disorder counselor. Defines "substance use disorder counselor" as a person providing counseling services in an alcoholism or drug abuse recovery and treatment program, as specified. Chapter 407, Statutes of 2017.

**AB 1387** **(Arambula) Home medical device retail facility business: licensing: inspections.**
Modifies the inspection requirements for home medical device retail (HMDR) facilities by requiring that HMDR providers, which have been accredited by an accreditation organization approved by the federal Centers for Medicare and Medicaid Services, be inspected only in response to a complaint made to the Department of Public Health regarding that provider. Continues to require at least annual inspections for those HMDR providers that are not accredited. Chapter 213, Statutes of 2017.

**AB 1953** **(Wood) Skilled nursing facilities: disclosure of interests in business providing services.**
Requires skilled nursing facilities (SNFs) to disclose to the Office of Statewide Health Planning and Development whether the SNF, or any partner, director or officer of the SNF, has an ownership or controlling interest of 5% or more in a related party that provides any service to the SNF. Chapter 383, Statutes of 2018.

**SB 294** **(Hernandez) Hospices: palliative care.**
Authorizes a licensed hospice, until January 1, 2022, to provide interdisciplinary hospice services to a patient with a serious illness authorized in the Hospice Licensure Act of 1990 as determined by the physician and surgeon in charge of the care of the patient, including if the patient is continuing to receive curative treatment from other licensed health care professionals. Chapter 515, Statutes of 2017.

**SB 1280** **(Roth) Small house skilled nursing facilities.**

Extends the operation of the Small House Skilled Nursing Facilities (SHSNF) Pilot Program from January 1, 2020 to January 1, 2026, and deletes the July 1, 2013 deadline for the Department of Public Health to issue all-facility letters providing standards for the SHSNF Pilot Program. Chapter 115, Statutes of 2018.

**SB 1292** **(Hueso) Alzheimer's disease.**

Requires the Center for Healthy Communities, within the Department of Public Health, to update the 2009 Alzheimer's Disease Facts and Figures in California: Current Status and Future Projections (Report) to quantify the burden of Alzheimer's disease on at-risk and underrepresented populations, including African Americans, Asian-Pacific Islanders, Latinos, Hispanics, and women; and, requires the Report to be updated on or before January 1, 2021 and sunset the new provisions of the bill on January 1, 2025. Chapter 737, Statutes of 2018.

*Vetoed*

**AB 2233** **(Kalra) Medi-Cal: Assisted Living Waiver program.**

Would have required the Department of Health Care Services to submit in 2019 to the federal Centers for Medicare and Medicaid Services a request for renewal of the Assisted Living Waiver program to increase the slots that would be phased in on a regional basis. ***Vetoed.***

*Veto Message:* "I am returning Assembly Bill 2233 without my signature. This bill would require a significant expansion of the Assisted Living Waiver program in Medi-Cal. This program was expanded in this year's budget. Any further changes should be considered in next year's budget."

## 23 Vital Statistics

*Chaptered*

**AB 1726 (Committee on Health) Vital records: confidentiality.**
Authorizes the Department of Public Health to release confidential birth and fetal death vital record data to government entities and birth hospitals. Chapter 215, Statutes of 2017.

**AB 2490 (Chiu) Vital records: homeless persons.**
Expands existing law by requiring the State Registrar, in addition to the local registrar and county recorder, to issue a certified record of live birth without a fee to any person who can verify his or her status as a homeless person or a homeless child or youth. Chapter 541, Statutes of 2018.

**AB 2561 (Flora) Vital records: local registrar: copy of records.**
Deletes and recasts existing law and instead requires each local registrar to transmit a copy of each original birth certificate and death certificate to the county recorder for the special county record, and at the same time, forward the original certificate to the State Registrar. Chapter 147, Statutes of 2018.

**AB 2750 (Obernolte) Certified copies of death records.**
Expands the current definition of authorized person, for purposes of furnishing a certified copy of a death certificate, to include a competent adult person in the next degree of kinship and an appointed conservator of the person or the estate. Makes conforming changes to authorize an agent or employee of a funeral establishment who can order certified copies of a death certificate to include the individuals as specified above. Chapter 131, Statutes of 2018.

**AB 2967 (Quirk-Silva) Foster care: certified record of live birth.**
Requires each local registrar or county recorder to issue a certified record of live birth without a fee to any person who demonstrates that he or she is a youth who has been placed in foster care. Requires a county welfare agency that has relevant knowledge regarding the youth to verify that the youth has been placed in foster care. Chapter 551, Statutes of 2018.

*Vetoed*

**AB 82 (Medina) Vital records: diacritical marks.**
Would have required the State Registrar of Vital Statistics (State Registrar) to require the use of a diacritical mark on an English letter to be properly recorded, when applicable, on a certificate of live birth, fetal death, or death, and a marriage license, and deems the use of diacritical marks as an acceptable entry on these certificates and licenses. Would have permitted a person to submit a written request to the State Registrar for the issuance of a new certificate of birth, fetal death, death, or marriage stating the changes necessary to make the name correct if a name is not accurately recorded because of the absence of a diacritical mark, and requires the State Registrar to issue a new certificate of live birth, fetal death, death, or marriage with the accurate name if the request is accompanied with the payment of the required fee. ***Vetoed.***

*Veto Message:* "This bill mandates the State Registrar to require the use of diacritical marks on names to be recorded on birth, death, and marriage certificates. Mandating the use of diacritical marks on certain state and local vital records without a corresponding requirement for all state and federal government records is a difficult and expensive proposition. This bill would create inconsistencies in vital records and require significant state funds to replace or modify existing registration systems."

## 24 Miscellaneous

*Chaptered*

**ACR 177 (Jones-Sawyer) Intergenerational trauma: epigenetics.**
Encourages awareness that intergenerational trauma, which has been identified through epigenetic studies, may have an impact on future generations of Californians. Makes legislative findings and declarations related to intergenerational trauma and epigenetics. Resolution Chapter 121, Statutes of 2018.