



# California Legislature

## Assembly Committee on Health

**2019**

Legislative Summary





# **Assembly Committee on Health**

## **2019**

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# Bills Reviewed by the Governor

## 1. Alcohol/Drug Programs

### *Chaptered*

**AB 919** (Petrie-Norris) Alcoholism and drug abuse recovery or treatment programs. Expands prohibitions on specified entities from giving or receiving remuneration or anything of value for the referral of a person who is seeking substance use disorder recovery or treatment services in order to prevent those specified entities from inducing an individual to receive recovery or treatment services by providing free housing, transportation, and other related services. Requires the establishment of an enforcement program for purposes of unlawful referrals, as specified. *Chapter 811, Statutes of 2019.*

### *Vetoed*

**AB 920** (Petrie-Norris) Substance abuse recovery or treatment providers. Would have required the Department of Health Care Services, beginning January 1, 2021, to license an outpatient alcoholism or drug abuse recovery or treatment program that provides these services to the public and is not otherwise licensed. *Vetoed.*

**SB 445** (Portantino) Alcohol and drug treatment: youth.

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

**SB 589** (Bates) Alcohol and other drug abuse recovery services: advertising and marketing.

Would have prohibited an operator of a licensed alcoholism or drug abuse recovery or treatment facility, a certified alcohol or other drug program, a recovery residence, or a third party from engaging in specified marketing activities including make a false or misleading statement or providing false or misleading information about the entity's products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website; including on its internet website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity; and, including on its internet website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet website. *Vetoed.*

## 2. CHBRP

### *Chaptered*

#### **SB 600** (Portantino) Health care coverage: fertility preservation.

Clarifies that standard fertility preservation services, when a covered treatment may directly or indirectly cause iatrogenic infertility, are a basic health care service, as defined in existing law, and are not within the scope of coverage for the treatment of infertility, as specified. Exempts Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the Department of Health Care Services for the delivery of health care services. *Chapter 853, Statutes of 2019.*

#### **AB 651** (Grayson) Air ambulance services.

Limits a health plan enrollee or insured's payment for covered services provided by an air ambulance service provider that does not have a contract with the health plan or health insurer to no more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracted air ambulance provider. Sunsets the supplemental Emergency Medical Air Transportation Act on July 1, 2022. *Chapter 537, Statutes of 2019.*

#### **AB 744** (Aguilar-Curry) Health care coverage: telehealth.

Requires health care contracts on or after January 1, 2021, to specify that the health care service plan (health plan) or insurer is required to cover and reimburse diagnosis, consultation, or treatment delivered through telehealth on the same basis and to the same extent that the health plan or insurer is responsible for coverage and reimbursement for the same service provided through in-person diagnosis, consultation, or treatment. Updates other telehealth provisions in existing law. *Chapter 867, Statutes of 2019.*



### 3. Children's Health

#### *Chaptered*

#### **SB 276** (Pan) Immunizations: medical exemptions.

Requires the Department Public Health (DPH) to annually review immunization reports from specified schools and institutions to identify medical exemptions (MEs) subject to review. Requires a clinically trained DPH staff member to review MEs from schools or institutions with an immunization rate of less than 95% or physicians and surgeons who submit five or more medical exemptions in a calendar year. Permits DPH to deny or revoke a ME determined to be inappropriate or invalid, as specified. Establishes an appeals process for MEs that are denied or revoked and creates an independent review panel made up of three physicians for purposes of appeals. *Chapter 278, Statutes of 2019.*

#### **AB 1004** (McCarty) Developmental screening services.

Requires developmental screening services provided under the Medi-Cal program to comply with the periodicity schedule and the standardized and validated developmental screening tools that are established by the Bright Futures Guidelines and Recommendations for Preventive Pediatric Health Care (Bright Futures), as established by the American Academy of Pediatrics. Requires developmental screening tools to be administered in their entirety, and in adherence to, the specific tools' recommended guidelines. Requires the Department of Health Care Services, as may be appropriate and in its discretion, to adjust a Medi-Cal managed care plan's capitation rate to promote improved outcomes through value-based purchasing payment protocols to create improved incentives for outcomes. *Chapter 387, Statutes of 2019.*

#### **SB 714** (Pan) Immunizations.

Amends certain provisions of SB 276 (Pan) in the 2019-20 Regular Session and becomes effective only if SB 276 is enacted and becomes operative. *Chapter 281, Statutes of 2019.*

#### *Vetoed*

#### **AB 848** (Gray) Medi-Cal: covered benefits: continuous glucose monitors.

Would have required Medi-Cal to provide coverage for continuous glucose monitors (CGM) and related supplies required for use with those monitors for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. Would have permitted the Department of Health Care Services (DHCS) to require the manufacturer of a CGM to enter into a rebate agreement with DHCS. *Vetoed.*

**AB 1322** (Berman, O'Donnell) School-based health programs.

Would have required the California Department of Education (DOE), no later than July 1, 2020, to establish a School-Based Health Unit for the purpose of administering current health-related programs under its purview and advising the department on issues related to the delivery of school-based Medical services in the state. Would have increased the annual amount of federal Medicaid funds available for transfer under the local education agency billing option program from \$1.5 million to \$2 million, and requires \$500,000 to be available for transfer through an interagency agreement to DOE for the support of the School-Based Health Unit established by this bill. *Vetoed.*

**SB 428** (Pan, Portantino) Pupil health: school employee training: youth mental and behavioral health.

Would have required the California Department of Education to identify an evidence-based mental and behavioral health training program for a local educational agency (LEA) to use to train classified and certificated school employees having direct contact with pupils, as specified. *Vetoed.*

## 4. Chronic Health / Cancer

### *Chaptered*

#### **SB 159** (Wiener) HIV: preexposure and postexposure prophylaxis.

Requires a pharmacist to furnish up to a 60-day supply of human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) or postexposure prophylaxis (PEP), if specified conditions are met. Prohibits a health care service plan or health insurer from subjecting combination antiretroviral drug treatments that are medically necessary for the prevention of acquired immune deficiency syndrome or HIV, including PrEP and PEP, to prior authorization or step therapy, except as specified. Adds to the list of covered Medi-Cal pharmacy services initiating and furnishing PrEP and PEP. *Chapter 532, Statutes of 2019.*

### *Vetoed*

#### **SB 706** (Galgiani) Public health: pulmonary hypertension task force.

Would have required the Department of Public Health to establish a pulmonary hypertension task force to aggregate and disseminate the latest information and research relating to pulmonary hypertension, including pediatric pulmonary hypertension. Sunsets this bill on January 1, 2023. *Vetoed.*

## 5. Covered California (Exchange)

*Chaptered*

### **AB 174** (Wood) Health care.

Requires the Covered California governing board, until January 1, 2023, to develop and prepare biannual public reports for the purpose of informing the California Health and Human Services Agency, the Legislature, and the public about the enrollment process for the individual market assistance program, established in the 2019-2020 Budget Act. Corrects reference to an erroneous code section as it relates to the Attorney General's written waiver in the proposed sale of a nonprofit health facility. *Chapter 795, Statutes of 2019.*

### **AB 929** (Luz Rivas) California Health Benefit Exchange: data collection.

Requires the Covered California governing board, to make public on the California Health Benefit Exchange's Internet Website, plan-specific data on cost reduction efforts, quality improvements, and disparity reductions, as specified. *Chapter 812, Statutes of 2019.*

### **AB 1309** (Bauer-Kahan) Health care coverage: enrollment periods.

Revises the enrollment periods for individual health benefit plans offered outside of Covered California and through Covered California for policy years beginning on or after 2020, to allow enrollment from November 1 to January 31. *Chapter 828, Statutes of 2019.*

### **SB 260** (Hurtado) Automatic health care coverage enrollment.

Requires the Covered California to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from a county, or upon receiving information from another insurance affordability program, as specified. Requires plan enrollment to occur before the termination date of coverage through the insurance affordability program and implementation no later than July 1, 2021. *Chapter 845, Statutes of 2019.*

## 6. Denti-Cal / Oral Health

*Chaptered*

**SB 154** (Pan) Medi-Cal: restorative dental services.

Would have authorized a Medi-Cal Dental Program (Denti-Cal) provider, who provides treatment of dental caries, to use and receive Denti-Cal reimbursement for silver diamine fluoride for the purposes of arresting dental caries, subject to specified conditions and benefit limitations. *Vetoed.*

## 7. Emergency Medical Services

*Chaptered*

### **AB 453** (Chau) Emergency medical services: training.

Requires the Emergency Medical Services Authority to develop a training component that would require a minimum of two hours of dementia-specific training for emergency medical technician-paramedic licensure and recertification. *Chapter 88, Statutes of 2019.*

### **AB 1116** (Grayson) Firefighters: peer support.

Enacts the California Firefighter Peer Support and Crisis Referral Services Act authorizing the state or any local or regional public fire agency to establish a Peer Support and Crisis Referral Program. *Chapter 388, Statutes of 2019.*

### **AB 1705** (Bonta) Medi-Cal: emergency medical transportation services.

Requires a new Medi-Cal Public Provider Intergovernmental Transfer Program (PPIGT) for public ground emergency medical transportation providers (public ambulance providers) that would provide additional payments to these providers in fee-for-service (FFS) Medi-Cal and Medi-Cal managed care plans. Replaces the existing certified public expenditures program used to fund FFS public ground providers with the new PPIGT-funded program. Exempts public ambulance providers from the current Quality Assurance Fee (QAF) and the resulting Medi-Cal add on payments resulting from revenue from the QAF. Requires implementation of the new program to be on July 1, 2021. *Chapter 544, Statutes of 2019.*

### **SB 156** (Nielsen) Health facilities: emergency medical services.

Requires the California Department of Public Health to issue a special permit allowing Feather River Hospital to offer emergency stabilization services at a location in the town of Paradise in Butte County that is neither inside nor contiguous to the hospital. *Chapter 839, Statutes of 2019.*

### **SB 438** (Hertzberg) Emergency medical services: dispatch.

Prohibits, with some exceptions, a public agency from delegating, assigning, or entering into a contract for “911” call processing or emergency notification duties regarding the dispatch of emergency response services, unless the contract or agreement is with another public agency. Requires a public safety agency (PSA) that provides “911” call processing services for medical response to make a connection available from the PSA dispatch center to an emergency medical services (EMS) provider’s dispatch center for the timely transmission of emergency response information. States that medical control by a local emergency medical services agency medical director, or medical direction and management of an EMS system, pursuant to the provisions of this bill, will not be construed to limit, supplant, prohibit, or otherwise alter a PSA’s authority to directly receive and process requests for assistance originating within the PSA’s territorial jurisdiction through the emergency “911” system. *Chapter 389, Statutes of 2019.*

## 8. End-of-Life

### *Chaptered*

**SB 305** (Hueso) Compassionate Access to Medical Cannabis Act or Ryan's Law.

Would have stated that general acute care hospitals, skilled nursing facilities, special hospitals, congregate living health facilities, and hospice facilities must not interfere with or prohibit terminally ill patients from using medical cannabis within the facility. *Vetoed.*

## 9. Food Safety / Nutrition

### *Chaptered*

**AB 377** (Eduardo Garcia, Mayes) Microenterprise home kitchen operations. Authorizes counties and/or cities within their jurisdictions to permit Microenterprise Home Kitchen Operations (MEHKO). Clarifies the inspection requirements for MEHKOs and makes other confirming changes. Clarifies regulations for MEHKO permitholders. Contains an urgency clause to make the provisions of this bill effective immediately upon enactment. *Chapter 536, Statutes of 2019.*

**AB 619** (Chiu) Retail food: reusable containers: multiuse utensils. Revises the requirements that permits food facilities to use consumer-owned containers for filing with food or beverages. Permits a local enforcement agency to allow a temporary food facility to use multiuse utensils if certain requirements are met. *Chapter 93, Statutes of 2019.*

**AB 746** (Wood) Sherman Food, Drug, and Cosmetic Law: beer manufacturer licensees: exemption. Clarifies that beer manufacturer licensees are exempt from registering with the Department of Public Health for purpose of the Sherman Food, Drug, and Cosmetic Law. *Chapter 277, Statutes of 2019.*

**AB 1532** (Bauer-Kahan) Food facilities: food safety: employee knowledge. Establishes the Natalie Giorgi Sunshine Act which requires on or before January 1, 2021, a food handler training course to include instruction on the elements of major food allergens, foods identified as major allergens, and the symptoms a major food allergen could cause, and safe handling food practices for major food allergens. Codifies the requirement that food handler requirements also apply to organized camps, as specified in existing regulations. *Chapter 131, Statutes of 2019.*

**SB 677** (Allen) Retail food safety: nonlatex gloves. Prohibits the use of latex gloves in retail food facilities, and instead permits the use of nonlatex gloves, including nitrile, polyethylene, and vinyl gloves. *Chapter 254, Statutes of 2019.*



## 10. Health Care Facilities

### *Chaptered*

#### **AB 204** (Wood) Hospitals: community benefits plan reporting.

Revises not-for-profit hospital community benefit reporting requirements by: 1) adding a definition of charity care, 2) requiring small and rural hospitals (currently exempt from community benefit reporting law) to comply with the law if they are part of a hospital system; and, 3) requiring the Office of Statewide Health Planning and Development to annually prepare a report on the amount each hospital spent on community benefits, including the amount attributable to charity care. *Chapter 535, Statutes of 2019.*

#### **AB 962** (Burke) Hospitals: procurement contracts.

Requires hospitals with operating expenses of at least \$50 million, or, if they are part of a system of hospitals, at least \$25 million, to submit a report to the Office of Statewide Health Planning and Development (OSHPD) on its minority, women, LGBT, and disabled veteran-owned business enterprise procurement efforts. Requires OSHPD to post the reports on OSHPD's internet website, and to convene a hospital diversity commission to advise and provide recommendations on the best methods to increase procurement with diverse suppliers within the hospital industry. *Chapter 815, Statutes of 2019.*

#### **AB 1037** (Gipson) Martin Luther King, Jr. Community Hospital: clinics: licensure and regulation: exemption.

Provides an exemption from clinic licensure regulations to a clinic operated by a nonprofit corporation that provides healthcare services within six miles of the physical location of the Martin Luther King, Jr. Community Hospital. *Chapter 499, Statutes of 2019.*

#### **AB 1695** (Carrillo) Health facilities.

Requires a freestanding skilled nursing facility to give a written notice to all residents of the facility 90 days prior to a transfer of management or a change of ownership, and requires all employees to be retained for a 60-day transition employment period. *Chapter 832, Statutes of 2019.*

#### **AB 1723** (Wood) Pharmacy: clinics: purchasing drugs at wholesale.

Allows intermittent clinics that are open between 20 to 40 hours per week to purchase drugs at wholesale for administration or dispensing under the direction of a physician to patients registered for care at the clinic by conforming the maximum hour limit to the number of hours an intermittent clinic can remain open in the Health and Safety Code. *Chapter 323, Statutes of 2019.*

#### **SB 156** (Nielsen) Health facilities: emergency medical services.

Requires the California Department of Public Health to issue a special permit allowing Feather River Hospital to offer emergency stabilization services at a location in the town of Paradise in Butte County that is neither inside nor contiguous to the hospital. *Chapter 839, Statutes of 2019.*

**SB 227** (Leyva) Health and care facilities: inspections and penalties.

Requires the Department of Public Health to conduct periodic inspections to inspect compliance with nurse-to-patient ratio regulations that are not announced in advance, and establishes administrative penalties specific to violations of the nurse-to-patient ratios. *Chapter 843, Statutes of 2019.*

**SB 322** (Bradford) Health facilities: inspections: employee reporting.

Grants a health facility employee, or their representative, the right to privately discuss possible regulatory violations or patient safety concerns with an inspector during the course of an investigation or inspection by the Department of Public Health. Makes other technical and clarifying changes. *Chapter 72, Statutes of 2019.*

**SB 343** (Pan) Health care data disclosure.

Eliminates provisions in health care service plan (health plan) rate filings that permit a health plan that exclusively contracts with no more than two medical groups in the state to provide or arrange for professional medical services for the enrollees of the plan (Kaiser Foundation Health Plan, Inc.) to report annual medical trend factor assumptions and projected trends in a different manner than other health plans. Requires Kaiser Permanente Hospitals to report certain data to the Office of Statewide Health Planning and Development at the individual hospital level rather than as a group. *Chapter 247, Statutes of 2019.*

**SB 464** (Mitchell) California Dignity in Pregnancy and Childbirth Act.

Enacts the California Dignity in Pregnancy and Childbirth Act, which requires hospitals and alternative birth centers or primary care clinics that provide perinatal care to implement an implicit bias program for all health care providers involved in perinatal care of patients. Requires the Department of Public Health to track data on pregnancy related deaths and severe maternal morbidity and, requires death certificates to include additional information regarding the pregnancy status of the decedent consistent with the United States Standard Certificate of Death. *Chapter 533, Statutes of 2019.*

*Vetoed*

**AB 506** (Kalra) Long-term health facilities.

Would have revised the criteria under which the Department of Public Health (DPH) issues civil penalties against long term care (LTC) facilities that were found to have caused the death of a resident, by changing the requirement that DPH has to prove the death of a resident was the “direct proximate cause” of a violation by the facility, to instead require proof that the violation was a “substantial factor” in the death of a resident and that the death was a foreseeable result of the violation. Would have increased the amount of civil penalties assessed against LTC facilities. *Vetoed.*

**AB 774** (Reyes) Health facilities: reporting.

Would have revised the data regarding patient encounters in an emergency department, in the Emergency Care Data Record that is filed with the Office of Statewide Health Planning and Development by requiring the time of service to be reported, and the date and time of release from emergency care. *Vetoed.*

**AB 899** (Wood) Clinic licensing.

Would have exempted a building acquired by a licensed primary care clinic under either the affiliate licensure process, or the consolidated licensure process, from the requirement to meet certain minimum construction standards, known as “OSHPD 3,” if the building, prior to being acquired, was an outpatient setting or a previously licensed primary care clinic that was actively seeing patients within the previous 18 months. *Vetoed.*

**AB 1014** (O'Donnell, Brough, Wicks) Health facilities: notices.

Would have increased the amount of time a hospital planning to reduce or eliminate emergency medical services is required to provide public notice from 90 days to 180 days. Would have increased the amount of time a hospital planning to close, eliminating a supplemental service, changing the location where a supplemental service is provided, from 30 days prior to the closure, elimination, or relocation, to 180 days prior to the closure, and to 90 days prior to the elimination or relocation of a supplemental service. *Vetoed.*

**AB 1227** (Obernolte) Health and human services: information sharing: administrative actions.

Would have required the sharing of information by specified state and county departments regarding individuals or entities subject to certain administrative actions, 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.*

**SB 305** (Hueso) Compassionate Access to Medical Cannabis Act or Ryan's Law.

Would have stated that general acute care hospitals, skilled nursing facilities, special hospitals, congregate living health facilities, and hospice facilities must not interfere with or prohibit terminally ill patients from using medical cannabis within the facility. *Vetoed.*

**SB 363** (Pan) Workplace safety.

Would have required the Department of State Hospitals, the Department of Developmental Services, and the Department of Corrections and Rehabilitation to report on a quarterly basis specified information regarding assaults on employees that occur in their facilities to the bargaining unit of each employee affected by an incident. *Vetoed.*

## 11. Health Disparities

*Chaptered*

### **SB 464** (Mitchell) California Dignity in Pregnancy and Childbirth Act.

Enacts the California Dignity in Pregnancy and Childbirth Act, which requires hospitals and alternative birth centers or primary care clinics that provide perinatal care to implement an implicit bias program for all health care providers involved in perinatal care of patients. Requires the Department of Public Health to track data on pregnancy related deaths and severe maternal morbidity and, requires death certificates to include additional information regarding the pregnancy status of the decedent consistent with the United States Standard Certificate of Death. *Chapter 533, Statutes of 2019.*

*Vetoed*

### **AB 512** (Ting) Medi-Cal: specialty mental health services.

Codifies a requirement that county mental health plans (MHPs) prepare a cultural competence plan, expands the required elements to be included in the plan, including mental health disparities and at least eight statewide performance targets for disparities reduction, and requires the plan to address MHPs' progress towards meeting the reduction targets or making year-over-year improvements. Requires the external quality review organization (EQRO) review of county MHPs to include a report on progress related to statewide mental health disparities reduction targets, commencing January 1, 2024. Requires the EQRO to ensure that the required annual technical report that it performs of each MHP includes a report on statewide disparities reduction targets in its annual detailed technical report. *Vetoed.*

## 12. Health insurance / Health plan

*Chaptered*

### **AB 174** (Wood) Health care.

Requires the Covered California governing board, until January 1, 2023, to develop and prepare biannual public reports for the purpose of informing the California Health and Human Services Agency, the Legislature, and the public about the enrollment process for the individual market assistance program, established in the 2019-2020 Budget Act. Corrects reference to an erroneous code section as it relates to the Attorney General's written waiver in the proposed sale of a nonprofit health facility. *Chapter 795, Statutes of 2019.*

### **AB 290** (Wood) Health care service plans and health insurance: third-party payments.

Establishes requirements related to third-party premium payments to health care service plans and insurers made on behalf of patients by financially interested entities or providers. Defines financially interested to include a chronic dialysis clinic that is operated, owned, or controlled by a parent entity or related entity that meets the definition of a large dialysis clinic organization, as specified. Applies these requirements to financially interested entities covered by Advisory Opinion 97-1, upon a finding by the United States Department of Health and Human Services Office of Inspector General that compliance does not violate the federal laws addressed by Advisory Opinion 97-1 or a successor agreement, if an updated opinion is requested prior to July 1, 2020. *Chapter 862, Statutes of 2019.*

### **AB 414** (Bonta) Health care coverage: minimum essential coverage.

Requires the Franchise Tax Board to report to the Legislature specific information resulting from California's minimum essential health coverage requirement and individual shared responsibility penalty. *Chapter 801, Statutes of 2019.*

### **AB 651** (Grayson) Air ambulance services.

Limits a health plan enrollee or insured's payment for covered services provided by an air ambulance service provider that does not have a contract with the health plan or health insurer to no more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracted air ambulance provider. Sunsets the supplemental Emergency Medical Air Transportation Act on July 1, 2022. *Chapter 537, Statutes of 2019.*

**AB 731** (Kalra) Health care coverage: rate review.

Expands, beginning July 1, 2020, rate filing requirements to apply to large group health care service plan (health plan) contracts and health insurance policies, and imposes additional rate filing requirements on large group contracts and policies. Requires, a health plan or insurer to disclose specified information in a rate filing by geographic region for individual, grandfathered group, and nongrandfathered group contracts and policies, including the price paid compared to the price paid by the Medicare Program for the same services in each benefit category. Requires the Department of Managed Health Care and California Department of Insurance to determine if large group community rate changes are unreasonable or unjustified, and if so, requires health plans and insurers to notify the purchaser of an unreasonable or unjustified rate determination. *Chapter 807, Statutes of 2019.*

**AB 744** (Aguiar-Curry) Health care coverage: telehealth.

Requires health care contracts on or after January 1, 2021, to specify that the health care service plan (health plan) or insurer is required to cover and reimburse diagnosis, consultation, or treatment delivered through telehealth on the same basis and to the same extent that the health plan or insurer is responsible for coverage and reimbursement for the same service provided through in-person diagnosis, consultation, or treatment. Updates other telehealth provisions in existing law. *Chapter 867, Statutes of 2019.*

**AB 929** (Luz Rivas) California Health Benefit Exchange: data collection.

Requires the Covered California board governing, to make public on the California Health Benefit Exchange's Internet Website, plan-specific data on cost reduction efforts, quality improvements, and disparity reductions, as specified. *Chapter 812, Statutes of 2019.*

**AB 954** (Wood) Dental services: third-party network access.

Authorizes a health care service plan or insurer that cover dental services, or a contracting entity, to grant third party access to a provider network contract, or a provider's dental services or contractual discounts provided pursuant to a provider network contract, if specified circumstances are met, such as a notification to the health care provider about the third-party access and allowing the provider to choose not to participate in third-party access to the provider network contract. *Chapter 540, Statutes of 2019.*

**AB 1309** (Bauer-Kahan) Health care coverage: enrollment periods.

Revises the enrollment periods for individual health benefit plans offered outside of the California Health Benefit Exchange and through the Exchange for policy years beginning on or after 2020, to allow enrollment from November 1 to January 31. *Chapter 828, Statutes of 2019.*

**AB 1802** (Committee on Health) Health care service plans.

Clarifies that the obligation of a health care service plan to comply with claims reimbursement obligations is not deemed to be waived if the plan requires its medical groups, independent practice associations, or other contracting entities to pay claims for covered services. Updates the Department of Managed Health Care's contact information in specified materials. *Chapter 113, Statutes of 2019.*

**AB 1803** (Committee on Health) Pharmacy: health care coverage: claims for prescription drugs sold for retail price.

Delays implementation of existing law that requires a pharmacy, if the customer pays the retail price for prescription drugs, to submit the claim to the health care service plan or health insurer in the same manner as if the customer had purchased the prescription drug by paying the cost-sharing amount when submitted by the network pharmacy, from January 1, 2019 to January 1, 2020. Makes technical and conforming changes and contains an urgency clause to implement the provisions of this bill immediately upon enactment. *Chapter 114, Statutes of 2019.*

**SB 129** (Pan) Health care coverage reporting.

Expands annual health care service plans and health insurers reporting requirements to include products sold inside and outside of the California Health Benefit Exchange and any other business lines. Requires a multiple employer welfare arrangement (MEWA) or a health plan or insurer that provides coverage through a MEWA to report specified data to the Department of Managed Health Care or the California Department of Insurance. *Chapter 241, Statutes of 2019.*

**SB 159** (Wiener) HIV: preexposure and postexposure prophylaxis.

Requires a pharmacist to furnish up to a 60-day supply of human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) or postexposure prophylaxis (PEP), if specified conditions are met. Prohibits a health care service plan or health insurer from subjecting combination antiretroviral drug treatments that are medically necessary for the prevention of acquired immune deficiency syndrome or HIV, including PrEP and PEP, to prior authorization or step therapy, except as specified. Adds to the list of covered Medi-Cal pharmacy services initiating and furnishing PrEP and PEP. *Chapter 532, Statutes of 2019.*

**SB 260** (Hurtado) Automatic health care coverage enrollment.

Requires the California Health Benefit Exchange to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from a county, or upon receiving information from another insurance affordability program, as specified. Requires plan enrollment to occur before the termination date of coverage through the insurance affordability program and implementation no later than July 1, 2021. *Chapter 845, Statutes of 2019.*

**SB 343** (Pan) Health care data disclosure.

Eliminates provisions in health care service plan (health plan) rate filings that permit a health plan that exclusively contracts with no more than two medical groups in the state to provide or arrange for professional medical services for the enrollees of the plan (Kaiser Foundation Health Plan, Inc.) to report annual medical trend factor assumptions and projected trends in a different manner than other health plans. Requires Kaiser Permanente Hospitals to report certain data to the Office of Statewide Health Planning and Development at the individual hospital level rather than as a group. *Chapter 247, Statutes of 2019.*

**SB 407** (Monning) Medicare supplement benefit coverage.

Extends the annual open enrollment period to a minimum of 60 days to purchase a Medicare supplement contract or policy, and requires a health care service plan (health plan) or health insurer to notify an enrollee or policyholder of specified rights on any notice related to a benefit modification or premium adjustment. *Chapter 549, Statutes of 2019.*

**SB 600** (Portantino) Health care coverage: fertility preservation.

Clarifies that standard fertility preservation services, when a covered treatment may directly or indirectly cause iatrogenic infertility, are a basic health care service, as defined in existing law, and are not within the scope of coverage for the treatment of infertility, as specified. Exempts Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the Department of Health Care Services for the delivery of health care services. *Chapter 853, Statutes of 2019.*

**SB 784** (Committee on Health) Medicare supplement benefit coverage.

Makes conforming changes in California law to the requirements and standards that apply to Medicare supplement contracts and policies, for the purpose of complying with the federal Medicare Access and CHIP Reauthorization Act of 2015. Contains an urgency clause to implement the provisions of this bill immediately upon enactment. *Chapter 157, Statutes of 2019.*

*Vetoed*

**AB 993** (Nazarian) Health care coverage: HIV specialists.

Would have designated a human immunodeficiency virus specialist as an eligible primary care provider. *Vetoed.*

**AB 1249** (Maienschein) Health care service plans: regulations: exemptions.

Would have allowed the Department of Managed Health Care (DMHC) director to authorize for five years one pilot program in northern California, and one pilot program in southern California, where health care providers approved by DMHC may undertake risk-bearing arrangements with a voluntary employees' beneficiary association, as defined, or a trust fund that is a welfare plan, as defined, and a multiemployer plan, as defined, to demonstrate the control of costs for health care services and the improvement of health outcomes and quality of services when compared against a sole fee-for-service provider reimbursement model, as specified. Would have sunset these provisions on January 1, 2029. *Vetoed.*



**SB 163** (Portantino) Health care coverage: pervasive developmental disorder or autism.

Would have established "Luca's Law" and revised existing requirements on health care service plans (health plans) and health insurers to cover behavioral health treatment (BHT) for pervasive developmental disorder or autism. Would have expanded the definition of BHT and allowed 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.*

## 13. Health Workforce

### *Chaptered*

#### **AB 453** (Chau) Emergency medical services: training.

Requires the Emergency Medical Services Authority to develop a training component that would require a minimum of two hours of dementia-specific training for emergency medical technician-paramedic licensure and recertification. *Chapter 88, Statutes of 2019.*

#### **AB 1116** (Grayson) Firefighters: peer support.

Enacts the California Firefighter Peer Support and Crisis Referral Services Act authorizing the state or any local or regional public fire agency to establish a Peer Support and Crisis Referral Program. *Chapter 388, Statutes of 2019.*

#### **AB 1117** (Grayson) Peace officers: peer support.

Enacts the Law Enforcement Peer Support and Crisis Referral Services Program authorizing a local or regional law enforcement agency to establish a peer support and crisis referral program. *Chapter 621, Statutes of 2019.*

#### **AB 1622** (Carrillo) Family physicians.

Add family physicians (FPs) in various existing law provisions, including: 1) in the Nurse Practice Act to allow FPs to be members of an existing committee to develop educational standards and associated matters relating to the practice of nurse-midwifery; 2) in the Sexual Health Education Accountability Act to modify the definition of “medically accurate” to include research recognized as accurate and objective by the American Academy of Family Physicians; 3) permit a licensed physician and surgeon who is board-certified in family medicine to provide written certification for an infant under the age of one month to be employed by a motion picture set or location; 4) in the list of practitioners that a parent/guardian of a minor could consult regarding options available for a minor’s dental treatment, and associated risks, if any; 5) in the list of subject matter experts for purposes of the Reproductive Rights Law Enforcement; 6) in the Medi-Cal program; and, 7) in the health promotion education programs for allied health professionals. *Chapter 632, Statutes of 2019.*

#### **AB 1695** (Carrillo) Health facilities.

Requires a freestanding skilled nursing facility to give a written notice to all residents of the facility 90 days prior to a transfer of management or a change of ownership, and requires all employees to be retained for a 60-day transition employment period. *Chapter 832, Statutes of 2019.*

*Vetoed*

**AB 1227** (Obernolte) Health and human services: information sharing: administrative actions.

Would have required the sharing of information by specified state and county departments regarding individuals or entities subject to certain administrative actions, 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.*

## 14. Marijuana / Medical Marijuana

*Chaptered*

**AB 1529** (Low) Cannabis vaporizing cartridges: universal symbol.

Reduces the minimum size requirement for a universal cannabis symbol on a cannabis cartridge or integrated cannabis vaporizer that contains cannabis or a cannabis product from at least one-quarter inch by one-quarter inch. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 830, Statutes of 2019.*

*Vetoed*

**AB 258** (Jones-Sawyer) Pupil health: School-Based Pupil Support Services Program Act.

Would have established the School-Based Pupil Support Services Program which appropriates funds from the Youth Education, Prevention, Early Intervention and Treatment Account to increase in-school support services to pupils. *Vetoed.*

**AB 1085** (McCarty) After school programs: substance use prevention: funding: cannabis revenue.

Would have encouraged specified after school programs to establish programs that are designed to educate about and prevent substance use disorders or to prevent harm from substance abuse. Would have authorized the Department of Health Care Services to consider selecting after school programs for funding from the Youth Education, Prevention, Early Intervention, and Treatment Account, established by Proposition 64, the Control, Regulate and Tax Adult Use of Marijuana Act. *Vetoed.*

**SB 305** (Hueso) Compassionate Access to Medical Cannabis Act or Ryan's Law.

Would have stated that general acute care hospitals, skilled nursing facilities, special hospitals, congregate living health facilities, and hospice facilities must not interfere with or prohibit terminally ill patients from using medical cannabis within the facility. *Vetoed.*

## 15. Mental / Behavioral Health

### *Chaptered*

#### **AB 577** (Eggman) Health care coverage: maternal mental health.

Extends the duration of the requirement that health plans and health insurers provide continuity of care for pregnant women to up to 12 months from the diagnosis or from the end of pregnancy, whichever occurs later, if the woman presents written documentation of being diagnosed with a maternal mental health condition from the individual's treating health care provider. *Chapter 776, Statutes of 2019.*

#### **AB 1117** (Grayson) Peace officers: peer support.

Enacts the Law Enforcement Peer Support and Crisis Referral Services Program authorizing a local or regional law enforcement agency to establish a peer support and crisis referral program. *Chapter 621, Statutes of 2019.*

#### **AB 1352** (Waldron) Community mental health services: mental health boards.

Requires mental health boards (MHB) to report directly to the county governing body and grants the MHBs autonomy to act, review, and report independently from the county mental health departments or county behavioral health departments. *Chapter 460, Statutes of 2019.*

#### **AB 1642** (Wood) Medi-Cal: managed care plans.

Increases the maximum civil penalty amounts in existing law for Medi-Cal managed care (MCMC) plans. Broadens the bases for the Department of Health Care Services (DHCS) to levy sanctions against MCMC plans, and broadens DHCS authority to find noncompliance beyond medical audits. Includes county mental health plans and Drug Medi-Cal organized delivery system in the MCMC plan penalty provisions. Requires MCMC penalty revenue to be deposited into the General Fund for use, and upon appropriation by the Legislature, to address workforce issues in the Medi-Cal program and to improve access to care in the Medi-Cal program. Requires MCMC plans seeking exceptions from appointment travel time standards to include a description on how the plan intends to arrange for beneficiaries to access covered services if the health care provider is located outside of the time and distance standards. Requires DHCS to evaluate and determine whether the resulting time and distance is reasonable to expect a beneficiary to travel to receive care. Requires the current independent external review of the appointment standards to examine whether a provider was not located in the requested ZIP Code versus whether the plan was unable to enter into a contract with a provider in the requested ZIP Code. Requires a MCMC plan to assist an enrollee (upon request) with long travel times in obtaining an appointment with a closer specialist, and if a closer specialist is unavailable, the MCMC plan is required to arrange for nonmedical transportation for an enrollee. *Chapter 465, Statutes of 2019.*

**SB 40**(Wiener, Stern) Conservatorship: serious mental illness and substance use disorders.

Amends and expands the process for establishing a housing conservatorship for a person suffering from a serious mental illness and a substance use disorder (collectively referred to as conservatorship) operating under a pilot program in Los Angeles, San Diego, and San Francisco Counties until January 1, 2024. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 467, Statutes of 2019.*

**SB 389** (Hertzberg) Mental Health Services Act.

Permits Mental Health Services Act (MHSA) funds to be used to provide services to persons who are participating in a presentencing or postsentencing diversion program or who are on parole, probation, postrelease community supervision or mandatory supervision. States that this bill is consistent with and furthers the intent of the MHSA. *Chapter 209, Statutes of 2019.*

*Vetoed*

**AB 512** (Ting) Medi-Cal: specialty mental health services.

Codifies a requirement that county mental health plans (MHPs) prepare a cultural competence plan, expands the required elements to be included in the plan, including mental health disparities and at least eight statewide performance targets for disparities reduction, and requires the plan to address MHPs' progress towards meeting the reduction targets or making year-over-year improvements. Requires the external quality review organization (EQRO) review of county MHPs to include a report on progress related to statewide mental health disparities reduction targets, commencing January 1, 2024. Requires the EQRO to ensure that the required annual technical report that it performs of each MHP includes a report on statewide disparities reduction targets in its annual detailed technical report. *Vetoed.*

**AB 774** (Reyes) Health facilities: reporting.

Would have revised the data regarding patient encounters in an emergency department, in the Emergency Care Data Record that is filed with the Office of Statewide Health Planning and Development by requiring the time of service to be reported, and the date and time of release from emergency care. *Vetoed.*

**AB 848** (Gray) Medi-Cal: covered benefits: continuous glucose monitors.

Would have required Medi-Cal to provide coverage for continuous glucose monitors (CGM) and related supplies required for use with those monitors for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. Would have permitted the Department of Health Care Services (DHCS) to require the manufacturer of a CGM to enter into a rebate agreement with DHCS. *Vetoed.*

**AB 1175** (Wood) Medi-Cal: mental health services.

Would have required county mental health plans (MHPs) and Medi-Cal managed care (MCMC) plans to electronically share patient specific and clinical information each month in a standard data format on patients they are both treating, including the patient's current diagnosis, the patient's current medication (if known), the dates of services, and the patient's and provider's contact information. Would have required DHCS to issue implementing guidance by July 1, 2019 on the exchange of information, and implements the data exchange requirement 180 days following the issuance of the DHCS guidance. Would have required, if MHPs and MCMC plans are unable to reach a resolution of a dispute within 15 business days from the initiation of the current dispute resolution process, both the MHP and the MCMC plan to submit a request for resolution to the Department of Health Care Services (DHCS). Would have required DHCS to issue a written decision within 30 calendar days from the receipt of the request. *Vetoed.*

**SB 10**(Beall) Mental health services: peer support specialist certification.

Would have required the Department of Health Care Services (DHCS) to amend its Medicaid State Plan to include a certified peer support specialist as a provider type for purposes of the Medi-Cal program, and to include peer support specialist services as a distinct service type for purposes of Medi-Cal, which may be provided to eligible Medi-Cal beneficiaries who are enrolled in either a Medi-Cal managed care plan or a mental health plan. Would have required DHCS to establish a certifying body and to establish curriculum and core competencies required for certification, including a process for an individual employed as a peer support specialist on January 1, 2020, to obtain certification under this bill. Would have established requirements for applicants for certification as a peer support specialist, and for continued certification. *Vetoed.*

**SB 163** (Portantino) Health care coverage: pervasive developmental disorder or autism.

Would have established "Luca's Law" and revised existing requirements on health care service plans (health plans) and health insurers to cover behavioral health treatment (BHT) for pervasive developmental disorder or autism. Would have expanded the definition of BHT and allowed 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.*

**SB 428** (Pan, Portantino) Pupil health: school employee training: youth mental and behavioral health.

Would have required the California Department of Education to identify an evidence-based mental and behavioral health training program for a local educational agency (LEA) to use to train classified and certificated school employees having direct contact with pupils, as specified. *Vetoed.*

## 16. Opioids

*Chaptered*

### **AB 714** (Wood) Opioid prescription drugs: prescribers.

Clarifies the existing requirement that prescribers offer a prescription for naloxone hydrochloride only when an opioid or benzodiazepine is prescribed. Exempts from this requirement prescribers when patients are in an inpatient or outpatient setting where medications are ordered or administered while the patient is on site. Exempts prescribers when prescribing for terminally ill patients, as defined.

Adds an urgency clause for the provisions to take effect immediately. *Chapter 231, Statutes of 2019.*



## 17. Pharmaceuticals / Pharmacy / Biotech

*Chaptered*

### **AB 824** (Wood) Business: preserving access to affordable drugs.

Presumes that an agreement that resolves or settles a patent infringement claim in connection with the sale of a pharmaceutical product to be anticompetitive if both of the following apply: 1) a generic or biosimilar manufacturer receives anything of value from another company asserting patent infringement; and, 2) the generic or biosimilar manufacturer agrees to limit or forego research, development, manufacturing, or sales of the generic or biosimilar manufacturer's product for a period of time. *Chapter 531, Statutes of 2019.*

### **AB 1723** (Wood) Pharmacy: clinics: purchasing drugs at wholesale.

Allows intermittent clinics that are open between 20 to 40 hours per week to purchase drugs at wholesale for administration or dispensing under the direction of a physician to patients registered for care at the clinic by conforming the maximum hour limit to the number of hours an intermittent clinic can remain open in the Health and Safety Code. *Chapter 323, Statutes of 2019.*

### **AB 1803** (Committee on Health) Pharmacy: health care coverage: claims for prescription drugs sold for retail price.

Delays implementation of existing law that requires a pharmacy, if the customer pays the retail price for prescription drugs, to submit the claim to the health care service plan or health insurer in the same manner as if the customer had purchased the prescription drug by paying the cost-sharing amount when submitted by the network pharmacy, from January 1, 2019 to January 1, 2020. Makes technical and conforming changes and contains an urgency clause to implement the provisions of this bill immediately upon enactment. *Chapter 114, Statutes of 2019.*

## 18. Public Health

### *Chaptered*

**AB 262** (Gloria, Gonzalez) Local health officers: communicable diseases.

Requires, during an outbreak of a communicable disease, or upon the imminent and proximate threat of a communicable outbreak or epidemic that threatens the public's health, a local health officer (LHO) to: 1) promptly notify and update the governmental entities within the LHO's jurisdiction about communicable diseases, as specified; and, 2) make relevant information available to governmental entities, including, but not limited to, the locations of concentrations of cases, the number of residents affected, and the measures that the governmental entities should take to assist with outbreak response efforts. Authorizes a LHO to issue orders to other governmental entities to take any action the LHO deems necessary to control the spread of communicable disease. *Chapter 798, Statutes of 2019.*

**AB 619** (Chiu) Retail food: reusable containers: multiuse utensils.

Revises the requirements that permits food facilities to use consumer-owned containers for filing with food or beverages. Permits a local enforcement agency to allow a temporary food facility to use multiuse utensils if certain requirements are met. *Chapter 93, Statutes of 2019.*

**AB 785** (Bloom) Parentage.

Makes clarifying and technical changes to existing law governing gamete banks relating to the collection and disclosure of donor identifying and medical information. Authorizes Department of Public Health to issue a certificate of live birth that includes the names of unmarried genetic or intended parents who have executed a voluntary declaration of parentage, consistent with existing law, and make the provisions gender neutral. *Chapter 539, Statutes of 2019.*

**AB 922** (Burke) Reproductive health and research: oocyte procurement.

Repeals the existing ban and permits compensation for individuals providing human oocytes (eggs) for research. Clarifies the specific informed consent required for research participants providing their eggs for research. *Chapter 864, Statutes of 2019.*

**AB 1128** (Petrie-Norris) Program of All-Inclusive Care for the Elderly.

Transfers facility licensing authority over the California Program of All-Inclusive Care for the Elderly from the Department of Public Health to the Department of Health Care Services. *Chapter 821, Statutes of 2019.*

**AB 1529** (Low) Cannabis vaporizing cartridges: universal symbol.

Reduces the minimum size requirement for a universal cannabis symbol on a cannabis cartridge or integrated cannabis vaporizer that contains cannabis or a cannabis product from at least one-quarter inch by one-quarter inch. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 830, Statutes of 2019.*

**AB 1532** (Bauer-Kahan) Food facilities: food safety: employee knowledge.

Establishes the Natalie Giorgi Sunshine Act which requires on or before January 1, 2021, a food handler training course to include instruction on the elements of major food allergens, foods identified as major allergens, and the symptoms a major food allergen could cause, and safe handling food practices for major food allergens. Codifies the requirement that food handler requirements also apply to organized camps, as specified in existing regulations. *Chapter 131, Statutes of 2019.*

**SB 24**(Leyva) Public health: public university student health centers: abortion by medication techniques.

Requires public university student health centers (SHCs), on and after January 1, 2023, to offer abortion by medication techniques onsite. Authorizes those services to be performed by providers on staff at the SHC, through telehealth services, or by providers associated with a contracted external agency. *Chapter 740, Statutes of 2019.*

**SB 159** (Wiener) HIV: preexposure and postexposure prophylaxis.

Requires a pharmacist to furnish up to a 60-day supply of human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) or postexposure prophylaxis (PEP), if specified conditions are met. Prohibits a health care service plan or health insurer from subjecting combination antiretroviral drug treatments that are medically necessary for the prevention of acquired immune deficiency syndrome or HIV, including PrEP and PEP, to prior authorization or step therapy, except as specified. Adds to the list of covered Medi-Cal pharmacy services initiating and furnishing PrEP and PEP. *Chapter 532, Statutes of 2019.*

**SB 276** (Pan) Immunizations: medical exemptions.

Requires the Department Public Health (DPH) to annually review immunization reports from specified schools and institutions to identify medical exemptions (MEs) subject to review. Requires a clinically trained DPH staff member to review MEs from schools or institutions with an immunization rate of less than 95% or physicians and surgeons who submit five or more medical exemptions in a calendar year. Permits DPH to deny or revoke a ME determined to be inappropriate or invalid, as specified. Establishes an appeals process for MEs that are denied or revoked and creates an independent review panel made up of three physicians for purposes of appeals. *Chapter 278, Statutes of 2019.*

**SB 714** (Pan) Immunizations.

Amends certain provisions of SB 276 (Pan) in the 2019-20 Regular Session and becomes effective only if SB 276 is enacted and becomes operative. *Chapter 281, Statutes of 2019.*

*Vetoed*

**AB 506** (Kalra) Long-term health facilities.

Would have revised the criteria under which the Department of Public Health (DPH) issues civil penalties against long term care (LTC) facilities that were found to have caused the death of a resident, by changing the requirement that DPH has to prove the death of a resident was the “direct proximate cause” of a violation by the facility, to instead require proof that the violation was a “substantial factor” in the death of a resident and that the death was a foreseeable result of the violation. Would have increased the amount of civil penalties assessed against LTC facilities. *Vetoed*.

**SB 428** (Pan, Portantino) Pupil health: school employee training: youth mental and behavioral health.

Would have required the California Department of Education to identify an evidence-based mental and behavioral health training program for a local educational agency (LEA) to use to train classified and certificated school employees having direct contact with pupils, as specified. *Vetoed*.

**SB 538** (Rubio) Electronic cigarettes.

Would have required electronic cigarette manufacturers, beginning April 1, 2020, to submit a written physical description and photograph of each electronic cigarette sold by that manufacturer to the Department of Public Health. Contained an urgency clause to ensure that the provisions of this bill would have gone into immediate effect upon enactment. *Vetoed*.

**SB 706** (Galgiani) Public health: pulmonary hypertension task force.

Would have required the Department of Public Health to establish a pulmonary hypertension task force to aggregate and disseminate the latest information and research relating to pulmonary hypertension, including pediatric pulmonary hypertension. Sunsets this bill on January 1, 2023. *Vetoed*.

## 19. Public Insurance / Medi-Cal / MCMC

### *Chaptered*

#### **AB 577** (Eggman) Health care coverage: maternal mental health.

Extends the duration of the requirement that health plans and health insurers provide continuity of care for pregnant women to up to 12 months from the diagnosis or from the end of pregnancy, whichever occurs later, if the woman presents written documentation of being diagnosed with a maternal mental health condition from the individual's treating health care provider. *Chapter 776, Statutes of 2019.*

#### **AB 651** (Grayson) Air ambulance services.

Limits a health plan enrollee or insured's payment for covered services provided by an air ambulance service provider that does not have a contract with the health plan or health insurer to no more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracted air ambulance provider. Sunsets the supplemental Emergency Medical Air Transportation Act on July 1, 2022. *Chapter 537, Statutes of 2019.*

#### **AB 678** (Flora) Medi-Cal: podiatric services.

Prohibits a doctor of podiatric medicine (podiatrist) in the fee-for-service Medi-Cal program from being required to submit a request for prior authorization for podiatric services rendered in either an outpatient or inpatient basis if a physician providing the same services would not be required to submit prior authorization to the Department of Health Care Services. Subjects a podiatrist providing services to the same Medi-Cal billing and services policies as required for a physician, including but not limited to, a maximum numerical service limitation in any one calendar month. *Chapter 433, Statutes of 2019.*

#### **AB 715** (Nazarian, Arambula) Richard Paul Hemann Parkinson's Disease Program.

Extends the California Parkinson's Disease Registry to January 1, 2021. *Chapter 806, Statutes of 2019.*

#### **AB 781** (Maienschein) Medi-Cal: family respite care.

Requires Medi-Cal coverage of pediatric day health care services to be provided at any time of the day and on any day of the week, so long as the total number of authorized hours is not exceeded, up to 23 hours per calendar day. *Chapter 64, Statutes of 2019.*

#### **AB 929** (Luz Rivas) California Health Benefit Exchange: data collection.

Requires the board governing Covered California, to make public the California Health Benefit Exchange's Internet Website, plan-specific data on cost reduction efforts, quality improvements, and disparity reductions, as specified. *Chapter 812, Statutes of 2019.*

**AB 1004** (McCarty) Developmental screening services.

Requires developmental screening services provided under the Medi-Cal program to comply with the periodicity schedule and the standardized and validated developmental screening tools that are established by the Bright Futures Guidelines and Recommendations for Preventive Pediatric Health Care (Bright Futures), as established by the American Academy of Pediatrics. Requires developmental screening tools to be administered in their entirety, and in adherence to, the specific tools' recommended guidelines. Requires the Department of Health Care Services, as may be appropriate and in its discretion, to adjust a Medi-Cal managed care plan's capitation rate to promote improved outcomes through value-based purchasing payment protocols to create improved incentives for outcomes. *Chapter 387, Statutes of 2019.*

**AB 1088** (Wood) Medi-Cal: eligibility.

Requires the Department of Health Care Services to seek a Medicaid state plan amendment or waiver to implement an income disregard that would allow an aged, blind, or disabled individual who becomes ineligible for benefits under the Medi-Cal program because of the state's payment of the individual's Medicare Part B premiums (physician services) to remain eligible for the Medi-Cal program under the aged and disabled Medi-Cal program if their income and resources otherwise meet all eligibility requirements. *Chapter 450, Statutes of 2019.*

**AB 1494** (Aguiar-Curry) Medi-Cal: telehealth: state of emergency.

Prohibits face-to-face contact or a patient's physical presence on the premises of an enrolled community clinic, as specified, to be required for services provided to a Medi-Cal beneficiary during or immediately following a state of emergency. Requires Medi-Cal reimbursement for telephonic services and a broader availability for telehealth services when provided by an enrolled community clinic during and up to 90 calendar days of the conclusion of a state of emergency. Requires federally qualified health centers (FQHCs) and rural health centers (RHCs) services provided outside the four walls of the FQHC or RHC to be Medi-Cal reimbursable, if within the boundaries of the state of proclamation declaring the state of emergency. Permits the Department of Health Care Services (DHCS) to allow other enrolled fee-for-service Medi-Cal providers, clinics or facilities to receive Medi-Cal reimbursement the telephone and extended telehealth services. Permits DHCS to grant an extension beyond 90 calendar days after the conclusion of the emergency if necessary for the health and safety of the public. Implements the requirements above only to the extent DHCS obtains any necessary federal approvals and DHCS obtains federal matching funds to the extent permitted by federal law. Requires DHCS to issue guidance to facilitate reimbursement. *Chapter 829, Statutes of 2019.*

**AB 1642** (Wood) Medi-Cal: managed care plans.

Increases the maximum civil penalty amounts in existing law for Medi-Cal managed care (MCMC) plans. Broadens the bases for the Department of Health Care Services (DHCS) to levy sanctions against MCMC plans, and broadens DHCS authority to find noncompliance beyond medical audits. Includes county mental health plans and Drug Medi-Cal organized delivery system in the MCMC plan penalty provisions. Requires MCMC penalty revenue to be deposited into the General Fund for use, and upon appropriation by the Legislature, to address workforce issues in the Medi-Cal program and to improve access to care in the Medi-Cal program. Requires MCMC plans seeking exceptions from appointment travel time standards to include a description on how the plan intends to arrange for beneficiaries to access covered services if the health care provider is located outside of the time and distance standards. Requires DHCS to evaluate and determine whether the resulting time and distance is reasonable to expect a beneficiary to travel to receive care. Requires the current independent external review of the appointment standards to examine whether a provider was not located in the requested ZIP Code versus whether the plan was unable to enter into a contract with a provider in the requested ZIP Code. Requires a MCMC plan to assist an enrollee (upon request) with long travel times in obtaining an appointment with a closer specialist, and if a closer specialist is unavailable, the MCMC plan is required to arrange for nonmedical transportation for an enrollee. *Chapter 465, Statutes of 2019.*

**AB 1705** (Bonta) Medi-Cal: emergency medical transportation services.

Requires a new Medi-Cal Public Provider Intergovernmental Transfer Program (PPIGT) for public ground emergency medical transportation providers (public ambulance providers) that would provide additional payments to these providers in fee-for-service (FFS) Medi-Cal and Medi-Cal managed care plans. Replaces the existing certified public expenditures program used to fund FFS public ground providers with the new PPIGT-funded program. Exempts public ambulance providers from the current Quality Assurance Fee (QAF) and the resulting Medi-Cal add on payments resulting from revenue from the QAF. Requires implementation of the new program to be on July 1, 2021. *Chapter 544, Statutes of 2019.*

**SB 165** (Atkins) Medical interpretation services.

Requires the Department of Health Care Services (DHCS) to work with identified stakeholders to establish a medical interpretation services pilot project concurrently with the existing required study on medical interpreter services. Requires DHCS to expend up to \$5 million for the pilot project under a specified provision of the Budget Act of 2019, and requires that expenditure to be available until June 30, 2024. Extends the sunset date on the medical interpretation services pilot project and study provisions of law until July 1, 2024. *Chapter 365, Statutes of 2019.*

**SB 260** (Hurtado) Automatic health care coverage enrollment.

Requires the California Health Benefit Exchange to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from a county, or upon receiving information from another insurance affordability program, as specified. Requires plan enrollment to occur before the termination date of coverage through the insurance affordability program and implementation no later than July 1, 2021. *Chapter 845, Statutes of 2019.*

**SB 289** (Archuleta) Medi-Cal: home- and community-based services: military. Requires a dependent child/adult or spouse of an active duty military service member who is on the waiting list for the Home- and Community-Based Alternatives Waiver, the Assisted Living Waiver, or the Home- and Community-Based Services for the Developmentally Disabled 1915(c) waiver programs and transfers to another state with the military service member on official military orders, the dependent or spouse to retain their current status if the dependent or spouse notifies the Department of Health Care Services (DHCS) or its designee before leaving, requests remaining on the waiting list, subsequently returns to this state and establishes residence in this state and notifies DHCS that the child or spouse has returned and would like to enroll in the waiver program. Establishes requirements for re-enrollment in these waiver programs when a dependent or spouse of an active duty military service member leaves the state on military orders, and subsequently returns to the state on military orders. *Chapter 846, Statutes of 2019.*

**SB 407** (Monning) Medicare supplement benefit coverage. Extends the annual open enrollment period to a minimum of 60 days to purchase a Medicare supplement contract or policy, and requires a health care service plan (health plan) or health insurer to notify an enrollee or policyholder of specified rights on any notice related to a benefit modification or premium adjustment. *Chapter 549, Statutes of 2019.*

**SB 784** (Committee on Health) Medicare supplement benefit coverage. Makes conforming changes in California law to the requirements and standards that apply to Medicare supplement contracts and policies, for the purpose of complying with the federal Medicare Access and CHIP Reauthorization Act of 2015. Contains an urgency clause to implement the provisions of this bill immediately upon enactment. *Chapter 157, Statutes of 2019.*

*Vetoed*

**AB 166** (Gabriel) Medi-Cal: violence preventive services. Would have required Medi-Cal to provide coverage for violence preventive services in a minimum of nine counties provided by a qualified violence prevention professional for a Medi-Cal beneficiary who meets specified criteria, including those who received medical treatment for a violent injury, such as a gunshot wound or stabbing injury. Would have established training and experience criteria for individuals providing violence preventive services. Would have defined “violence preventive services” as evidence-based, trauma-informed, supportive, culturally responsive, and nonpsychotherapeutic services provided by a prevention professional, who works in collaboration with other care providers and community partners, for the purpose of promoting improved health outcomes and positive behavioral change, preventing injury recidivism, and reducing the likelihood that violently injured individuals will commit or promote violence themselves. Would have required the services to be offered for a minimum of 3 months to a maximum of 12 months, and to include care coordination, home and community visitation after discharge, and peer support services, including mentorship, conflict mediation, and crisis intervention. Would have sunset the provisions of this bill five years after implementation, and would have required the Department of Health Care Services to issue a report on implementation. *Vetoed.*



**AB 318** (Chu) Medi-Cal materials: readability.

Would have required all beneficiary materials translated into threshold language and released by the Department of Health Care Services (DHCS) and all informing materials (as defined) translated into threshold materials and released by Medi-Cal managed care plans contracting with DHCS to be field tested as part of the translation process, except for individualized documents for a Medi-Cal beneficiary. Would have required DHCS to consult with stakeholders to identify at least 10 documents released by DHCS to Medi-Cal beneficiaries, and to designate a readability expert to revise those documents. *Vetoed.*

**AB 512** (Ting) Medi-Cal: specialty mental health services.

Codifies a requirement that county mental health plans (MHPs) prepare a cultural competence plan, expands the required elements to be included in the plan, including mental health disparities and at least eight statewide performance targets for disparities reduction, and requires the plan to address MHPs' progress towards meeting the reduction targets or making year-over-year improvements. Requires the external quality review organization (EQRO) review of county MHPs to include a report on progress related to statewide mental health disparities reduction targets, commencing January 1, 2024. Requires the EQRO to ensure that the required annual technical report that it performs of each MHP includes a report on statewide disparities reduction targets in its annual detailed technical report. *Vetoed.*

**AB 848** (Gray) Medi-Cal: covered benefits: continuous glucose monitors.

Would have required Medi-Cal to provide coverage for continuous glucose monitors (CGM) and related supplies required for use with those monitors for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. Would have permitted the Department of Health Care Services (DHCS) to require the manufacturer of a CGM to enter into a rebate agreement with DHCS. *Vetoed.*

**AB 914** (Holden) Medi-Cal: inmates: eligibility.

Would have extended the duration during which Medi-Cal benefits are suspended when an individual under age 26 is an inmate of a public institution until the individual is no longer an inmate or is no longer eligible, whichever occurs sooner, instead of the existing time-limited suspension of benefits under existing law of one year from the date the person became an inmate or one year or until the individual is no longer eligible, whichever occurs sooner. Would have made this change effective October 1, 2020. Would have required, until October 1, 2020, the current time-limited suspension to apply unless otherwise set forth under federal law (which requires suspension without a time limit but only for incarcerated former foster youth until age 26). Would have required, if any provision of this bill and the existing law this bill amends, conflicts or does not comply with federal law, only that provision to be inoperative. Would have required the Department of Health Care Services to develop and implement a simplified annual redetermination of eligibility for individuals under age 26 whose eligibility is suspended. *Vetoed.*

**AB 1175** (Wood) Medi-Cal: mental health services.

Would have required county mental health plans (MHPs) and Medi-Cal managed care (MCMC) plans to electronically share patient specific and clinical information each month in a standard data format on patients they are both treating, including the patient's current diagnosis, the patient's current medication (if known), the dates of services, and the patient's and provider's contact information. Would have required DHCS to issue implementing guidance by July 1, 2019 on the exchange of information, and implements the data exchange requirement 180 days following the issuance of the DHCS guidance. Would have required, if MHPs and MCMC plans are unable to reach a resolution of a dispute within 15 business days from the initiation of the current dispute resolution process, both the MHP and the MCMC plan to submit a request for resolution to the Department of Health Care Services (DHCS). Would have required DHCS to issue a written decision within 30 calendar days from the receipt of the request. *Vetoed.*

**AB 1322** (Berman, O'Donnell) School-based health programs.

Would have required the California Department of Education (DOE), no later than July 1, 2020, to establish a School-Based Health Unit for the purpose of administering current health-related programs under its purview and advising the department on issues related to the delivery of school-based Medi-Cal services in the state. Would have increased the annual amount of federal Medicaid funds available for transfer under the local education agency billing option program from \$1.5 million to \$2 million, and requires \$500,000 to be available for transfer through an interagency agreement to DOE for the support of the School-Based Health Unit established by this bill. *Vetoed.*

**SB 10** (Beall) Mental health services: peer support specialist certification.

Would have required the Department of Health Care Services (DHCS) to amend its Medicaid State Plan to include a certified peer support specialist as a provider type for purposes of the Medi-Cal program, and to include peer support specialist services as a distinct service type for purposes of Medi-Cal, which may be provided to eligible Medi-Cal beneficiaries who are enrolled in either a Medi-Cal managed care plan or a mental health plan. Would have required DHCS to establish a certifying body and to establish curriculum and core competencies required for certification, including a process for an individual employed as a peer support specialist on January 1, 2020, to obtain certification under this bill. Would have established requirements for applicants for certification as a peer support specialist, and for continued certification. *Vetoed.*

**SB 382** (Nielsen, Stern) Medi-Cal: managed care health plan.

Would have required a Medi-Cal managed care (MCMC) plan to ensure that an enrollee who remains in a general acute care hospital (hospital) continues to receive medically necessary post-acute care services at the hospital during a Governor-declared state of emergency when, as a result of the state of emergency, the MCMC plan is unable to locate a post-acute care facility within the plan's network for purposes of transferring the enrollee to the post-acute care facility, subject to specified conditions.

Would have required the daily reimbursement for health care provided by the hospital until the transfer occurs to be, at a minimum, the acute administrative day rate established by the Department of Health Care Services. Would have implemented this bill only to the extent that Medicaid federal financial is available and not otherwise jeopardized and any necessary federal approvals have been obtained.

*Vetoed.*

**SB 503** (Pan) Medi-Cal: managed care plan: subcontracts.

Would have required a Medi-Cal managed care (MCMC) plan to ensure compliance with Medi-Cal provisions of law, and prohibits this obligation from being waived if the MCMC plan either subcontracts with or delegates any duties to a subcontractor. Would have required a MCMC plan to bear the ultimate responsibility for adherence to, and compliance with, the terms and conditions of the MCMC plan contract. Would have required, commencing January 1, 2022, a MCMC plan to conduct an annual medical audit in accordance with the standardized process required by this bill of any subcontractor that performs, as part of their delegated duties, medical review and decision-making.

Would have permitted a MCMC plan, in instances where two or more plans subcontract with the same subcontractor, to collaborate or share medical audit findings with another plan in lieu of completing two or more separate audits. Would have required, beginning January 1, 2023, a MCMC plan to conduct at least 10% of the annual audits without prior notice to the subcontractor. *Vetoed.*

## 20. Reproductive health

### *Chaptered*

#### **AB 922** (Burke) Reproductive health and research: oocyte procurement.

Repeals the existing ban and permits compensation for individuals providing human oocytes (eggs) for research. Clarifies the specific informed consent required for research participants providing their eggs for research. *Chapter 864, Statutes of 2019.*

#### **SB 24** (Leyva) Public health: public university student health centers: abortion by medication techniques.

Requires public university student health centers (SHCs), on and after January 1, 2023, to offer abortion by medication techniques onsite. Authorizes those services to be performed by providers on staff at the SHC, through telehealth services, or by providers associated with a contracted external agency. *Chapter 740, Statutes of 2019.*

#### **SB 600** (Portantino) Health care coverage: fertility preservation.

Clarifies that standard fertility preservation services, when a covered treatment may directly or indirectly cause iatrogenic infertility, are a basic health care service, as defined in existing law, and are not within the scope of coverage for the treatment of infertility, as specified. Exempts Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the Department of Health Care Services for the delivery of health care services. *Chapter 853, Statutes of 2019.*

#### **SJR 4**(Leyva) Title X.

Urges the United States Department of Health and Human Services to rescind the new Title X regulations that will impede access to essential, time-sensitive health care for low-income individuals across California and the nation. *Resolution Chapter 115, Statutes of 2019.*

## 21. Senior Health

### *Chaptered*

#### **AB 1088** (Wood) Medi-Cal: eligibility.

Requires the Department of Health Care Services to seek a Medicaid state plan amendment or waiver to implement an income disregard that would allow an aged, blind, or disabled individual who becomes ineligible for benefits under the Medi-Cal program because of the state's payment of the individual's Medicare Part B premiums (physician services) to remain eligible for the Medi-Cal program under the aged and disabled Medi-Cal program if their income and resources otherwise meet all eligibility requirements. *Chapter 450, Statutes of 2019.*

#### **AB 1128** (Petrie-Norris) Program of All-Inclusive Care for the Elderly.

Transfers facility licensing authority over the California Program of All-Inclusive Care for the Elderly from the Department of Public Health to the Department of Health Care Services. *Chapter 821, Statutes of 2019.*

#### **SB 784** (Committee on Health) Medicare supplement benefit coverage.

Makes conforming changes in California law to the requirements and standards that apply to Medicare supplement contracts and policies, for the purpose of complying with the federal Medicare Access and CHIP Reauthorization Act of 2015. Contains an urgency clause to implement the provisions of this bill immediately upon enactment. *Chapter 157, Statutes of 2019.*

## 22. Tobacco

### *Chaptered*

**AB 1529** (Low) Cannabis vaporizing cartridges: universal symbol.

Reduces the minimum size requirement for a universal cannabis symbol on a cannabis cartridge or integrated cannabis vaporizer that contains cannabis or a cannabis product from at least one-quarter inch by one-quarter inch. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 830, Statutes of 2019.*

**SB 538** (Rubio) Electronic cigarettes.

Would have required electronic cigarette manufacturers, beginning April 1, 2020, to submit a written physical description and photograph of each electronic cigarette sold by that manufacturer to the Department of Public Health. Contained an urgency clause to ensure that the provisions of this bill would have gone into immediate effect upon enactment. *Vetoed.*

## 23. Vital Statistics

*Chaptered*

### **AB 1152** (Holden) Vital records.

Exempts a local registrar that exclusively serves a city from the existing requirement to dispose of birth and death records after two years when the original copies of the records are on file in the office of the State Registrar and copies of the records are on file in the office of the county recorder. *Chapter 188, Statutes of 2019.*

## 24. Misc

### *Chaptered*

#### **AB 851** (Cooper) Drug masking products.

Prohibits the distribution, delivery, sale, or possession of drug masking products. Defines: 1) “Drug masking products” as synthetic urine or human hair designed to be added to human urine or human hair for the purpose of defrauding an alcohol or drug screening test; and, 2) “Synthetic urine” as any substance that is designed to simulate the composition, chemical properties, physical appearance, or physical properties of human urine. *Chapter 45, Statutes of 2019.*

#### **AB 1209** (Nazarian) Long-term care benefits.

Requires a life insurance policy issued on or after January 1, 2021, that contains long-term care (LTC) benefits (“hybrid policies”) and permits policy loans or cash withdrawals, to not prohibit or limit a loan or withdrawal while the insured receives payment of LTC benefits, except as specified. Prohibits the Insurance Commissioner from approving an initial premium rate schedule for individual or group LTC insurance that includes scheduled rate increases based on the attained age of the insured or the policy duration. *Chapter 625, Statutes of 2019.*



# Appendix: Bills not sent to the Governor

## 1. Alcohol/Drug Programs

**AB 319** (Blanca Rubio) Narcotic treatment: medication-assisted treatment: Drug Medi-Cal.

Requires the Department of Health Care Services to establish reimbursement rates and rate billing codes for medication assisted treatment services provided by licensed narcotic treatment programs electing to provide noncontrolled medications approved by the federal Food and Drug Administration for patients with a substance use disorder. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 362** (Eggman) Controlled substances: overdose prevention program.

Authorizes the City and County of San Francisco to approve entities within their jurisdiction to establish and operate overdose prevention programs for persons 18 years of age or older who satisfy specific requirements. **Status:** *Senate-In Committee Process - Health*

**AB 615** (Brough) Alcoholism or drug abuse recovery and treatment services: referrals.

Imposes a fine of not more than \$10,000 or imprisonment in a county jail for 16 months, or two or three years, or both for the who willfully violate the prohibition against giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery treatment services. Provides that a person cannot be imprisoned for the violation of any rule or order unless proven the person had knowledge of the rule or order. **Status:** *Assembly-In Committee Process - Public Safety*

**AB 682** (Eggman) Health facilities: residential mental health or substance use disorder treatment.

Requires the Department of Public Health to solicit a federal grant under the Federal 21st Century Cures Act to develop a real-time, Internet-based database to help identify and designate facilities with available beds for the treatment of individuals experiencing a mental health or substance use disorder crisis. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 704** (Patterson) Alcoholism or drug abuse recovery or treatment facilities.

Requires persons hired on or after January 1, 2020, who have responsibility for residents of an alcoholism or drug abuse recovery or treatment facility to be subject to a criminal record review prior to providing services. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1222** (Flora) Alcohol and drug abuse treatment services.

Permits a licensed alcoholism or drug abuse recovery or treatment facility (RTF) to offer services, including, but not limited to, incidental medical services in an outpatient facility operated by the licensee of the licensed RTF as part of a program certified by the Department of Health Care Services. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1557** (Chiu) Medication-Assisted Treatment Drug Reimbursement Pilot Program.

Requires the Department of Health Care Services to establish a three-year pilot program for the City and County of San Francisco to receive funding to support medication assisted treatment of inmates confined in the city and county jail who have a history of substance use disorder. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1779** (Daly) Recovery residences.

Requires the Department of Health Care Services (DHCS) to adopt specified standards for recovery residency housing that receive public funds through contracts and requires DHCS to report to the Legislature on or before January 1, 2025. **Status:** *Senate-In Committee Process - Appropriations*

**SB 12** (Beall) Mental health services: youth.

Establishes the Integrated Youth Mental Health Program (IYMHP) throughout California, centers that provide integrated mental health, substance use, physical health, social support and other services for youths 12-25 years of age, and their families. Requires, the Mental Health Services Oversight and Accountability Commission subject to an appropriation in the annual Budget Act or any other statute for purposes of this section, to administer the IYMHP and provide funding to specified entities.

**Status:** *Assembly-In Committee Process - Appropriations*

**SB 325** (Hill) Substance abuse recovery or treatment providers.

Requires the Department of Consumer Affairs on or before January 1, 2021, to conduct a sunrise review for the licensing of alcohol or drug counselors, as specified. Requires the Department of Health Care Services, beginning January 1, 2021, to license an outpatient alcohol or other substance use disorder recovery or treatment services program that provides those services to the public and is not otherwise licensed, as specified. **Status:** *Assembly-In Committee Process - Business and Professions*

**SB 582** (Beall) Youth mental health and substance use disorder services.

Requires the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of the Investment in Mental Health Wellness Act of 2013 triage grant program funds to local educational agency and mental health partnerships, as specified, to support prevention, early intervention, and direct services to children and youth, as specified. **Status:** *Assembly-In Committee Process - Appropriations*

## 2. CHBRP

### **AB 598** (Bloom) Hearing aids: minors.

Requires a health care service plan contract or a health insurance to include coverage for hearing aids, as defined, for an enrollee or insured under 18 years of age, as specified. Limits the maximum coverage amount to \$3,000 per individual hearing aid. **Status:** *Assembly-Passed*

### **AB 767** (Wicks) Health care coverage: in vitro fertilization.

Requires the Exchange to develop options for the inclusion of in vitro fertilization, as part of coverage offered through Covered California. **Status:** *Senate-In Committee Process - Health*

### **AB 1246** (Limón) Health care coverage: basic health care services.

Requires large group health insurance policies, issued, amended, or renewed on or after July 1, 2020, to include coverage for medically necessary basic health care services and, to the extent the policy covers prescription drugs, coverage for medically necessary prescription drugs. **Status:** *Senate-In Committee Process - Appropriations*

### **AB 1611** (Chiu) Emergency hospital services: costs.

Prohibits a hospital from charging more than the reasonable and customary value of the hospital services, or the average contracted rate for the same or similar hospital services in the general geographic region in which the services were rendered, as specified, for emergency care, as defined. Requires a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered emergency services from a noncontracting hospital, 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 hospital. **Status:** *Senate-In Committee Process - Health*

### **AB 1676** (Maienschein) Health care: mental health.

Requires health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that allows providers who treat children and pregnant and postpartum persons access to a psychiatrist, as specified. **Status:** *Assembly-In Committee Process - Appropriations*

### **SB 746** (Bates) Health care coverage: anticancer medical devices.

Requires every health care service plan contract or health insurance policy that provides coverage for chemotherapy or radiation therapy for cancer treatment, to also provide coverage for anticancer medical devices. **Status:** *Assembly-In Committee Process - Appropriations*

### 3. Children's Health

**AB 8** (Chu) Pupil health: mental health professionals.

Requires, on or before December 31, 2024, a school of a school district or county office of education and a charter school to have at least one mental health professional for every 600 pupils generally accessible to pupils on campus during school hours. Requires, on or before December 31, 2024, a school of a school district or county office of education and a charter school with fewer than 600 pupils to do one of the following: 1) have at least one mental health professional generally accessible to pupils on campus during school hours; 2) employ at least one mental health professional to provide services to pupils at multiple schools; or, 3) enter into a memorandum of understanding with a county agency or community-based organization for at least one mental health professional employed by the agency or organization to provide services to pupils. Requires counties to provide Mental Health Services Act funding to educational entities for purposes of this bill. **Status:** *Senate-In Committee Process - Health*

**AB 526** (Petrie-Norris) Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children.

Requires the Department of Health Care Services (DHCS) to design and implement policies and procedures for an automated California Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC) enrollment gateway pathway (WIC to Medi-Cal automated enrollment gateway pathway), which would electronically transfer WIC eligibility information to the Medi-Cal program to establish Medi-Cal eligibility for WIC applicants and recipients not yet enrolled in the Medi-Cal program. Requires, for applicants enrolling in the Medi-Cal program using the WIC to Medi-Cal automated enrollment gateway pathway, benefits to be provided immediately through accelerated enrollment for children, and though presumptive eligibility for pregnant women, and to continue until a final eligibility determination is made for the Medi-Cal program. Requires DHCS to complete the project approval lifecycle process, as specified in the Statewide Information Management Manual and specified provisions of the State Administrative Manual, for the automated enrollment pathway prior to implementing this bill. **Status:** *Senate-In Committee Process - Appropriations*

**AB 741** (Kalra) Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.

Requires the Department of Health Care Services (DHCS) to provide trainings for personnel who administer trauma screenings in a pediatric or primary care provider setting for children under the Medi-Cal program. Requires DHCS to create a Current Procedures Terminology code designated for the administration of a trauma screening, and a “z” code to document and monitor compliance with trauma screening requirements. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 763** (Gray) Medi-Cal specialty mental health services.

Requires the Department of Health Care Services (DHCS) to convene a stakeholder workgroup to identify all forms currently used by Medi-Cal managed care contractors, including county mental health plan (MHP) contractors, for purposes of determining eligibility and reimbursement for specialty mental health services (SMHS) that are provided under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), and to develop standard forms. Requires the standard forms to include forms for the intake of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. Permits DHCS and the stakeholder workgroup to develop and maintain a list of DHCS-approved nonstandard forms. Requires MHPs, no later than July 1, 2021, to commence using the standard forms. Prohibits Medi-Cal managed care contractors and MHPs, after July 1, 2021, from using any other forms related to intake, assessment, treatment planning, eligibility determination, or reimbursement for SMHS provided under EPSDT, except for forms from the nonstandard form list.

**Status:** *Senate-In Committee Process - Appropriations*

**AB 898** (Wicks) Early and Periodic Screening, Diagnostic, and Treatment services: behavioral health.

Requires the California Health and Human Services Agency to convene the Children's Behavioral Health Action Team (Action Team) to maximize the Medi-Cal program's investment in the social, emotional, and developmental health and well-being of children in California who receive their health care through the Medi-Cal program. Specifies the membership of the Action Team, and requires the Action Team to issue an interim and final report with findings and recommendations including related to identifying opportunities for the state to better ensure Medi-Cal eligible children receive behavioral health services through the Medi-Cal program, to maximize the federal, state, and local funding to pay for the benefits and services needed to uphold California's commitment to the healthy development of all children, and identifying opportunities to maximize the scope of available Medicaid program-funded services and supports available to children and families. Requires, by September 30, 2021, the Action Team to submit a final implementation plan to the Governor, the Legislature, state and local child-serving departments, and the public, detailing implementation strategies related to the recommendations. Requires the implementation strategies, at minimum to include legislative action needed to direct state and local child-serving departments to maximize Early and Periodic Screening, Diagnostic, and Treatment services, Medicaid State Plan amendments and waivers necessary to implement recommendations, and additional legislative appropriations to implement Action Team findings. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1546** (Kiley, O'Donnell) Pupil health: mental health.

Permits a county mental health plan (MHP) to contract with a local educational agency (LEA) to provide Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to Medi-Cal eligible pupils. Requires the Department of Health Care Services (DHCS), if a LEA does not contract with the MHP, to permit a LEA to make claims for federal financial participation (FFP) directly to DHCS for EPSDT services either directly provided by the LEA or for which the LEA has contracted. Requires the LEA, to FFP, to pay the nonfederal share of EPSDT expenditures and to certify its public expenditures for EPSDT services to DHCS. **Status:** *Assembly-In Committee Process - Appropriations*

**ACR 101** (Lackey) Pediatric cancer.

Calls for increased research on the causes, cures, and early detection of pediatric cancer. **Status:**  
*Senate-In Committee Process - Health*

## 4. Chronic Health / Cancer

### **AB 138** (Bloom) California Community Health Fund.

Imposes a fee on every distributor for distributing bottled sugary drinks and concentrate at a rate of \$0.02 per fluid ounce. Establishes a mechanism for calculating the fees to be administered by the California Department of Tax and Fee Administration; establishes the California Community Health Fund to consist of fees or penalties collected; and, allocates funds raised for specified entities which may administer grants or allocations to local organizations to achieve specified objectives, including promoting health equity, reducing health disparities, improving oral health, and preventing the leading causes of illness, injury, and premature death especially those caused by sugar-sweetened beverage consumption. **Status:** *Assembly-In Committee Process - Revenue and Taxation*

### **AB 764** (Bonta) Sugar-sweetened beverages: nonsale distribution incentives.

Prohibits a beverage company, manufacturer, or distributor, from giving or offering a distributor or retailer a nonsale distribution incentive for a sugar-sweetened beverage (SSB) or SSB product.

**Status:** *Assembly-In Floor Process*

### **AB 1131** (Gloria) Medi-Cal: comprehensive medication management.

Requires comprehensive medication management (CMM) services to be covered under the Medi-Cal program. Defines CMM services to as a review of the beneficiary's medical record to gather relevant information, including medication lists, laboratory values, diagnostic tests, and a medical problem list, a comprehensive review of medications and associated health and social history of the beneficiary, development of a medication therapy problem list, and development and implementation of a care plan, and follow-up and monitoring. Requires the Department of Health Care Services to establish Medi-Cal reimbursement rates and rate billing codes for CMM services provided by a licensed pharmacist. **Status:** *Senate-In Committee Process - Appropriations*

### **ACR 101** (Lackey) Pediatric cancer.

Calls for increased research on the causes, cures, and early detection of pediatric cancer. **Status:** *Senate-In Committee Process - Health*

### **SB 452** (Jones) Ken Maddy California Cancer Registry.

Requires the Department of Public Health (DPH) to send an informational brochure about the Ken Maddy California Cancer Registry (CCR) to every patient when the patient is entered into the CCR.

**Status:** *Assembly-In Committee Process - Appropriations*

### **SB 650** (Rubio) Cancer Medication Advisory Committee.

Establishes the Cancer Medication Advisory Task Force, within the Pharmacy Practice Act, to identify the best mechanism to enable the transfer of unused cancer medications to persons in need of financial assistance to ensure access to necessary pharmaceutical therapies. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1105** (Gipson) Sickle cell disease.

Appropriates funds for the development of a three-year sickle cell disease center pilot program.

Contains an urgency clause to make the provisions of this bill effective immediately upon enactment.

**Status:** *Assembly-In Committee Process - Appropriations*



## 5. Covered CA (Exchange)

### **AB 1063** (Petrie-Norris) Healthcare coverage: waivers.

Requires the California Health Benefit Exchange to obtain statutory authority from the Legislature before seeking a state innovation waiver from the United States Department of Health and Human Services pursuant to federal Patient Protection and Affordable Care Act Section 1332. **Status:** *Senate-In Floor Process*

### **SB 65** (Pan) Health care coverage: financial assistance.

Requires the board of California's Health Benefit Exchange to develop and prepare one or more reports to be issued at least quarterly and to be made publicly available within 30 days following the end of each quarter for the purpose of informing the California Health and Human Services Agency, the Legislature, and the public about the enrollment process for the individual market assistance program. Requires the reports to contain specified information, including, among other things, the number of applications received for the program, the disposition of those applications, and the total number of grievances and appeals filed by applicants and enrollees. **Status:** *Assembly-In Committee Process - Appropriations*

## 6. Denti-Cal / Oral Health

**AB 316** (Ramos) Medi-Cal: benefits: beneficiaries with special dental care needs. Requires the Department of Health Care Services to implement a special needs treatment and management benefit (subject to utilization controls) for Medi-Cal Dental Program providers who render dental services to Medi-Cal beneficiaries, with special dental care needs. **Status:** *Assembly-In Committee Process - Appropriations*

## 7. Emergency Medical Services

**AB 1544** (Gipson, Gloria) Community Paramedicine or Triage to Alternate Destination Act.

Establishes the Community Paramedicine or Triage to Alternate Destination Act of 2020 to establish state guidelines to govern the implementation of community paramedicine programs (CPP) or triage to alternate destination programs by local Emergency Medical Service agencies in California. **Status:** *Senate-In Floor Process*

**AB 1611** (Chiu) Emergency hospital services: costs.

Prohibits a hospital from charging more than the reasonable and customary value of the hospital services, or the average contracted rate for the same or similar hospital services in the general geographic region in which the services were rendered, as specified, for emergency care, as defined. Requires a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered emergency services from a noncontracting hospital, 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 hospital. **Status:** *Senate-In Committee Process - Health*

## 8. Food Safety / Nutrition

**AB 228** (Aguiar-Curry) Food, beverage, and cosmetic adulterants: industrial hemp products.

Establishes a regulatory framework for industrial hemp products, as defined, in food, beverage, or cosmetic products. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1178** (Quirk) Dietary supplements: labeling: live microorganisms.

Requires manufacturers and/or distributors of dietary supplements containing live microorganisms (commonly known as probiotics) to appropriately label the number and type of microorganisms included, except as specified. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1360** (Ting) Third-party food delivery.

Establishes requirements for food delivery platforms that deliver food to consumers. **Status:** *Senate-In Floor Process*

## 9. Health Care Facilities

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

Requires psychiatric units within a general acute care hospital, psychiatric health facilities, and acute psychiatric hospitals, as defined, to provide emergency services and care to persons with a psychiatric emergency medical condition, regardless of whether the facility operates an emergency department, if the facility has appropriate facilities and qualified personnel available. Exempts State Hospitals from this bill. **Status:** *Senate-In Floor Process*

**AB 1037** (Gipson) Martin Luther King, Jr. Community Hospital: clinics: licensure and regulation: exemption.

Provides an exemption from clinic licensure regulations to a clinic operated by a nonprofit corporation that provides healthcare services within six miles of the physical location of the Martin Luther King, Jr. Community Hospital. **Status:** *Secretary of State-Chaptered*

**AB 1611** (Chiu) Emergency hospital services: costs.

Prohibits a hospital from charging more than the reasonable and customary value of the hospital services, or the average contracted rate for the same or similar hospital services in the general geographic region in which the services were rendered, as specified, for emergency care, as defined. Requires a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered emergency services from a noncontracting hospital, 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 hospital. **Status:** *Senate-In Committee Process - Health*

**AB 1695** (Carrillo) Health facilities.

Requires a freestanding skilled nursing facility to give a written notice to all residents of the facility 90 days prior to a transfer of management or a change of ownership, and requires all employees to be retained for a 60-day transition employment period. **Status:** *Secretary of State-Chaptered*

**AB 1709** (Jones-Sawyer) Nursing homes: staff.

Requires the Department of Public Health, by January 1, 2022, and every 10 years thereafter, to review both the current examination for certified nurse assistants; and, the nursing home administrator licensing examination, and to revise the examinations, as specified. **Status:** *Senate-In Floor Process*

**AB 1780** (Carrillo) Special hospitals.

Expands the conditions under which the Director of the Department of Public Health can issue a single consolidated license to a hospital that operates two or more facilities located more than 15 miles apart to include a hospital in operation as of July 1, 1983 that is operated by a nonprofit corporation. Requires the facility to be certified by the federal Medicare program as a long-term acute care hospital applying to operate a satellite facility at a distance of no more than 35 miles from the main physical plant. **Status:** *Senate-In Committee Process - Health*

## 10. Health Disparities

### **AB 650** (Low) Violent death: data.

Requires the Attorney General to direct local law enforcement agencies to report quarterly, by January 1, 2021, to the Department of Justice, on the sexual orientation and gender identity of a victim of a violent death.. **Status:** *Assembly-In Committee Process - Appropriations*

### **AB 810** (Gipson) Organ and tissue transplantation: uninsured or undocumented individuals.

Requires the Department of Public Health to convene a working group to evaluate ways to provide organ transplants to uninsured or undocumented residents of the state who are ineligible for organ transplants due to financial hardship. **Status:** *Assembly-In Committee Process - Appropriations*

### **AB 887** (Kalra) Office of Health Equity: Surgeon General.

Revises the organization of the Office of the Health Equity (OHE) by requiring the Governor to appoint a Surgeon General, as a public entity within the Governor's direct executive authority, to oversee the OHE. **Status:** *Assembly-In Committee Process - Appropriations*

### **AB 1105** (Gipson) Sickle cell disease.

Appropriates funds for the development of a three-year sickle cell disease center pilot program. Contains an urgency clause to make the provisions of this bill effective immediately upon enactment. **Status:** *Assembly-In Committee Process - Appropriations*

### **ACR 28** (Gipson) Sickle Cell Disease Awareness Month.

Designates September 2019 as Sickle Cell Disease Awareness Month to enhance public knowledge of this genetic disease. **Status:** *Senate-In Committee Process - Health*

## 11. Health Information / HIPAA

**AB 384** (Chau) Information privacy: digital health feedback systems.

Revises the Confidentiality of Medical Information Act, to expand the definition of medical information to include any individually identifiable information in electronic or physical form in possession of, or derived from, a digital health feedback system, as defined. Requires a manufacturer that sells or offers to sell a device or software application that may be used with a digital health feedback system to a consumer in California to equip the device or software application, and system with reasonable security features appropriate to the nature of the device, system application, and system, and the information it may collect, contain, or transmit; and, to protect the system and any information from unauthorized access, destruction, use, modification, or disclosure **Status:** *Senate-In Committee Process - Appropriations*

## 12. Health insurance / Health plan

### **AB 598** (Bloom) Hearing aids: minors.

Requires a health care service plan contract or a health insurance to include coverage for hearing aids, as defined, for an enrollee or insured under 18 years of age, as specified. Limits the maximum coverage amount to \$3,000 per individual hearing aid. **Status:** *Assembly-Passed*

### **AB 648** (Nazarian) Wellness programs.

Establishes the Making Wellness Programs Healthy for Consumers Act of 2019, and imposes various requirements related to wellness programs on health care services plans /insurers/ employers, including retaliating against an enrollee/ insured/ member/ employee if the health plan/insurer/employer's action is in response to a matter related to a wellness program; and, sharing any personal information or data collected through a wellness program. **Status:** *Assembly-In Committee Process - Appropriations*

### **AB 767** (Wicks) Health care coverage: in vitro fertilization.

Requires the Exchange to develop options for the inclusion of in vitro fertilization, as part of coverage offered through Covered California. **Status:** *Senate-In Committee Process - Health*

### **AB 1174** (Wood) Health care: anesthesia services.

Requires a health care service plan (health plan) or insurer to notify the Department of Managed Health Care (DMHC) or California Department of Insurance (CDI) before the expiration or termination of an anesthesia services contract. Requires DMHC or CDI to make a finding that the health plan or insurer have contracts in place that meet the following: 1) The health plan or insurer has a contract with at least one individual health professional who is licensed by the state to deliver or furnish anesthesia services (individual health professional) for each of its contracted facilities; and, 2) An enrollee or insured requiring anesthesia services has access to a contracted individual health professional at all times and for all procedures at each of the contracted facilities. **Status:** *Assembly-In Committee Process - Appropriations*

### **AB 1246** (Limón) Health care coverage: basic health care services.

Requires large group health insurance policies, issued, amended, or renewed on or after July 1, 2020, to include coverage for medically necessary basic health care services and, to the extent the policy covers prescription drugs, coverage for medically necessary prescription drugs. **Status:** *Senate-In Committee Process - Appropriations*

### **AB 1268** (Rodriguez) Health care coverage: prospective review.

Requires a health care service plan or disability insurer that prospectively reviews and approves, modifies, delays, or denies, based in whole or in part on medical necessity, requests by providers for the provision of health care services to enrollees or insureds, as specified, for each health care service subject to prospective review, to report to the Department of Managed Health Care or the California Department of Insurance, the number of times in the preceding calendar year the service was approved, modified, delayed, or denied. **Status:** *Assembly-In Committee Process - Appropriations*



**AB 1611** (Chiu) Emergency hospital services: costs.

Prohibits a hospital from charging more than the reasonable and customary value of the hospital services, or the average contracted rate for the same or similar hospital services in the general geographic region in which the services were rendered, as specified, for emergency care, as defined. Requires a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered emergency services from a noncontracting hospital, 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 hospital. **Status:** *Senate-In Committee Process - Health*

**AB 1676** (Maienschein) Health care: mental health.

Requires health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that allows providers who treat children and pregnant and postpartum persons access to a psychiatrist, as specified. **Status:** *Assembly-In Committee Process - Appropriations*

**ACR 98** (Wicks) Mental health and substance use treatment.

Urges the Department of Managed Health Care, Department of Insurance, Department of Health Care Services, and the Attorney General to each use the full powers of their offices under California law to ensure that all health care service plans and health insurers subject to their authority are in full compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, its implementing regulations, and California law. **Status:** *Senate-In Committee Process - Health*

**SB 65** (Pan) Health care coverage: financial assistance.

Requires the board of California's Health Benefit Exchange to develop and prepare one or more reports to be issued at least quarterly and to be made publicly available within 30 days following the end of each quarter for the purpose of informing the California Health and Human Services Agency, the Legislature, and the public about the enrollment process for the individual market assistance program. Requires the reports to contain specified information, including, among other things, the number of applications received for the program, the disposition of those applications, and the total number of grievances and appeals filed by applicants and enrollees. **Status:** *Assembly-In Committee Process - Appropriations*

**SB 746** (Bates) Health care coverage: anticancer medical devices.

Requires every health care service plan contract or health insurance policy that provides coverage for chemotherapy or radiation therapy for cancer treatment, to also provide coverage for anticancer medical devices. **Status:** *Assembly-In Committee Process - Appropriations*

### 13. Health Workforce

**AB 565** (Maienschein) Public health workforce planning: loan forgiveness, loan repayment, and scholarship programs.

Expands the definition of “practice setting,” for purposes of the Steven M. Thompson Physician Corp Loan Repayment Program to include a program or facility operated by a county mental health plan.

**Status:** *Senate-In Committee Process - Appropriations*

**AB 822** (Irwin) Phlebotomy.

Authorizes a certified phlebotomy technician to follow procedures and use a device for blood collection authorized by the clinical laboratory or other licensed health facility by which they are employed. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1117** (Grayson) Peace officers: peer support.

Enacts the Law Enforcement Peer Support and Crisis Referral Services Program authorizing a local or regional law enforcement agency to establish a peer support and crisis referral program. **Status:** *Secretary of State-Chaptered*

**AB 1544** (Gipson, Gloria) Community Paramedicine or Triage to Alternate Destination Act.

Establishes the Community Paramedicine or Triage to Alternate Destination Act of 2020 to establish state guidelines to govern the implementation of community paramedicine programs (CPP) or triage to alternate destination programs by local Emergency Medical Service agencies in California. **Status:** *Senate-In Floor Process*

**AB 1619** (Weber) Mental health careers: funding.

Appropriates \$20 million dollars from the General Fund to the Office of Statewide Health Planning and Development for the purpose of reducing the shortage of, and disparity in, mental health services across the state. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1695** (Carrillo) Health facilities.

Requires a freestanding skilled nursing facility to give a written notice to all residents of the facility 90 days prior to a transfer of management or a change of ownership, and requires all employees to be retained for a 60-day transition employment period. **Status:** *Secretary of State-Chaptered*

**AB 1709** (Jones-Sawyer) Nursing homes: staff.

Requires the Department of Public Health, by January 1, 2022, and every 10 years thereafter, to review both the current examination for certified nurse assistants; and, the nursing home administrator licensing examination, and to revise the examinations, as specified. **Status:** *Senate-In Floor Process*

**AB 1759** (Salas) Health care workers: rural and underserved areas.

Requires the Office of Statewide Health Planning and Development, upon an appropriation for the purpose of increasing the health care workforce in rural and underserved areas, to allocate the funds for the support of programs that effect that purpose. **Status:** *Senate-In Committee Process – Health*

## 14. Labs / Clinical Labs

**AB 407** (Santiago) Fluoroscopy and radiography permit or certification and continuing education: exceptions.

Permits a physician and surgeon, or a doctor of podiatric medicine, who has completed the radiation safety training provided by a facility accredited by the Centers for Medicare and Medicaid Services' Conditions for Coverage relating to radiation safety, may provide fluoroscopy services without a fluoroscopy permit or certification if certain requirements are met. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1327** (Petrie-Norris) Medi-Cal: reimbursement rates.

Requires a licensed narcotic treatment program to make available for sale a safe storage product, as defined, to every patient who is eligible to take any of the existing authorized medications off the premises. **Status:** *Senate-In Committee Process - Health*

## 15. Marijuana / Medical Marijuana

**AB 1031** (Nazarian) Youth Substance Use Disorder Treatment and Recovery Program Act of 2019.

Enacts the Youth Substance Use Disorder Treatment and Recovery Program Act of 2019. Requires Department of Health Care Services to establish community-based nonresidential and residential treatment and recovery programs to intervene and treat the problems of alcohol and drug use among youth under 21 years of age and to report annually to the Legislature utilization data relevant to services received by youth and their families. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1098** (O'Donnell, Wood) Substance use disorders: youth programs.

Requires the Department of Health Care Services, in collaboration with the California Department of Education and Department of Public Health, to convene a technical advisory committee to assist in establishing procedures for the implementation and administration of programs funded by cannabis tax funds aimed at providing substance abuse education and prevention programs targeted toward youth.

**Status:** *Senate-In Committee Process - Appropriations*

**AB 1468** (McCarty, Arambula, Gallagher, Gonzalez) Opioid Prevention and Rehabilitation Act.

Requires a drug manufacturer or wholesaler that sells or distributes opioid drugs in this state to submit a report to the Department of Public Health (DPH) that details all opioid drugs sold or distributed in this state during the preceding fiscal year. Requires DPH to calculate the ratable share of a manufacturer or wholesaler, which is the individual portion of the collective sum of \$50 million, to be paid by manufacturers and wholesalers as an opioid stewardship payment, into the continuously appropriated Opioid Prevention and Rehabilitation Program Fund (Fund) established by this bill. Requires DPH to distribute moneys from the Fund based on applications received from counties and non-profits for purposes of opioid prevention and rehabilitation programs based on needs. Requires DPH to report to the Legislature annually an expenditure plan consisting of recommendations and suggested spending priorities for the funds to be received and a report detailing how the funds distributed the previous year were spent including an evaluation of the impact of those funds on outcomes related to opioid prevention and rehabilitation. Adds an urgency clause to ensure the provisions of this bill take effect immediately upon enactment. **Status:** *Assembly-In Floor Process*

## 16. Mental / Behavioral Health

### **AB 8** (Chu) Pupil health: mental health professionals.

Requires, on or before December 31, 2024, a school of a school district or county office of education and a charter school to have at least one mental health professional for every 600 pupils generally accessible to pupils on campus during school hours. Requires, on or before December 31, 2024, a school of a school district or county office of education and a charter school with fewer than 600 pupils to do one of the following: 1) have at least one mental health professional generally accessible to pupils on campus during school hours; 2) employ at least one mental health professional to provide services to pupils at multiple schools; or, 3) enter into a memorandum of understanding with a county agency or community-based organization for at least one mental health professional employed by the agency or organization to provide services to pupils. Requires counties to provide Mental Health Services Act funding to educational entities for purposes of this bill. **Status:** *Senate-In Committee Process - Health*

### **AB 43** (Gloria) Mental health.

Requires the Mental Health Oversight and Accountability Commission, in consultation with specified entities to develop a strategy for the collection, organization, and public reporting of information on mental health funding, including information on revenues, expenditures and available unspent funds from the Mental Health Services Act and other sources of mental health funding. **Status:** *Senate-In Committee Process - Appropriations*

### **AB 232** (Cervantes) Veteran suicides: report and recommendations.

Requires the Department of Public Health to compile a report on veteran suicides in the state using the existing Electronic Death Records System. Requires the report to include the following information: 1) age; 2) sex; 3) races or ethnicity; 4) location of residency and death; 5) length and location of service; 6) branches of service; 7) occupations and industries or businesses; and 8) methods of suicide of veterans. **Status:** *Senate-In Committee Process - Health*

### **AB 319** (Blanca Rubio, ) Narcotic treatment: medication-assisted treatment: Drug Medi-Cal.

Requires the Department of Health Care Services to establish reimbursement rates and rate billing codes for medication assisted treatment services provided by licensed narcotic treatment programs electing to provide noncontrolled medications approved by the federal Food and Drug Administration for patients with a substance use disorder. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 385** (Calderon) Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment mental health services: performance outcomes system: platform.

Requires the Department of Health Care Services (DHCS) to develop a platform, or integrate with an existing platform, to support the performance outcome system that will improve outcomes at the individual and system levels and will inform fiscal decision making related to the purchase of services. Requires the platform to perform several functions, including automating the collection of the data required to be collected, and allowing for authorized individuals to complete the data collection required, and to allow for the systematic transfer and integration of the completed data between the DHCS platform and the platform of the Department of Social Services. **Status:** *Assembly-In Committee Process - Appropriations*

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

Requires psychiatric units within a general acute care hospital, psychiatric health facilities, and acute psychiatric hospitals, as defined, to provide emergency services and care to persons with a psychiatric emergency medical condition, regardless of whether the facility operates an emergency department, if the facility has appropriate facilities and qualified personnel available. Exempts State Hospitals from this bill. **Status:** *Senate-In Floor Process*

**AB 480** (Salas) Mental health: older adults.

Establishes within the Department of Aging an Older Adult Mental Health Services Administrator to oversee mental health services for older adults. **Status:** *Senate-In Committee Process - Appropriations*

**AB 563** (Quirk-Silva) Mental health: funding.

Appropriates \$16 million from the General Fund to the Department of Health Care Services for distribution to the North Orange County Public Safety Task Force for the development of a two year pilot program to provide a range of programs, services and activities designed to assist individuals and families experiencing a mental health crises. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 682** (Eggman) Health facilities: residential mental health or substance use disorder treatment.

Requires the Department of Public Health to solicit a federal grant under the Federal 21st Century Cures Act to develop a real-time, Internet-based database to help identify and designate facilities with available beds for the treatment of individuals experiencing a mental health or substance use disorder crisis. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 713** (Mullin) Early Psychosis Intervention Plus (EPI Plus) Program.

Modifies parameters governing the Early Psychosis Intervention Plus Program authorized in statute by:

1) deleting the requirement that implementation of the program be contingent on at least \$500,000 of non-state funds into the Early Psychosis and Mood Disorder Detection and Intervention Fund, thus allowing state funds to be the funding source for the program.; and, 20 deleting the prohibition on General Fund appropriations for purposes of the program. **Status:** *Senate-In Committee Process - Health*

**AB 763** (Gray) Medi-Cal specialty mental health services.

Requires the Department of Health Care Services (DHCS) to convene a stakeholder workgroup to identify all forms currently used by Medi-Cal managed care contractors, including county mental health plan (MHP) contractors, for purposes of determining eligibility and reimbursement for specialty mental health services (SMHS) that are provided under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), and to develop standard forms. Requires the standard forms to include forms for the intake of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. Permits DHCS and the stakeholder workgroup to develop and maintain a list of DHCS-approved nonstandard forms. Requires MHPs, no later than July 1, 2021, to commence using the standard forms. Prohibits Medi-Cal managed care contractors and MHPs, after July 1, 2021, from using any other forms related to intake, assessment, treatment planning, eligibility determination, or reimbursement for SMHS provided under EPSDT, except for forms from the nonstandard form list.

**Status:** *Senate-In Committee Process - Appropriations*

**AB 798** (Cervantes) Maternal mental health.

Establishes a pilot program, in counties that elect to participate, including the County of Riverside, to increase providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions.

**Status:** *Senate-In Committee Process - Appropriations*

**AB 826** (Reyes) Medi-Cal: specialty mental health services: foster youth.

Excludes foster youth placed in a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction from being subject to presumptive transfer, unless a specified exception is invoked, delineates circumstances and protocols related to presumptive transfer for youth placed in an out-of-county STRTP, requires certain data be made available on the Medi-Cal specialty mental health services dashboard, and requires the Department of Health Care Services and California Department of Social Services to create standardized forms related to presumptive transfer or waiver thereof. **Status:** *Senate-In Committee Process - Human Services*

**AB 898** (Wicks) Early and Periodic Screening, Diagnostic, and Treatment services: behavioral health.

Requires the California Health and Human Services Agency to convene the Children's Behavioral Health Action Team (Action Team) to maximize the Medi-Cal program's investment in the social, emotional, and developmental health and well-being of children in California who receive their health care through the Medi-Cal program. Specifies the membership of the Action Team, and requires the Action Team to issue an interim and final report with findings and recommendations including related to identifying opportunities for the state to better ensure Medi-Cal eligible children receive behavioral health services through the Medi-Cal program, to maximize the federal, state, and local funding to pay for the benefits and services needed to uphold California's commitment to the healthy development of all children, and identifying opportunities to maximize the scope of available Medicaid program-funded services and supports available to children and families. Requires, by September 30, 2021, the Action Team to submit a final implementation plan to the Governor, the Legislature, state and local child-serving departments, and the public, detailing implementation strategies related to the recommendations. Requires the implementation strategies, at minimum to include legislative action needed to direct state and local child-serving departments to maximize Early and Periodic Screening, Diagnostic, and Treatment services, Medicaid State Plan amendments and waivers necessary to implement recommendations, and additional legislative appropriations to implement Action Team findings. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1058** (Salas) Medi-Cal: specialty mental health services and substance use disorder treatment.

Requires the Department of Health Care Services (DHCS) to engage in a stakeholder process to develop recommendations for addressing the legal and administrative barriers to the delivery of integrated behavioral health services for Medi-Cal beneficiaries with co-occurring substance use disorders and mental health conditions who access services through the Drug Medi-Cal Treatment program, the Drug Medi-Cal Organized Delivery System and the Medi-Cal Specialty Mental Health Program (Medi-Cal SMH Program). Requires the stakeholder process to be completed by September 15, 2020, and requires DHCS to report, by September 15, 2020, to the relevant legislative policy and fiscal committees the recommendations developed through the stakeholder process. Sunsets the stakeholder process January 1, 2021. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1117** (Grayson) Peace officers: peer support.

Enacts the Law Enforcement Peer Support and Crisis Referral Services Program authorizing a local or regional law enforcement agency to establish a peer support and crisis referral program. **Status:** *Secretary of State-Chaptered*

**AB 1126** (O'Donnell, Kiley) Mental Health Services Oversight and Accountability Commission.

Requires the Mental Health Oversight and Accountability Commission to take specific measures to increase the transparency and accountability of mental health expenditures, and to support and share innovative practices in the delivery of mental health services, with a focus on youth mental health.

**Status:** *Assembly-In Committee Process - Appropriations*



**AB 1275** (Santiago) Mental health services: county pilot program.

Requires the Department of Health Care Services to establish a three-year pilot project to include the County of Los Angeles and up to nine additional counties to establish an outreach team comprised of county employees to provide outreach services to individuals with a history of mental illness or substance use disorders who are unable to provide for urgently needed medical care and who are homeless or at risk of experiencing homelessness. **Status:** *Senate-In Floor Process*

**AB 1443** (Maienschein) Mental health: technical assistance centers.

Requires the Mental Health Services Oversight and Accountability Commission, subject to available funding, to establish one or more technical assistance centers to support counties in addressing mental health issues that are of statewide concern. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1546** (Kiley, O'Donnell) Pupil health: mental health.

Permits a county mental health plan (MHP) to contract with a local educational agency (LEA) to provide Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to Medi-Cal eligible pupils. Requires the Department of Health Care Services (DHCS), if a LEA does not contract with the MHP, to permit a LEA to make claims for federal financial participation (FFP) directly to DHCS for EPSDT services either directly provided by the LEA or for which the LEA has contracted. Requires the LEA, to FFP, to pay the nonfederal share of EPSDT expenditures and to certify its public expenditures for EPSDT services to DHCS. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1550** (Bonta) Crisis stabilization units: psychiatric patients.

Permits a certified crisis stabilization unit (CSU) designated by a county mental health plan (MHP), at the discretion of the MHP, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours when the individual needs inpatient psychiatric care or outpatient care and inpatient psychiatric beds or outpatient services are not reasonably available. Requires a CSU that provides medically necessary crisis stabilization services to individuals for more than 24 hours to provide the basic services required to be provided by a psychiatric health facility (psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings), to ensure that a psychiatrist is available at all times to address psychiatric emergencies, and to provide the individual a room with a suitable mattress. **Status:** *Senate-In Floor Process*

**AB 1601** (Ramos) Office of Emergency Services: behavioral health response.

Requires the Office of Emergency Services (Cal OES) to establish a behavioral health deputy director to ensure individuals have access to necessary mental and behavioral health services and supports in the aftermath of a natural disaster or declaration of a state of emergency. Requires the Director of the Department of Health Care Services, in coordination with Cal OES, to immediately request necessary federal and state waivers to ensure the provision of health care services to individuals in an impacted area during a natural disaster or declared state of emergency. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1619** (Weber) Mental health careers: funding.

Appropriates \$20 million dollars from the General Fund to the Office of Statewide Health Planning and Development for the purpose of reducing the shortage of, and disparity in, mental health services across the state. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1689** (McCarty) College Mental Health Services Program.

Establishes the College Mental Health Services Program Act, a matching grant program to enhance the provision of mental health services on state college campuses. Appropriates \$40 million annually from the Mental Health Services Fund administrative account; \$40 million to implement the implement the grant program (\$10 million each to the Board of Regents of the University of California and to the Board of Trustees of the California State University and \$20 million to the Board of Governors of the California Community Colleges). Requires a dollar for dollar match of funds from the campus, limits administrative costs to 5% for any grantee and prohibits the funding from being used to supplant existing state or county funds utilized to provide mental health services. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1769** (Frazier) County of Solano: mental health facilities.

Appropriates \$14 million dollars from the General Fund to the County of Solano in the 2019-20 fiscal year to be used to plan, construct, and operate two integrated mental health residential facilities adjacent to the county's existing health and social services campus. **Status:** *Assembly-In Committee Process - Appropriations*

**ACR 98** (Wicks) Mental health and substance use treatment.

Urges the Department of Managed Health Care, Department of Insurance, Department of Health Care Services, and the Attorney General to each use the full powers of their offices under California law to ensure that all health care service plans and health insurers subject to their authority are in full compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, its implementing regulations, and California law. **Status:** *Senate-In Committee Process - Health*

**SB 331** (Hurtado) Suicide prevention: strategic plans.

Requires counties to create and implement a suicide-prevention strategic plan that places particular emphasis on preventing suicide in children who are less than 19 years of age and specifies items that must be addressed in planning and implementation. **Status:** *Assembly-In Committee Process - Appropriations*

**SB 582** (Beall) Youth mental health and substance use disorder services.

Requires the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of the Investment in Mental Health Wellness Act of 2013 triage grant program funds to local educational agency and mental health partnerships, as specified, to support prevention, early intervention, and direct services to children and youth, as specified. **Status:** *Assembly-In Committee Process - Appropriations*

**SB 590** (Stone) Mental health evaluations: gravely disabled due to impairment by chronic alcoholism.

Adds persons with chronic alcoholism to the existing prepetition screening process in the Lanterman-Petris-Short Act that permits any individual to request a county-designated entity to provide a comprehensive screening to determine if the person impaired by chronic alcoholism is a danger to self or others, or gravely disabled. **Status:** *Assembly-In Committee Process - Appropriations*

## 17. Opioids

**AB 888** (Low) Opioid prescriptions: information: nonpharmacological treatments for pain.

Extends requirement for prescribers to discuss risks associated with opioids to all patients before issuing the first prescription for a controlled substance containing an opioid. Exempts a patient currently receiving hospice care from this requirement. Requires the prescriber to discuss the availability of certain nonpharmacological treatments for pain and requires the prescriber to obtain written, informed consent and to, if appropriate, offer a referral to a provider of nonpharmacological treatments for pain. **Status:** *Senate-In Committee Process - Business, Professions and Economic Development*

## 18. Pharmaceuticals / Pharmacy / Biotech

**AB 617** (Mullin) Stem Cell and Regenerative Therapy Regulation Advisory Group. Requires the California Medical Board to establish the Stem Cell and Regenerative Therapy Regulation Advisory Group. **Status:** *Assembly-In Committee Process - Appropriations*

**ACR 105** (Chiu) Prescription drug prices.

States the Legislature's commitment to lower the cost of prescription drugs for all Californians and to support the expansion of California's single-purchaser system for prescription drugs, and encourages the Governor to engage with the States of Washington and Oregon and others who wish to partner with our state to lower prescription drug prices across the nation. **Status:** *Senate-In Committee Process - Health*

## 19. Public Health

### **AB 8** (Chu) Pupil health: mental health professionals.

Requires, on or before December 31, 2024, a school of a school district or county office of education and a charter school to have at least one mental health professional for every 600 pupils generally accessible to pupils on campus during school hours. Requires, on or before December 31, 2024, a school of a school district or county office of education and a charter school with fewer than 600 pupils to do one of the following: 1) have at least one mental health professional generally accessible to pupils on campus during school hours; 2) employ at least one mental health professional to provide services to pupils at multiple schools; or, 3) enter into a memorandum of understanding with a county agency or community-based organization for at least one mental health professional employed by the agency or organization to provide services to pupils. Requires counties to provide Mental Health Services Act funding to educational entities for purposes of this bill. **Status:** *Senate-In Committee Process - Health*

### **AB 138** (Bloom) California Community Health Fund.

Imposes a fee on every distributor for distributing bottled sugary drinks and concentrate at a rate of \$0.02 per fluid ounce. Establishes a mechanism for calculating the fees to be administered by the California Department of Tax and Fee Administration; establishes the California Community Health Fund to consist of fees or penalties collected; and, allocates funds raised for specified entities which may administer grants or allocations to local organizations to achieve specified objectives, including promoting health equity, reducing health disparities, improving oral health, and preventing the leading causes of illness, injury, and premature death especially those caused by sugar-sweetened beverage consumption. **Status:** *Assembly-In Committee Process - Revenue and Taxation*

### **AB 214** (Mullin) The Spinal Cord Injury Research Program.

Appropriates \$5 million from the General Fund to the spinal cord injury research fund authorized by the Roman Reed Spinal Cord Injury Research Act of 1999. **Status:** *Assembly-In Committee Process - Appropriations*

### **AB 254** (Quirk-Silva) Warewashing machines: water reuse.

Permits water from a warewashing machine to be reused on the same warewashing machine for pre-rinse purposes, if an attendant is onsite to control the reuse of the water and there is a written disclosure notice posted on the machine stating that the reused water is not for drinking. **Status:** *Senate-In Committee Process - Health*

### **AB 388** (Limón) Alzheimer's disease.

Requires the Department of Public Health, to operate a pilot program in up to eight local health jurisdictions to develop local initiatives consistent with the Healthy Brain Initiative. **Status:** *Senate-In Committee Process - Appropriations*

### **AB 407** (Santiago) Fluoroscopy and radiography permit or certification and continuing education: exceptions.

Permits a physician and surgeon, or a doctor of podiatric medicine, who has completed the radiation safety training provided by a facility accredited by the Centers for Medicare and Medicaid Services'

Conditions for Coverage relating to radiation safety, may provide fluoroscopy services without a fluoroscopy permit or certification if certain requirements are met. **Status:** *Senate-In Committee Process - Appropriations*

**AB 617** (Mullin) Stem Cell and Regenerative Therapy Regulation Advisory Group. Requires the California Medical Board to establish the Stem Cell and Regenerative Therapy Regulation Advisory Group. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 650** (Low) Violent death: data. Requires the Attorney General to direct local law enforcement agencies to report quarterly, by January 1, 2021, to the Department of Justice, on the sexual orientation and gender identity of a victim of a violent death.. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 656** (Eduardo Garcia) Office of Healthy and Safe Communities. Establishes the Office of Healthy and Safe Communities under the direction of the Department of Public Health, to provide a comprehensive violence prevention strategy. **Status:** *Senate-In Committee Process - Appropriations*

**AB 764** (Bonta) Sugar-sweetened beverages: nonsale distribution incentives. Prohibits a beverage company, manufacturer, or distributor, from giving or offering a distributor or retailer a nonsale distribution incentive for a sugar-sweetened beverage (SSB) or SSB product. **Status:** *Assembly-In Floor Process*

**AB 798** (Cervantes) Maternal mental health. Establishes a pilot program, in counties that elect to participate, including the County of Riverside, to increase providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. **Status:** *Senate-In Committee Process - Appropriations*

**AB 810** (Gipson) Organ and tissue transplantation: uninsured or undocumented individuals. Requires the Department of Public Health to convene a working group to evaluate ways to provide organ transplants to uninsured or undocumented residents of the state who are ineligible for organ transplants due to financial hardship. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 887** (Kalra) Office of Health Equity: Surgeon General. Revises the organization of the Office of the Health Equity (OHE) by requiring the Governor to appoint a Surgeon General, as a public entity within the Governor's direct executive authority, to oversee the OHE. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1016** (Maienschein) Rare Disease Advisory Council. Establishes within the California Health and Human Services Agency, the Rare Disease Advisory Council to, among various functions, coordinate state efforts and conduct research on rare diseases. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1161** (Calderon, Salas) Recreational water use: wave basins.

Establishes standards for wave basins, as defined, under the supervision of the Department of Public Health. **Status:** *Senate-In Committee Process - Health*

**AB 1360** (Ting) Third-party food delivery.

Establishes requirements for food delivery platforms that deliver food to consumers. **Status:** *Senate-In Floor Process*

**AB 1639** (Gray) Tobacco products.

This bill would, among other things, would create various advertising, promotion, packaging, and selling prohibitions on electronic cigarettes in California. Requires a retailer to check the identification of any tobacco purchaser using age verification software or an age verification device. Increases the civil penalties against any person, firm, or corporation that sells, gives, or in any way furnishes tobacco products to persons under 21 years of age. Increases retail penalties for selling tobacco products to underage individuals. Prohibits a person under the age of 21 from entering a tobacco store, as defined. Requires the California Department of Public Health to conduct random, onsite sting operations of at least 20% of the total number of licensed tobacco retailers and, as defined. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. **Status:** *Senate-Pending Referral*

**AB 1711** (Santiago) Homeless populations: disease outbreak.

Requires a city, or city and county to take specific actions during a disease outbreak that involves a homeless population of 4,500 persons or more residing on the streets of a city or city and county. Establishes the Disease Outbreak Within Homeless Populations Fund and requires the Department of Public Health to establish a grant program to fund actions by a city, or city and county for taking specific actions during a disease outbreak. **Status:** *Assembly-In Committee Process - Appropriations*

**ACR 28** (Gipson) Sickle Cell Disease Awareness Month.

Designates September 2019 as Sickle Cell Disease Awareness Month to enhance public knowledge of this genetic disease. **Status:** *Senate-In Committee Process - Health*

**ACR 105** (Chiu) Prescription drug prices.

States the Legislature's commitment to lower the cost of prescription drugs for all Californians and to support the expansion of California's single-purchaser system for prescription drugs, and encourages the Governor to engage with the States of Washington and Oregon and others who wish to partner with our state to lower prescription drug prices across the nation. **Status:** *Senate-In Committee Process - Health*

**SB 331** (Hurtado) Suicide prevention: strategic plans.

Requires counties to create and implement a suicide-prevention strategic plan that places particular emphasis on preventing suicide in children who are less than 19 years of age and specifies items that must be addressed in planning and implementation. **Status:** *Assembly-In Committee Process - Appropriations*



**SB 452** (Jones) Ken Maddy California Cancer Registry.

Requires the Department of Public Health (DPH) to send an informational brochure about the Ken Maddy California Cancer Registry (CCR) to every patient when the patient is entered into the CCR.

**Status:** *Assembly-In Committee Process - Appropriations*

**SB 574** (Leyva) Cosmetic Fragrance and Flavor Ingredient Right to Know Act of 2019.

Requires cosmetic manufactures, commencing January 1, 2021, to disclose to the Department of Public Health's Division of Environmental and Occupational Disease Control information related to cosmetic products that contain a fragrance ingredient or flavor ingredient.

**Status:** *Assembly-In Committee Process - Appropriations*

**SB 650** (Rubio) Cancer Medication Advisory Committee.

Establishes the Cancer Medication Advisory Task Force, within the Pharmacy Practice Act, to identify the best mechanism to enable the transfer of unused cancer medications to persons in need of financial assistance to ensure access to necessary pharmaceutical therapies.

**Status:** *Assembly-In Committee Process - Appropriations*

## 20. Public Insurance / Medi-Cal / MCMC

### **AB 4** (Arambula) Medi-Cal: eligibility.

Extends eligibility for full-scope Medi-Cal benefits to undocumented adults age 19 and above who are otherwise eligible for those benefits but for their immigration status. Implements this bill only to the extent there is an appropriation in the annual Budget Act or another statute. **Status:** *Senate-In Committee Process - Health*

### **AB 50** (Kalra) Medi-Cal: Assisted Living Waiver program.

Requires the Department of Health Care Services (DHCS) to submit to the federal Centers for Medicare and Medicaid Services a request for amendment of the Assisted Living Waiver program (ALWP) with a phased in increase in the number of participants to 18,500 by March 1, 2023. Requires at least 60% of the expanded ALWP participant population in each phase to be reserved for persons transitioning from an institutional setting, defined as a person having a stay of 20 or more consecutive days in a health facility. Requires DHCS to increase the geographic availability of the program on a regional basis. Requires DHCS to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases that came into effect in 2007, 2008, 2014, and 2016, that were not reflected in the reimbursement tiers, and requires DHCS to continue to adjust the reimbursement tiers to compensate for future mandatory minimum wage increases. Requires DHCS to establish requirements and procedures so that any person on the ALWP's waiting list each month is able to know their position on the waiting list and when they are likely to reach the top of the waiting list.

**Status:** *Senate-In Committee Process - Appropriations*

### **AB 319** (Blanca Rubio, ) Narcotic treatment: medication-assisted treatment: Drug Medi-Cal.

Requires the Department of Health Care Services to establish reimbursement rates and rate billing codes for medication assisted treatment services provided by licensed narcotic treatment programs electing to provide noncontrolled medications approved by the federal Food and Drug Administration for patients with a substance use disorder. **Status:** *Assembly-In Committee Process - Appropriations*

### **AB 385** (Calderon) Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment mental health services: performance outcomes system: platform.

Requires the Department of Health Care Services (DHCS) to develop a platform, or integrate with an existing platform, to support the performance outcome system that will improve outcomes at the individual and system levels and will inform fiscal decision making related to the purchase of services. Requires the platform to perform several functions, including automating the collection of the data required to be collected, and allowing for authorized individuals to complete the data collection required, and to allow for the systematic transfer and integration of the completed data between the DHCS platform and the platform of the Department of Social Services. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 515** (Mathis) Medi-Cal: unrecovered payments: interest rate.

Permits the Department of Health Care Services to reduce the interest rate owed by a Medi-Cal provider as part of a repayment agreement entered into with the provider, after taking into account specified following factors, including the importance of the provider to the health care safety net in the community in which the provider provides services, the impact of the repayment amounts on the fiscal solvency of the provider, the ability of the provider to repay the overpayment amounts, and the impact of the interest rate repayment amount on the finances of the provider. **Status:** *Senate-In Floor Process*

**AB 526** (Petrie-Norris) Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children.

Requires the Department of Health Care Services (DHCS) to design and implement policies and procedures for an automated California Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC) enrollment gateway pathway (WIC to Medi-Cal automated enrollment gateway pathway), which would electronically transfer WIC eligibility information to the Medi-Cal program to establish Medi-Cal eligibility for WIC applicants and recipients not yet enrolled in the Medi-Cal program. Requires, for applicants enrolling in the Medi-Cal program using the WIC to Medi-Cal automated enrollment gateway pathway, benefits to be provided immediately through accelerated enrollment for children, and though presumptive eligibility for pregnant women, and to continue until a final eligibility determination is made for the Medi-Cal program. Requires DHCS to complete the project approval lifecycle process, as specified in the Statewide Information Management Manual and specified provisions of the State Administrative Manual, for the automated enrollment pathway prior to implementing this bill. **Status:** *Senate-In Committee Process - Appropriations*

**AB 537** (Wood) Medi-Cal managed care: quality improvement and value-based financial incentive program.

Requires the Department of Health Care Services (DHCS) to establish a quality assessment and performance improvement program for all Medi-Cal managed care (MCMC) plans which requires plans to meet a minimum performance level (MPL) that improves quality of care and reduces health disparities for beneficiaries. Requires DHCS, commencing July 1, 2022, to establish quality improvement performance targets which exceed the MPL for all MCMC plans. Requires DHCS to develop a plan for a value-based financial incentive program to reward a high-performing MCMC plan that meets performance targets that demonstrate health care quality improvement and health disparities reduction. Requires DHCS to utilize the results of the quality assessment and performance improvement program to develop a publicly reported Quality Rating System for MCMC plans. Requires DHCS to establish a public stakeholder process in the planning, development, and ongoing oversight of the quality assessment and performance improvement program and the value-based financial incentive program. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 683** (Carrillo) Medi-Cal: eligibility.

Increases the Medi-Cal “asset test” limit from \$2,000 for an individual and \$3,000 for a couple to instead be \$10,000 and \$15,000, and requires those amounts to be indexed annually. Prohibits the use of an asset and resource test to make a Medi-Cal eligibility determination for people enrolled in the Medicare Shared Savings Program (the MSSP pays for Medicare premiums and cost-sharing but does not provide Medi-Cal services). Excludes other assets from consideration, and narrows the application of existing asset limits (for example, excludes additional cars from the asset limit). Codifies asset limits in state law which are currently in federal law, state law, state regulation and state guidance.

**Status:** *Assembly-In Committee Process - Appropriations*

**AB 719** (Blanca Rubio, Gray) Endangered wildlife: crocodiles and alligators.

Makes legislative findings and declarations that payments for Medi-Cal fee-for-service (FFS) payments for specified non-Medi-Cal programs have been reduced by 10% for dates of services on and after June 1, 2011, and payments to Medi-Cal managed care plans have been reduced by the actuarial equivalent amount of the payment reductions for FFS benefits. States legislative intent to enact legislation to require the Department of Health Care Services to discontinue reducing or limiting these provider payments. **Status:** *Senate-In Committee Process - Appropriations*

**AB 741** (Kalra) Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.

Requires the Department of Health Care Services (DHCS) to provide trainings for personnel who administer trauma screenings in a pediatric or primary care provider setting for children under the Medi-Cal program. Requires DHCS to create a Current Procedures Terminology code designated for the administration of a trauma screening, and a “z” code to document and monitor compliance with trauma screening requirements. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 763** (Gray) Medi-Cal specialty mental health services.

Requires the Department of Health Care Services (DHCS) to convene a stakeholder workgroup to identify all forms currently used by Medi-Cal managed care contractors, including county mental health plan (MHP) contractors, for purposes of determining eligibility and reimbursement for specialty mental health services (SMHS) that are provided under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), and to develop standard forms. Requires the standard forms to include forms for the intake of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. Permits DHCS and the stakeholder workgroup to develop and maintain a list of DHCS-approved nonstandard forms. Requires MHPs, no later than July 1, 2021, to commence using the standard forms. Prohibits Medi-Cal managed care contractors and MHPs, after July 1, 2021, from using any other forms related to intake, assessment, treatment planning, eligibility determination, or reimbursement for SMHS provided under EPSDT, except for forms from the nonstandard form list.

**Status:** *Senate-In Committee Process - Appropriations*

**AB 769** (Smith) Federally qualified health centers and rural health clinics: licensed professional clinical counselor.

Adds licensed professional clinical counselors to the list of health care professionals that qualify for a face-to-face encounter with a patient at Federally Qualified Health Centers and Rural Health Clinics for purposes of billing a per-visit Medi-Cal payment under the prospective payment system. **Status:** *Senate-In Committee Process - Appropriations*

**AB 770** (Eduardo Garcia, Mathis) Medi-Cal: federally qualified health clinics: rural health clinics.

Requires the methodology of the adjusted per-visit rate for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to exclude a per-visit payment limitation, provider productivity standard, or any other method that applies cost limitations in the calculation of the per-visit rate that are not based on the reasonable cost of the FQHC or RHC as determined under applicable federal reasonable cost principles. Requires, to the extent required under federal law, the FQHC and RHC adjusted per-visit rate to include direct costs, administrative costs, and costs related to FQHC and RHC services rendered outside of the respective facility, consistent with guidance issued by the federal Centers for Medicare and Medicaid Services and the federal Health Resources and Services Administration. Requires FQHC and RHC services rendered to a Medi-Cal beneficiary at premises such as a temporary shelter, a beneficiary's residence, a location of another provider, or any location other than the clinic location to be billed by the FQHC or RHC and reimbursed at the contracted rate when specified conditions apply. Requires Medi-Cal managed care (MCMC) incentive payments to be excluded from the wrap around payment calculation when FQHC or RHC services are partially reimbursed by a MCMC plan. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 826** (Reyes) Medi-Cal: specialty mental health services: foster youth.

Excludes foster youth placed in a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction from being subject to presumptive transfer, unless a specified exception is invoked, delineates circumstances and protocols related to presumptive transfer for youth placed in an out-of-county STRTP, requires certain data be made available on the Medi-Cal specialty mental health services dashboard, and requires the Department of Health Care Services and California Department of Social Services to create standardized forms related to presumptive transfer or waiver thereof. **Status:** *Senate-In Committee Process - Human Services*

**AB 898** (Wicks) Early and Periodic Screening, Diagnostic, and Treatment services: behavioral health.

Requires the California Health and Human Services Agency to convene the Children's Behavioral Health Action Team (Action Team) to maximize the Medi-Cal program's investment in the social, emotional, and developmental health and well-being of children in California who receive their health care through the Medi-Cal program. Specifies the membership of the Action Team, and requires the Action Team to issue an interim and final report with findings and recommendations including related to identifying opportunities for the state to better ensure Medi-Cal eligible children receive behavioral health services through the Medi-Cal program, to maximize the federal, state, and local funding to pay for the benefits and services needed to uphold California's commitment to the healthy development of all children, and identifying opportunities to maximize the scope of available Medicaid program-funded services and supports available to children and families. Requires, by September 30, 2021, the Action Team to submit a final implementation plan to the Governor, the Legislature, state and local child-serving departments, and the public, detailing implementation strategies related to the recommendations. Requires the implementation strategies, at minimum to include legislative action needed to direct state and local child-serving departments to maximize Early and Periodic Screening, Diagnostic, and Treatment services, Medicaid State Plan amendments and waivers necessary to implement recommendations, and additional legislative appropriations to implement Action Team findings. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1042** (Wood) Medi-Cal: beneficiary maintenance needs: home upkeep allowances: transitional needs funds.

Increases the maximum dollar value of the "home upkeep allowance" (HUA) in the Medi-Cal program, which is money a Medi-Cal beneficiary in a long-term care facility (LTC) is allowed for upkeep and maintenance of the home. Permits a LTC resident who does not have a home but intends to leave the LTC and establish a home in the community to establish a Transitional Needs Fund (TNF) for the purpose of meeting the transitional costs of establishing a home. Requires moneys in the HUA and TNF to be considered an exempt asset for Medi-Cal eligibility purposes. Requires money that would have otherwise gone to the resident's share-of-cost in Medi-Cal to instead be applied to either the HUA or TNF. Requires the Department of Health Care Services to take specified information and outreach activities related to the HUA and TNF. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1058** (Salas) Medi-Cal: specialty mental health services and substance use disorder treatment.

Requires the Department of Health Care Services (DHCS) to engage in a stakeholder process to develop recommendations for addressing the legal and administrative barriers to the delivery of integrated behavioral health services for Medi-Cal beneficiaries with co-occurring substance use disorders and mental health conditions who access services through the Drug Medi-Cal Treatment program, the Drug Medi-Cal Organized Delivery System and the Medi-Cal Specialty Mental Health Program (Medi-Cal SMH Program). Requires the stakeholder process to be completed by September 15, 2020, and requires DHCS to report, by September 15, 2020, to the relevant legislative policy and fiscal committees the recommendations developed through the stakeholder process. Sunsets the stakeholder process January 1, 2021. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1122** (Irwin) Health data: County of Ventura: super user pilot project.

Authorizes Ventura County to conduct a three-year super user pilot project, to predict which Medi-Cal beneficiaries are likely to become "super users," whose complex, unaddressed health issues result in frequent encounters with health care providers, in particular, emergency departments. Requires various state and county entities to report data to the County for purposes of the pilot project, upon request, on machine-readable media and only to the extent existing data is available. Requires the data to be used to obtain a historical perspective of super users in the County, and to develop a prospective model to predict which Medi-Cal beneficiaries will be super users. Requires a report to the Legislature on the results of the pilot project. Sunsets the provisions of this bill July 1, 2023. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1131** (Gloria) Medi-Cal: comprehensive medication management.

Requires comprehensive medication management (CMM) services to be covered under the Medi-Cal program. Defines CMM services to as a review of the beneficiary's medical record to gather relevant information, including medication lists, laboratory values, diagnostic tests, and a medical problem list, a comprehensive review of medications and associated health and social history of the beneficiary, development of a medication therapy problem list, and development and implementation of a care plan, and follow-up and monitoring. Requires the Department of Health Care Services to establish Medi-Cal reimbursement rates and rate billing codes for CMM services provided by a licensed pharmacist. **Status:** *Senate-In Committee Process - Appropriations*

**AB 1327** (Petrie-Norris) Medi-Cal: reimbursement rates.

Requires a licensed narcotic treatment program to make available for sale a safe storage product, as defined, to every patient who is eligible to take any of the existing authorized medications off the premises. **Status:** *Senate-In Committee Process - Health*

**AB 1524** (Chiu) Medi-Cal: provider enrollment.

Shortens the timeframe for the Department of Health Care Services (DHCS) to act upon an application package to enroll in Medi-Cal from a student health center operated by public institutions of higher education (student health center) and a clinic operated by, or affiliated with, any institution of learning that teaches a recognized healing art (institution of learning clinic) by requiring DHCS to act within 30 days of receiving an application, instead of 180 days in existing law. Requires applications for enrollment in the Family Planning, Access, Care, and Treatment Program from student health centers and institution of learning clinics to be acted upon within 30 calendar days of receiving a complete application. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1546** (Kiley) Pupil health: mental health.

Permits a county mental health plan (MHP) to contract with a local educational agency (LEA) to provide Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to Medi-Cal eligible pupils. Requires the Department of Health Care Services (DHCS), if a LEA does not contract with the MHP, to permit a LEA to make claims for federal financial participation (FFP) directly to DHCS for EPSDT services either directly provided by the LEA or for which the LEA has contracted. Requires the LEA, to FFP, to pay the nonfederal share of EPSDT expenditures and to certify its public expenditures for EPSDT services to DHCS. **Status:** *Assembly-In Committee Process - Appropriations*

**AB 1550** (Bonta) Crisis stabilization units: psychiatric patients.

Permits a certified crisis stabilization unit (CSU) designated by a county mental health plan (MHP), at the discretion of the MHP, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours when the individual needs inpatient psychiatric care or outpatient care and inpatient psychiatric beds or outpatient services are not reasonably available. Requires a CSU that provides medically necessary crisis stabilization services to individuals for more than 24 hours to provide the basic services required to be provided by a psychiatric health facility (psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings), to ensure that a psychiatrist is available at all times to address psychiatric emergencies, and to provide the individual a room with a suitable mattress. **Status:** *Senate-In Floor Process*

**SB 29** (Durazo) Medi-Cal: eligibility.

Extends eligibility for full scope Medi-Cal benefits for individuals 65 years of age or older who do not have satisfactory immigration status, effective July 1, 2020 if the individual is otherwise eligible for Medi-Cal benefits. Makes implementation of the expansion of full scope benefits in this bill subject to an appropriation in the annual Budget Act or any other act approved by the Legislature. **Status:** *Assembly-In Floor Process*

**SB 66** (Atkins) Medi-Cal: federally qualified health center and rural health clinic services.

Requires Medi-Cal reimbursement to Federally Qualified Health Centers and Rural Health Clinics for two visits taking place on the same day at a single location when the patient has a medical visit and another health visit with a mental health or dental provider. **Status:** *Assembly-In Floor Process*

**SB 207** (Hurtado) Medi-Cal: asthma preventive services.

Requires the Department of Health Care Services (DHCS) to develop and implement asthma preventive services to assist Medi-Cal beneficiaries in asthma management and prevention. Requires, no later than July 1, 2021, asthma preventive services to be a covered benefit for Medi-Cal beneficiaries with poorly controlled asthma for whom a licensed provider has recommended the provision of these services, subject to an appropriation. Requires DHCS to approve at least two governmental or nongovernmental accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers rendering services in the Medi-Cal program. Requires an enrolled Medi-Cal provider to supervise an asthma preventive services provider, and requires the supervising Medi-Cal provider to ensure that an asthma preventive services provider, at a minimum, complies with training requirements. **Status:** *Assembly-In Committee Process - Appropriations*



**SB 214** (Dodd) Medi-Cal: California Community Transitions program.

Requires the Department of Health Care Services (DHCS) to implement and administer the California Community Transitions (CCT) program to help an eligible Medi-Cal beneficiary move to a qualified residence after the beneficiary has resided in an institutional health facility for a period of 90 days or longer. Requires DHCS to administer the CCT program consistent with the federal Money Follows the Person Rebalancing Demonstration. Requires CCT program services to be provided by a lead organization; defines the duties of the lead organization to ascertain the eligibility and interest of a CCT-eligible beneficiary to return to a qualified residence; establishes requirement for CCT program services; establishes eligibility requirements for CCT eligibility; requires CCT program to target individuals meeting specified criteria. Makes this bill operative only upon an express appropriation in the annual Budget Act or another statute for purposes of this bill. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. **Status:** *Assembly-In Committee Process - Appropriations*

**SB 301** (Leyva) Medi-Cal: family planning services.

Requires the Department of Health Care Services, if there are any reductions in federal financial participation to the Family Planning, Access, Care, and Treatment (Family PACT) Program, to submit to the Legislature a plan to ensure the sustainability of the Family PACT Program. **Status:** *Assembly-In Committee Process - Appropriations*

**SB 361** (Mitchell) Medi-Cal: Health Homes Program.

Requires the Department of Health Care Services (DHCS), subject to an appropriation of funds in the annual Budget Act or other statute, to require Medi-Cal managed care plans administering the Health Homes Program (HHP) to take specific steps to increase program participation of individuals who experience chronic homelessness, as specified. Repeals the conditional implementation requirement for the HHP program that the HHP be implemented only if no additional General Fund moneys are used to fund the administration and costs of services. Repeals the authority of DHCS to revise or terminate the HHP any time after the first eight quarters of implementation. **Status:** *Assembly-In Committee Process - Appropriations*

## 21. Reproductive health

**AB 1030** (Calderon, Petrie-Norris) Pelvic examinations: informational pamphlet.

Requires the Medical Board of California, on or before July 1, 2020, in coordination with the American College of Obstetricians and Gynecologists, to develop an informational pamphlet, as specified, that must be given to patients undergoing gynecological examinations. Requires a doctor to require their patient to sign and date a form attesting that the patient has received the informational pamphlet and understood the contents before the first gynecological examination with that doctor.

**Status:** *Senate-In Floor Process*

**SB 301** (Leyva) Medi-Cal: family planning services.

Requires the Department of Health Care Services, if there are any reductions in federal financial participation to the Family Planning, Access, Care, and Treatment (Family PACT) Program, to submit to the Legislature a plan to ensure the sustainability of the Family PACT Program. **Status:** *Assembly-In Committee Process - Appropriations*

## 22. Senior Health

### **AB 388** (Limón) Alzheimer's disease.

Requires the Department of Public Health, to operate a pilot program in up to eight local health jurisdictions to develop local initiatives consistent with the Healthy Brain Initiative. **Status:** *Senate-In Committee Process - Appropriations*

### **AB 1042** (Wood) Medi-Cal: beneficiary maintenance needs: home upkeep allowances: transitional needs funds.

Increases the maximum dollar value of the "home upkeep allowance" (HUA) in the Medi-Cal program, which is money a Medi-Cal beneficiary in a long-term care facility (LTC) is allowed for upkeep and maintenance of the home. Permits a LTC resident who does not have a home but intends to leave the LTC and establish a home in the community to establish a Transitional Needs Fund (TNF) for the purpose of meeting the transitional costs of establishing a home. Requires moneys in the HUA and TNF to be considered an exempt asset for Medi-Cal eligibility purposes. Requires money that would have otherwise gone to the resident's share-of-cost in Medi-Cal to instead be applied to either the HUA or TNF. Requires the Department of Health Care Services to take specified information and outreach activities related to the HUA and TNF. **Status:** *Senate-In Committee Process - Appropriations*

### **SB 29** (Durazo) Medi-Cal: eligibility.

Extends eligibility for full scope Medi-Cal benefits for individuals 65 years of age or older who do not have satisfactory immigration status, effective July 1, 2020 if the individual is otherwise eligible for Medi-Cal benefits Makes implementation of the expansion of full scope benefits in this bill subject to an appropriation in the annual Budget Act or any other act approved by the Legislature. **Status:** *Assembly-In Floor Process*

### **SB 214** (Dodd) Medi-Cal: California Community Transitions program.

Requires the Department of Health Care Services (DHCS) to implement and administer the California Community Transitions (CCT) program to help an eligible Medi-Cal beneficiary move to a qualified residence after the beneficiary has resided in an institutional health facility for a period of 90 days or longer. Requires DHCS to administer the CCT program consistent with the federal Money Follows the Person Rebalancing Demonstration. Requires CCT program services to be provided by a lead organization; defines the duties of the lead organization to ascertain the eligibility and interest of a CCT-eligible beneficiary to return to a qualified residence; establishes requirement for CCT program services; establishes eligibility requirements for CCT eligibility; requires CCT program to target individuals meeting specified criteria. Makes this bill operative only upon an express appropriation in the annual Budget Act or another statute for purposes of this bill. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. **Status:** *Assembly-In Committee Process - Appropriations*

## 23. Tobacco

### **AB 1639** (Gray) Tobacco products.

This bill would, among other things, would create various advertising, promotion, packaging, and selling prohibitions on electronic cigarettes in California. Requires a retailer to check the identification of any tobacco purchaser using age verification software or an age verification device. Increases the civil penalties against any person, firm, or corporation that sells, gives, or in any way furnishes tobacco products to persons under 21 years of age. Increases retail penalties for selling tobacco products to underage individuals. Prohibits a person under the age of 21 from entering a tobacco store, as defined. Requires the California Department of Public Health to conduct random, onsite sting operations of at least 20% of the total number of licensed tobacco retailers and, as defined. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. **Status:** *Senate-Pending Referral*

## 24. Vital Statistics

**AB 650** (Low) Violent death: data.

Requires the Attorney General to direct local law enforcement agencies to report quarterly, by January 1, 2021, to the Department of Justice, on the sexual orientation and gender identity of a victim of a violent death.. **Status:** *Assembly-In Committee Process - Appropriations*

## 25. Misc

### **AB 214** (Mullin) The Spinal Cord Injury Research Program.

Appropriates \$5 million from the General Fund to the spinal cord injury research fund authorized by the Roman Reed Spinal Cord Injury Research Act of 1999. **Status:** *Assembly-In Committee Process - Appropriations*

### **AB 1161** (Calderon, Salas) Recreational water use: wave basins.

Establishes standards for wave basins, as defined, under the supervision of the Department of Public Health. **Status:** *Senate-In Committee Process - Health*

### **AB 1404** (Santiago) Nonprofit sponsors: reporting obligations.

Requires a nonprofit corporation that operates a health facility, as defined, or contracts to provide or arrange for the provision of medical services, to disclose the amount of deferred compensation the nonprofit provides to certain for profit entities. **Status:** *Senate-In Floor Process*