California Legislature

Assembly Committee on Health

2019-20

Legislative Summary

Assembly Committee on Health

2019

Members

Chairman

Jim Wood

Vice Chairman

Chad Mayes

Members

Cecilia M. Aguiar-Curry
Frank Bigelow
Rob Bonta
Autumn R. Burke
Wendy Carrillo
Heath Flora
Monique Limón
Kevin McCarty
Adrin Nazarian
James C. Ramos
Freddie Rodriguez
Miguel Santiago
Marie Waldron

Staff

Chief Consultant

Rosielyn Pulmano

Consultants

Judith Babcock

Scott Bain

Lara Flynn

Kristene Mapile

California Council on Science & Technology Fellow

Marissa Kraynak

Lead Secretary

Patty Rodgers

Secretary

Marshall Kirkland

Assembly Committee on Health

2020

Members

Chairman

Jim Wood

Vice Chairman

Chad Mayes

Members

Cecilia M. Aguiar-Curry
Frank Bigelow
Rob Bonta
Autumn R. Burke
Wendy Carrillo
Heath Flora
Monique Limón
Kevin McCarty
Adrin Nazarian
James C. Ramos
Freddie Rodriguez
Miguel Santiago
Marie Waldron

Staff

Chief Consultant

Rosielyn Pulmano

Consultants

Judith Babcock

Scott Bain

Lara Flynn

Kristene Mapile

Lead Secretary

Patty Rodgers

Secretary

Marshall Kirkland

Table of Contents: Chaptered & Vetoed

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.*

AB 2265 (Quirk-Silva) Mental Health Services Act: use of funds for substance use disorder treatment.
Clarifies that Mental Health Services Act funds are permitted to be used to fund treatment for individuals with co-occurring mental health and substance use disorders (SUD). Requires counties to report information about the individuals treated pursuant to the provisions of this bill to the Department of Health Care Services, as specified. *Chapter 144, Statutes of 2020.*

SB 406 (Pan, et al) Health care: omnibus bill.
Codifies existing federal Patient and Protection Affordable Care Act law into state law that prohibits lifetime or annual limits in health care service plan and health insurance policies and requires coverage of preventative health services without cost sharing. Clarifies existing law to require the Department of Health Care Services (DHCS) to take action against an unlicensed facility that is disclosed as a recovery residence. Permits DHCS to refer a substantiated complaint against a recovery residence to other enforcement entities as appropriate under state or federal law, including the Department of Insurance, the Department of Managed Health Care, the Attorney General, and the U.S. Attorney General. Allows DHCS to obtain a criminal record clearance from the Department of Justice for the administrator, program director, and fiscal officer of a proposed adult day health center serving only California Program of All-Inclusive Care for the Elderly enrollees. Extends authorization for an electronic request and an electronic acknowledgment to January 1, 2022. Includes provisions to align changes that were made to the Food and Agricultural Code concerning the State Organic Program in the Health and Safety Code and rename it the California Organic Food and Farming Act. Extends the California Health Benefits Program and fund until July 1, 2022. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 302, Statutes of 2020.*

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. California Health Benefits Review Program

Chaptered

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 (Aguiar-Curry) Health care coverage: telehealth.

Requires health care contracts issued, amended, or renewed 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.*

SB 406 (Pan, et al) Health care: omnibus bill.

Codifies existing federal Patient and Protection Affordable Care Act law into state law that prohibits lifetime or annual limits in health care service plan and health insurance policies and requires coverage of preventative health services without cost sharing. Clarifies existing law to require the Department of Health Care Services (DHCS) to take action against an unlicensed facility that is disclosed as a recovery residence. Permits DHCS to refer a substantiated complaint against a recovery residence to other enforcement entities as appropriate under state or federal law, including the Department of Insurance, the Department of Managed Health Care, the Attorney General, and the U.S. Attorney General. Allows DHCS to obtain a criminal record clearance from the Department of Justice for the administrator, program director, and fiscal officer of a proposed adult day health center serving only California Program of All-Inclusive Care for the Elderly enrollees. Extends authorization for an electronic request and an electronic acknowledgment to January 1, 2022. Includes provisions to align changes that were made to the Food and Agricultural Code concerning the State Organic Program in the Health and Safety Code and rename it the California Organic Food and Farming Act. Extends the California Health Benefits Program and fund until July 1, 2022. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 302, Statutes of 2020.*

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 from this requirement 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.*

3. Children's Health

Chaptered

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 2276 (Reyes, et al) Medi-Cal: Blood lead screening tests.

Requires a contract between Department of Health Care Services (DHCS) and a Medi-Cal managed care (MCMC) plan to require the plan to identify, on a quarterly basis, every enrollee who is a child without a record of completing the blood lead screening tests required pursuant to state regulation, and to remind the contracting network health care provider responsible for performing the periodic health assessment of the child enrollee pursuant to state regulation of the requirement to perform required blood lead screening tests for that child, and the requirement to provide oral or written anticipatory guidance to a parent or guardian of the child, including at a minimum, the information that children may be harmed by exposure to lead. Requires DHCS to develop and implement procedures, and requires, as part of these procedures, DHCS to require a MCMC plan to maintain a record of all child enrollees six years of age or younger who have missed a required blood lead screening and identify the age at which the required blood lead screenings were missed, including which children are without any record of a completed blood lead screening at each age, and provide that record to DHCS annually and upon request for auditing and compliance purposes. Requires the MCMC plan, if the child enrollee, or the child enrollee's parent, guardian, or authorized representative refuses a required blood lead screening test, to ensure a statement of voluntary refusal is signed by the child enrollee, if an emancipated minor, or by the child enrollee's parent, guardian, or authorized representative, and is documented in the child enrollee's medical record. *Chapter 216, Statutes of 2020.*

ACR 101 (Lackey) Pediatric cancer.

Calls for increased research on the causes, cures, and early detection of pediatric cancer. *Resolution Chapter 2, Statutes of 2020.*

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 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 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 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 would have required $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.*

ACR 101 (Lackey) Pediatric cancer.

Calls for increased research on the causes, cures, and early detection of pediatric cancer. *Resolution Chapter 2, Statutes of 2020.*

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. *Vetoed.*

5. Covered California/California Health Benefote 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.*

AB 2118 (Kalra) Health care service plans and health insurers: reporting requirements.

Requires health plans and insurers to annually report to the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI), by October 1, 2021, for products in the individual and small group markets to include, for rates effective during the 12-month period ending January 1 of the following year, specified information, including premiums, cost sharing, benefits, enrollment, and trend factors. Requires DMHC and CDI, beginning in 2022, to annually present the information required by this bill at the large group rate public meeting or at any other public meeting, as appropriate. Delays, until January 1, 2023, the requirement for health plans and insurers to report specified information, including share of premium paid by enrollee; and, enrollment by benefit design, deductible, or share of premium. *Chapter 277, Statutes of 2020.*

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

Vetoed

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

Establishes the Community Paramedicine or Triage to Alternate Destination Act of 2020, which permits local emergency medical services agencies, with approval by the Emergency Medical Services Authority, to develop programs to provide community paramedic or triage to alternate destination services in one of the following specialties: 1) providing directly observed tuberculosis therapy; 2) providing case management services to frequent emergency medical services users; 3) providing hospice services to treat patients in their homes; and, 4) providing patients with transport to an alternate destination, which can either be an authorized mental health facility, or an authorized sobering center. Sunsets the provisions of this bill on January 1, 2024. *Chapter 138, Statutes of 2020.*

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.*

AB 2450 (Grayson) Air ambulance services.

Extends the sunset date of the Emergency Medical Air Transportation Act by an additional year and its $4 penalty assessment collected from every conviction for a violation of the Vehicle Code or local ordinance adopted pursuant to the Vehicle Code, other than a parking offense, to be used for purposes of the Emergency Medical Air Transportation and Children's Coverage Fund. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 52, Statutes of 2020.*

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

Vetoed

SB 305 (Hueso) Compassionate Access to Medical Cannabis Act or Ryan's Law. Would have required general acute care hospitals, skilled nursing facilities, special hospitals, congregate living health facilities, and hospice facilities to 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.*

AB 3336 (Carrillo) Third-party food delivery systems: food safety.
Revises the California Retail Food Code and requires ready-to-eat food delivered through a third-party food delivery platform to meet all of the following requirements: 1) the interior, sides, and top of the food holding area to be clean and capable of withstanding frequent cleaning; 2) to be protected from contamination; and, 3) the food to be maintained at holding temperature necessary to prevent spoilage. Defines a third-party food delivery platform to mean a business engaged in the service of online food ordering and delivery from a food facility to a consumer, except for grocery stores, as specified. *Chapter 105, Statutes of 2020.*

SB 406 (Pan, et al) Health care: omnibus bill.

Codifies existing federal Patient and Protection Affordable Care Act law into state law that prohibits lifetime or annual limits in health care service plan and health insurance policies and requires coverage of preventative health services without cost sharing. Clarifies existing law to require the Department of Health Care Services (DHCS) to take action against an unlicensed facility that is disclosed as a recovery residence. Permits DHCS to refer a substantiated complaint against a recovery residence to other enforcement entities as appropriate under state or federal law, including the Department of Insurance, the Department of Managed Health Care, the Attorney General, and the U.S. Attorney General. Allows DHCS to obtain a criminal record clearance from the Department of Justice for the administrator, program director, and fiscal officer of a proposed adult day health center serving only California Program of All-Inclusive Care for the Elderly enrollees. Extends authorization for an electronic request and an electronic acknowledgment to January 1, 2022. Includes provisions to align changes that were made to the Food and Agricultural Code concerning the State Organic Program in the Health and Safety Code and rename it the California Organic Food and Farming Act. Extends the California Health Benefits Program and fund until July 1, 2022. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 302, Statutes of 2020.*

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 for 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.*

AB 2037 (Wicks) Health facilities: obligations before changes in service.

Increases the period of time when a hospital is required to provide public notice of a proposed closure or elimination of a supplemental service, currently 90 days for the closure or downgrading of emergency services and 30 days for all other closures or eliminations of supplemental services, to 180 days prior to the elimination or downgrading of emergency services, 120 days prior to the closure of a hospital, and 90 days prior to the elimination of any other supplemental service. *Chapter 95, Statutes of 2020.*

AB 2644 (Wood) Skilled nursing facilities: deaths: reporting.
Requires, in the event of a declared emergency related to a communicable disease, a skilled nursing facility (SNF), as defined, to report each disease related death to the Department of Public Health (DPH) within 24 hours. Requires DPH to make the total number of disease related deaths reported, and the location at which they occurred, available on its internet website on a weekly basis. Requires DPH to disclose the information in a manner that protects patients' privacy. Authorizes DPH to require SNFs to report additional disease related information; requires SNFs to notify residents and their representatives and family members about cases of the disease; and, requires SNFs to have a full-time, dedicated Infection Preventionist. *Chapter 287, Statutes of 2020.*

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 required general acute care hospitals, skilled nursing facilities, special hospitals, congregate living health facilities, and hospice facilities to 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.*

SB 1207 (Jackson) Skilled nursing facilities: backup power system.

Would have required a skilled nursing (SNF) facility to have an alternative source of power to protect resident health and safety for no less than 96 hours during any type of power outage; requires the alternative source of power to comply with federal requirements for long-term care facilities; and, specifies that those requirements include maintaining a safe temperature for residents and staff. Would have clarified that, if fuel is to be delivered during an emergency, the SNF must ensure that the fuel will be available with no delays. *Vetoed.*

11. Health Disparities

Chaptered

AB 2218 (Santiago) Transgender Wellness and Equity Fund.

Establishes the Transgender Wellness and Equity Fund within the Office of Health Equity in the Department of Public Health, for the purpose of funding grants to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers. *Chapter 181, Statutes of 2020.*

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.

Would have codified a requirement that county mental health plans (MHPs) prepare a cultural competence plan, expanded the required elements to be included in the plan, including mental health disparities and at least eight statewide performance targets for disparities reduction, and required the plan to address MHPs' progress towards meeting the reduction targets or making year-over-year improvements. Would have required 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. Would have required the EQRO to ensure that the required annual technical report that it performs of each MHP included a report on statewide disparities reduction targets in its annual detailed technical report. *Vetoed.*

12. Health Information / HIPAA

Chaptered

AB 2520 (Chiu) Access to medical records.

Entitles an employee of a nonprofit legal services entity representing a patient, to a copy, at no charge, the relevant portion of the patient's records that are needed to support a claim regarding eligibility for specified public benefit programs. Requires a health care provider to provide an employee of a nonprofit legal services entity representing the patient a copy of the medical records at no charge under those conditions, and would include speech-language pathologists, audiologists, physician assistants, and nurse practitioners within the definition of a health care provider. Expands the definition of a public benefit program to include the discharge of a federal student loan based on total and permanent disability, Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, and a government-funded housing subsidy or tenant-based housing assistance program. Requires a health care provider to provide the records at no charge upon proof that the records are needed for a petition for nonimmigrant status under the Victims of Trafficking and Violence Protection Act (visa status for victims of certain crimes), or a self-petition for lawful permanent residency under the Violence Against Women Act. *Chapter 101, Statutes of 2020.*.

SB 932 (Wiener) Communicable diseases: data collection.

Requires any electronic tool used by local health officers (LHOs) for reporting cases of communicable diseases to the Department of Public Health, as currently required, to include the capacity to collect and report data relating to an individual's self-reported sexual orientation and gender identity. Requires a health care provider, that knows of or is in attendance on, a case or a suspected case of any diseases or conditions that are required to be reported to the LHO for the jurisdiction in which the patient resides, to report the patient's sexual orientation and gender identity, if known because the patient self-reports this information. Contains an urgency clause to make the provisions of this bill take effect immediately. *Chapter 183, Statutes of 2020.*

13. 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 issued, amended, or renewed 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 1124 (Maienschein) Health care service plans: regulations: exemptions.
Authorizes the Department of Managed Health Care, no later than May 1, 2021 and until January 1, 2028, to authorize two pilot programs that allow health care providers to undertake risk-bearing arrangements with a voluntary employees' beneficiary association, as defined under federal and state law with enrollment of greater than 100,000 lives, or a trust fund that is a welfare plan, and a multiemployer plan, as defined in federal law, with enrollment greater than 25,000 lives. *Chapter 266, Statutes of 2020.*

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.*

AB 2118 (Kalra) Health care service plans and health insurers: reporting requirements.

Requires health plans and insurers to annually report to the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI), by October 1, 2021, for products in the individual and small group markets to include, for rates effective during the 12-month period ending January 1 of the following year, specified information, including premiums, cost sharing, benefits, enrollment, and trend factors. Requires DMHC and CDI, beginning in 2022, to annually present the information required by this bill at the large group rate public meeting or at any other public meeting, as appropriate. Delays, until January 1, 2023, the requirement for health plans and insurers to report specified information, including share of premium paid by enrollee; and, enrollment by benefit design, deductible, or share of premium. *Chapter 277, Statutes of 2020.*

AB 2157 (Wood) Health care coverage: independent dispute resolution process.

Makes changes to existing law enacted under AB 72 (Bonta), Chapter 942, Statutes of 2016, that requires the Department of Managed Health Care (DMHC) and California Department of Insurance (CDI) to establish an independent dispute resolution process (IDRP) for claims and claim disputes related to covered services provided at a contracted health facility by a noncontracting individual health care professional. Requires the DMHC and the CDI to include confidential information as part of the AB 72 IDRP, and requires the IDRP organization to conduct a de novo review, and assign reviewers with relevant background and experience. *Chapter 278, Statutes of 2020.*

AB 3242 (Irwin) Mental health: involuntary commitment.

Authorizes an examination, assessment, or evaluation that is specified, required, or authorized by existing law as it relates to the involuntary commitment and treatment of individuals under the Lanterman-Petris-Short Act, to be conducted using telehealth. *Chapter 149, Statutes of 2020.*

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 406 (Pan, et al) Health care: omnibus bill.

Codifies existing federal Patient and Protection Affordable Care Act law into state law that prohibits lifetime or annual limits in health care service plan and health insurance policies and requires coverage of preventative health services without cost sharing. Clarifies existing law to require the Department of Health Care Services (DHCS) to take action against an unlicensed facility that is disclosed as a recovery residence. Permits DHCS to refer a substantiated complaint against a recovery residence to other enforcement entities as appropriate under state or federal law, including the Department of Insurance, the Department of Managed Health Care, the Attorney General, and the U.S. Attorney General. Allows DHCS to obtain a criminal record clearance from the Department of Justice for the administrator, program director, and fiscal officer of a proposed adult day health center serving only California Program of All-Inclusive Care for the Elderly enrollees. Extends authorization for an electronic request and an electronic acknowledgment to January 1, 2022. Includes provisions to align changes that were made to the Food and Agricultural Code concerning the State Organic Program in the Health and Safety Code and rename it the California Organic Food and Farming Act. Extends the California Health Benefits Program and fund until July 1, 2022. Contains an urgency clause to ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 302, Statutes of 2020.*

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.*

SB 855 (Wiener) Health coverage: mental health or substance use disorders.

Repeals California's mental health parity law and replaces it with a broader requirement on health plans and disability insurers to cover medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions; establishes new requirements for medically necessary care determinations and utilization review; and bans discretionary clauses in health plan contracts. *Chapter 151, Statutes of 2020.*

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.*

AB 2360 (Maienschein) Telehealth: mental health.

Would have required health plans and health insurers, by July 1, 2021, to provide access to a telehealth consultation program for children, pregnant individuals, and individuals up to one year postpartum as specified. Would have required health plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. Would have required health plans and health insurers to monitor data pertaining to the utilization of its telehealth consultation program to facilitate ongoing quality improvements to the program, as necessary. Would have exempted certain specialized health plans and health insurers from these provisions. *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.*

14. 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 1544 (Gipson, Gloria) Community Paramedicine or Triage to Alternate Destination Act.

Establishes the Community Paramedicine or Triage to Alternate Destination Act of 2020, which permits local emergency medical services agencies, with approval by the Emergency Medical Services Authority, to develop programs to provide community paramedic or triage to alternate destination services in one of the following specialties: 1) providing directly observed tuberculosis therapy; 2) providing case management services to frequent emergency medical services users; 3) providing hospice services to treat patients in their homes; and, 4) providing patients with transport to an alternate destination, which can either be an authorized mental health facility, or an authorized sobering center. Sunsets the provisions of this bill on January 1, 2024. *Chapter 138, Statutes of 2020.*

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.*

AB 2253 (Low) Professional licensure.

Specifies that the five-year maximum limit on licensure waivers for persons practicing as a mental health professional in governmental settings while obtaining supervised experience begins from the start of employment in a position that includes qualifying experience towards licensure. *Chapter 279, Statutes of 2020.*

AB 2273 (Bloom) Physicians and surgeons: foreign medical graduates: special faculty permits.

Authorizes an academic medical center to submit applications for Special Faculty Permits (SFP) from the Medical Board of California which authorizes a SFP holder, a visiting fellow, and a holder of a certificate of registration to practice medicine within the academic medical center and its affiliated facilities.

This bill was double referred to the Assembly Business and Professions and the Health Committee, it was not heard in Health Committee due to the shortened Legislative calendar brought on by the COVID-19 pandemic. *Chapter 280, Statutes of 2020.*

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.*

15. Labs /Clinical Labs

Vetoed

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

Would have repealed the cap on Medi-Cal reimbursement for clinical laboratory or laboratory services that prohibits reimbursement from exceeding 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. Would have deleted one of the caps on Medi-Cal laboratory or laboratory services reimbursement which prohibits reimbursement from exceeding 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. *Vetoed.*

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

17. 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 713 (Mullin) Early Psychosis Intervention Plus (EPI Plus) Program.

Establishes new exemptions from the California Consumer Privacy Act with regard to certain types of medical information, including medical information collected as part of regulated research activities, and for business associates of covered entities subject to the Health Insurance Portability and Accountability Act. *Chapter 172, Statutes of 2020.*

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

Establishes the Community Paramedicine or Triage to Alternate Destination Act of 2020, which permits local emergency medical services agencies, with approval by the Emergency Medical Services Authority, to develop programs to provide community paramedic or triage to alternate destination services in one of the following specialties: 1) providing directly observed tuberculosis therapy; 2) providing case management services to frequent emergency medical services users; 3) providing hospice services to treat patients in their homes; and, 4) providing patients with transport to an alternate destination, which can either be an authorized mental health facility, or an authorized sobering center. Sunsets the provisions of this bill on January 1, 2024. *Chapter 138, Statutes of 2020.*

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 1976 (Eggman) Mental health services: assisted outpatient treatment.

Requires a county (or group of counties authorized under this bill), effective July 1, 2021, to implement an Assisted Outpatient Treatment (AOT) Program under what is known as Laura's Law, or to opt out of this requirement by a resolution passed by the governing body or bodies of the county or counties that includes a statement as to the reasons for opting out and any facts or circumstances relied on in making that decision. Allows a county, in combination with one or more counties, to implement an AOT program. Authorizes a judge of a superior court, before whom the person who is the subject of an AOT petition appears, to request a county mental health department to file a petition to obtain an order authorizing AOT. Repeals the January 1, 2022, sunset date of Laura's Law and makes the law permanent. *Chapter 140, Statutes of 2020.*

AB 2112 (Ramos) Suicide prevention.

Authorizes the Department of Public Health (DPH) to establish the Office of Suicide Prevention (OSP) to, among other functions, provide information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and conduct and convene experts and stakeholders to encourage collaboration and coordination of resources for suicide prevention. Provides that if OSP is established, DPH may focus resources on groups with the highest risk, including youth and Native Americans. *Chapter 142, Statutes of 2020.*

AB 2265 (Quirk-Silva) Mental Health Services Act: use of funds for substance use disorder treatment.

Clarifies that Mental Health Services Act funds are permitted to be used to fund treatment for individuals with co-occurring mental health and substance use disorders (SUD). Requires counties to report information about the individuals treated pursuant to the provisions of this bill to the Department of Health Care Services, as specified. *Chapter 144, Statutes of 2020.*

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.*

SB 803 (Beall) Mental health services: peer support specialist certification.

Requires the Department of Health Care Services (DHCS) to seek any federal waivers it deems necessary to establish a Medi-Cal demonstration or pilot project for the provision of peer support services in counties that agree to participate and provide the nonfederal share of funding for a demonstration or pilot that include a certified peer support specialist as a Medi-Cal provider type. Authorizes, subject to DHCS approval, a county or an agency representing the county, to develop a peer supper specialist certification program in accordance with this bill. Establishes requirements for applicants for certification as a peer support specialist. *Chapter 150, Statutes of 2020.*

Vetoed

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

Would have codified a requirement that county mental health plans (MHPs) prepare a cultural competence plan, expanded the required elements to be included in the plan, including mental health disparities and at least eight statewide performance targets for disparities reduction, and required the plan to address MHPs' progress towards meeting the reduction targets or making year-over-year improvements. Would have required 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. Would have required the EQRO to ensure that the required annual technical report that it performs of each MHP included 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 the Department of Health Care Services (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 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.*

18. 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.*

19. 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 ensure the provisions of this bill go into immediate effect upon enactment. *Chapter 114, Statutes of 2019.*

SB 852 (Pan) Health care: prescription drugs.

Requires the California Health and Human Services Agency (CHHSA(to enter into partnerships, in consultation with other state departments as necessary, to increase competition, lower prices, and address shortages in the market for generic prescription drugs, to reduce the cost of prescription drugs for public and private purchasers, taxpayers, and consumers, and, to increase patient access to affordable drugs. Requires CHHSA to partner or contract to manufacture generic prescription drugs, as specified. *Chapter 207, Statutes of 2020.*

Vetoed

AB 2100 (Wood) Medi-Cal: pharmacy benefits.

Would have authorized the Department of Health Care Services (DHCS) to provide a disease management or similar payment to a pharmacy pursuant to a contract with DHCS for the costs and activities associated with dispensing specialty drugs in an amount necessary to ensure beneficiary access, as determined by DHCS based on the results of the survey completed during the 2020 calendar year. Would have required DHCS to provide a Medi-Cal beneficiary with the opportunity to seek an Independent Prescription Drug Medical Review for outpatient prescription drug denials, modifications or delays based on medical necessity, or if the drug is denied as being experimental or investigational, modeled on the current independent medical review process for licensed health plans. Would have required DHCS to provide continuity of prescription drug coverage if a beneficiary was taking a particular drug through a Medi-Cal managed care plan and that drug is no longer covered under the contract drug list in fee-for-service (FFS) Medi-Cal for a minimum of 180 days or until the drug is no longer prescribed, whichever is shorter. Would have required additional information on the Medi-Cal FFS pharmacy benefit on rebates, pharmacy participation, costs, and appeals to be included in the Medi-Cal Budget Estimate. *Vetoed.*

20. 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 the 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.*

AB 2077 (Ting) Hypodermic needles and syringes.
Extends until January 1, 2026, the following provisions of existing law: 1) allowing the retail sale or furnishing of a hypodermic needle or syringe to those 18 years of age or older without prescription; 2) requiring a pharmacy that furnishes nonprescription syringes to provide written informal or verbal counseling to consumers, as specified; and, 3) exempting from specified penalty provisions the possession of hypodermic needles or syringes for personal use. Repeals existing law prohibiting the sale of a hypodermic needle or syringe at retail except with a prescription. Deletes the penalty associated with obtaining a hypodermic needle or syringe without a prescription. *Chapter 274, Statutes of 2020.*

AB 2112 (Ramos) Suicide prevention.
Authorizes the Department of Public Health (DPH) to establish the Office of Suicide Prevention (OSP) to, among other functions, provide information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and conduct and convene experts and stakeholders to encourage collaboration and coordination of resources for suicide prevention. Provides that if OSP is established, DPH may focus resources on groups with the highest risk, including youth and Native Americans. *Chapter 142, Statutes of 2020.*

AB 2218 (Santiago) Transgender Wellness and Equity Fund.
Establishes the Transgender Wellness and Equity Fund within the Office of Health Equity in the Department of Public Health, for the purpose of funding grants to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers. *Chapter 181, Statutes of 2020.*

AB 2762 (Muratsuchi, Quirk, Wicks) Cosmetic products: safety.
Prohibits, beginning January 1, 2025, the manufacture, sale, delivery, holding, or offering for sale in commerce of any cosmetic product containing specified intentionally added ingredients. *Chapter 314, Statutes of 2020.*

AB 2821 (Nazarian) Richard Paul Hemann Parkinson's Disease Program.
Extends to January 1, 2022, the sunset date of the Richard Paul Hemann Parkinson's Disease Program which was established to require the Department of Public Health to collect data on the incidence of Parkinson's disease in California. *Chapter 103, Statutes of 2020.*

AB 3336 (Carrillo) Third-party food delivery systems: food safety.
Revises the California Retail Food Code and requires ready-to-eat food delivered through a third-party food delivery platform to meet all of the following requirements: 1) the interior, sides, and top of the food holding area to be clean and capable of withstanding frequent cleaning; 2) to be protected from contamination; and, 3) the food to be maintained at holding temperature necessary to prevent spoilage. Defines a third-party food delivery platform to mean a business engaged in the service of online food ordering and delivery from a food facility to a consumer, except for grocery stores, as specified. *Chapter 105, Statutes of 2020.*

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.*

SB 793 (Hill, et al) Flavored tobacco products.
Prohibits a tobacco retailer, or any of its agents or employees from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product or a tobacco product flavor enhancer. Exempts from this prohibition the sale of Hookah water pipes and flavored shisha tobacco products, pipe tobacco, and premium cigars. *Chapter 34, Statutes of 2020.*

SB 932 (Wiener) Communicable diseases: data collection.

Requires any electronic tool used by local health officers (LHOs) for reporting cases of communicable diseases to the Department of Public Health, as currently required, to include the capacity to collect and report data relating to an individual's self-reported sexual orientation and gender identity. Requires a health care provider, that knows of or is in attendance on, a case or a suspected case of any diseases or conditions that are required to be reported to the LHO for the jurisdiction in which the patient resides, to report the patient's sexual orientation and gender identity, if known because the patient self-reports this information. Contains an urgency clause to make the provisions of this bill take effect immediately. *Chapter 183, Statutes of 2020.*

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

Would have established water quality and safety standards for wave basins, as defined. *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.*

21. 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 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 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.*

AB 2276 (Reyes, et al) Medi-Cal: Blood lead screening tests.

Requires a contract between Department of Health Care Services (DHCS) and a Medi-Cal managed care (MCMC) plan to require the plan to identify, on a quarterly basis, every enrollee who is a child without a record of completing the blood lead screening tests required pursuant to state regulation, and to remind the contracting network health care provider responsible for performing the periodic health assessment of the child enrollee pursuant to state regulation of the requirement to perform required blood lead screening tests for that child, and the requirement to provide oral or written anticipatory guidance to a parent or guardian of the child, including at a minimum, the information that children may be harmed by exposure to lead. Requires DHCS to develop and implement procedures, and requires, as part of these procedures, DHCS to require a MCMC plan to maintain a record of all child enrollees six years of age or younger who have missed a required blood lead screening and identify the age at which the required blood lead screenings were missed, including which children are without any record of a completed blood lead screening at each age, and provide that record to DHCS annually and upon request for auditing and compliance purposes. Requires the MCMC plan, if the child enrollee, or the child enrollee's parent, guardian, or authorized representative refuses a required blood lead screening test, to ensure a statement of voluntary refusal is signed by the child enrollee, if an emancipated minor, or by the child enrollee's parent, guardian, or authorized representative, and is documented in the child enrollee's medical record. *Chapter 216, Statutes of 2020.*

AB 2450 (Grayson) Air ambulance services.

Extends the sunset date of the Emergency Medical Air Transportation Act by an additional year and its $4 penalty assessment collected from every conviction for a violation of the Vehicle Code or local ordinance adopted pursuant to the Vehicle Code, other than a parking offense, to be used for purposes of the Emergency Medical Air Transportation and Children's Coverage Fund. Urgency statute. *Chapter 52, Statutes of 2020.*

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

Requires the Department of Health Care Services to provide services consistent with the federal Money Follows the Person Rebalancing Demonstration Program (MFP Program) for transitioning eligible individuals out of an inpatient facility who do not meet the federal MFP Program requirement of having resided for at least 90 consecutive days in an inpatient facility. Sunsets the provisions of this bill January 1, 2025. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. *Chapter 300, Statutes of 2020.*

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.*

SB 803 (Beall) Mental health services: peer support specialist certification.

Requires the Department of Health Care Services (DHCS) to seek any federal waivers it deems necessary to establish a Medi-Cal demonstration or pilot project for the provision of peer support services in counties that agree to participate and provide the nonfederal share of funding for a demonstration or pilot that include a certified peer support specialist as a Medi-Cal provider type. Authorizes, subject to DHCS approval, a county or an agency representing the county, to develop a peer supper specialist certification program in accordance with this bill. Establishes requirements for applicants for certification as a peer support specialist. *Chapter 150, Statutes of 2020.*

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.

Would have codified a requirement that county mental health plans (MHPs) prepare a cultural competence plan, expanded the required elements to be included in the plan, including mental health disparities and at least eight statewide performance targets for disparities reduction, and required the plan to address MHPs' progress towards meeting the reduction targets or making year-over-year improvements. Would have required 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. Would have required the EQRO to ensure that the required annual technical report that it performs of each MHP included 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 the Department of Health Care Services (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 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.*

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

Would have repealed the cap on Medi-Cal reimbursement for clinical laboratory or laboratory services that prohibits reimbursement from exceeding 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. Would have deleted one of the caps on Medi-Cal laboratory or laboratory services reimbursement which prohibits reimbursement from exceeding 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services. *Vetoed.*

AB 2100 (Wood) Medi-Cal: pharmacy benefits.

Would have authorized the Department of Health Care Services (DHCS) to provide a disease management or similar payment to a pharmacy pursuant to a contract with DHCS for the costs and activities associated with dispensing specialty drugs in an amount necessary to ensure beneficiary access, as determined by DHCS based on the results of the survey completed during the 2020 calendar year. Would have required DHCS to provide a Medi-Cal beneficiary with the opportunity to seek an Independent Prescription Drug Medical Review for outpatient prescription drug denials, modifications or delays based on medical necessity, or if the drug is denied as being experimental or investigational, modeled on the current independent medical review process for licensed health plans. Would have required DHCS to provide continuity of prescription drug coverage if a beneficiary was taking a particular drug through a Medi-Cal managed care plan and that drug is no longer covered under the contract drug list in fee-for-service (FFS) Medi-Cal for a minimum of 180 days or until the drug is no longer prescribed, whichever is shorter. Would have required additional information on the Medi-Cal FFS pharmacy benefit on rebates, pharmacy participation, costs, and appeals to be included in the Medi-Cal Budget Estimate. *Vetoed.*

AB 2164 (Robert Rivas, Salas) Telehealth.

Would have required a "visit" for purposes of reimbursement by Medi-Cal to a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) to include a visit by an FQHC/RHC patient and a health care provider using telehealth through synchronous interaction (face to face over video) or asynchronous store and forward (the sending of images such as x-rays to a health care provider). Would have authorized FQHCs and RHCs to establish a patient, located within the federal designated service area of the FQHC and RHC, through synchronous interaction or asynchronous store and forward as of the date of service, but requires the use of a licensed health care provider who is employed by the FQHC or RHC and who is physically present with the patient to establish a patient through asynchronous store and forward. Would have permitted the Department of Health Care Services to implement, interpret, and make specific the Medi-Cal telehealth provisions of this bill by means of all-county letters, provider bulletins, and similar instructions, and requires the adoption of regulations by July 1, 2022. Would have sunset this bill 180 days after the state of emergency for the COVID-19 pandemic has been terminated by proclamation of the Governor or by concurrent resolution of the Legislature. *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.*

22. 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.*

23. 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.*

AB 2644 (Wood) Skilled nursing facilities: deaths: reporting.

Requires, in the event of a declared emergency related to a communicable disease, a skilled nursing facility (SNF), as defined, to report each disease related death to the Department of Public Health (DPH) within 24 hours. Requires DPH to make the total number of disease related deaths reported, and the location at which they occurred, available on its internet website on a weekly basis. Requires DPH to disclose the information in a manner that protects patients' privacy. Authorizes DPH to require SNFs to report additional disease related information; requires SNFs to notify residents and their representatives and family members about cases of the disease; and, requires SNFs to have a full-time, dedicated Infection Preventionist. *Chapter 287, Statutes of 2020.*

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

Requires the Department of Health Care Services to provide services consistent with the federal Money Follows the Person Rebalancing Demonstration Program (MFP Program) for transitioning eligible individuals out of an inpatient facility who do not meet the federal MFP Program requirement of having resided for at least 90 consecutive days in an inpatient facility. Sunsets the provisions of this bill January 1, 2025. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. *Chapter 300, Statutes of 2020.*

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.*

24. 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 793 (Hill, et al) Flavored tobacco products.

Prohibits a tobacco retailer, or any of its agents or employees from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product or a tobacco product flavor enhancer. Exempts from this prohibition the sale of Hookah water pipes and flavored shisha tobacco products, pipe tobacco, and premium cigars. *Chapter 34, Statutes of 2020.*

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.*

25. 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.*

Vetoed

SB 741 (Galgiani) Change of gender and sex identifier.

Would have provided processes for petitioners changing their names and/or genders to update their marriage certificates and the birth certificates of their children within the framework under existing law for petitioners to update their own birth certificates. *Vetoed.*

26. 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.*

Vetoed

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

Would have established water quality and safety standards for wave basins, as defined. *Vetoed.*

Appendix: Bills not sent to the Governor

1. Alcohol/Drug Programs

AB 224 (Brough) Alcohol and drug programs: discharge plans.

Would have required programs licensed or certified by the Department of Health Care Services (DHCS) to have a written patient discharge plan policy that includes a process for identifying appropriate post-treatment housing for patients, and would have required that a copy of that policy be submitted to DHCS upon initial licensure or certification and upon renewal of licensure or certification.

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

Would have required 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.

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

Would have authorized 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.

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

Woud have imposed 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 a person who is an owner, partner, officer, or director, or shareholder who holds an interest of at least 10% in a alcoholism or drug abuse recovery or treatment facility (RTF); a person employed by or working for an RTF, including but not limited to registered and certified counselors and licensed professionals providing counseling services; an owner, partner, officer or director or shareholder who holds an interest of at least 10% in an alcohol or other drug (AOD) program certified by the Department of Health Care Services (DHCS); and, a person employed by or working for an AOD program certified by DHCS including but not limited to registered and certified counselors and licensed professionals providing counseling services 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. Would have provided 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.

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

Would have required 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.

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

Would have required persons hired on or after January 1, 2020, who have frequent contact with clients of an alcoholism or drug abuse recovery or treatment facility, to be subject to a criminal record review prior to providing services.

AB 940 (Melendez) Recovery residences.

Would have expanded the list of entities and individuals who are prohibited from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery and treatment services to include a recovery residence (RR), as defined in existing law, and an owner, partner, officer, director or shareholder of an RR. Would have authorized the Department of Health Care Services to assess a penalty upon a RR or an owner, partner, officer, director or shareholder of a RR of not more than $10,000 for each violation of the prohibition.

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

Would have permitted 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.

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

Would have required the Department of Health Care Services, contingent upon an appropriation, 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.

AB 1779 (Daly) Recovery residences.

Would have required 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.

AB 2230 (Berman) Tobacco assessment.

Would have required alcoholism or substance use disorder recovery or treatment facilities and alcohol or other drug programs licensed or certified by the Department of Health Care Services to assess each client or patient for tobacco use at the time of the initial intake and to comply with specified requirements. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2266 (Quirk-Silva) Mental Health Services Act: use of funds for substance use disorder treatment.

Would have required the Department of Health Care Services to establish a pilot program in up to 10 counties, as specified, authorizing funding from the Mental Health Services Act (MHSA) to be used by participating counties to treat a person with cooccurring mental health and substance use disorders (SUD) when the person would be eligible for treatment of the mental health disorder pursuant to the MHSA. Would have also authorized participating counties to use MHSA funds to assess whether a person has cooccurring mental health and SUD and to treat a person who is preliminarily assessed to have cooccurring mental health and SUD, even when the person is later determined not to be eligible for services provided with MHSA funds. Would have required a person being treated for cooccurring mental health and SUD who is determined to not need the mental health services to be, as quickly as possible, referred to SUD treatment services.

AB 2351 (Waldron) Drug courts: mental health and addiction services.

Would have provided that until January 1, 2025, a court could collaborate with outside organizations on a program to offer mental health and addiction treatment services, as defined, to women who are charged only with misdemeanor offenses or who are on probation for one or more misdemeanor offenses. Prohibited women who are charged with a felony or who are under supervision for a felony conviction from participating. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2876 (Waldron) Narcotic treatment: medication-assisted treatment.

Would have required the Department of Health Care Services to report to the Legislature on or before January 10, 2022, specified information regarding the California Medication Assisted Treatment Program Expansion Project, including among other provisions, the number of patients, by county, treated through the program. Would have repealed this reporting requirement on January 1, 2024. This bill was amended in the Senate to establish an emergency preparedness task force within the Department of Corrections and Rehabilitation and to require the task force to evaluate the preparedness of the correctional system with a report to the Legislature, Governor's Office and the Department of Finance.

AB 3129 (Brough) Certified or licensed substance use disorder facilities and programs: maximum penalty.

Would have required the Department of Health Care Services, upon finding that a specified person, program or entity had willfully violated the prohibition of giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery services, to impose a fine of not more than $10,000 for the first violation and not more than $50,000 for each subsequent violation. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 12 (Beall) Mental health services: youth.

Would have established 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. Would have required 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.

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

Would have required 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. Would have required 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.

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

Would have required the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of 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.

2. California Health Benefits Review Program

AB 598 (Bloom) Hearing aids: minors.

Would have required 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. Would have limited the maximum coverage amount to $3,000 per individual hearing aid.

AB 767 (Grayson, et al) Health care coverage: infertility.

Would have required Covered California, in consultation with stakeholders, to develop options for the inclusion of in vitro fertilization coverage as part of, or as supplementary to, coverage currently offered through Covered California, and report the options to the Legislature on or before July 1, 2020. This bill was subsequently amended to deal with victim compensation.

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

Would have required 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.

AB 1611 (Chiu) Emergency hospital services: costs.

Would have prohited 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. Would have required 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.

AB 1676 (Maienschein) Health care: mental health.

Would have required health plans and 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 during standard provider hours, which may include evenings and weekends.

AB 1904 (Boerner Horvath) Pelvic floor physical therapy coverage.

Would have required a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for pelvic floor physical therapy after pregnancy.

AB 1986 (Gipson) Health care coverage: colorectal cancer: screening and testing.
Would have required a health care service plan contract or a health insurance policy, except as specified, issued, amended, or renewed on or after January 1, 2021, to provide coverage for colorectal cancer screening examinations and laboratory tests, as specified. Would have required the coverage to include additional colorectal cancer screening examinations as listed by the United States Preventive Services Task Force as a recommended screening strategy and at least at the frequency established pursuant to regulations issued by the federal Centers for Medicare and Medicaid Services for the Medicare program if the individual is at high risk for colorectal cancer. Would have prohibited a health care service plan contract or a health insurance policy from imposing cost sharing on an individual who is between 50 and 75 years of age for colonoscopies conducted for specified purposes. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2144 (Arambula) Health care coverage: step therapy.
Would have clarified that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. Would have required a health care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. Would have authorized an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. Would have required a health care service plan, health insurer, or utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate.

AB 2203 (Nazarian) Insulin cost-sharing cap.
Would have established a copayment cap for insulin and prohibited a health plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2021, from imposing cost sharing on a covered insulin prescription, except for a copayment not to exceed $50 per 30-day supply of insulin, and no more than $100 total per month, regardless of the amount or type of insulin. Would have authorized the Attorney General to investigate pricing of prescription insulin drugs made available to California consumers, considering the role of each entity in the entire supply chain, to ensure adequate consumer protections in pricing of prescription insulin drugs and determine whether additional consumer protections are needed, as specified. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2204 (Arambula) Health care coverage: sexually transmitted diseases.
Would have required a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for sexually transmitted disease testing and treatment at a contracting or noncontracting health facility at the same cost-sharing rate an enrollee or insured would pay for the same services received from a contracting health facility. Would have required a plan or insurer to reimburse a noncontracting health facility providing sexually transmitted disease testing and treatment at the same rate at which it reimburses a contracting health facility for those covered services.

AB 2242 (Levine) Mental health services.
Would have required a health care service plan or a health insurance policy issued, amended, or renewed on or after January 1, 2021, that includes coverage for mental health services to, among other provisions, approve the provision of mental health services for persons who are detained for 72-hour treatment and evaluation under the Lanterman-Petris-Short Act and to schedule an initial outpatient appointment for that person with a licensed mental health professional on a date that is within 48 hours of the person's release from detention. Would have prohibited a noncontracting provider of covered mental health services from billing the previously described enrollee or insured more than the cost-sharing amount the enrollee or insured would pay to a contracting provider for those services.

AB 2258 (Reyes, Bonta, Limón, McCarty) Doula care: Medi-Cal pilot program.
Would have required the Department of Health Care Services (DHCS), commencing July 1, 2021, to establish a full-spectrum doula care pilot program to operate for three years for all pregnant and postpartum Medi-Cal beneficiaries residing in 14 counties that are communities that experience the highest burden of birth disparities. Would have entitled any Medi-Cal beneficiary who is pregnant as of July 1, 2021, and residing in a pilot program county to "full-spectrum doula care." Would have required DHCS to convene a doula advisory board to decide on a list of core competencies required for doulas who are authorized by DHCS to be reimbursed under the Medi-Cal program. Would have sunset the provisions of this bill on January 1, 2026. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2625 (Boerner Horvath) Emergency ground medical transportation.
Would have required a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2021, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would have required the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2640 (Gonzalez) Health care coverage: genetic biomarker testing.
Would have prohibited an individual or group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2021, from requiring prior authorization for genetic biomarker testing for an enrollee or insured with metastatic or advanced stage 3 or 4 cancer. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2781 (Wicks) Health care coverage: treatment for infertility.

Would have required every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2021, to provide coverage for the treatment of infertility. Would have revised the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. Would have deleted the exemption for religiously affiliated employers, health care service plans, and health insurance policies, from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

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

Would have required 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.

3. Children's Health

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

Would have required, 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. Would have required, 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. Would have required counties to provide Mental Health Services Act funding to educational entities for purposes of this bill.

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

Would have required 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. Would have required, 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. Would have required 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.

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

Would have required 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. Would have required 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.

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

Would have required 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. Would have required the standard forms to include forms for the intake of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. Would have permitted DHCS and the stakeholder workgroup to develop and maintain a list of DHCS-approved nonstandard forms. Would have required MHPs, no later than July 1, 2021, to commence using the standard forms. Would have prohibited 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.

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

Would have required 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. Would have specified the membership of the Action Team, and would have required 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. Would have required, 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. Would have required 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.

AB 977 (Mark Stone) Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment.

Would have required the Department of Health Care Services (DHCS) for purposes of ensuring that children enrolled in the Medi-Cal program receive timely access to Early and Periodic Screening, Diagnosis, and Treatment services for which they are eligible, to conduct a review of the California State Auditor’s Report 2018-111, entitled “Children in Medi-Cal: Access to Care and Preventative Services.” Would have required DHCS, upon completion of the review, to develop a report on its findings and response, publish the report, and solicit comments from the public concerning the report.

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

Would have permitted 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. Would have required 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. Would have required the LEA, to receive FFP, to pay the nonfederal share of EPSDT expenditures and to certify its public expenditures for EPSDT services to DHCS.

AB 2277 (Salas, Cristina Garcia, Quirk, Reyes) Medi-Cal: Blood lead screening tests.

Would have required, if a Medi-Cal managed care (MCMC) plan enrollee who is a child misses a required blood lead screening test at 12 and 24 months of age, the MCMC plan to notify the parent, parents, guardian, or other person charged with the support and maintenance of that child about those missed blood lead screening tests. Would have required a contract between the Department of Health Care Services and a MCMC plan to identify, on a monthly basis, every enrollee who is a child without any record of completing required blood lead screening tests at 12 and 24 months of age, and to remind the contracting health care provider who is responsible for performing a periodic health assessment of a child pursuant to existing state regulation of the need to perform required blood lead screening tests.

AB 2278 (Quirk, Cristina Garcia, Grayson, Reyes, Salas) Lead screening.

Would have required an analyzing laboratory that performs a blood lead analysis to also report to the California Department of Public Health (DPH) the person's telephone number in addition to the person's address and ZIP code if the analyzing laboratory has that information, and the Medi-Cal identification number and medical plan identification number, if available. Would have required the existing "within 30 calendar day" timeframe for an analyzing laboratory to report to DPH a blood lead test of less than 10 micrograms per deciliter to begin from the date of the analysis. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2279 (Cristina Garcia, Quirk, Reyes, Salas) Childhood lead poisoning prevention.

Would have added several additional risk factors required to be considered as part of the standard of care for a lead poisoning evaluation of children required to be established by the California Department of Public Health (DPH) in regulation, such as a child's residency in or visit to a foreign country, their residency in a high-risk ZIP Code, a child's proximity to current or former lead-producing facilities. Would have required DPH to develop, by January 1, 2021, the regulations on the additional risk factors, in consultation with the specified individuals in existing law. Would have required DPH to update its formula for allocating funds to any local agency that contracts with DPH to administer the Childhood Lead Poisoning Prevention Program, and to revise funding allocations before each contract cycle. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2418 (Patterson) Perinatal hospice.

Would have required the Department of Public Health to develop and regularly update a list of perinatal hospice providers and programs, to post the list on its internet website, and to make the list available to all hospitals with a perinatal unit. Would have required a hospital that has a perinatal unit to inform a patient who receives a fatal fetal diagnosis about options relating to perinatal hospice. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2422 (Grayson) Lead testing.

Would have added to the information that a laboratory is required to provide to the California Department of Public Health (DPH) the Medi-Cal identification number, or other equivalent medical identification number of the person tested. Would have required, if the person tested is a minor, that the laboratory include the person's contact information and a unique identifier, in a form to be determined by DPH, as specified. Would have required DPH to develop and maintain on its internet website a public registry of lead-contaminated locations reported to DPH pursuant to the provisions relating to lead hazards in buildings, and would have required DPH to ensure that personally identifiable information, including medical information, is not disclosed or ascertainable from the information available on the registry.

AB 2464 (Aguiar-Curry) Project ECHO (registered trademark) Grant Program.

Would have required the California Health and Human Services Agency to establish, develop, implement, and administer the Project ECHO (registered trademark) Grant Program (grant program), upon appropriation by the Legislature. Required, under the grant program, primary care clinicians, other health care clinicians, and educators to meet the health care needs of children and adolescents stemming from the coronavirus pandemic at a teleECHO (trademark) clinic.

AB 2668 (Quirk-Silva, Weber) Integrated School-Based Behavioral Health Partnership Program.

Would have authorized local educational agencies and county behavioral health agencies to enter into partnerships to provide school-based behavioral health and substance abuse disorder services on school sites; and authorizes the partnership to bill private insurance providers under specified conditions. Established requirements for provision of services and reimbursement for privately insured students. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2692 (Cooper) Medi-Cal: lactation support.

Would have expanded the obligation of the Department of Health Care Services to streamline and simplify Medi-Cal program procedures to improve access to lactation supports for Medi-Cal beneficiaries by including lactation specialists within lactation supports. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2729 (Bauer-Kahan) Medi-Cal: presumptive eligibility.

Would have required the Department of Health Care Services to seek federal approval to provide full scope Medi-Cal benefits to: 1) all pregnant people and infants with family incomes not in excess of 208% of the federal poverty level ; and, 2) do so during the Medi-Cal presumptive eligibility period. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 1073 (Lena Gonzalez) Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children.

Would have required the Department of Health Care Services (DHCS) to designate the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) and its local WIC agencies as Express Lane agencies, and to use WIC Program eligibility determinations to meet Medi-Cal program eligibility requirements, including financial eligibility and state residence. Would have required DHCS, in collaboration with specified entities, such as program offices for the WIC Program and local WIC agencies, to complete various tasks, including receiving eligibility findings and information from WIC records on WIC recipients to process their Medi-Cal program expedited eligibility determination. Would have required DHCS to eliminate procedural burdens imposed on Medi-Cal program applicants by implementing specified policies, such as providing presumptive eligibility and WIC-based verification of Medi-Cal program eligibility for the WIC Program. Would have required DHCS to conduct a feasibility study to assess and design electronic express lane eligibility systems pathways between the Medi-Cal program and the WIC Program, and to maximize federal Medicaid funding for systems modifications, and conditions the implementation of these provisions on DHCS obtaining federal approval. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate*

4. Chronic Health / Cancer

AB 138 (Bloom) California Community Health Fund.

Would have imposed a fee on every distributor for distributing bottled sugary drinks and concentrate at a rate of $0.02 per fluid ounce. Would have established a mechanism for calculating the fees to be administered by the California Department of Tax and Fee Administration; would have established the California Community Health Fund to consist of fees or penalties collected; and, would have allocated 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.

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

Would have prohibited 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.

AB 765 (Wicks) Health Checkout Aisles for Healthy Families Act.

Would have established the California Healthy Checkout Aisles for Healthy Families Act, which would have prohibited stores from making available sugar sweetened beverages in the checkout area.

AB 766 (Chiu) Unsealed beverage container portion cap.

Would have prohibited a retailer from selling an unsealed beverage container that is over 16 fluid ounces, except for a container for water.

AB 1105 (Gipson) Sickle cell disease.

Would have appropriated funds for the development of a three-year sickle cell disease center pilot program. Contained an urgency clause to make the provisions of this bill effective immediately upon enactment.

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

Would have required comprehensive medication management (CMM) services to be covered under the Medi-Cal program. Would have defined 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. Would have required the Department of Health Care Services to establish Medi-Cal reimbursement rates and rate billing codes for CMM services provided by a licensed pharmacist.

AB 2735 (Bonta) Genetically Handicapped Persons Program.

Would have added mucopolysaccharidosis, a group of metabolic disorders, to the list of medical conditions eligible for coverage under the Holden-Moscone-Garamendi Genetically Handicapped Persons Program. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 162 (Galgiani) Pulmonary hypertension task force.

Would have required the Department of Public Health to establish a pulmonary hypertension task force to disseminate the latest information and research relating to pulmonary hypertension, including pediatric pulmonary hypertension.

SB 347 (Monning) Sugar-sweetened beverages: safety warnings.

Would have established the Sugar-Sweetened Beverages Safety Warning Act to require sugar-sweetened beverages, as specified, to include a specified safety warning.

SB 452 (Jones) Ken Maddy California Cancer Registry.

Would have required 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.

SB 650 (Rubio) Cancer Medication Advisory Committee.

Would have established 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.

5. Covered California/Health Benefit Exchange

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

Would have required the California Health Benefit Exchange, also known as Covered California, 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. This bill was subsequently amended to deal with planning and zoning.

AB 2347 (Wood) Health care coverage: financial assistance.

Would have revised the existing financial assistance administered by California's Health Benefit Exchange (Covered California) to authorize Covered California to provide specified assistance contingent upon an appropriation by the Legislature.

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

Would have required 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. Would have required the reports to contain specified information, including, among other provisions, 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.

6. Denti-Cal / Oral Health

AB 316 (Ramos) Medi-Cal: benefits: beneficiaries with special dental care needs.
Would have required 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.

AB 2146 (Chiu) Public University Dental School Intergovernmental Transfer Program.
Would have required the Department of Health Care Services (DHCS) to establish, implement, and maintain the Public University Dental School Intergovernmental Transfer (IGT) Program within the Denti-Cal program. Would have required DHCS to authorize public university dental schools to utilize IGTs to support the training and dental care that these schools provide to California's most vulnerable residents who are served by Denti-Cal. Would have permitted the nonfederal share of the funding to be provided through voluntary IGTs from affected public entities. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2535 (Mathis, Lackey) Denti-Cal provider pilot program.
Would have required the Department of Health Care Services, upon appropriation by the Legislature, to establish and administer a five-year pilot program to educate and train Denti-Cal providers on how to effectively serve Medi-Cal beneficiaries with intellectual or developmental disabilities who are also regional center consumers. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

7. Emergency Medical Services

AB 1231 (Boerner Horvath) Emergency services.

Would have required response time requirements in any contract for ground emergency medical transportation entered into, amended, or renewed, by a state or local entity on and after January 1, 2020, to be consistent with performance standards established by the International Academies of Emergency Dispatch.

AB 1611 (Chiu) Emergency hospital services: costs.

Would have prohibited 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. Would have required 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.

AB 2836 (Chen) Medi-Cal: emergency medical transportation services.

Would have revised various provisions of the Medi-Cal Emergency Medical Transportation Reimbursement Act, including requiring the Department of Health Care Services to calculate and publish the quality assurance fee rate within specified timeframes. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3115 (Rodriguez) Emergency medical services providers: reporting.

Would have required a private emergency medical services (EMS) provider that contracts with a Local Emergency Medical Services Authority (LEMSA) to provide EMS in an exclusive operating area to annually provide the LEMSA with specified information relating to the working conditions of emergency medical technicians and paramedics employed by the provider, including, but not limited to, wages, hours, and benefits. Would have required the LEMSA to maintain a database in which that data, and other specified information, would be collected. Required the Emergency Medical Services Authority to collect from each LEMSA the data that each LEMSA receives from the providers. Would have exempted providers that employ fewer than 20 ambulances. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

8. End-of-Life

AB 2418 (Patterson) Perinatal hospice.

Would have required the Department of Public Health to develop and regularly update a list of perinatal hospice providers and programs, to post the list on its internet website, and to make the list available to all hospitals with a perinatal unit. Would have required a hospital that has a perinatal unit to inform a patient who receives a fatal fetal diagnosis about options relating to perinatal hospice. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 1216 (Hueso) Compassionate Access to Medical Cannabis Act or Ryan's Law.

Would have prohibited specified types of health care facilities from prohibiting or interfering with a terminally ill patient's use of medicinal cannabis within the health care facility, subject to certain restrictions. Would have required a patient to provide the health care facility with a copy of their medical marijuana card or written documentation that the use of medicinal cannabis is recommended by a physician. Would have authorized a health care facility to reasonably restrict the manner in which a patient stores and uses medicinal cannabis to ensure the safety of other patients, guests, and employees of the health care facility, compliance with other state laws, and the safe operations of the health care facility. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

9. Food Safety / Nutrition

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

Would have established a regulatory framework for industrial hemp products, as defined, in food, beverage, or cosmetic products.

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

Would have required 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.

AB 1360 (Ting) Third-party food delivery.

Would have established requirements for food delivery platforms that deliver food to consumers.

AB 2074 (Aguiar-Curry, Mathis) Agriculture: olive oil: labeling.

Would have made it unlawful to make any representation that an olive oil is produced entirely from olives grown within California unless the representation is true, as specified. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2827 (Aguiar-Curry) Food, beverage, and cosmetic adulterants: industrial hemp products.

Would have specified that food or beverage is not adulterated by the inclusion of industrial hemp products, including cannabidiol derived from industrial hemp, and would have prohibited restrictions on the sale of food or beverages that include industrial hemp products or cannabidiol derived from industrial hemp based solely on the inclusion of industrial hemp products or cannabidiol derived from industrial hemp. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3042 (Limón) Dietary supplements for weight loss and over-the-counter diet pills.

Would have prohibited retail establishments, commencing July 1, 2021, from selling dietary supplements for weight loss and over-the-counter diet pills, as defined, to any person under 18 years of age. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

10. Health Care Facilities

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

Would have required 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.

AB 601 (Bigelow) Health facilities: operations.

Would have made changes to various requirements in existing law and regulation relating to hospitals intended to modernize policies related to: 1) posting of licenses in clinical laboratories; 2) reporting and posting language assistance policies; and, 3) reporting specified information to both the Department of Public Health and the Office of Statewide Health Planning and Development.

AB 844 (Irwin) Health facilities: mandated hospital services and activities.

Would have established an independent, nonpartisan body to advise the Governor and Legislature on the financial impact of proposed mandated hospital services and activities. Would have required the body to prepare an analysis estimating the costs of the proposed legislation and analyzing specified information, including the results of research demonstrating the efficacy of the proposed mandated service or activity compared to alternatives, to provide that analysis to the appropriate policy and fiscal committees not later than 60 days after receiving the request, and to post that analysis on the internet.

AB 1448 (Gray) Dialysis Patient Quality of Care Assurance Act of 2019.

Would have enacted the Dialysis Patient Quality of Care Assurance Act of 2019, which would have required the Department of Public Health to inspect each licensed chronic dialysis clinic that receives a one- or two-star quality rating by the federal Centers for Medicare and Medicaid Services at least once per calendar year, until the clinic attains at least a three-star rating.

AB 1495 (O'Donnell) Hospitals: seismic safety.

Would have specified that if a hospital submitted a seismic compliance plan based on a removal plan, but also submitted a timely seismic compliance plan or plans based on one or more of the other methods of seismic compliance, the extension may be granted for the seismic compliance plan or plans based on the methods other than the removal plan.

AB 1611 (Chiu) Emergency hospital services: costs.

Would have prohibited 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. Would have required 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.

AB 1656 (Gallagher) Treatment of addicts: narcotic drugs.
Would have clarified that a physician or authorized hospital staff may administer or dispense narcotic drugs in a hospital to maintain or detoxify a person incidental to medical or surgical treatment of conditions other than addiction, or to treat persons with intractable pain for which relief or cure is not possible or has not been found after reasonable efforts.

AB 1709 (Jones-Sawyer) Nursing homes: staff.
Would have required 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.

AB 1780 (Carrillo) Special hospitals.
Would have expanded 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. Would have required 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.

AB 2036 (Muratsuchi) Nonprofit public benefit corporations: sale of assets: health facilities.
Would have required, if the Attorney General (AG) imposes a condition on its consent to an agreement or transaction related to a nonprofit health facility (or a facility that operates or controls a facility that provides similar health care), that condition is to remain in effect for the entire period of time specified by the AG, regardless of whether the health facility is subject to an additional or subsequent sale, transfer, purchase, lease, exchange, option, conveyance, or other disposition of assets. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2245 (Kalra) Long-term health facilities.
Would have changed the standard for Department of Public Health when issuing penalties against long term care (LTC) facilities for violations that result in the death of a resident from "direct proximate cause" to "substantial factor" and the death was a result of the violation. Would have increased the amount of civil penalties assessed against LTC facilities. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2292 (Nazarian) California Health Facilities Financing Authority Act.
Would have authorized the California Health Facilities Financing Authority (Authority), until January, 1, 2026, to make a loan to a for-profit skilled nursing facility, if at least 70% of its patients at any given time are Medi-Cal beneficiaries, to fund emergency preparedness improvements of the skilled nursing facility's buildings. Would have required the Authority to make data available to the Legislature regarding the number of loans granted, projects completed, and other benefits provided to patients pursuant to this temporary authorization. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2432 (Maienschein) Disposition of human body parts by hospitals.
Would have required a surgical clinic, or general acute care hospital, to develop and implement a written policy and procedure designed to identify if a patient has a religious observation that requires the retention of a patient's limb, as defined, that has been amputated, and to implement the patient's wishes in that regard. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2449 (Berman) Health facility training and protocols: sepsis prevention.
Would have required the Department of Public Health (DPH) to establish a Sepsis Advisory Committee to provide recommendations of best practices for evidence-based sepsis prevention, training, and treatment guidelines for licensed health care facilities and health care professionals. Would have required DPH to establish and maintain a public web-based clearinghouse for information related to sepsis. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2786 (Nazarian) Hospital emergency departments: HIV testing.
Would have required the Department of Public Health to develop protocols for hospital emergency departments (EDs) to implement a human immunodeficiency virus (HIV) program for ED patients. Would have required the protocols to address the following elements: 1) integrating routine opt-out HIV testing into the ED standard of care; 2) streamlining HIV testing consent procedures; and, 3) structural strategies that minimize the need for provider intervention. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3082 (Gabriel) Nurse-to-patient ratios.
Would have required any program flexibility granted by the Department of Public Health (DPH) related to nurse-to-patient ratios to not compromise patient care. Would have authorized DPH to grant a staffing ratio program flexibility request, relating to nurse-to-patient ratios, pursuant to a prescribed procedure that includes, among other provisions, a requirement that DPH post a staffing ratio program flexibility request on the department's publicly accessible internet website and solicit public comment on the request. Would have authorized DPH to revoke its approval of a staffing ratio program flexibility request for any reason and authorizes an individual to request DPH to review and consider revocation of an approved staffing ratio program flexibility request. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3083 (Arambula) Ambulatory surgical centers.
Would have enacted the California Outpatient Cardiology Patient Safety, Cost Reduction and Quality Improvement Act, authorizing the Department of Public Health, within the Elective Percutaneous Coronary Intervention Program, to certify an ambulatory surgical center to provide elective cardiac catheterization laboratory services that meet certain requirements, to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients.

AB 3130 (Kiley) Behavioral health: hospital treatment.

Would have required the Department of Public Health to develop and issue, no later than January 1, 2023, best practices for discharging a patient from an emergency department of a hospital if a patient presents behavioral health concerns, is to be released from the hospital, and is not to be taken into custody as a result of a mental health disorder. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 758 (Portantino) Health and care facilities: disaster and seismic preparedness.

Would have extended the existing deadline requiring general acute care hospitals to be fully operational after an earthquake by two years, from January 1, 2030, to January 1, 2032.

SB 977 (Monning) Health care system consolidation: Attorney General approval and enforcement.

Would have required the Attorney General (AG), beginning July 1, 2021, to establish the Health Policy Advisory Board for the purpose of evaluating and analyzing health care markets in California and providing recommendations to the AG's office. Would have required a health care system, as defined, a private equity group, or hedge fund to provide written notice to, and obtain the written consent of, the AG prior to a change in control, as defined, or an acquisition, as defined, between the entity and a health care facility or provider. Would have provided for an expedited review process for transactions under $1 million, county facilities, and academic centers, as defined. Would have required a health care system, private equity group, or hedge fund to provide advance written notice to the AG prior to a change of control or acquisition between a health care system, private equity group, or hedge fund and a non-physician provider, as defined. Would have made it unlawful for one or more health care systems, either independently or dependently, to use their market power to, among other provisions, cause anticompetitive effects, as described, and authorized the AG to bring a civil action for a violation of this unlawful conduct. Would have sunset the AG's authority to review changes of control on January 1, 2026.

SB 1216 (Hueso) Compassionate Access to Medical Cannabis Act or Ryan's Law.

Would have prohibited specified types of health care facilities from prohibiting or interfering with a terminally ill patient’s use of medicinal cannabis within the health care facility, subject to certain restrictions. Would have required a patient to provide the health care facility with a copy of their medical marijuana card or written documentation that the use of medicinal cannabis is recommended by a physician. Would have authorized a health care facility to reasonably restrict the manner in which a patient stores and uses medicinal cannabis to ensure the safety of other patients, guests, and employees of the health care facility, compliance with other state laws, and the safe operations of the health care facility. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

11. Health Disparities

AB 650 (Low) Homicide and suicide: data.

Would have required the Department of Public Health, using the existing electronic death reporting system, to compile an annual report on violent deaths that involve members of the lesbian, gay, bisexual, transgender, and queer community. Would have required death certificates to include information about a decedent's sexual orientation.

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

Would have required 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.

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

Would have revised 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.

AB 1105 (Gipson) Sickle cell disease.

Would have appropriated funds for the development of a three-year sickle cell disease center pilot program. Contained an urgency clause to make the provisions of this bill effective immediately upon enactment.

AB 2466 (Bloom) California Community Health Fund.

Would have imposed a fee on every distributor of sugar sweetened beverage (SSB) at a rate of $0.02 per fluid ounce of SSB produced from the concentrate.

ACR 28 (Gipson) Sickle Cell Disease Awareness Month.

Would have recognized September 2020 as Sickle Cell Disease Awareness Month and encourages the Legislature to appropriate funds for research, treatment, monitoring, education, and outreach related to the disease.

SB 910 (Pan) Population health management program.

Would have required the Department of Health Care Services (DHCS) to require, by January 1, 2022, each Medi-Cal managed care plan to implement a population health management program to identify, assess, and manage the needs of Medi-Cal beneficiaries who are enrolled in each plan. Would have required a Medi-Cal managed care plan to describe case management services provided to enrollees and to report to DHCS on specified information, including the number of enrollees receiving in-lieu-of services. Would have required DHCS to establish metrics for, and require the federally required external quality review organization (EQRO) to evaluate the effectiveness of, the enhanced care management and in-lieu-of services provided to enrollees, to establish metrics for evaluating the program, and to require the EQRO to conduct an analysis of each Medi-Cal managed care plan's program. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

12. Health Information / HIPAA

AB 370 (Voepel) Physicians and surgeons: forms: fee limitations.

Would have permitted physicians and surgeons to charge a reasonable fee associated with filling out medical forms, including to those applying for state disability insurance.

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

Would have revised 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. Would have required 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.

AB 2280 (Chau) Information privacy: digital health feedback systems.

Would have revised the Confidentiality of Medical Information Act (CMIA) to define personal health record and personal health record information. Would have deemed a business that offers personal health record software or hardware to a consumer, as specified, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a health care provider subject to the requirements of the CMIA.

AB 2830 (Wood) Health Care Payments Data Program.

Would have renamed the Health Care Cost Transparency Database to the Health Care Payments Data System (system). Would have required the Office of Statewide Health Planning and Development (OSHPD) to establish, implement, and administer the Health Care Payments Data Program (HPD Program) to administer the system and collect data on all California residents to the extent feasible and permissible under state and federal law. Would have required OSHPD to convene a HPD Program advisory committee (advisory committee) to assist and advise the OSHPD Director in formulating HPD Program policies regarding data collection, management, use, and access, and development of public information to meet the goals of the HPD Program. Would have required OSHPD to develop guidance to require data submission from the entities specified in this bill. Specified the mandatory and voluntary submitters for purposes of the HPD Program. Would have specified privacy and confidentiality requirements; data use; access and restrictions; and enforcement for failure to comply.

13. Health insurance / Health plan

AB 598 (Bloom) Hearing aids: minors.

Would have required 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. Would have limited the maximum coverage amount to $3,000 per individual hearing aid.

AB 648 (Nazarian) Wellness programs.

Would have established the Wellness Program Protection Act and would have imposed various requirements related to wellness programs on health care services plans/insurers/employers, including posting a written explanation that is reasonably likely to be understood by an individual on its internet website concerning its policies and practices pertaining to wellness programs, and limiting its collection, dissemination, retention, and use of any personal information of an individual to only information that is reasonably necessary to operate a wellness program.

AB 767 (Grayson, et al) Health care coverage: infertility.

Would have required Covered California, in consultation with stakeholders, to develop options for the inclusion of in vitro fertilization coverage as part of, or as supplementary to, coverage currently offered through Covered California, and report the options to the Legislature on or before July 1, 2020. This bill was subsequently amended to deal with victim compensation.

AB 1174 (Wood) Health care: anesthesia services.

Would have required 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. Would have required 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.

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

Would have required 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.

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

Would have required entities that perform utilization review or utilization management functions pursuant to a contract with a health care service plan or insurer to report the number of services denied or approved, for each of the 30 health care services for which prospective review was most frequently requested. Would have also required plans to report the information to the Department of Managed Health Care or California Department of Insurance.

AB 1611 (Chiu) Emergency hospital services: costs.
Would have prohibited 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. Would have required 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.

AB 1630 (Irwin) Medical billing task force.
Would have required the Office of Statewide Health Planning and Development (OSHPD), in consultation with the Insurance Commissioner, to establish a medical billing task force on or before April 1, 2020. Would have required the task force to, among other provisions, engage interested parties in the development of a system to improve the readability of medical bills and create a standard medical billing form. Would have required OSHPD, on or before December 1, 2020, to submit a report to the Legislature on the task force's efforts.

AB 1670 (Holden) Health care coverage.
Would have authorized a provider that contracts with a health care service plan or health insurer to bill an enrollee or insured for a service that is not a covered benefit if the enrollee or insured consents in writing and that written consent meets specified criteria. Would have required a contracting provider to provide an enrollee or insured with a written estimate of the person's total cost, based on the standard rate the provider would charge for the service, if the service sought is not a covered benefit under the person's health care service plan contract or health insurance policy.

AB 1676 (Maienschein) Health care: mental health.
Would have required health plans and 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 during standard provider hours, which may include evenings and weekends.

AB 1904 (Boerner Horvath) Pelvic floor physical therapy coverage.
Would have required a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for pelvic floor physical therapy after pregnancy.

AB 1973 (Kamlager) Health care coverage: abortion services: cost sharing.
Would have prohibited a health care service plan or an individual or group policy of disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2021, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion services, as specified, and additionally would prohibit cost sharing from being imposed on a Medi-Cal beneficiary for those services. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 1986 (Gipson) Health care coverage: colorectal cancer: screening and testing.
Would have required a health care service plan contract or a health insurance policy, except as specified, issued, amended, or renewed on or after January 1, 2021, to provide coverage for colorectal cancer screening examinations and laboratory tests, as specified. Would have required the coverage to include additional colorectal cancer screening examinations as listed by the United States Preventive Services Task Force as a recommended screening strategy and at least at the frequency established pursuant to regulations issued by the federal Centers for Medicare and Medicaid Services for the Medicare program if the individual is at high risk for colorectal cancer. Would have prohibited a health care service plan contract or a health insurance policy from imposing cost sharing on an individual who is between 50 and 75 years of age for colonoscopies conducted for specified purposes. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2144 (Arambula) Health care coverage: step therapy.
Would have clarified that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. Would have required a health care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. Would have authorized an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. Would have required a health care service plan, health insurer, or utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate.

AB 2158 (Wood) Health care coverage.
Would have deleted the requirement that a health insurer comply with the requirement to cover preventive health services without cost sharing to the extent required by federal Patient Protection and Affordable Care Act, and would instead require a group or individual health insurance policy to, at a minimum, provide coverage for specified preventive services without any cost-sharing requirements for those preventive services, thereby indefinitely extending those requirements.

AB 2159 (Wood) Health care coverage.
Would have codified existing federal Patient and Protection Affordable Care Act law that prohibits lifetime or annual limits in health insurance policies without reference to federal law.

AB 2203 (Nazarian) Insulin cost-sharing cap.
Would have established a copayment cap for insulin and prohibited a health plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2021, from imposing cost sharing on a covered insulin prescription, except for a copayment not to exceed $50 per 30-day supply of insulin, and no more than $100 total per month, regardless of the amount or type of insulin. Would have authorized the Attorney General to investigate pricing of prescription insulin drugs made available to California consumers, considering the role of each entity in the entire supply chain, to ensure adequate consumer protections in pricing of prescription insulin drugs and determine whether additional consumer protections are needed, as specified. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2204 (Arambula) Health care coverage: sexually transmitted diseases.
Would have required a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for sexually transmitted disease testing and treatment at a contracting or noncontracting health facility at the same cost-sharing rate an enrollee or insured would pay for the same services received from a contracting health facility. Would have required a plan or insurer to reimburse a noncontracting health facility providing sexually transmitted disease testing and treatment at the same rate at which it reimburses a contracting health facility for those covered services.

AB 2242 (Levine) Mental health services.
Would have required a health care service plan or a health insurance policy issued, amended, or renewed on or after January 1, 2021, that includes coverage for mental health services to, among other provisions, approve the provision of mental health services for persons who are detained for 72-hour treatment and evaluation under the Lanterman-Petris-Short Act and to schedule an initial outpatient appointment for that person with a licensed mental health professional on a date that is within 48 hours of the person's release from detention. Would have prohibited a noncontracting provider of covered mental health services from billing the previously described enrollee or insured more than the cost-sharing amount the enrollee or insured would pay to a contracting provider for those services.

AB 2347 (Wood) Health care coverage: financial assistance.
Would have revised the existing financial assistance administered by California's Health Benefit Exchange (Covered California) to authorize Covered California to provide specified assistance contingent upon an appropriation by the Legislature.

AB 2348 (Wood) Pharmacy benefit management.
Would have required Pharmacy Benefit Managers to report specified information to the Department of Managed Health Care, including a list of the 100 most costly drugs; 100 most frequently prescribed drugs; 100 highest revenue-producing drugs; and, pricing and rebate information. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2625 (Boerner Horvath) Emergency ground medical transportation.
Would have required a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2021, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would have required the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2640 (Gonzalez) Health care coverage: genetic biomarker testing.
Would have prohibited an individual or group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2021, from requiring prior authorization for genetic biomarker testing for an enrollee or insured with metastatic or advanced stage 3 or 4 cancer. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2668 (Quirk-Silva, Weber) Integrated School-Based Behavioral Health Partnership Program.
Would have authorized local educational agencies and county behavioral health agencies to enter into partnerships to provide school-based behavioral health and substance abuse disorder services on school sites; and would have authorized the partnership to bill private insurance providers under specified conditions. Would have established requirements for provision of services and reimbursement for privately insured students. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2781 (Wicks) Health care coverage: treatment for infertility.
Would have required every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2021, to provide coverage for the treatment of infertility. Would have revised the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. Would have deleted the exemption for religiously affiliated employers, health care service plans, and health insurance policies, from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies. . *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2892 (Luz Rivas) Health care service plans: Consumer Participation Program.
Would have deleted the sunset date and made permanent existing law authorizing the Department of Managed Health Care (DMHC) Director to establish the Consumer Participation Program, which allows the DMHC Director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2984 (Daly) Prescription drug cost sharing.

Would have required an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. Would have prohibited a health care service plan, health insurer, or a plan's or insurer's agents from publishing or otherwise revealing information regarding the actual amount of rebates the health care service plan or health insurer receives on a product-specific, manufacturer-specific, or pharmacy-specific basis. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

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

Would have urged 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.

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

Would have required 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. Would have required the reports to contain specified information, including, among other provisions, 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.

SB 175 (Pan) Health care coverage.

Would have re-drafted existing law that bans health plan and insurer limitations on annual and lifetime benefits by deleting federal statutory citations and replacing those citations with the actual federal provisions that impose the requirements. This bill was never heard in Assembly Health Committee, but these provisions were added into SB 406 (Pan).

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

Would have required 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.

SB 1197 (Pan) Office of Patient Advocate.

Would have removed references to the Healthy Families Program, the Basic Health Program, and the Access for Infants and Mothers Program from the list of "health coverage programs" that are required to provide the Office of Patient Advocate with specified data. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

SB 1342 (Roth) Long-term care insurance: protection against inflation.

Would have required a long-term care insurance policy or a health care service plan contract, certified by the Department of Health Care Services, to provide a lower cost option that, at a minimum, protects against inflation that automatically increases benefit levels by 3% each year over the previous year. Would have required a policy or certificate qualified for certification under specified provisions to provide, at a minimum, protection against inflation that automatically increases benefit levels by 3% each year over the previous year.

14. Health Workforce

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

Would have expanded 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.

AB 822 (Irwin) Phlebotomy.

Would have allowed a certified phlebotomy technician to perform a blood draw by means other than venipuncture or skin puncture if approved by and performed in a licensed facility, if performed under physician supervision, and if performed using a device approved by the United States Food and Drug Administration for blood collection.

AB 871 (Gray) Graduate medical education: funding.

Would have required $40 million in funding from the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, an initiative measure approved as Proposition 56 at the November 8, 2016, statewide general election, that increased taxes imposed on distributors of cigarettes and tobacco products to provide funding for the purpose and goal of increasing the number of primary care and emergency physicians trained in California to be administered by a California nonprofit public benefit corporation, instead of the University of California.

AB 1444 (Flora) Physicians and surgeons and registered nurses: loan repayment grants.

Would have established the Primary Care Student Loan Repayment Program in the Office of Statewide Health Planning and Development to provide loan repayment awards of up to $50,000 per participant.

AB 1619 (Weber) Mental health careers: funding.

Would have appropriated $20 million 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 by supporting career pipeline programs, recruitment of underrepresented students to pursue mental health careers, college scholarships, and recruitment to practice mental health care in community clinics.

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

Would have required 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.

AB 1759 (Salas) Health care workers: rural and underserved areas.
Would have required 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. This bill was later amended to exempt public and independent institutions of higher education, and their officers, employees, and governing bodies from monetary liability and damages for injury relating to COVID-19 infection illness, or death, as provided, with specified exceptions.

AB 2544 (Santiago) Fluoroscopy: temporary permit.
Would have permitted the Department of Public Health to issue a physician and surgeon or a doctor of podiatric medicine a temporary permit authorizing them to provide fluoroscopy if the physician and surgeon and doctor of podiatric medicine has submitted an application for a fluoroscopy certificate and is awaiting examination to obtain the certificate. Stated that a temporary fluoroscopy permit is valid for nine months. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2948 (Wood) Song-Brown Health Care Workforce Training Act: funding.
Would have made a technical, nonsubstantive change to existing law related to the licensing and regulation of health facilities. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3115 (Rodriguez) Emergency medical services providers: reporting.
Would have required a private emergency medical services (EMS) provider that contracts with a Local Emergency Medical Services Authority (LEMSA) to provide EMS in an exclusive operating area to annually provide the LEMSA with specified information relating to the working conditions of emergency medical technicians and paramedics employed by the provider, including, but not limited to, wages, hours, and benefits. Would have required the LEMSA to maintain a database in which that data, and other specified information, would be collected. Required the Emergency Medical Services Authority to collect from each LEMSA the data that each LEMSA receives from the providers. Would have exempted providers that employ fewer than 20 ambulances. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3224 (Rodriguez) Local health department workforce assessment.
Would have required the Department of Public Health (DPH) to contract with an entity to conduct an evaluation of the adequacy of local health department (LHD) infrastructure and make recommendations on workforce needs, including adequate staffing of LHDs, an evaluation of the state's public health laboratory capacity and make recommendations for laboratories to better meet the needs of LHDs; and, other resources. Would have required DPH to convene an advisory group that includes representatives of the Emergency Medical Services Authority, County Health Executives Association of California, California Conference of Local Health Officers, public health laboratory directors, public health nurses, communicable disease controllers, the exclusive representatives of public health workers, local emergency medical services administrators, schools of public health, and organizations aimed at addressing health disparities in California.

SB 1110 (Hurtado) Health care workforce development: California Medicine Scholars Program.

Would have required the Office of Statewide Health Planning and Development (OSHPD) to establish the California Medicine Scholars Program, a five-year pilot program for a regional pipeline for community college students and medical schools. Would have required, by January 1, 2022, each Regional Hub of Healthcare Opportunity, as defined, to select 200 students for the initial cohort. Would have required OSHPD to contract with an entity for program management.

15. Labs / Clinical Labs

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

Would have permitted 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.

AB 822 (Irwin) Phlebotomy.

Would have allowed a certified phlebotomy technician to perform a blood draw by means other than venipuncture or skin puncture if approved by and performed in a licensed facility, if performed under physician supervision, and if performed using a device approved by the United States Food and Drug Administration for blood collection.

AB 2278 (Quirk, Cristina Garcia, Grayson, Reyes, Salas) Lead screening.

Would have required an analyzing laboratory that performs a blood lead analysis to also report to the California Department of Public Health (DPH) the person's telephone number in addition to the person's address and ZIP code if the analyzing laboratory has that information, and the Medi-Cal identification number and medical plan identification number, if available. Would have required the existing "within 30 calendar day" timeframe for an analyzing laboratory to report to DPH a blood lead test of less than 10 micrograms per deciliter to begin from the date of the analysis. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2422 (Grayson) Lead testing.

Would have added to the information that a laboratory is required to provide to the California Department of Public Health (DPH) the Medi-Cal identification number, or other equivalent medical identification number of the person tested. Would have required, if the person tested is a minor, that the laboratory include the person's contact information and a unique identifier, in a form to be determined by DPH, as specified. Would have required DPH to develop and maintain on its internet website a public registry of lead-contaminated locations reported to DPH pursuant to the provisions relating to lead hazards in buildings, and would have required DPH to ensure that personally identifiable information, including medical information, is not disclosed or ascertainable from the information available on the registry.

16. Marijuana / Medical Marijuana

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

Would have enacted the Youth Substance Use Disorder Treatment and Recovery Program Act of 2019. Would have required 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.

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

Would have required 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.

AB 1468 (McCarty, et al) Opioid Prevention and Rehabilitation Act.

Would have required 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. Would have required 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. Would have required 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.

AB 2548 (Lackey) Cannabis: good manufacturing practice certification.

Would have amended the Control, Regulate and Tax Adult Use of Marijuana Act to require the Department of Public Health (DPH) to establish a Good Cannabis Manufacturing Practice Certification, as specified, which could be obtained by specified manufacturers to test representative samples of batches of cannabis products instead of requiring testing of each batch. Would have provided for doubled fines for a certificate holder who distributes contaminated cannabis products and required DPH to inspect certificate holders at least twice each year to verify compliance with the certificate program terms. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 1216 (Hueso) Compassionate Access to Medical Cannabis Act or Ryan's Law. Would have prohibited specified types of health care facilities from prohibiting or interfering with a terminally ill patient's use of medicinal cannabis within the health care facility, subject to certain restrictions. Would have required a patient to provide the health care facility with a copy of their medical marijuana card or written documentation that the use of medicinal cannabis is recommended by a physician. Would have authorized a health care facility to reasonably restrict the manner in which a patient stores and uses medicinal cannabis to ensure the safety of other patients, guests, and employees of the health care facility, compliance with other state laws, and the safe operations of the health care facility. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

17. Mental / Behavioral Health

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

Would have required, 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. Would have required, 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. Would have required counties to provide Mental Health Services Act funding to educational entities for purposes of this bill.

AB 43 (Gloria) Mental health.

Would have required 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.

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

Would have required the Department of Public Health to compile a report on veteran suicides in the state using the existing Electronic Death Records System. Would have required 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.

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

Would have required 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.

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

Would have required 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. Would have required 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.

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

Would have required 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. Would have exempted State Hospitals from this bill.

AB 480 (Salas) Mental health: older adults.

Would have established within the Department of Aging an Older Adult Mental Health Services Administrator to oversee mental health services for older adults.

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

Would have appropriated $16 million from the General Fund to the Department of Health Care Services for distribution to the North Orange County Public Safety Task 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 crisis.

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

Would have required 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.

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

Would have required 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. Would have required the standard forms to include forms for the intake of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. Would have permitted DHCS and the stakeholder workgroup to develop and maintain a list of DHCS-approved nonstandard forms. Would have required MHPs, no later than July 1, 2021, to commence using the standard forms. Would have prohibited 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.

AB 798 (Cervantes) Maternal mental health.

Would have established 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, identity, and manage postpartum depression and other mental health conditions.

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

Would have excluded 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 was invoked, delineated circumstances and protocols related to presumptive transfer for youth placed in an out-of-county STRTP, required certain data be made available on the Medi-Cal specialty mental health services dashboard, and would have required the Department of Health Care Services and California Department of Social Services to create standardized forms related to presumptive transfer or waiver thereof.

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

Would have required 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. Would have specified the membership of the Action Team, and would have required 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. Would have required, 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. Would have required 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.

AB 910 (Wood) Medi-Cal: dispute resolution.

Would have required, if a county mental health plan (MHP) and a Medi-Cal managed care plan (MCMC plan) have a dispute and are unable to reach a resolution within 15 business days from the initiation of the dispute resolution process, both the county 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 to the county MHP and the MCMC plan within 30 calendar days from the receipt of the request.

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

Would have required 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). Would have required the stakeholder process to be completed by September 15, 2020, and would have required DHCS to report, by September 15, 2020, to the relevant legislative policy and fiscal committees the recommendations developed through the stakeholder process. Would have sunset the stakeholder process by January 1, 2021.

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

Would have required 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.

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

Would have required 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.

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

Would have required 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.

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

Would have permitted 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. Would have required 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. Would have required the LEA, to receive FFP, to pay the nonfederal share of EPSDT expenditures and to certify its public expenditures for EPSDT services to DHCS.

AB 1550 (Bonta) Crisis stabilization units: psychiatric patients.
Would have allowed a certified crisis stabilization unit designated by a county mental health plan to provide medically necessary crisis stabilization services to individuals beyond 24 hours if the individual needs inpatient psychiatric care or outpatient care and those services are not reasonably available, when certain requirements are met. This bill was subsequently amended and would have instead authorized a person to bring a civil action against any responsible party, who, motivated by the person's protected status, knowingly caused a peace officer to arrive at a location to contact the person with the intent to, among other provisions, infringe upon the person's rights or caused the person to feel harassed, humiliated, or embarrassed.

AB 1601 (Ramos) Office of Emergency Services: behavioral health response.
Would have required the Office of Emergency Services (OES) to establish a behavioral health deputy director position 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. Would have required the Director of the Department of Health Care Services, in coordination with 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.

AB 1619 (Weber) Mental health careers: funding.
Would have appropriated $20 million 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 by supporting career pipeline programs, recruitment of underrepresented students to pursue mental health careers, college scholarships, and recruitment to practice mental health care in community clinics.

AB 1689 (McCarty) College Mental Health Services Program.
Would have established the College Mental Health Services Program Act, a matching grant program to enhance the provision of mental health services on state college campuses. Would have appropriated $40 million annually from the Mental Health Services Fund administrative account to 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). Would have required a dollar for dollar match of funds from the campus, limited 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.

AB 1769 (Frazier) County of Solano: mental health facilities.
Would have appropriated $14 million 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.

AB 1946 (Santiago, Friedman) Mental health services: involuntary detention.
Would have expanded the definition of "gravely disabled" for purposes of the Lantermann-Petri-Short Act to also include a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for medical treatment, if the failure to receive medical treatment, as defined, would likely result in serious bodily harm or death, as attested to in writing by a medical professional in their best medical judgment. Would have required, on or before January 1, 2025, each county to submit a report to the Legislature evaluating the impact of the county's implementation of the above-mentioned provisions. Would have clarified that counties may pay for the services authorized in those provisions using funds from the Mental Health Services Fund when included in county plans, as specified. Would have authorized counties to pay for those services with specified funds from the Local Revenue Fund and the Local Revenue Fund 2011. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2015 (Eggman) Certification for intensive treatment: review hearing.
Would have authorized the evidence presented in support of certification of an individual for involuntary detention by a determination that the individual is a danger to themselves or others or gravely disabled, under what is known as a Welfare and Institutions Code 5250 hold, for no more than 14 days of intensive treatment related to mental health disorders or impairment by chronic alcoholism, to also include information regarding the person's medical condition and how that condition bears on the certification of the person as either a danger to themselves or others or gravely disabled. Would have defined "medical condition" for these purposes as a serious chronic or acute physical ailment for which the treating physician and treating psychiatrist, as part of the certification process, made several determinations as specified. Would have required the hearing officer to consider the information in the determination of probable cause for certification.

AB 2025 (Gipson) Mental illness and substance use disorder: restorative care program: pilot projects.
Would have authorized the County of Los Angeles to establish a pilot project for up to six years to develop a Restorative Care Program for the provision of community-based care and treatment that addresses the interrelated and complex needs of those individuals suffering from mental illness and substance use disorder, along with other medical co-morbidities, and homelessness.

AB 2032 (Wood) Medi-Cal: medically necessary services.
Would have prohibited the existing Medi-Cal medical necessity requirements from precluding coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis.

AB 2055 (Wood) Specialty mental health services and substance use disorder treatment.

Would have shifted the financing of the non-federal share of Medi-Cal funding for county specialty mental health services, Drug Medi-Cal, and the Drug Medi-Cal Organized Delivery System (DMC-ODS) from claiming federal reimbursement based on certified public expenditures to instead use intergovernmental transfers. Would have required the Department of Health Care Services (DHCS) to establish, implement, and administer the Behavioral Health Quality Improvement Program to assist county mental health plans and counties that administer the Drug Medi-Cal Treatment Program or the DMC-ODS for purposes of preparing those entities and their contracting health care providers for implementation of the behavioral health components included in the DHCS California Advancing and Innovating Medi-Cal initiative. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2266 (Quirk-Silva) Mental Health Services Act: use of funds for substance use disorder treatment.

Would have required the Department of Health Care Services to establish a pilot program in up to 10 counties, as specified, authorizing funding from the Mental Health Services Act (MHSA) to be used by participating counties to treat a person with cooccurring mental health and substance use disorders (SUD) when the person would be eligible for treatment of the mental health disorder pursuant to the MHSA. Would have also authorized participating counties to use MHSA funds to assess whether a person has cooccurring mental health and SUD and to treat a person who is preliminarily assessed to have cooccurring mental health and SUD, even when the person is later determined not to be eligible for services provided with MHSA funds. Would have required a person being treated for cooccurring mental health and SUD who is determined to not need the mental health services to be, as quickly as possible, referred to SUD treatment services.

AB 2351 (Waldron) Drug courts: mental health and addiction services.

Would have provided that until January 1, 2025, a court could collaborate with outside organizations on a program to offer mental health and addiction treatment services, as defined, to women who are charged only with misdemeanor offenses or who are on probation for one or more misdemeanor offenses. Prohibited women who are charged with a felony or who are under supervision for a felony conviction from participating. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2404 (Ramos) Mental health: involuntary commitment.

Would have required each county to establish a countywide hotline to respond to calls relating to individuals with mental health issues. Would have required a county to take certain actions in establishing the hotline including developing procedures to train and educate the mental health professionals who will be responding to calls received on the hotline, and would have required a county to publicly report certain information relating to the hotline annually. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2417 (Patterson) Maternal mental health: bereaved mothers.

Would have added "bereaved mothers," as defined, to the list of individuals that hospitals must provide information about maternal mental conditions, posthospital treatment options, and community resources. Would have specified that the requirement for a licensed health care practitioner providing prenatal or postpartum care to a patient to ensure the patient is offered screening, or is appropriately screened for maternal mental health conditions, includes a patient who is a bereaved mother. Would have defined a bereaved mother as a mother who has experienced a miscarriage, stillbirth, or fatal fetal diagnosis. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2525 (Carrillo) Student mental health framework.

Would have required the Mental Health Services Oversight and Accountability Commission, in coordination with the Department of Education, the State Department of Health Care Services, local educational agencies, county departments of mental health or behavioral health, local public safety agencies, and other relevant state, local, and community-based entities, to develop a framework, as specified, to support the development and deployment of effective strategies that address the root causes of student mental health needs. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2576 (Gloria) Mental health.

Would have required that Mental Health Services funds subject to reversion were to be reallocated to other counties. Would have required a county to develop a plan for the utilization of the reallocated funds with the input of specified stakeholders and to conduct a local review process. Would have required that consideration be given to using the reallocated funds to provide services to individuals with mental illness who are also experiencing homelessness or who are involved in the criminal justice system and to provide early intervention services to youth.

AB 2579 (Jones-Sawyer) Mental health services for children and transitional age youth: oversight.

Would have required the Mental Health Services and Oversight Accountability Commission (MHSOAC) to develop a statewide monitoring strategy for school mental health outcomes, a transparency and accountability strategy for local government mental health programs, and an outcome transparency and accountability strategy to support public understanding, awareness, and monitoring of the various mental health services provided to children and transitional age youth. Would have provided MHSOAC with access to data, information, policies, procedures, and practices held or maintained by state and local agencies in order to develop these strategies, consistent with applicable privacy and confidentiality laws with respect to this data, and would have required the state and local agencies to cooperate and share data with MHSOAC. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2668 (Quirk-Silva, Weber) Integrated School-Based Behavioral Health Partnership Program.

Would have authorized local educational agencies and county behavioral health agencies to enter into partnerships to provide school-based behavioral health and substance abuse disorder services on school sites; and would have authorized the partnership to bill private insurance providers under specified conditions. Would have established requirements for provision of services and reimbursement for privately insured students. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2679 (Gallagher) Conservatorship: serious mental illness and substance use disorders: County of Butte.

Would have authorized Butte County to establish a pilot program, until January 1, 2024, upon authorization by their county board of supervisors, to implement a "housing conservatorship" process for a person who is incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorders. Permits this housing conservatorship if there are eight or more detentions for evaluation and treatment for a 72-hour hold under the Lanterman Petris Short Act (commonly known as a 5150 hold) in a 12 month period. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2871 (Fong) Medi-Cal: substance use disorder services: reimbursement rates.

Would have required the Department of Health Care Services (DHCS) to ensure that the reimbursement rates for Drug Medi-Cal are equal to the reimbursement rates for similar services provided under the Medi-Cal Specialty Mental Health Services Program (SMHS Program). Would have required DHCS, for purposes of establishing a capitated rate for a Medi-Cal managed care plan contract that covers substance use disorder (SUD) services, to ensure that the reimbursement rates for SUD services are equal to the reimbursement rates for similar services provided under the SMHS Program. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2899 (Jones-Sawyer) Mental health: involuntary commitment.

Would have expanded the time an individual may be held under a Lanterman-Petri-Short Act 14 day hold (a 5250 hold) for intensive treatment related to a mental health disorder or impairment by chronic alcoholism to a longer period of time, as determined by the professional staff providing the evaluation. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2912 (Gray) Medi-Cal specialty mental health services.
Would have required the Department of Health Care Services to identify all forms currently used by each county mental health plan contractor for purposes of determining eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, and develop standard forms to be used by all counties. Would have required the standard forms to include, at a minimum, forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. Would have required the standard forms to be used by all county mental health plan contractors, and providers who render services under those contracts, when serving eligible Medi-Cal beneficiaries. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2918 (Salas) Suicide prevention: military.
Would have directed the Department of Public Health to establish an Ending Military Suicide Task Force to systematically reduce military suicides and to develop a plan to eliminate all military suicides in the state, as specified. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2958 (Maienschein) Mental Health Services Act: Behavioral Health and Justice Center of Excellence.
Would have required, on or before January 1, 2023, the Department of Health Care Services, in consultation with the Council on Criminal Justice and Behavioral Health and the Mental Health Services Oversight and Accountability Commission, and in partnership with the University of California, to establish and maintain the Behavioral Health and Justice Center of Excellence in order to provide counties and local agencies with centralized access to data, training, resources, and services to aid in the facilitation and coordination of efforts to serve individuals with mental illness who are involved in the criminal justice system. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3003 (Cervantes) Maternal mental health: perinatal services.
Would have required the Department of Public Health to develop, and maintain on its website, a referral network of community-based mental health providers and support services addressing postpartum depression, prenatal delivery, and postpartum care to improve access to postpartum depression screening, referral, treatment, and support services in medically underserved areas, or areas with demonstrated need. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3130 (Kiley) Behavioral health: hospital treatment.
Would have required the Department of Public Health to develop and issue, no later than January 1, 2023, best practices for discharging a patient from an emergency department of a hospital if a patient presents behavioral health concerns, is to be released from the hospital, and is not to be taken into custody as a result of a mental health disorder. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3229 (Wicks) Maternal mental health.
Would have required each county to submit to the Mental Health Services Oversight and Accountability Commission (MHSOAC) by January 31 of each year a report describing how the county is using moneys allocated to the county from the Mental Health Services Fund to address maternal mental health issues. Required MHSOAC to post on its internet website the reports submitted by the counties. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3285 (Irwin) Medi-Cal: antipsychotic drugs.
Would have prohibited prior authorization from being required in the Medi-Cal Program for an antipsychotic drug for the treatment of a serious mental illness (SMI) for a period of 365 days after the initial prescription has been dispensed. Would have required a prescription for an antipsychotic drug for the treatment of a SMI to be automatically approved if the Department of Health Care Services (DHCS) verified a record of a paid claim that documents a diagnosis of a SMI within 365 days before the date of that prescription. Would have prohibited the six prescription limit in Medi-Cal fee-for-service from applying if any of the prescribed drugs are antipsychotic medications for the treatment of a SMI. Would have required DHCS to allow a pharmacist to dispense a 90-day supply of a prescribed antipsychotic drug for the treatment of a SMI if the prescription otherwise conforms to applicable formulary requirements and meets other specified requirements. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

ACR 98 (Wicks) Mental health and substance use treatment.
Would have urged 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.

SB 331 (Hurtado) Suicide prevention: strategic plans.
Would have required 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 specified items that must be addressed in planning and implementation.

SB 582 (Beall) Youth mental health and substance use disorder services.
Would have required the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of 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.

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

Would have added 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.

SB 665 (Umberg) Mental Health Services Fund: county jails.

Would have established a Jail-Based Community Mental Health Innovation Program (JBCMHIP), authorizing up to eight counties, including Orange County, to introduce innovative approaches to meet the mental health needs of persons in jail, including persons who have been convicted of a felony and sentenced to imprisonment in a county jail. Authorized the use of Mental Health Services Act Innovation funds, upon approval from the Mental Health Services Oversight and Accountability, to establish the JBCMHIPs.

18. Opioids

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

Would have extended a requirement for prescribers to discuss risks associated with opioids to all patients before issuing the first prescription for a controlled substance containing an opioid. Would have exempted a patient currently receiving hospice care from this requirement. Would have required 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.

AB 1656 (Gallagher) Treatment of addicts: narcotic drugs.

Would have clarified that a physician or authorized hospital staff may administer or dispense narcotic drugs in a hospital to maintain or detoxify a person incidental to medical or surgical treatment of conditions other than addiction, or to treat persons with intractable pain for which relief or cure is not possible or has not been found after reasonable efforts.

19. Pharmaceuticals / Pharmacy / Biotech

AB 617 (Mullin) Stem Cell Clinic Regulation Advisory Group.

Would have required the Department of Public Health to create a Stem Cell Clinic Regulation Advisory Group to determine appropriate regulations for stem cell therapies.

AB 1938 (Low, Eggman) Prescription drugs: 340B discount drug purchasing program.

Would have prohibited a designated entity defined to describe AIDS Healthcare Foundation from using any revenue from a contract with the Department of Health Care Services, a contract with the Centers for Medicare and Medicaid Services, and from the federal 340B drug discount program to fund litigation under the California Environmental Quality Act, to influence any ballot measure action relating to housing, or to fund any efforts to influence any ballot measure action relating to housing.

AB 2411 (Nazarian) Healing arts licensees: remuneration: drug or device companies: disclosure.

Would have required a healing arts licensee who receives remuneration from a drug or device company to disclose the amount and source of the remuneration orally and in writing to each patient before the intended use or prescription of a drug or device manufactured or distributed.

AB 3285 (Irwin) Medi-Cal: antipsychotic drugs.

Would have prohibited prior authorization from being required in the Medi-Cal Program for an antipsychotic drug for the treatment of a serious mental illness (SMI) for a period of 365 days after the initial prescription has been dispensed. Would have required a prescription for an antipsychotic drug for the treatment of a SMI to be automatically approved if the Department of Health Care Services (DHCS) verified a record of a paid claim that documents a diagnosis of a SMI within 365 days before the date of that prescription. Would have prohibited the six prescription limit in Medi-Cal fee-for-service from applying if any of the prescribed drugs are antipsychotic medications for the treatment of a SMI. Would have required DHCS to allow a pharmacist to dispense a 90-day supply of a prescribed antipsychotic drug for the treatment of a SMI if the prescription otherwise conforms to applicable formulary requirements and meets other specified requirements. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

ACR 105 (Chiu) Prescription drug prices.

Would have stated 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 encouraged 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.

20. Public Health

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

Would have required, 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. Would have required, 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. Would have required counties to provide Mental Health Services Act funding to educational entities for purposes of this bill.

AB 138 (Bloom) California Community Health Fund.

Would have imposed a fee on every distributor for distributing bottled sugary drinks and concentrate at a rate of $0.02 per fluid ounce. Would have established a mechanism for calculating the fees to be administered by the California Department of Tax and Fee Administration; would have established the California Community Health Fund to consist of fees or penalties collected; and, would have allocated 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.

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

Would have appropriated $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.

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

Would have permitted 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.

AB 388 (Limón) Alzheimer's disease.

Would have required 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.

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

Would have permitted 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.

AB 495 (Muratsuchi, Wicks) Cosmetics: safety.
Would have established the Toxic-Free Cosmetics Act, which defines a cosmetic as adulterated if it contains specific ingredients, including any amount of asbestos, lead above a de minimis amount, formaldehyde, isobutyl or isopropylparaben, dibutyl phthalate, diethylhexyl phthalate, and specified polyfluoroalkyl substances.

AB 617 (Mullin) Stem Cell Clinic Regulation Advisory Group.
Would have required the Department of Public Health to create a Stem Cell Clinic Regulation Advisory Group to determine appropriate regulations for stem cell therapies.

AB 650 (Low) Homicide and suicide: data.
Would have required the Department of Public Health, using the existing electronic death reporting system, to compile an annual report on violent deaths that involve members of the lesbian, gay, bisexual, transgender, and queer community. Would have required death certificates to include information about a decedent's sexual orientation.

AB 656 (Eduardo Garcia) Office of Healthy and Safe Communities.
Would have established the Office of Healthy and Safe Communities under the direction of the Department of Public Health, to provide a comprehensive violence prevention strategy.

AB 764 (Bonta) Sugar-sweetened beverages: nonsale distribution incentives.
Would have prohibited 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.

AB 765 (Wicks) Health Checkout Aisles for Healthy Families Act.
Would have established the California Healthy Checkout Aisles for Healthy Families Act, which prohibits stores from making available sugar sweetened beverages in the checkout area.

AB 766 (Chiu) Unsealed beverage container portion cap.
Would have prohibited a retailer from selling an unsealed beverage container that is over 16 fluid ounces, except for a container for water.

AB 798 (Cervantes) Maternal mental health.
Would have established 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, identity, and manage postpartum depression and other mental health conditions.

AB 810 (Gipson) Organ and tissue transplantation: uninsured or undocumented individuals.
Would have required 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.

AB 887 (Kalra) Office of Health Equity: Surgeon General.
Would have revised 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.

AB 889 (Maienschein) Animal research.
Would have required any person who keeps and uses animals for diagnostic, educational, or research purposes to submit information regarding animal use to the Department of Public Health.

AB 1016 (Maienschein) Rare Disease Advisory Council.
Would have established 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.

AB 1360 (Ting) Third-party food delivery.
Would have established requirements for food delivery platforms that deliver food to consumers.

AB 1639 (Gray, et al) Tobacco products.
Would have required a person engaged in the retail sale of tobacco to use age verification software, would have decreased the period for calculating civil penalties and license suspensions and would have increased the penalty amounts. Would have prohibited retailers from selling non-tobacco-flavored vapor products, as defined, and from selling any non-cannabis-flavored vapor product, as defined. Would have imposed an additional tax on electronic cigarettes at a rate of $2.40 per every 40 milligrams of base product nicotine contained in the electronic cigarette.

AB 1711 (Santiago) Homeless populations: disease outbreak.
Would have required 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 according to annual demographic estimates, as specified. Would have established 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.

AB 1966 (Salas) Gene synthesis providers.
Would have required the Department of Public Health (DPH), on or before January 1, 2022, to develop gene sequence and customer screening guidelines for gene synthesis providers and manufacturers of gene synthesis equipment to increase gene synthesis security and improve biosecurity efforts in California. Would have required DPH to develop a certification process for gene synthesis providers and manufacturers of gene synthesis equipment. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2228 (Cristina Garcia) Public health: postsecondary education: sexual assault kits.

Would have required, on and after January 1, 2022, the California State University, the University of California, independent institutions of higher education, and private postsecondary educational institutions to ensure, for each of their respective campuses, that free sexual assault kits and related medical services are available to students. Would have required the free sexual assault kits and related medical services to be available onsite at the student health center if they are not available within a 5-mile radius for a campus located in an urbanized area, or within a 10-mile radius for a campus located in a rural area. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2279 (Cristina Garcia, Quirk, Reyes, Salas) Childhood lead poisoning prevention.

Would have added several additional risk factors required to be considered as part of the standard of care for a lead poisoning evaluation of children required to be established by the California Department of Public Health (DPH) in regulation, such as a child's residency in or visit to a foreign country, their residency in a high-risk ZIP Code, a child's proximity to current or former lead-producing facilities. Would have required DPH to develop, by January 1, 2021, the regulations on the additional risk factors, in consultation with the specified individuals in existing law. Would have required DPH to update its formula for allocating funds to any local agency that contracts with DPH to administer the Childhood Lead Poisoning Prevention Program, and to revise funding allocations before each contract cycle. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2283 (Eggman) Rare Disease Ombudsperson and Rare Disease Advisory Council.

Would have established the Office of the Rare Disease Ombudsperson and the Rare Disease Advisory Council within the California Health and Human Services Agency to advise the State on and coordinate the State's activities around rare diseases. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2293 (Mayes) Chronic obstructive pulmonary disease (COPD): research, education, and treatment.

Would have required the Department of Public Health (DPH) to conduct a chronic obstructive pulmonary disease (COPD) Provider Awareness Campaign to improve provider education aimed at promoting early diagnoses of COPD, options for screening and testing, current research on the causes of COPD, current research on COPD triggers, and the cost of diagnosis and treatment. Would have allowed DPH to partner with specified entities to conduct the COPD Provider Awareness Campaign.

AB 2466 (Bloom) California Community Health Fund.

Would have imposed a fee on every distributor of sugar sweetened beverage (SSB) at a rate of $0.02 per fluid ounce of SSB produced from the concentrate.

AB 2544 (Santiago) Fluoroscopy: temporary permit.

Would have permitted the Department of Public Health to issue a physician and surgeon or a doctor of podiatric medicine a temporary permit authorizing them to provide fluoroscopy if the physician and surgeon and doctor of podiatric medicine has submitted an application for a fluoroscopy certificate and is awaiting examination to obtain the certificate. Stated that a temporary fluoroscopy permit is valid for nine months. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2747 (Santiago) Health data disclosure: health policy organizations and labor unions.

Would have required the Office of Statewide Health Planning and Development, upon request, to disclose certain patient data reported by specified health facilities, to nonprofit health policy organizations and labor unions. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2827 (Aguiar-Curry) Food, beverage, and cosmetic adulterants: industrial hemp products.

Would have specified that food or beverage is not adulterated by the inclusion of industrial hemp products, including cannabidiol derived from industrial hemp, and would have prohibited restrictions on the sale of food or beverages that include industrial hemp products or cannabidiol derived from industrial hemp based solely on the inclusion of industrial hemp products or cannabidiol derived from industrial hemp. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3003 (Cervantes) Maternal mental health: perinatal services.

Would have required the Department of Public Health to develop, and maintain on its website, a referral network of community-based mental health providers and support services addressing postpartum depression, prenatal delivery, and postpartum care to improve access to postpartum depression screening, referral, treatment, and support services in medically underserved areas, or areas with demonstrated need. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3042 (Limón) Dietary supplements for weight loss and over-the-counter diet pills.

Would have prohibited retail establishments, commencing July 1, 2021, from selling dietary supplements for weight loss and over-the-counter diet pills, as defined, to any person under 18 years of age. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3224 (Rodriguez) Local health department workforce assessment.

Would have required the Department of Public Health (DPH) to contract with an entity to conduct an evaluation of the adequacy of local health department (LHD) infrastructure and make recommendations on workforce needs, including adequate staffing of LHDs, an evaluation of the state's public health laboratory capacity and make recommendations for laboratories to better meet the

needs of LHDs; and, other resources. Would have required DPH to convene an advisory group that includes representatives of the Emergency Medical Services Authority, County Health Executives Association of California, California Conference of Local Health Officers, public health laboratory directors, public health nurses, communicable disease controllers, the exclusive representatives of public health workers, local emergency medical services administrators, schools of public health, and organizations aimed at addressing health disparities in California.

ACR 28 (Gipson) Sickle Cell Disease Awareness Month.
Would have recognized September 2020 as Sickle Cell Disease Awareness Month and encourages the Legislature to appropriate funds for research, treatment, monitoring, education, and outreach related to the disease.

ACR 105 (Chiu) Prescription drug prices.
Would have stated 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 encouraged 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.

SB 162 (Galgiani) Pulmonary hypertension task force.
Would have required the Department of Public Health to establish a pulmonary hypertension task force to disseminate the latest information and research relating to pulmonary hypertension, including pediatric pulmonary hypertension.

SB 217 (Portantino) Recreational and organizational camps.
Would have required a person who operates an organized or recreational camp to obtain a license issued by a local health agency (LHAs). Would have established various requirements for organized and recreational camps to comply, including: staffing and supervision requirements; criminal history background check; camp safety; establishment of emergency action plan; requirements for swimming and aquatic activities; archery; horseback riding; and, firearm activities. Would have permitted an LHA to revoke or suspend a camp's license; inspect a camp; and, assess civil penalties.

SB 331 (Hurtado) Suicide prevention: strategic plans.
Would have required 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.

SB 347 (Monning) Sugar-sweetened beverages: safety warnings.
Would have established the Sugar-Sweetened Beverages Safety Warning Act to require sugar-sweetened beverages, as specified, to include a specified safety warning.

SB 452 (Jones) Ken Maddy California Cancer Registry.
Would have required the Department of Public Health to send an informational brochure about the Ken Maddy California Cancer Registry (CCR) to every patient when the patient is entered into the CCR.

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

Would have required 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.

SB 650 (Rubio) Cancer Medication Advisory Committee.

Would have established 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.

SB 851 (Atkins) Blood donations.

Would have required a blood bank or plasma center to develop a protocol to provide information to a potential donor who is subject to a deferral, including the reason for the deferral and information relating to standards established pursuant to federal law. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

SB 1285 (Nielsen) Navigable waters: hazardous, medical, or human waste.

Would have made it a misdemeanor for a person to place, deposit, or dump hazardous, medical or human waste in or upon the navigable waters or to place or deposit or load these items upon a vessel, with the intent to dump or deposit in or upon the navigable waters of this state or at any point in the ocean within 20 miles of any coastline. Would have permitted a local health officer to declare a public health emergency if the garbage or hazardous, medical, or human waste constitutes a threat to the public health.

21. Public Insurance / Medi-Cal / MCMC

AB 4 (Arambula) Medi-Cal: eligibility.

Would have extended eligibility for full-scope Medi-Cal benefits to undocumented adults age 19 and above who are otherwise eligible for those benefits but for their immigration status. Would have implemented this bill only to the extent there is an appropriation in the annual Budget Act or another statute.

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

Would have required 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. Would have required 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. Would have required DHCS to increase the geographic availability of the program on a regional basis. Would have required 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. Would have required 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.

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

Would have required 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.

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

Would have required 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. Would have required 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.

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

Would have permitted 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.

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

Would have required 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. Would have required, 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. Would have required 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.

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

Would have required 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 improve quality of care and reduce health disparities for beneficiaries. Would have required DHCS, commencing July 1, 2022, to establish quality improvement performance targets which exceed the MPL for all MCMC plans. Would have required 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. Would have required DHCS to utilize the results of the quality assessment and performance improvement program to develop a publicly reported Quality Rating System for MCMC plans. Would have required 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.

AB 683 (Carrillo) Medi-Cal: eligibility.

Would have increased the Medi-Cal "asset test" 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. Would have prohibited 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). Would have excluded other assets from consideration, and would have narrowed the application of existing asset limits (for example, excludes additional cars from the asset limit). Would have codified asset limits in state law which are currently in federal law, state law, state regulation, and state guidance.

AB 719 (Blanca Rubio, Gray) Medi-Cal: reimbursement rates.

Would have made 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. Would have stated legislative intent to enact legislation to require the Department of Health Care Services to discontinue reducing or limiting these provider payments. This bill was subsequently amended and would have made it a misdemeanor, on or after March 30, 2022, to sell the dead body, or any part or product thereof, of a crocodile or alligator unless manufacturers develop a technology or process to "track and trace" these products in order to verify they are coming from sustainable sources.

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

Would have required 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. Would have required 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.

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

Would have required 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. Would have required the standard forms to include forms for the intake of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. Would have permitted DHCS and the stakeholder workgroup to develop and maintain a list of DHCS-approved nonstandard forms. Would have required MHPs, no later than July 1, 2021, to commence using the standard forms. Would have prohibitted 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.

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

Would have added 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.

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

Would have required 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. Would have required, 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. Would have required 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. Would have required 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.

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

Would have excluded 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, delineated circumstances and protocols related to presumptive transfer for youth placed in an out-of-county STRTP, required certain data be made available on the Medi-Cal specialty mental health services dashboard, and would have required the Department of Health Care Services and California Department of Social Services to create standardized forms related to presumptive transfer or waiver thereof.

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

Would have required 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. Would have specified the membership of the Action Team, and would have required 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. Would have required, 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. Would have required 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.

AB 910 (Wood) Medi-Cal: dispute resolution.

Would have required, if a county mental health plan (MHP) and a Medi-Cal managed care plan (MCMC plan) have a dispute and are unable to reach a resolution within 15 business days from the initiation of the dispute resolution process, both the county 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 to the county MHP and the MCMC plan within 30 calendar days from the receipt of the request.

AB 977 (Mark Stone) Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment.

Would have required the Department of Health Care Services (DHCS) for purposes of ensuring that children enrolled in the Medi-Cal program receive timely access to Early and Periodic Screening, Diagnosis, and Treatment services for which they are eligible, to conduct a review of the California State Auditor's Report 2018-111, entitled "Children in Medi-Cal: Access to Care and Preventative Services." Would have required DHCS, upon completion of the review, to develop a report on its findings and response, publish the report, and solicit comments from the public concerning the report.

AB 990 (Gallagher) Medi-Cal managed care plans: financial incentives.

Would have required a Medi-Cal managed care plan contract entered into, or amended, on or after January 1, 2021, to offer financial incentives to its existing enrollees for the purpose of promoting participation in preventive health or wellness activities.

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

Would have increased the maximum dollar value of the "home upkeep allowance" (HUA) in the Medi-Cal program, which is money a Medi-Cal beneficiary in a long-term care facility (LTC) is allowed for upkeep and maintenance of the home. Would have permitted 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. Would have required moneys in the HUA and TNF to be considered an exempt asset for Medi-Cal eligibility purposes. Would have required 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. Would have required the Department of Health Care Services to take specified information and outreach activities related to the HUA and TNF.

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

Would have required 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). Would have required the stakeholder process to have been completed by September 15, 2020, and would have required DHCS to report, by September 15, 2020, to the relevant legislative policy and fiscal committees the recommendations developed through the stakeholder process. Would have sunset the stakeholder process by January 1, 2021.

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

Would have authorized 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. Would have required 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. Would have required 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. Would have required a report to the Legislature on the results of the pilot project. Sunsets the provisions of this bill July 1, 2023.

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

Would have required comprehensive medication management (CMM) services to be covered under the Medi-Cal program. Would have defined 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. Would have required the Department of Health Care Services to establish Medi-Cal reimbursement rates and rate billing codes for CMM services provided by a licensed pharmacist.

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

Would have shortened 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. Would have required 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.

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

Would have permitted 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. Would have required 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. Would have required the LEA, to receive FFP, to pay the nonfederal share of EPSDT expenditures and to certify its public expenditures for EPSDT services to DHCS.

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

Would have allowed a certified crisis stabilization unit designated by a county mental health plan to provide medically necessary crisis stabilization services to individuals beyond 24 hours if the individual needs inpatient psychiatric care or outpatient care and those services are not reasonably available, when certain requirements are met. This bill was subsequently amended and would have instead authorized a person to bring a civil action against any responsible party, who, motivated by the person’s protected status, knowingly caused a peace officer to arrive at a location to contact the person with the intent to, among other provisions, infringe upon the person’s rights or caused the person to feel harassed, humiliated, or embarrassed.

AB 1938 (Low, Eggman) Prescription drugs: 340B discount drug purchasing program.

Would have prohibited a designated entity defined to describe AIDS Healthcare Foundation from using any revenue from a contract with the Department of Health Care Services, a contract with the Centers for Medicare and Medicaid Services, and from the federal 340B drug discount program to fund litigation under the California Environmental Quality Act, to influence any ballot measure action relating to housing, or to fund any efforts to influence any ballot measure action relating to housing.

AB 1940 (Flora) Medi-Cal: podiatric services.

Would have extended to doctors of podiatric medicine specified Medi-Cal provider enrollment provisions that currently apply to physicians. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 1965 (Aguiar-Curry) Family Planning, Access, Care, and Treatment (Family PACT) Program.

Would have expanded the scope of comprehensive clinical family planning services under the Family Planning, Access, Care, and Treatment Program to include coverage of the human papillomavirus vaccine for persons of reproductive age.

AB 1994 (Holden) Eligibility.

Would have extended the duration during which Medi-Cal benefits are suspended when an individual is an inmate of a public institution for three years or until the individual is no longer an inmate or is no longer eligible, whichever occurs sooner, instead of the shorter time-limited suspension of benefits under existing law. Would have required county welfare departments to suspend Medi-Cal benefits to an eligible juvenile, defined as an individual under age 21 years of age and a former foster youth under age 26 years of age. Would have prohibited, during the period that the eligible juvenile is an inmate of a public institution, their Medi-Cal eligibility from being terminated.

AB 2007 (Salas) Medi-Cal: federally qualified health center: rural health clinic: telehealth.

Would have prohibited face-to-face contact between a health care provider and a Medi-Cal eligible patient from being required for a federally qualified health center or rural health clinic to establish a patient at any time, including during an initial telehealth visit, or to render and bill for services by telehealth, subject to specified requirements. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2032 (Wood) Medi-Cal: medically necessary services.

Would have prohibited the existing Medi-Cal medical necessity requirements from precluding coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis.

AB 2042 (Wood) Medi-Cal: covered benefits.

Would have required Medi-Cal managed care (MCMC) plans to disclose the availability of in lieu of services (in lieu of services are benefits and services that plans provide that are provided in lieu of covered Medi-Cal services, such as a substitute for, or to avoid, hospital or nursing facility admissions, discharge delays, and emergency department use) on its internet website and its beneficiary handbook, and to disclose specified information on the use of in lieu of services to the Department of Health Care Services (DHCS). Would have required enhanced care management to be a covered Medi-Cal benefit, and to include, at a minimum, coordinating primary, acute, behavioral, oral, and long-term services and supports for that person. Required, as part of the requirement for DHCS that the MCMC plan rate methodology include specified data elements, to also include in lieu of services and settings provided by a MCMC plan. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2055 (Wood) Specialty mental health services and substance use disorder treatment.

Would have shifted the financing of the non-federal share of Medi-Cal funding for county specialty mental health services, Drug Medi-Cal, and the Drug Medi-Cal Organized Delivery System (DMC-ODS) from claiming federal reimbursement based on certified public expenditures to instead use intergovernmental transfers. Would have required the Department of Health Care Services (DHCS) to establish, implement, and administer the Behavioral Health Quality Improvement Program to assist county mental health plans and counties that administer the Drug Medi-Cal Treatment Program or the DMC-ODS for purposes of preparing those entities and their contracting health care providers for implementation of the behavioral health components included in the DHCS California Advancing and Innovating Medi-Cal initiative. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2146 (Chiu) Public University Dental School Intergovernmental Transfer Program.

Would have required the Department of Health Care Services (DHCS) to establish, implement, and maintain the Public University Dental School Intergovernmental Transfer (IGT) Program within the Denti-Cal program. Would have required DHCS to authorize public university dental schools to utilize IGTs to support the training and dental care that these schools provide to California's most vulnerable residents who are served by Denti-Cal. Would have permitted the nonfederal share of the funding to be provided through voluntary IGTs from affected public entities. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2170 (Blanca Rubio) Eligibility: redetermination.
Would have required county welfare departments, if an individual is a juvenile who is either detained at a juvenile detention center or an inmate of a public institution, to conduct a redetermination of Medi-Cal eligibility before the juvenile's release from that facility. Would have prohibited the county, for purposes of conducting the redetermination, from requiring a new application from the individual. Would have required, if the county welfare department determines the individual is Medi-Cal eligible, Medi-Cal eligibility to be restored upon the individual's release from that facility. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2258 (Reyes, Bonta, Limón, McCarty) Doula care: Medi-Cal pilot program.
Would have required the Department of Health Care Services (DHCS), commencing July 1, 2021, to establish a full-spectrum doula care pilot program to operate for three years for all pregnant and postpartum Medi-Cal beneficiaries residing in 14 counties that are communities that experience the highest burden of birth disparities. Would have entitled any Medi-Cal beneficiary who is pregnant as of July 1, 2021, and residing in a pilot program county to "full-spectrum doula care." Would have required DHCS to convene a doula advisory board to decide on a list of core competencies required for doulas who are authorized by DHCS to be reimbursed under the Medi-Cal program. Would have sunset the provisions of this bill on January 1, 2026. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2277 (Salas, Cristina Garcia, Quirk, Reyes) Medi-Cal: Blood lead screening tests.
Would have required, if a Medi-Cal managed care (MCMC) plan enrollee who is a child misses a required blood lead screening test at 12 and 24 months of age, the MCMC plan to notify the parent, parents, guardian, or other person charged with the support and maintenance of that child about those missed blood lead screening tests. Would have required a contract between the Department of Health Care Services and a MCMC plan to identify, on a monthly basis, every enrollee who is a child without any record of completing required blood lead screening tests at 12 and 24 months of age, and to remind the contracting health care provider who is responsible for performing a periodic health assessment of a child pursuant to existing state regulation of the need to perform required blood lead screening tests.

AB 2278 (Quirk, Cristina Garcia, Grayson, Reyes, Salas) Lead screening.
Would have required an analyzing laboratory that performs a blood lead analysis to also report to the California Department of Public Health (DPH) the person's telephone number in addition to the person's address and ZIP code if the analyzing laboratory has that information, and the Medi-Cal identification number and medical plan identification number, if available. Would have required the existing "within 30 calendar day" timeframe for an analyzing laboratory to report to DPH a blood lead test of less than 10 micrograms per deciliter to begin from the date of the analysis. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2409 (Kalra) Medi-Cal: Assisted Living Waiver program.

Would have required the Department of Health Care Services (DHCS) to submit to the federal Centers for Medicare and Medicaid Services a request for an amendment of the Assisted Living Waiver Program (ALWP) to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases that came into effect dating back to 2007 that were not reflected in the reimbursement tiers. Would have required DHCS to continue to adjust the reimbursement tiers to compensate for future mandatory minimum wage increases to ensure sufficient participation from providers. Would have required DHCS to establish requirements and procedures to ensure that any person on 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. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2422 (Grayson) Lead testing.

Would have added to the information that a laboratory is required to provide to the California Department of Public Health (DPH) the Medi-Cal identification number, or other equivalent medical identification number of the person tested. Would have required, if the person tested is a minor, that the laboratory include the person's contact information and a unique identifier, in a form to be determined by DPH, as specified. Would have required DPH to develop and maintain on its internet website a public registry of lead-contaminated locations reported to DPH pursuant to the provisions relating to lead hazards in buildings, and would have required DPH to ensure that personally identifiable information, including medical information, is not disclosed or ascertainable from the information available on the registry.

AB 2439 (Megan Dahle, Mathis) Medi-Cal: disproportionate share hospital replacement payment adjustments.

Would have required an eligible nondesignated public hospital to receive Medi-Cal disproportionate share hospital replacement payment adjustments. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2492 (Choi) California Program of All-Inclusive Care for the Elderly (PACE program).

Would have required the Department of Health Care Services (DHCS) to authorize a Program of All-Inclusive Care for the Elderly (PACE) center to provide PACE services for the maximum number of individuals for which the PACE center is eligible to provide PACE services. Would have required DHCS' authorization to be in writing and to provide detailed reasons for the specific maximum number of individuals for which the PACE center is eligible to provide PACE services. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2668 (Quirk-Silva, Weber) Integrated School-Based Behavioral Health Partnership Program.

Would have authorized local educational agencies and county behavioral health agencies to enter into partnerships to provide school-based behavioral health and substance abuse disorder services on school sites; and would have authorized the partnership to bill private insurance providers under specified conditions. Would have established requirements for provision of services and reimbursement for privately insured students. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2692 (Cooper) Medi-Cal: lactation support.

Would have expanded the obligation of the Department of Health Care Services to streamline and simplify Medi-Cal program procedures to improve access to lactation supports for Medi-Cal beneficiaries by including lactation specialists within lactation supports. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2729 (Bauer-Kahan) Medi-Cal: presumptive eligibility.

Would have required the Department of Health Care Services to seek federal approval to provide full scope Medi-Cal benefits to: 1) all pregnant people and infants with family incomes not in excess of 208% of the federal poverty level ; and, 2) do so during the Medi-Cal presumptive eligibility period. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2735 (Bonta) Genetically Handicapped Persons Program.

Would have added mucopolysaccharidosis, a group of metabolic disorders, to the list of medical conditions eligible for coverage under the Holden-Moscone-Garamendi Genetically Handicapped Persons Program. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2739 (Weber) Medi-Cal: monthly maintenance amount: personal and incidental needs.

Would have increased the personal needs allowance (PNA) amount from $35 to $80 per month for Medi-Cal-eligible individuals who live in a medical institution, nursing facility, or receive services from a Program of All-Inclusive Care for the Elderly organization. Would have required the Department of Health Care Services to annually increase the PNA based on the percentage increase in the California Consumer Price Index. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2807 (Blanca Rubio) Medically Tailored Meals Pilot Program.

Would have extended the sunset date of the medically tailored meals pilot program in Medi-Cal to January 1, 2025, and would have expanded the program, commencing January 1, 2021, to include Fresno and Kern Counties. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2836 (Chen) Medi-Cal: emergency medical transportation services.
Would have revised various provisions of the Medi-Cal Emergency Medical Transportation Reimbursement Act, including requiring the Department of Health Care Services to calculate and publish the quality assurance fee rate within specified timeframes. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2871 (Fong) Medi-Cal: substance use disorder services: reimbursement rates.
Would have required the Department of Health Care Services (DHCS) to ensure that the reimbursement rates for Drug Medi-Cal are equal to the reimbursement rates for similar services provided under the Medi-Cal Specialty Mental Health Services Program (SMHS Program). Would have required DHCS, for purposes of establishing a capitated rate for a Medi-Cal managed care plan contract that covers substance use disorder (SUD) services, to ensure that the reimbursement rates for SUD services are equal to the reimbursement rates for similar services provided under the SMHS Program. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2912 (Gray) Medi-Cal specialty mental health services.
Would have required the Department of Health Care Services to identify all forms currently used by each county mental health plan contractor for purposes of determining eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, and develop standard forms to be used by all counties. Would have required the standard forms to include, at a minimum, forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. Would have required the standard forms to be used by all county mental health plan contractors, and providers who render services under those contracts, when serving eligible Medi-Cal beneficiaries. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3118 (Bonta) Medically supportive food.
Would have required the Department of Health Care Services (DHCS), to the extent funds are made available in the annual budget act for this purpose, to establish a three-year pilot program in Alameda County to provide medically supportive food as a covered benefit for a Medi-Cal beneficiary who has a chronic health condition including pre-diabetes, diabetes, heart disease, hypertension, kidney disease or obesity, when utilizing evidence-based practices that demonstrate the prevention, reduction, or reversal of those specific diseases, subject to utilization controls. Would have required DHCS, upon the completion of the pilot program, and to the extent it can be determined, to evaluate the impact of the pilot program, including, but not limited to, relevant data collected under the Medi-Cal program, and the pilot program's impact on hospital readmissions, admissions into long-term care facilities and emergency room utilization rates.

AB 3285 (Irwin) Medi-Cal: antipsychotic drugs.

Would have prohibited prior authorization from being required in the Medi-Cal Program for an antipsychotic drug for the treatment of a serious mental illness (SMI) for a period of 365 days after the initial prescription has been dispensed. Would have required a prescription for an antipsychotic drug for the treatment of a SMI to be automatically approved if the Department of Health Care Services (DHCS) verified a record of a paid claim that documents a diagnosis of a SMI within 365 days before the date of that prescription. Would have prohibited the six prescription limit in Medi-Cal fee-for-service from applying if any of the prescribed drugs are antipsychotic medications for the treatment of a SMI. Would have required DHCS to allow a pharmacist to dispense a 90-day supply of a prescribed antipsychotic drug for the treatment of a SMI if the prescription otherwise conforms to applicable formulary requirements and meets other specified requirements. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 29 (Durazo) Medi-Cal: eligibility.

Would have extended 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 was otherwise eligible for Medi-Cal benefits. Would have made 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.

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

Would have required Medi-Cal reimbursement to Federally Qualified Health Centers and Rural Health Clinics for two visits taking place on the same day at a single location when the patient has a medical visit and another health visit with a mental health or dental provider.

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

Would have required the Department of Health Care Services to develop and implement asthma preventive services to assist Medi-Cal beneficiaries in asthma management and prevention. This bill was subsequently substantially amended to permit a voter to change their party preference or update their residence address without re-registering to vote, as specified *Chapter 1, Statutes of 2020.*

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

Would have required 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.

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

Would have required 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. Would have repealed the authority of DHCS to revise or terminate the HHP any time after the first eight quarters of implementation.

SB 910 (Pan) Population health management program.

Would have required the Department of Health Care Services (DHCS) to require, by January 1, 2022, each Medi-Cal managed care plan to implement a population health management program to identify, assess, and manage the needs of Medi-Cal beneficiaries who are enrolled in each plan. Would have required a Medi-Cal managed care plan to describe case management services provided to enrollees and to report to DHCS on specified information, including the number of enrollees receiving in-lieu-of services. Would have required DHCS to establish metrics for, and require the federally required external quality review organization (EQRO) to evaluate the effectiveness of, the enhanced care management and in-lieu-of services provided to enrollees, to establish metrics for evaluating the program, and to require the EQRO to conduct an analysis of each Medi-Cal managed care plan's program. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

SB 916 (Pan) Medi-Cal: health care services.

Would have added enhanced care management, as described, to the schedule of benefits for a beneficiary to obtain as covered Medi-Cal services. Would have required each Medi-Cal managed care plan to disclose the availability of in-lieu-of services on its internet website and in its beneficiary handbook and would make a conforming change related to capitation rates for managed care contracts that include in-lieu-of services. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

SB 936 (Pan) Medi-Cal managed care plans: contracts.

Would have required the Director of the Department of Health Care Services (DHCS) to conduct a contract procurement at least once every five years if the DHCS Director contracts with a commercial Medi-Cal managed care plan for the provision of care of Medi-Cal beneficiaries on a state-wide or limited geographic basis, and would have authorized the DHCS Director to extend an existing contract for one year if the director takes specified action, including providing notice to the Legislature, at least one year before exercising that extension. Would have required DHCS to perform specified duties, including establishing a stakeholder process in the planning and development of each commercial Medi-Cal managed care contract procurement process, and receiving public comment on the model contract, procurement qualifications, and evaluation criteria. Would have authorized a county to submit to DHCS its preferences for any commercial Medi-Cal managed care plan to provide services in that county, and to request and receive from DHCS any report on specified matters, such as beneficiary health outcomes. Would have authorized DHCS to contract with any commercial Medi-Cal managed care plan only if the plan can demonstrate its ability to meet specified evaluation criteria set forth by DHCS, including the ability of a commercial Medi-Cal managed care plan to comply with time and distance requirements, appointment time standards, and performance targets, as established by the DHCS. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

SB 1029 (Pan) Medi-Cal: County of Sacramento.

Would have permitted Sacramento County, by ordinance, to establish a health authority, defined as a separate public entity established by the Sacramento County Board of Supervisors (board). Would have authorized the health authority, commencing January 1, 2024, to designate a number of Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene) licensed health plans for purposes of Medi-Cal managed care (MCMC) plan procurement for Geographic Managed Care (GMC) as the only MCMC plans authorized to operate within the county. Would have authorized the county to seek and obtain Knox-Keene health plan licensure in order to serve as the county-sponsored local initiative (LI) contracted with DHCS for MCMC, or to negotiate and enter into a contract with a Knox-Keene licensed plan to be the designated LI health plan for the purpose of contracting with DHCS, instead of the current GMC model in Sacramento County. Would have required the Sacramento County enabling ordinance to specify the membership of the 20 member governing commission of the health authority, the qualifications for commission members, and the manner of appointment.

SB 1073 (Lena Gonzalez) Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children.

Would have required the Department of Health Care Services (DHCS) to designate the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) and its local WIC agencies as Express Lane agencies, and to use WIC Program eligibility determinations to meet Medi-Cal program eligibility requirements, including financial eligibility and state residence. Would have required DHCS, in collaboration with specified entities, such as program offices for the WIC Program and local WIC agencies, to complete various tasks, including receiving eligibility findings and information from WIC records on WIC recipients to process their Medi-Cal program expedited eligibility determination. Would have required DHCS to eliminate procedural burdens imposed on Medi-Cal program applicants by implementing specified policies, such as providing presumptive eligibility and WIC-based verification of Medi-Cal program eligibility for the WIC Program. Would have required DHCS to conduct a feasibility study to assess and design electronic express lane eligibility systems pathways between the Medi-Cal program and the WIC Program, and to maximize federal Medicaid funding for systems modifications, and conditions the implementation of these provisions on DHCS obtaining federal approval. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing in the Senate.*

SB 1342 (Roth) Long-term care insurance: protection against inflation.

Would have required a long-term care insurance policy or a health care service plan contract, certified by the Department of Health Care Services, to provide a lower cost option that, at a minimum, protects against inflation that automatically increases benefit levels by 3% each year over the previous year. Would have required a policy or certificate qualified for certification under specified provisions to provide, at a minimum, protection against inflation that automatically increases benefit levels by 3% each year over the previous year.

22. Reproductive health

AB 1030 (Calderon, Petrie-Norris) Pelvic examinations: informational pamphlet.
Would have required 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. Would have required 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.

AB 1189 (Wicks, Chiu) Abortion.
Would have required the Department of Public Health to develop and make available to the public informational materials that identify a person's privacy rights with respect to abortion, and the prohibition against state denial or interference with the right to choose or obtain an abortion, as specified.

AB 2258 (Reyes, Bonta, Limón, McCarty) Doula care: Medi-Cal pilot program.
Would have required the Department of Health Care Services (DHCS), commencing July 1, 2021, to establish a full-spectrum doula care pilot program to operate for three years for all pregnant and postpartum Medi-Cal beneficiaries residing in 14 counties that are communities that experience the highest burden of birth disparities. Would have entitled any Medi-Cal beneficiary who is pregnant as of July 1, 2021, and residing in a pilot program county to "full-spectrum doula care." Would have required DHCS to convene a doula advisory board to decide on a list of core competencies required for doulas who are authorized by DHCS to be reimbursed under the Medi-Cal program. Would have sunset the provisions of this bill on January 1, 2026. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2417 (Patterson) Maternal mental health: bereaved mothers.
Would have added "bereaved mothers," as defined, to the list of individuals that hospitals must provide information about maternal mental conditions, posthospital treatment options, and community resources. Would have specified that the requirement for a licensed health care practitioner providing prenatal or postpartum care to a patient to ensure the patient is offered screening, or is appropriately screened for maternal mental health conditions, includes a patient who is a bereaved mother. Would have defined a bereaved mother as a mother who has experienced a miscarriage, stillbirth, or fatal fetal diagnosis. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2729 (Bauer-Kahan) Medi-Cal: presumptive eligibility.
Would have required the Department of Health Care Services to seek federal approval to provide full scope Medi-Cal benefits to: 1) all pregnant people and infants with family incomes not in excess of 208% of the federal poverty level ; and, 2) do so during the Medi-Cal presumptive eligibility period. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 3003 (Cervantes) Maternal mental health: perinatal services.

Would have required the Department of Public Health to develop, and maintain on its website, a referral network of community-based mental health providers and support services addressing postpartum depression, prenatal delivery, and postpartum care to improve access to postpartum depression screening, referral, treatment, and support services in medically underserved areas, or areas with demonstrated need. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

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

Would have required 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.

23. Senior Health

AB 388 (Limón) Alzheimer's disease.

Would have required 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.

AB 683 (Carrillo) Medi-Cal: eligibility.

Would have increased the Medi-Cal "asset test" 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. Would have prohibited 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). Would have excluded other assets from consideration, and would have narrowed the application of existing asset limits (for example, excludes additional cars from the asset limit). Would have codified asset limits in state law which are currently in federal law, state law, state regulation, and state guidance.

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

Would have increased the maximum dollar value of the "home upkeep allowance" (HUA) in the Medi-Cal program, which is money a Medi-Cal beneficiary in a long-term care facility (LTC) is allowed for upkeep and maintenance of the home. Would have permitted 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. Would have required moneys in the HUA and TNF to be considered an exempt asset for Medi-Cal eligibility purposes. Would have required 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. Would have required the Department of Health Care Services to take specified information and outreach activities related to the HUA and TNF.

AB 2245 (Kalra) Long-term health facilities.

Would have changed the standard for Department of Public Health when issuing penalties against long term care (LTC) facilities for violations that result in the death of a resident from "direct proximate cause" to "substantial factor" and the death was a result of the violation. Would have increased the amount of civil penalties assessed against LTC facilities. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2409 (Kalra) Medi-Cal: Assisted Living Waiver program.

Would have required the Department of Health Care Services (DHCS) to submit to the federal Centers for Medicare and Medicaid Services a request for an amendment of the Assisted Living Waiver Program (ALWP) to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases that came into effect dating back to 2007 that were not reflected in the reimbursement tiers. Would have required DHCS to continue to adjust the reimbursement tiers to compensate for future mandatory minimum wage increases to ensure sufficient participation from providers. Would have required DHCS to establish requirements and procedures to ensure that any person on 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. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2492 (Choi) California Program of All-Inclusive Care for the Elderly (PACE program).

Would have required the Department of Health Care Services (DHCS) to authorize a Program of All-Inclusive Care for the Elderly (PACE) center to provide PACE services for the maximum number of individuals for which the PACE center is eligible to provide PACE services. Would have required DHCS' authorization to be in writing and to provide detailed reasons for the specific maximum number of individuals for which the PACE center is eligible to provide PACE services. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

AB 2739 (Weber) Medi-Cal: monthly maintenance amount: personal and incidental needs.

Would have increased the personal needs allowance (PNA) amount from $35 to $80 per month for Medi-Cal-eligible individuals who live in a medical institution, nursing facility, or receive services from a Program of All-Inclusive Care for the Elderly organization. Would have required the Department of Health Care Services to annually increase the PNA based on the percentage increase in the California Consumer Price Index. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 29 (Durazo) Medi-Cal: eligibility.

Would have extended 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 was otherwise eligible for Medi-Cal benefits. Would have made 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.

SB 1342 (Roth) Long-term care insurance: protection against inflation.

Would have required a long-term care insurance policy or a health care service plan contract, certified by the Department of Health Care Services, to provide a lower cost option that, at a minimum, protects against inflation that automatically increases benefit levels by 3% each year over the previous year. Would have required a policy or certificate qualified for certification under specified provisions to provide, at a minimum, protection against inflation that automatically increases benefit levels by 3% each year over the previous year.

24. Tobacco

AB 1639 (Gray, Flora, Kamlager, Robert Rivas, Ting) Tobacco products.
Would have required a person engaged in the retail sale of tobacco to use age verification software, would have decreased the period for calculating civil penalties and license suspensions and would have increased the penalty amounts. Would have prohibited retailers from selling non-tobacco-flavored vapor products, as defined, and from selling any non-cannabis-flavored vapor product, as defined. Would have imposed an additional tax on electronic cigarettes at a rate of $2.40 per every 40 milligrams of base product nicotine contained in the electronic cigarette.

AB 2230 (Berman) Tobacco assessment.
Would have required alcoholism or substance use disorder recovery or treatment facilities and alcohol or other drug programs licensed or certified by the Department of Health Care Services to assess each client or patient for tobacco use at the time of the initial intake and to comply with specified requirements. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*

SB 424 (Jackson) Tobacco products: single-use and multiuse components.
Would have prohibited a person or entity from selling, giving, or in any way furnishing to another person of any age in the state any single-use filters, plastic devices, electronic cigarettes, and vaporizer devices, as specified. Required the manufacturer of these components to use materials eligible for recycling under state or local recycling programs to make any multiuse, reusable component, and to offer methods for recycling those components, as specified.

25. Vital Statistics

AB 650 (Low) Homicide and suicide: data.

Would have required the Department of Public Health, using the existing electronic death reporting system, to compile an annual report on violent deaths that involve members of the lesbian, gay, bisexual, transgender, and queer community. Would have required death certificates to include information about a decedent's sexual orientation.

AB 2376 (Flora) Vital records: certified copies: electronic requests.

Would have deleted the January 1, 2021, sunset date and make permanent the authority of the State Registrar, local registrar, or county recorder to accept electronic verification of identity accompanied by an electronic statement sworn under penalty of perjury, from an authorized person requesting a vital record.

SB 373 (Hertzberg) County recorder: vital records: blockchain technology.

Would have permitted a county recorder, until January 1, 2022, the use of blockchain technology for transmitting marriage records. Would have defined 'blockchain technology' as a mathematically secured, chronological, and decentralized consensus ledger or database.

26. Misc

AB 788 (Mayes) Health care coverage.

Would have repealed, on January, 1, 2023, the requirement for the Secretary of the California Health and Human Services Agency to report on the options for achieving universal health care coverage, as specified.

AB 1038 (Muratsuchi) Health data: rates for health care services: physicians and surgeons.

Would have required the Medical Board of California to provide to the Office of Statewide Health Planning and Development (OSHPD), no less than annually, a comprehensive list of all physicians and surgeons practicing in California, including prescribed information. Would have required a board-licensed physician and surgeon to provide to OSHPD specified information relating to negotiated rates and charges imposed for services provided. Would have required OSHPD to make public certain aggregate data on negotiated rates.

AB 1404 (Santiago) Nonprofit sponsors: reporting obligations.

Would have required 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.

AB 2817 (Wood) Office of Health Care Quality and Affordability.

Would have established the Office of Health Care Quality and Affordability (Office) to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs, and create a strategy to control health care costs. Would have required the Office to be governed by a board with specified membership, and required the board to hire an executive director to organize, administer, and manage the operations of the Office. Would have required health care entities to report specified data to the board, which the board would be required to keep confidential. Would have required the board, based on reported data, to annually establish statewide health care cost growth targets beginning in the 2022 calendar year and sector-based health care cost growth targets beginning in the 2023 calendar year. *Due to the shortened Legislative calendar brought on by the COVID-19 pandemic, this bill was not set for a hearing.*