SENATE COMMITTEE ON HEALTH



LEGISLATIVE SUMMARY

2017 - 2018 SESSION

SENATE COMMITTEE ON HEALTH 2017-2018 LEGISLATIVE SUMMARY

2017 COMMITTEE MEMBERS

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Melanie Moreno, Staff Director Scott Bain, Consultant Teri Boughton, Consultant Reyes Diaz, Consultant Vincent D. Marchand, Consultant Dina Lucero, Committee Assistant Aimee Anspach, Committee Assistant

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Aging and Long-Term Care

SB 177 (Nguyen) Cognitively impaired adults: caregiver resource centers.

Appropriates \$3.3 million from the General Fund each fiscal year beginning with the 2017-18 fiscal year to the Department of Health Care Services for Caregiver Resource Centers (CRCs) for purpose of providing respite care. Permits CRC services to be provided both in-person and through the use of remote technologies (except for respite care services), including but not limited to, web-based services, mobile applications, and telephone messaging services. *Held on the Senate Appropriations Committee Suspense File*.

SB 202 (Dodd) Medi-Cal: beneficiary maintenance needs: personal needs allowance. Increases the personal needs allowance (PNA) amount from \$35 to \$80 per month for Medi-Caleligible individuals who live in a medical institution, nursing facility, or receive services from a Program of All-Inclusive Care for the Elderly organization. Requires the Department of Health Care Services to annually increase the PNA based on the percentage increase in the California Consumer Price Index. *Held on the Senate Appropriations Committee Suspense File.*

SB 481 (Pan) Long-term health facilities: informed consent.

Requires that a resident of a long term care facility who has been determined to lack capacity to make health care decisions, and has no person with legal authority to make those decisions on the resident's behalf, to be notified prior to implementing a medical intervention of: the lack of capacity determination; the medical intervention that has been prescribed; and, the right of the resident to challenge these determinations in a judicial proceeding. *These provisions were amended out of the bill.*

SB 1248 (Gaines, Glazer) California Partnership for Long-Term Care Program.

Permits the Department of Health Care Services to certify a California Partnership for Long-Term Care policy with a reduced per diem benefit of at least \$100 per day for a nursing facility, residential care facility, and home care and community-based services, if the policy provides a lifetime maximum benefit of \$73,000 or more. Permits an insurer to offer a policy with these reduced benefits only if it also offers the applicant benefits that provide at least a lifetime maximum benefit that, at the time of purchase, is equivalent to at least 365 times 70% of the average daily private pay rate for a nursing facility and a nursing facility per diem benefit of no less than 70% of the average daily private pay rate. *Chapter 565, Statutes of 2018.*

SB 1292 (Hueso) Alzheimer's disease.

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

AB 614 (Limon) Area agency on aging: Alzheimer's disease and dementia: training and services.

Requires each Area Agency on Aging, in consultation with local organizations with expertise in Alzheimer's care to develop an evidence-based or evidence-informed core training program relating to Alzheimer's disease and dementia, and any additional training based on local needs only to the extent that funds are appropriated by the Legislature for that purpose. *Held on the Senate Appropriations Committee Suspense File*.

AB 940 (Weber) Long-term health care facilities: notice.

Requires a long-term health care facility to also notify the local long-term care ombudsman when a resident is notified in writing of a facility-initiated transfer or discharge from the facility. *Chapter 274, Statutes of 2017*

AB 1200 (Cervantes) Aging and Disabilities Resource Connection program.

Establishes an Aging and Disability Resource Connection program to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. *Chapter 618, Statutes of 2017.*

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

Requires the Department of Health Care Services (DHCS) to submit to the federal Centers for Medicare and Medicaid Services a request for renewal of the Medi-Cal Assisted Living Waiver Program (ALWP), with an increase in the number of slots beyond the currently authorized 3,700 to at least 18,500 slots. Requires DHCS to outline a process to expand the ALWP beyond the 15 existing waiver counties to enable the ALWP's availability on a regional basis in the state's northern, central, and southern regions that currently are without access to the program. *Veteod*.

Communicable Disease

SB 1325 (Moorlach) Peaceful and Natural Dignity Act: the right of self-quarantine.

Enacts the Peaceful and Natural Dignity Act and requires an individual or group, during an emergency, to be entitled to exercise the right of self-quarantine alone or together by electing to remain within the self-quarantine area for the self-quarantine period, as specified. Prohibits a person from obstructing or interfering with the exercise of the right of self-quarantine as set forth in this bill, notwithstanding any other law. *Failed passage in the Senate Health Committee*.

AB 511 (Arambula) Tuberculosis risk assessment and examination.

Replaces current mandatory tuberculosis (TB) testing for specified individuals with a TB risk assessment developed by the Department of Public Health and the California Tuberculosis Controllers Association. Repeals the requirement that students attending the California School for the Deaf and the California School for the Blind be tested for exposure to TB. *These provisions were amended out of the bill*.

AB 1279 (Salas) Valley fever.

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

AB 1780 (Maienschein) Importation of diseased dogs and cats.

Permits the State Public Health Officer (PHO) to monitor any report issued by a reliable and verifiable public source of an outbreak of a communicable disease occurring in another state caused by, or purported to be caused by, contact with a dog or cat. Permits the PHO, if he or she determines that the importation of dogs or cats into this state could pose a risk of an outbreak of a communicable disease, to issue an order to prohibit the importation of those affected dogs or cats. *Held on the Senate Appropriations Committee Suspense File*.

AB 1787 (Salas, Fong) Reporting: Valley Fever.

Places new reporting requirements on the Department of Public Health related to valley fever surveillance. *Chapter 229, Statutes of 2018.*

AB 1788 (Salas, Grayson) Public health: Valley Fever.

Permits the Department of Public Health, for the purpose of reports confirming a case of valley fever, to use laboratory criteria for diagnosis, with or without clinical criteria until January 1, 2024. *Chapter 230, Statutes of 2018.*

AB 1790 (Salas, Grayson) Valley Fever Education, Early Diagnosis, and Treatment Act.

Requires the Department of Public Health to conduct a valley fever awareness campaign to communicate with local health jurisdictions, providers, and the public about valley fever, as specified. *Chapter 338, Statutes of 2018.*

AB 2892 (Quirk) Pest control: mosquito abatement.

Establishes the California Mosquito Surveillance and Research Program to be administered by the Department of Public Health and outlines program duties. *Held on the Senate Appropriations Committee Suspense File.*

Emergency Medical Services

SB 432 (Pan) Emergency medical services.

Revises the required communicable disease exposure notification procedure for emergency medical services (EMS) providers by requiring a health facility to immediately notify an EMS provider's designated officer upon determining that a person to whom EMS were provided is diagnosed with a reportable disease, in addition to the existing requirement that provides notification to the county health officer who in turn notifies the EMS provider. *Chapter 426*, *Statutes of 2017*.

SB 523 (Hernandez) Medi-Cal: emergency medical transport providers: quality assurance fee.

Imposes a quality assurance fee on specified transports provided by an emergency medical transport provider in accordance with a prescribed methodology. Requires the resulting revenue to be placed in a continuously appropriated fund to be used to provide an add-on increase to the Medi-Cal fee-for-service emergency medical transport rate for three emergency transport reimbursement codes, to pay for state administrative costs, and to provide funding for health care coverage for Californians. *Chapter 773, Statutes of 2017.*

SB 944 (Hertzberg) Community Paramedicine Act of 2018.

Enacts the Community Paramedicine Act of 2018, which permits local emergency medical services agencies, with approval by the Emergency Medical Services Authority, to develop a program to provide community paramedic services in one or more of the following five specialties: a) providing short-term postdischarge followup; b) providing directly observed tuberculosis therapy; c) providing case management services to frequent emergency medical services users; d) providing hospice services to treat patients in their homes; and, e) 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, 2025. *Held on the Assembly Appropriations Committee Suspense File*.

SB 1305 (Glazer) Emergency medical services providers: dogs and cats.

Permits an emergency responder to provide basic first aid, as specified, to a dog or a cat, without being in violation of the Veterinary Medicine Practice Act. *Chapter 900, Statutes of 2018.*

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

Enacts the Peer Support and Crisis Referral Services Act to enable confidential peer support and crisis referral services for emergency service personnel. *Vetoed*.

AB 1776 (Steinorth) Emergency medical transport of police dogs: pilot project.

Permits the County of San Bernardino to conduct a three-year pilot project that would authorize emergency transportation in an ambulance for a police dog injured in the line of duty to a veterinary medicine facility under certain conditions, including if there is not a person requiring medical attention or medical transportation at the time the request is made to transport the police dog, and the dog's canine handler accompanies the injured dog and is the one responsible for any first aid rendered to the dog during transport. *Chapter 272, Statutes of 2018.*

AB 2102 (Rodriguez) State of emergency: out-of-state aid: reciprocity.

Requires the Emergency Medical Services Authority to establish training standards and licensing reciprocity procedures for out-of-state paramedic personnel who are requested through the California Disaster and Civil Defense Master Mutual Aid Agreement to render aid on a temporary basis during a declared state of emergency pursuant to the California Emergency Services Act, as specified. *No action taken on the Senate Floor.*

AB 2262 (Wood) Coast Life Support District Act: urgent medical care services.

Expands the powers of the Coast Life Support District to include, in addition to supplying emergency medical services to the inhabitants of the district, to also supply urgent medical care services. *No action taken on the Senate Floor*.

AB 2961 (O'Donnell) Emergency medical services.

Requires a local emergency medical services agency to report ambulance patient offload time to the Emergency Medical Services Agency (EMSA). Requires EMSA to calculate ambulance patient offload time by jurisdiction and by each facility within a jurisdiction, to report this data to the Commission on Emergency Medical Services twice per year, and to submit a report to the Legislature by December 1, 2020. *Chapter 656, Statutes of 2018.*

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

Enacts the Community Paramedicine or Triage to Alternate Destination Act of 2018, and 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: a) providing short-term postdischarge followup; b) providing directly observed tuberculosis therapy; c) providing case management services to frequent emergency medical services users; d) providing hospice services to treat patients in their homes; and, e) 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, 2025. *Vetoed*.

Food Safety and Labeling

SB 504 (Weickowski) Synthetic food dyes.

Requires the Office of Environmental Health Hazard Assessment to review existing scientific literature on the risks, if any, to children who consume synthetic food dyes, and to issue a report by July 1, 2019, on whether synthetic dyes adversely affect some children's behavior, and if so, what risk management options are available to the Legislature. *Held on the Senate Appropriations Committee Suspense File*.

SB 557 (Hernandez) Food donations: schools.

Permits a local educational agency to provide sharing tables where faculty, staff and students can place prepackaged, non-potentially hazardous food items, uncut produce, unopened bags of sliced fruit, and unopened containers of milk that are maintained at 41 degrees Fahrenheit or below, that can be donated to a food bank or other nonprofit charitable organizations. *Chapter* 285, *Statutes of 2017*.

SB 1138 (Skinner) Food options: plant-based meals.

Requires the California Department of Corrections and Rehabilitation (CDCR) to make plant-based meals available to the inmates under its jurisdiction, and requires specified licensed health care facilities to make plant-based meals available to their patients, as specified. *Chapter 512*, *Statutes of 2018*.

SB 1192 (Monning) Children's meals.Requires restaurants that sell children's meals to make either water, milk, or a nondairy milk alternative the default beverage that is offered with the children's meal. *Chapter 608, Statutes of 2018.*

AB 626 (Eduardo Garcia, Arambula) California Retail Food Code: microenterprise home kitchen operations.

Establishes "microenterprise home kitchens" (MHKs) as a new category of retail food facility, that cities or counties would have discretion to authorize and permit, to be operated by a resident in a private home, subject to specified requirements. Limits MHKs to selling food directly to consumers, but specifies that the sale of food through an Internet food service intermediary is considered a direct sale to consumers, and establishes requirements on these intermediaries. *Chapter 470, Statutes of 2018.*

AB 836 (Chiu) Vending machines: bulk food.

Permits the Department of Public Health to grant a variance from provisions of law related to food safety in order to allow the dispensing of bulk potentially hazardous food from vending machines. *Chapter 259, Statutes of 2017.*

AB 954 (Chiu) Food labeling: quality and safety dates.

Requires the Department of Food and Agriculture, in consultation with the Department of Public Health, to publish information by July 1, 2018 that encourages food manufacturers, processors, and retailers to voluntarily use specified "best by" and "use by" labels that communicate quality and safety dates, respectively. *Chapter 787, Statutes of 2017.*

AB 1219 (Eggman) Food donations.

Enacts the California Good Samaritan Food Donation Act, which strengthens immunity protections for the donation of food, extends this immunity protection to other entities that donate food, rather than just food facilities, and requires local food facility enforcement officers to promote the recovery of food fit for human consumption during their routine inspections with handouts describing the immunity provisions association with the donation of food. *Chapter 619*, *Statutes of 2017*.

AB 1461 (Thurmond) Food facility employee: food handler cards.

Requires an employee of a food facility, and that is also a for-profit business that offers meal subscription plans, to obtain a food handler card if they work in whole or in part with unpackaged food. *Vetoed*

AB 2178 (Limón) Limited service charitable feeding operation.

Establishes a limited service charitable feeding operation as a new category of regulated food facility, whose food service is limited to storage and distribution of nonpotentially hazardous foods or commercially prepared or packaged hazardous foods, or limited service of commercially prepared foods, and exempts these charitable feeding operations from many, but not all, of the requirements that apply to other food facilities. *Chapter 489, Statutes of 2018.*

AB 2524 (Wood) Catering operation: host facility.

Enacts a regulatory structure, within the provisions of law governing retail food facilities, for a catering operation, as well as for a host facility that supports a catering operation. Defines a catering operation as a food service conducted by a permanent food facility at a location other than its permitted location as part of a contracted offsite food service event, or when operating in conjunction with a host facility with direct food sales. Defines a host facility as a facility located in a brewery, winery, or commercial office building that is approved by the local enforcement agency to support a catering operation. *Chapter 493, Statutes of 2018.*

Health Care Coverage

SB 133 (Hernandez) Health care coverage: continuity of care.

Requires health plans and health insurers to, at the request of a newly covered enrollee or insured under an individual health plan contract or individual health insurance policy, to arrange for the completion of covered services as set forth in existing law by a nonparticipating provider if the newly covered enrollee's or insured's prior coverage was terminated, as specified, which includes when a health benefit plan is withdrawn from any portion of a market. Requires a notice as to the process by which an enrollee or insured may request completion of covered services to be provided with any termination of coverage notice sent. *Chapter 481*, *Statutes of 2017*.

SB 134 (Hernandez) Small group market: single risk pool: index rate. Deletes a reference in existing law to the Affordable Care Act reinsurance program related to small group health plan single risk pool index rate adjustments. *These provisions were amended out of the bill.*

SB 172 (Portantino) Health care coverage: fertility preservation.

Requires individual and small group health care coverage to include coverage for standard fertility preservation services when a medically necessary treatment may cause infertility. *Held on the Senate Appropriations Committee Suspense File.*

SB 223 (Atkins) Health care language assistance services.

Requires health plans, including Medi-Cal managed care plans and health insurers to include information about the availability of language assistance services, including oral interpretation services in the top 15 languages as determined by the Department of Health Care Services. Requires interpreters to meet specified requirements, requires specified disclosures to the public and Medi-Cal beneficiaries and applies these and existing Medi-Cal provisions on language assistance to Medi-Cal mental health plans. *Chapter 771, Statutes of 2017.*

SB 288 (Hernandez) Health coverage: small employers.

Amends the law that establishes Covered California to replace references to the Small Business Health Options Program with Covered California for Small Business Exchange. *No action taken on the Assembly Floor.*

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

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

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

Makes changes to the mandate on health plans and health insurers to cover behavioral health treatment for pervasive developmental disorder or autism, such as prohibits a health plan or insurer from denying or reducing coverage for medically necessary services based on the setting, location, or time of treatment recommended by the qualified autism service provider or based on the lack of parent or caregiver participation. Broadens the eligibility criteria to become a qualified autism service professional and paraprofessional. *Vetoed*.

SB 437 (Atkins) Health care coverage: joint senior level working group.

Requires the joint senior level working group of the Department of Managed Health Care and the Department of Insurance to review and examine the grievance and consumer complaint process for timely access and network adequacy, and the state implementation of federal health care reforms, including any changes in federal law, or rules, regulations, or guidance issued under federal law to ensure clarity for health care consumers and consistency in regulations of these departments. *No action taken on the Assembly Floor.*

SB 538 (Monning) Hospital contracts.

Prohibits contracts between hospitals or any affiliate of a hospital and certain types of third-party administrators, health plans or health insurers from containing provisions that set payment rates or terms for nonparticipating providers, require contracts with one or more affiliated providers, require payors to attest to the contract terms, require arbitration for antitrust claims, require same cost-sharing for out-of-network hospitals, or keep payment rates secret, as specified. Makes any of these contract provisions void and unenforceable. *No action taken in the Assembly Health Committee.*

SB 562 (Lara, Atkins) The Healthy California Act.

Enacts the Healthy California program, which is required to provide comprehensive universal single-payer health care coverage system for all California residents. Prohibits this bill from becoming operative until the date the Secretary of Health and Human Services provides notification that he or she has determined that the Healthy California Trust Fund has revenues to fund the costs of implementing this bill. *No action taken in the Assembly.*

SB 581 (De León, Allen, Hill, Lara, McGuire) Cal-COBRA: disclosures.

Deletes a disclosure notice that is no longer accurate related to group benefit plan continuation coverage. *These provisions were amended out of the bill.*

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

Adds Duchenne muscular dystrophy to the list of medical conditions eligible for coverage under the Genetically Handicapped Persons Program. *Vetoed*.

SB 910 (Hernandez) Short-term limited duration health insurance.

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

SB 997 (Monning) Health care service plans: physician to enrollee ratios.

Removes the sunset date on existing law that requires at least one full-time equivalent primary care physician for every 2,000 health plan enrollees and permits an additional 1,000 enrollees for each full-time equivalent nonphysician medical practitioner. *Chapter 152, Statutes of 2018.*

SB 1008 (Skinner) Health insurance: dental services: reporting and disclosures. Requires, for plan and policy years on and after January 1, 2021, or 12 months after regulations are adopted, health plans and health insurance policies that cover dental services to utilize a uniform health plan benefits and coverage matrix, as specified. *Chapter 933, Statutes of 2018.*

SB 1021 (Wiener) Prescription drugs.

Prohibits health plan contracts and health insurance policies from having utilization management policies or procedures which rely on a multitablet drug regimen over a single-table drug regimen for the prevention of HIV infection and AIDS until January 1, 2023; extends to 2024, the January 1, 2020 sunset on law that caps cost sharing for a covered outpatient prescription drug at \$250/\$500 per 30-day supply, as specified, as well as other formulary requirements; and codifies a regulation that prohibits an enrollee or insured from being charged more than the retail price for a prescription drug when the applicable copayment or coinsurance is a higher amount. *Chapter 787, Statutes of 2018.*

SB 1023 (Hernandez) Reproductive health care coverage.

Clarifies that health plans, insurers, and Medi-Cal managed care plans are permitted to cover sexual and reproductive health services through telehealth, as specified. Requires services provided by a Family PACT provider through telehealth, as specified, to be covered services. Permits Family PACT providers to determine program eligibility remotely, as specified, and permits the Department of Health Care Services to develop program policies to support implementation of off-site eligibility determination and enrollment. *No action taken on the Assembly Floor.*

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

Establishes requirements for certain financially interested entities making third-party health insurance premium payments for health plan enrollees or insureds, and sets the reimbursement for services provided by financially interested third-party payers at the rate in the enrollees' or insureds' contract, or the Medicare rate, whichever is lower. Includes a 120% recovery amount should a third-party payer fail to comply with disclosures in this bill. **Vetoed.**

SB 1245 (Levva) Covered California.

Extends existing Covered California Executive Board emergency regulation authority until January 1, 2022, with two readoptions until January 1, 2027, and requires any rule or regulation to be discussed by the Covered California Executive Board during at least one properly noticed board meeting prior to the board meeting at which the board adopts the rule or regulation. *Chapter 417, Statutes of 2018.*

SB 1255 (Hernandez) Health insurance market: financial assistance.

Requires Covered California to administer financial assistance to help low- and middle-income Californians access affordable health care coverage with respect to individual coverage made available in Covered California, with priority given to any individual whose premium payment is equal to or greater than eight percent of his or her annual household income. *Held on the Assembly Appropriations Committee Suspense File.*

SB 1285 (Stone) Health care coverage: advanced practice pharmacist.

Requires health plans, health insurers and Medi-Cal managed care plans to provide coverage for services provided by an advanced practice pharmacist performed within the scope of his or her practice, including, but not limited to, comprehensive medication management services, as defined. *Failed passage in the Senate Health Committee*.

SB 1375 (Hernandez) Health insurance: small employer groups.

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

SB 1457 (Hernandez) Medicare supplement insurance.

States legislative intent that the Department of Managed Health Care (DMHC) participate in proceedings relating to Medicare supplement insurance of the National Association of Insurance Commissioners' (NAIC) Senior Issues Task Force, constituted as a subgroup of the NAIC's Health Insurance and Managed Care Committee. Requires DMHC to require a Medicare supplement policy issuer to annually complete and submit the NAIC Medicare supplement experience exhibit. *No action taken on the Assembly Floor*.

SR 26 (Hernandez, De León) The Patient Protection and Affordable Care Act.

Affirms the California State Senate's strong support for the federal Patient Protection and Affordable Care Act (ACA), calls upon Congress to reject any effort to repeal the ACA unless it is simultaneously replaced with an alternative program that meets the standards articulated by President Trump that no American will lose coverage, and that coverage will be more affordable and of higher quality for all Americans. Urges Congress to not vote on any measure that would repeal and replace the ACA without first allowing a comprehensive public review, including evaluations by the Congressional Budget Office and relevant policy committees. Makes legislative findings on the impact of the ACA in reducing the number of uninsured, the number of people receiving coverage under the provisions of the ACA, and the impact of the proposed American Health Care Act on the state and the number of Californians receiving health coverage. *Adopted*.

AB 156 (Wood) Individual market: enrollment periods.

Deletes a reference in existing law to the Affordable Care Act reinsurance program related to individual and small group health insurance policy single risk pool index rate adjustments, and revises for 2019 and after the open enrollment periods under which people may purchase health insurance through Covered California and the individual insurance market outside of Covered California. *Chapter 468, Statutes of 2017.*

AB 157 (Wood) Small group market: single risk pool: index rate.

Deletes a reference in existing law to the Affordable Care Act reinsurance program related to small group health insurance single risk pool index rate adjustments. *No action taken on the Senate Floor.*

AB 595 (Wood) Health care service plans: mergers and acquisitions.

Requires prior approval by the director of the Department of Managed Health Care (DMHC) for a health plan that intends to merge or consolidate with, or enter into an agreement resulting in its purchase, acquisition or control by, any entity and allows the DMHC director to disapprove a transaction if the transaction would substantially lessen competition or create a monopoly in California. *Chapter 292, Statutes of 2018.*

AB 1074 (Maienschein) Health care coverage: pervasive developmental disorder or autism.

Permits a qualified autism service paraprofessional to be supervised by a qualified autism service professional; permits behavioral health treatment to include clinical case management and case supervision under the direction and supervision of a qualified autism service provider, deletes a requirement that a behavior service provider is approved as a vendor by a Regional Center based on provider definitions in specified regulations and instead requires a behavior service provider to meet the education and experience qualifications described in the specified regulations; and, makes other technical changes. *Chapter 385, Statutes of 2017.*

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

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

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

Requires every health plan contract and health insurance policy to permit an HIV specialist to be an eligible primary care provider, if the provider requests primary care provider status and meets the health plan or health insurer's eligibility criteria for all specialists seeking primary care provider status. *Vetoed*.

AB 1860 (Limón, Cervantes) Health care coverage: cancer treatment.

Raises the \$200 copayment and coinsurance limit to \$250 for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells, and extends the sunset on the law that establishes this limit. *Chapter 427, Statutes of 2018.*

AB 2193 (Maienschein) Maternal mental health.

Mandates that a health plan or insurer develop a maternal mental health (MMH) program to address mental and behavioral issues by July 1, 2019 and requires a licensed health care practitioner who provides prenatal or postpartum care for a patient to ensure the mother is offered screening or is appropriately screened for MMH conditions. *Chapter 755, Statues of 2018.*

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

Deems that breast and ovarian cancer susceptibility screenings as recommended by the United States Preventive Services Task Force are covered in health plan contracts, and policies of disability insurance that provide coverage for hospital, medical or surgical expenses issued, amended, delivered, or renewed on or after January 1, 2019, and requires this coverage to be provided in the breast cancer screening and diagnostic services program. *Vetoed*.

AB 2384 (Arambula) Medication-assisted treatment.

Mandates coverage for at least one medication-assisted treatment (MAT), relapse prevention and overdose reversal prescription drug for opioid use disorder; and prohibits health plans and insurers from using prior authorization, fail first or step-therapy and other utilization management requirements for at least one version of each MAT, relapse prevention and overdose reversal prescription drug for opioid use disorder. *Vetoed*.

AB 2472 (Wood) Health care coverage: Covered California.

Requires the Council on Health Care Delivery Systems to prepare a feasibility analysis of a public health insurance plan option to increase competition and choice. *Chapter 677, Statutes of 2018.*

AB 2499 (Arambula) Health care coverage: medical loss ratios.

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

AB 2565 (Chiu) Affordability assistance: cost sharing.

Requires Covered California to provide enhanced premium assistance on a sliding scale basis to Californians with household income below 400% of the federal poverty level (\$98,400 for a family of four) in addition to federal premium tax subsidies provided under the Affordable Care Act. *Held on the Senate Appropriations Committee Suspense File*.

AB 2593 (Grayson) Air ambulance services.

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

AB 2674 (Aguiar-Curry) Health care service plans: disciplinary actions.

Requires the Department of Managed Health Care (DMHC) to review complaints filed by a provider who believes a plan is engaging in an unfair payment pattern, and authorizes DMHC to conduct an audit and an enforcement action pursuant to existing regulations. *Chapter 303*, *Statutes of 2018*.

AB 2821 (Mayes) Integrated and comprehensive health and human services system. Permits any county, upon approval of the board of supervisors, to implement a program for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system, subject to specified requirements. *Chapter 325, Statutes of 2018.*

AB 2863 (Nazarian) Health care coverage: prescriptions.

Limits the maximum amount a health plan or health insurer may require an enrollee or insured to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount for the prescription drug or the retail price, and requires a pharmacy to inform a customer at the point of sell if the retail price is less than the applicable copayment amount unless the pharmacy automatically charges the lower price. *Chapter 770, Statutes of 2018.*

AB 2893 (Waldron) California Health Benefit Review Program: financial impacts. Adds to the financial impact analysis requested of the California Health Benefit Review Program (CHBRP) related to CHBRP's assessment of health plan or health insurance mandate legislation, the impact of the coverage or repeal of coverage on anticipated costs or savings estimated upon implementation for one subsequent calendar year, or, if applicable, two subsequent calendar years through a long-range estimate. *Chapter 326, Statutes of 2018*. AB 2941 (Berman) Health care coverage: state of emergency.

Requires a health plan or health insurer to provide an enrollee or insured who has been displaced by a state of emergency, as declared by the Governor, access to medically necessary health care services, requires a health plan or health insurer to file specified information with regulators, and includes provisions which may allow out-of-network care or a toll-free number for those affected to address questions, as specified. *Chapter 196, Statutes of 2018.*

Health Care Facilities

SB 43 (Hill) Antimicrobial-resistant infection: reporting.

Requires general acute care hospitals and laboratories to submit annual antibiograms to the Department of Public Health (DPH) after July 1, 2019. Requires DPH to develop an appropriate format for the antibiogram report and to develop a method of estimation of the number of deaths caused by antimicrobial resistant infections. Requires DPH to publish, commencing January 1, 2020, on an annual basis, information on incidences in hospitals and deaths caused by antimicrobial organisms resistance to drugs. *These provisions were amended out of the bill.*

SB 349 (Lara) Chronic dialysis clinics: staffing requirements.

Requires chronic dialysis clinics, commencing July 1, 2019, to ensure that at least one nurse is providing direct care for every eight patients and that at least one certified hemodialysis technician is providing direct care for every three patients. Requires there to be a minimum of 45 minutes of transition time between dialysis patients at a treatment station. Establishes civil penalties for violating the staffing ratios established by this bill. *These provisions were amended out of the bill.*

SB 456 (Pan) Medi-Cal managed care: federally qualified health centers and rural health clinics: services that follow the patient.

Permits a federally qualified health center or rural health clinic to enter into an agreement with a public or private entity willing and qualified to provide services that follow the patient, as defined. *These provisions were amended out of the bill.*

SB 481 (Pan) Long-term health facilities: informed consent.

Requires that a resident of a long term care facility who has been determined to lack capacity to make health care decisions, and has no person with legal authority to make those decisions on the resident's behalf, to be notified prior to implementing a medical intervention of: the lack of capacity determination; the medical intervention that has been prescribed; and, the right of the resident to challenge these determinations in a judicial proceeding. *These provisions were amended out of the bill.*

SB 608 (Hernandez) Medi-Cal: Hospital Quality Assurance Revenue Fund: direct grants.

Requires direct grants of a total of \$154.7 million to designated public hospitals and a total of \$112.2 million to non-designated public hospitals from the hospital quality assurance fee over the two quarters of the 2016-17 fiscal year through the 2018-19 fiscal year. *Held on the Assembly Appropriations Committee Suspense File.*

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

Requires a non-profit corporation that operates a health facility that includes a licensed emergency center to obtain the consent of the Attorney General prior to a planned elimination or reduction in the level of emergency medical services provided. *Vetoed*.

SB 1138 (Skinner) Food options: plant-based meals.

Requires the California Department of Corrections and Rehabilitation (CDCR) to make plant-based meals available to the inmates under its jurisdiction, and requires specified licensed health care facilities to make plant-based meals available to their patients, as specified. *Chapter 512*, *Statutes of 2018*.

SB 1152 (Hernandez) Hospital patient discharge process: homeless patients.

Requires each hospital to include, as part of its hospital discharge policy, a written homeless patient discharge planning policy and process. Prohibits a hospital from discharging a homeless patient to a location other than where the patient identifies as his or her residence unless to another licensed facility, or to a social services agency or provider that has agreed to accept the patient, and requires certain conditions to be met prior to discharging the homeless patient. *Chapter 981, Statutes of 2018.*

SB 1280 (Roth) Small house skilled nursing facilities.

Extends the sunset date for the small house skilled nursing facilities pilot program from January 1, 2020, to January 1, 2026. *Chapter 115, Statutes of 2018*.

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

Requires periodic inspections of hospitals by the Department of Public Health to include reviews of compliance with nurse staffing ratios, and establishes administrative penalties for nurse staffing ratio violations of \$15,000 for a first violation and \$30,000 for subsequent violations. *Vetoed.*

AB 251 (Bonta) Health and care facilities: dialysis clinics.

Establishes a medical loss ratio for chronic dialysis clinics that would require these clinics to spend at least 85% of their revenue on direct patient care, health care quality improvement, and taxes and license fees, and if the clinics do not meet this ratio, to issue rebates to non-government payers in an amount sufficient to meet the minimum spending of 85%. *These provisions were amended out of the bill*.

AB 275 (Wood) Long-term care facilities: requirements for changes resulting in the inability of the facility to care for its residents.

Revises the procedures for when a long-term health care facility plans to close or there is otherwise a change in the status of their license resulting in a need to transfer residents by, among other things, requiring written notice to residents to be made 60 days in advance, rather than 30; requiring the facility to hold a community meeting for residents; and, adding requirements to the proposed relocation plans that facilities are required to have approved by the Department of Public Health. *Chapter 185, Statutes of 2017.*

AB 417 (Limón) Acute psychiatric hospital: County of Ventura: outpatient mental health services.

Permits an acute psychiatric hospital in Ventura County, which was damaged by a recent fire, to resume providing outpatient mental health services for up to 180 days while the inpatient operations of the hospital are voluntarily suspended. Contains an urgency clause that will make this bill effective upon enactment. *Chapter 9, Statutes of 2018.*

AB 451 (Arambula) Health facilities: emergency services and care.

Requires an acute psychiatric hospital, and a psychiatric unit of a general acute care hospital, to comply with provisions of law requiring emergency services to be provided regardless of a patient's ability to pay in order to treat a psychiatric emergency medical condition, as defined, regardless of whether the facility operates an emergency department, consistent with provisions of law requiring patients with emergency medical conditions to be stabilized, including a transfer when necessary to appropriate facilities. *Held on the Senate Appropriations Committee Suspense File*.

AB 545 (Bigelow) Joint powers agreements: County of El Dorado: nonprofit hospitals.

Permits a private, nonprofit hospital in El Dorado County to enter into a joint powers agreement with a public agency. *Chapter 124, Statutes of 2017.*

AB 651 (Maratsuchi) Nonprofit health facilities: sale of assets: Attorney General approval.

Revises provisions of law requiring nonprofit corporations that operate a health facility to obtain the consent of the Attorney General (AG) prior to entering into any agreement to sell or otherwise transfer control of the facility to another entity, by giving the AG an additional 30 days to review the transaction, requiring the notice of the public comment hearings to be provided in different languages, requiring the AG to consider the impact on cultural interests of the affected community, and requiring the review of health facility transactions regardless of whether or not the nonprofit corporation has a suspended license. *Chapter 782, Statutes of 2017.*

AB 653 (Cunningham) Joint powers agreements: County of Santa Barbara: nonprofit hospitals.

Permits a private, nonprofit hospital in the County of Santa Barbara to enter into a joint powers agreement with a public agency. *Chapter 706, Statutes of 2018.*

AB 908 (Dababneh) Hospitals: seismic safety.

Permits Providence Tarzana Medical Center in Los Angeles to request an additional extension, until October 1, 2022, of the seismic safety requirement that hospital buildings be rebuilt or retrofitted in order to be capable of withstanding an earthquake. *Chapter 350, Statutes of 2017.*

AB 940 (Weber) Long-term health care facilities: notice.

Requires a long-term health care facility to also notify the local long-term care ombudsman when a resident is notified in writing of a facility-initiated transfer or discharge from the facility. *Chapter 274, Statutes of 2017.*

AB 1014 (Cooper) Diesel backup generators: health facility.

Requires a health facility to test and maintain each of its diesel backup generators in conformance with a specified standard adopted by the Centers for Medicare and Medicaid Services. *Chapter 145, Statutes of 2017.*

AB 1102 (Rodriguez) Health facilities: whistleblower protections.

Increases the maximum criminal fine, from \$20,000 to \$75,000, for violations of whistleblower protection laws that apply to patients, employees and other health care workers of hospitals. *Chapter 275, Statutes of 2017.*

AB 1225 (Patterson) State Department of Public Health: regulations and program flexibility.

Requires the Department of Public Health (DPH) to report to the Legislature by January 1, 2020 on its efforts to update regulations regarding health facilities, and also on its use of program flex waivers, and requires DPH to prioritize the adoption of specified regulations relating to cardiovascular surgery and cardiac catheterization laboratories. *No action taken on the Senate Floor.*

AB 1387 (Arambula) Home medical device retail facility business: licensing: inspections.

Eliminates the requirement that licensed home medical device retail facilities be inspected annually if the licensed facility is accredited by an approved accrediting organization. *Chapter* 213, *Statutes of 2017*.

AB 1411 (Cristina Garcia) Health care facilities: rehabilitation innovation centers.

Defines a "rehabilitation innovation center" as a nonprofit or government-owned facility that holds at least one federal rehabilitation research and training designation, as specified. *Chapter* 386, Statutes of 2017.

AB 1953 (Wood) Skilled nursing facilities: disclosure of interests in business providing services.

Requires skilled nursing facilities (SNFs) to disclose to the Office of Statewide Health Planning and Development whether the SNF, or any partner, director or officer of the SNF, has an ownership or control interest of 5% or more in a related party that provides any service to the SNF. *Chapter 383, Statutes of 2018.*

AB 2190 (Reyes) Hospitals: seismic safety.

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

AB 2204 (Gray) Clinics: licensure and regulation: exemption.

Extends the limit on the number of hours an intermittent primary care clinic can operate, from 30 to 40 hours per week, and still be exempt from licensure. *Chapter 279, Statutes of 2018.*

AB 2679 (O'Donnell) Health facilities: regulations: linen laundry.

Requires the Department of Public Health to amend specified regulations related to the laundry process for hospital linens, by January 1, 2020, to reflect modern advancements in linen laundry processes. *Chapter 587, Statutes of 2018.*

AB 2798 (Maienschein) Hospitals: licensing.

Requires Department of Public Health (DPH) to approve or deny an application submitted by a hospital to the centralized application unit within 100 days of receiving the application. Requires DPH, if the application is to expand a service that the hospital already provides, to approve the expansion within 30 days, specifies an inspection for the expanded service is not required, and requires the expanded service to remain licensed for no more than 18 months, unless DPH approves the license for a longer period. *Chapter 922, Statutes of 2018.*

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

Prohibits a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody pursuant to a 5150 hold, as specified, as a condition of accepting a transfer of that person. *Chapter 831, Statutes of 2018.*

Health Care Workforce

SB 396 (Lara) University of California: California Medical Residency Training Pilot Program.

Requests the University of California (UC) Regents to develop and implement a California Medical Residency Training Pilot Program for students interested in training in California who meet requirements, adopted by the UC Regents, which are equivalent to the requirements under which students who attended California high schools but do not have legal immigration status are exempt from paying nonresident tuition at California public colleges and universities. *These provisions were amended out of the bill.*

SB 449 (Monning) Skilled nursing and intermediate care facilities: training programs.

Requires at least two of the 60 hours of classroom training that is required as part of the training program for certified nurse assistants to address the special needs of persons with Alzheimer's disease and related dementias. *Chapter 282, Statutes of 2017.*

SB 695 (Lara, Mitchell) Professions and vocations: applications and renewals: individual tax identification number.

Requires the Department of Public Health and emergency medical technician certifying entities to permit the use of individual taxpayer identification numbers in lieu of social security numbers for purposes of applying for and renewing a certificate or license. Prohibits these entities from denying a license or certificate solely on the basis of citizenship or immigration status. *Chapter* 838, *Statutes of 2018*.

AB 148 (Mathis, Dahle, Eduardo Garcia, Gonzalez Fletcher, Lackey) California Physician Corps Program: practice setting.

Expands eligibility for the California Physician Corps Program in rural areas by revising the definition of "practice setting" to include a clinic that has at least 30% of patients in rural areas; and, a physician owned and operated medical practice setting that provides primary care located in a medically underserved area and has at least 30% of patients in rural areas. *Held on the Senate Appropriations Committee Suspense File*.

AB 1456 (Low) Professional licensure.

Extends the ability for persons to practice psychology without a license in government-related settings, while obtaining required supervised experience, from three to five years, thereby conforming the license waiver provisions to the five year limitation for other mental health professionals such as clinical social workers and marriage and family therapists. *Chapter 151*, *Statutes of 2017*.

AB 2018 (Maienschein) Mental health workforce planning: loan forgiveness, loan repayment, and scholarship programs.

Expands the definition of "practice setting" for purposes of the Steven M. Thompson Physician Corps Loan Repayment Program to include a program or facility operated by, or contracted to, a county mental health plan. Requires the Office of Statewide Healthcare Planning and Development to include in its five-year plan expansion plans for loan forgiveness and scholarship programs for a commitment to employment in California's public mental health system. *Held on the Senate Appropriations Committee Suspense File*.

AB 2539 (Mathis) California Physician Corps Program: practice setting.

Expands eligibility for the California Physician Corps Program in rural areas, from January 1, 2019 to January 1, 2021, by revising the definition of "practice setting" to include a clinic that has at least 30% of patients in rural areas; and, a physician owned and operated medical practice setting that provides primary care located in a medically underserved area and has at least 30% of patients in rural areas. *Held on the Senate Appropriations Committee Suspense File*.

AB 2608 (Mark Stone) Licensed Mental Health Service Provider Education Program: former foster youth.

Requires an account to be created within the Mental Health Practitioner Education Fund to fund grants to repay educational loans for applicants who were formerly in California's foster youth care system and who commit to provide direct patient mental health care in a publicly funded facility or a mental health professional shortage area for at least 24 months. *Chapter 585*, *Statutes of 2018*.

AB 2850 (Rubio) Nurse assistant training programs: online or distance learning.

Permits skilled nursing facilities or intermediate care facilities to conduct the 60 classroom hours of training for certified nurse assistants (CNAs) required under existing law in an online or distance learning course format, as approved by the Department of Public Health, as specified. Permits a person who provides instruction or training, as part of a CNA precertification training program, to be any licensed vocational nurse or registered nurse with no less than two years of nursing experience, as specified. *Chapter 769, Statutes of 2018.*

Infant/Children's Health

SB 23 (Portantino, Anderson) Public health: umbilical cord blood collection.

Extends the Umbilical Cord Blood Collection Program (UCBCP), administered by the University of California for the purpose of collecting units of umbilical cord blood for public use, until January 1, 2025. Increases the fee for a certified copy of a birth certificate by \$1 to implement and expand the UCBCP. *Held on the Senate Appropriations Committee Suspense File*.

SB 191 (Beall) Pupil health: mental health and substance use disorder services.

Allows a county or a qualified provider, as specified, and a local educational agency to enter into a partnership to create a program that targets pupils with mental health and substance use disorders. Creates the County and Local Educational Agency Partnership Fund from which moneys will be made available, as specified, to fund the partnerships. Requires specified entities to develop guidelines on how to enter into the partnerships. *Held on the Senate Appropriations Committee Suspense File.*

SB 220 (Pan) Medi-Cal Children's Health Advisory Panel.

Limits the terms of members of the Medi-Cal Childrens Health Advisory Panel (MCHAP) in the Department of Health Care Services (DHCS), permits DHCS greater flexibility in appointing three parent positions to MCHAP, and permits an advisory panel member to be removed by DHCS, in consultation with the chair, if the removal is determined to be necessary by the Director of DHCS. *Chapter 280, Statutes of 2017.*

SB 379 (Atkins) Pupil health: oral health assessment.

Makes changes to the current oral health assessment requirement for pupils in public school, as specified, including requiring the Department of Education to consult with the state Dental Director, adding requirements to reports submitted by school districts, and encouraging all school districts to report to a system designated by the state Dental Director for collection of the required reports. *Chapter 772, Statutes of 2017.*

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

Requires the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of 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. *Vetoed*.

SB 1041 (Leyva) Childhood lead poisoning prevention.

Requires the Department of Public Health (DPH) to annually notify health care providers who perform periodic health assessments for children about, and requires those health care providers to inform parents and guardians about, the risks and effect of childhood lead exposure, and the requirement that children enrolled in Medi-Cal receive blood screening tests. Requires DPH to include additional publicly releasable information about the number of children enrolled in Medi-Cal who have and have not received blood lead screening tests. *Chapter 690, Statutes of 2018.*

SB 1097 (Hueso) Lead poisoning.

This bill requires the Department of Public Health's (DPH) report regarding the effectiveness of appropriate lead poisoning case management efforts to include additional data and information, as specified. *Chapter 691, Statutes of 2018.*

SCR 110 (Weiner) Sex characteristics.

Calls upon stakeholders in the health professions to foster the well-being of children born with variations of sex characteristics, and the adults they will become, by deferring medical or surgical intervention until the child is able to participate in decision making, as specified. *Chapter 225, Statutes of 2018.*

AB 254 (Thurmond) Local Educational Agency Behavioral Health Integration Pilot Program.

Requires the Department of Health Care Services (DHCS) to establish the Local Education Agency Behavioral Health Integration Pilot Program for four years for the purpose of improving the delivery of underutilized direct behavioral health services. Establishes requirements for DHCS and the LEAs that participate in the program. Appropriates up to \$10 million each year for four years from the Mental Health Services Act funds allocated to DHCS. Requires an evaluation report to be provided to legislative committees on the impact of the program on student well-being, academic achievement and other outcome and indicator measures. *Held on the Senate Appropriations Committee Suspense File.*

AB 834 (O'Donnell) School-based health programs.

Requires the California Department of Education (CDE) to establish an Office of School-Based Health Programs (Office) for the purpose of administering current health-related programs under the purview of CDE. Requires the scope of the Office to include, but not be limited to, improving the operation of, and participation in, school-based health programs, including the Administrative Claiming process and the Local Education Agency (LEA) Medi-Cal billing option. Increases the annual amount of moneys collected as a result of the reduction in federal Medicaid payments allocable to LEAs for DHCS administrative activities from \$1.5 million to \$2 million, and requires \$500,000 of this amount to be available for transfer through an interagency agreement to CDE for the support of the Office of School-Based Health Programs. *Held on the Senate Appropriations Committee Suspense File*.

AB 1316 (Quirk, Cristina Garcia) Public health: childhood lead poisoning: prevention.

Requires the Childhood Lead Poisoning Prevention Program regulations to include a risk assessment for determining whether a child is "at risk" that considers the most significant environmental risk factors, including, a child's time spent in a home, school, or building built before 1978, a child's proximity to a former lead or steel smelter, or industrial facility that historically emitted or currently emits lead, a child's proximity to a freeway or heavily traveled roadway, and other potential risk factors for lead exposure. *Chapter 507, Statutes of 2017.*

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

Establishes requirements for the Department of Health Care Services (DHCS) and Medi-Cal managed care plans to ensure children receive blood lead screening, information about lead exposure and testing, and follow-up services for children with an elevated blood lead level. Establishes state goals for children at risk of lead exposure and for blood testing for children under age who are eligible for Medi-Cal. Requires DHCS to include blood lead screening tests as a plan performance measure in its annual External Accountability Set, and requires DHCS to annually create a report detailing DHCS' progress toward the state goals. Requires the Department of Public Health to prepare provider training guidelines, curriculum, and resources to be used to educate providers about childhood lead poisoning prevention, childhood lead exposure risks, childhood lead exposure health effects, and sources of childhood lead exposure at the state, regional, and local levels. *Vetoed*.

AB 2315 (Quirk-Silva) Pupil health: mental and behavioral health services: telehealth technology: guidelines.

Requires the California Department of Education, in consultation with the Department of Health Care Services and appropriate stakeholders to develop and post guidelines, as specified, on or before December 31, 2019, for the use of telehealth technology in public and charter schools to provide mental health and behavioral health services to pupils on school campuses. *Chapter 759*, *Statutes of 2019*.

AB 2976 (Quirk) Childhood lead poisoning: prevention.

Requires the Department of Public Health to coordinate with the state entities, including the Department of Health Care Services, that are responsible for administering the publicly funded programs to gather data to determine whether children are being screened for lead poisoning, as required by pursuant to existing regulation. *Held on the Senate Appropriations Committee Suspense File*.

AB 3007 (Eduardo Garcia) Children of incarcerated parents: support and services. Authorizes Riverside County to establish a Children of Incarcerated Parents Program to provide comprehensive social services to develop resiliency and reduce risk factors of children whose parent(s) is currently or was formerly incarcerated. *No action taken on concurrence on the Assembly Floor*.

Medi-Cal

SB 4 (Mendoza) Medi-Cal: county organized health system: County of Orange.

Requires the governance of CalOptima to be vested in a governing body consisting of nine voting members and one nonvoting member. Specifies the membership categories of the CalOptima board, specifies the duties of board members, and their terms. Sunsets the provisions of this bill on January 1, 2023. *Chapter 479, Statutes of 2017.*

SB 152 (Hernandez) Medi-Cal.

Requires the Department of Health Care Services (DHCS) to report semi-annually regarding the enrollment process for Medi-Cal and Covered California, instead of quarterly in existing law. Requires DHCS to provide a report on the California Children's Services Whole Child Model (WCM) by the later of January 1, 2021, or three years from the date when all counties in which DHCS is authorized to establish the WCM program are fully operational, instead of by January 1, 2021, under existing law. *These provisions were amended out of the bill.*

SB 171 (Hernandez) Medi-Cal: Medi-Cal managed care plans.

Requires the Department of Health Care Services (DHCS) to require Medi-Cal managed care plans to increase contract services payments to designated public hospitals (DPH) by a uniform percentage, and to establish a program under which DPHs may earn performance-based quality incentive payments from plans. Implements a federal option to require a Medi-Cal managed care plans to provide a remittance if the plan fails to meet an 85% medical loss ratio, beginning with contract periods commencing with July 1, 2023. Requires DHCS to ensure that all covered mental health benefits and substance use disorder benefits are provided in compliance with federal regulations known as mental health parity. *Chapter 768, Statutes of 2017.*

SB 202 (Dodd) Medi-Cal: beneficiary maintenance needs: personal needs allowance. Increases the personal needs allowance (PNA) amount from \$35 to \$80 per month for Medi-Caleligible individuals who live in a medical institution, nursing facility, or receive services from a Program of All-Inclusive Care for the Elderly organization. Requires the Department of Health Care Services to annually increase the PNA based on the percentage increase in the California Consumer Price Index. *Held on the Senate Appropriations Committee Suspense File.*

SB 220 (Pan) Medi-Cal Children's Health Advisory Panel.

Limits the terms of members of the Medi-Cal Childrens Health Advisory Panel (MCHAP) in the Department of Health Care Services (DHCS), permits DHCS greater flexibility in appointing three parent positions to MCHAP, and permits an advisory panel member to be removed by DHCS, in consultation with the chair, if the removal is determined to be necessary by the Director of DHCS. *Chapter 280, Statutes of 2017.*

SB 222 (Hernandez) Inmates: health care enrollment.

Requires the Department of Health Care Services to extend the suspension of Medi-Cal benefits of incarcerated persons from one year to the entire duration of his or her incarceration. *Held on the Senate Appropriations Committee Suspense File*.

SB 323 (Mitchell) Medi-Cal: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services.

Authorizes federally qualified health centers (FQHCs) and rural health clinics (RHCs) to receive reimbursement from county specialty mental health plans and through Drug Medi-Cal outside of the regular Medi-Cal reimbursement prospective payment system payment rate structure that applies to FQHCs and RHCs. *Chapter 540*, *Statutes of 2017*.

SB 456 (Pan) Medi-Cal managed care: federally qualified health centers and rural health clinics: services that follow the patient.

Permits a federally qualified health center or rural health clinic to enter into an agreement with a public or private entity willing and qualified to provide services that follow the patient, as defined. *These provisions were amended out of the bill.*

SB 523 (Hernandez) Medi-Cal: emergency medical transport providers: quality assurance fee.

Imposes a quality assurance fee on specified transports provided by an emergency medical transport provider in accordance with a prescribed methodology. Requires the resulting revenue to be placed in a continuously appropriated fund to be used to provide an add-on increase to the Medi-Cal fee-for-service emergency medical transport rate for three emergency transport reimbursement codes, to pay for state administrative costs, and to provide funding for health care coverage for Californians. *Chapter 773, Statutes of 2017.*

SB 565 (Portantino) Mental health: involuntary commitment.

Requires mental health facilities, prior to a certification review hearing for an additional up to 30 days of intensive treatment for a patient, to notify family members or any other person designated by a patient at least 36 hours prior to the certification review hearing. *Chapter 218*, *Statutes of 2017*.

SB 608 (Hernandez) Medi-Cal: Hospital Quality Assurance Revenue Fund: direct grants.

Requires direct grants of a total of \$154.7 million to designated public hospitals and a total of \$112.2 million to non-designated public hospitals from the hospital quality assurance fee over the two quarters of the 2016-17 fiscal year through the 2018-19 fiscal year. *Held on the Assembly Appropriations Committee Suspense File.*

SB 707 (Canella) Medi-Cal: Denti-Cal Advisory Group.

Establishes the Medi-Cal Dental Advisory Group in the Department of Health Care Services, establishes the duties of the advisory group, requires it to consist of specified members, and permits it to report its findings to the Legislature. Sunsets the provisions of this bill on January 1, 2023. *Vetoed*.

SB 974 (Lara) Medi-Cal: immigration status: adults.

Extends eligibility for full-scope Medi-Cal benefits to undocumented adults age 65 and older who are otherwise eligible for those benefits but for their immigration status. Makes this expansion of eligibility contingent upon an appropriation in the annual Budget Act. *Held on the Assembly Appropriations Committee Suspense File*.

SB 1108 (Hernandez) Medi-Cal: conditions of eligibility or coverage.

Makes a legislative finding and declaration that the goal of the Medi-Cal program is to provide comprehensive health care to low-income Californians who cannot afford the cost of health care. Permits the Department of Health Care Services to seek waivers of federal Medicaid requirements in furtherance of this goal, including, but not limited to, demonstration projects that aim to either increase the number of Medi-Cal beneficiaries or enhance the medical assistance provided to beneficiaries. *Chapter 692, Statutes of 2018.*

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

Requires Medi-Cal reimbursement for a maximum of two visits taking place on the same day at a single location of a Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) to be reimbursed when the patient has a medical visit and a mental health visit or a dental visit on the same day. Makes this change continent upon an appropriation in the annual Budget Act and federal financial participation. Codifies the existing requirement that acupuncture visits are Medi-Cal reimbursable to FQHCs and RHCs on a per-visit basis. *Vetoed*.

SB 1148 (Pan) Medi-Cal: restorative dental services.

Permits a Denti-Cal provider for the treatment of dental caries to provide, and receive Denti-Cal reimbursement for, silver diamine fluoride when used as a caries arresting agent for specified populations of Medi-Cal beneficiaries, if specified conditions are met. *Vetoed*.

SB 1154 (Portantino) Medi-Cal: beneficiaries with HIV or AIDS.

Requires a beneficiary with HIV who is required to enroll in a Medi-Cal managed care plan to be eligible to enroll in a plan that provides comprehensive services to persons with HIV disease in the beneficiary's county of residence. *Held on the Senate Appropriations Committee Suspense File.*

SB 1264 (Stone) Medi-Cal: hypertension medication management services.

Requires Medi-Cal to provide coverage for specified hypertension medication management services provided by a pharmacist or an advance practice pharmacist pursuant to specified provisions of their scope of practice. *Held on the Assembly Appropriations Committee Suspense File.*

SB 1287 (Hernandez) Medi-Cal: medically necessary services.

Defines in state Medi-Cal law, for individuals under age 21 years of age enrolled in Medi-Cal, a service as medically necessary or a medical necessity by reference to the federal Medicaid standard for the Early and Periodic Screening, Diagnosis, and Treatment Program, which requires coverage when the service would correct or ameliorate defects and physical and mental illnesses. *Chapter 855, Statutes of 2018.*

SB 1322 (Stone) Medi-Cal: comprehensive medication management.

Requires comprehensive medication management (CMM) services, as defined, to be covered under the Medi-Cal program. Requires CMM services to be offered to a beneficiary who has been identified as high risk for poor health outcomes associated with medications, or as high risk for medication-related problems, and who has one or more chronic diseases. Requires the Department of Health Care Services to evaluate the effectiveness of CMM on quality of care, patient outcomes, and total program costs. *Failed passage in the Senate Health Committee*.

SB 1423 (Hernandez) Medi-Cal: oral interpretation services.

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

SB 1464 (Weiner) Medi-Cal: benefits: enrollees with special dental service needs.

Requires the Department of Health Care Services to provide coverage for behavior management and dental case management for Denti-Cal beneficiaries with special dental service needs. *Held on the Assembly Appropriations Committee Suspense File*.

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

Requires, consistent with federal law, screening services provided under the Early and Periodic Screening, Diagnosis, and Treatment program to include developmental screening services for individuals zero to three years of age. Requires the federally required external quality review organization to annually review, survey, and report on Medi-Cal managed care plan reporting and compliance with the use of the validated developmental screening tools and periodicity schedule recommended for children zero to three years of age. *Vetoed*.

AB 180 (Wood) Medi-Cal.

Requires the Department of Health Care Services (DHCS) to establish a stakeholder process to assist in developing guidance for a federally qualified health clinic (FQHC) or rural health clinic (RHC) in determining whether a payment would constitute an incentive payment that is prohibited from being included in the calculation of supplemental payments during the reconciliation process. Requires DHCS to use the guidance for FQHC and RHC reconciliation. Prohibits, for any date prior to the date DHCS issued the guidance, FQHC and RHC payments received as part of a quality improvement incentive program, including risk pools, withholds, and bonuses from being included in the reconciliation. *Vetoed*.

AB 205 (Wood) Medi-Cal: Medi-Cal managed care plans.

Requires Medi-Cal managed care plans, including county specialty mental health plans and Drug Medi-Cal Organized Delivery Systems, to maintain a network of providers within specified time and distance standards, with differing requirements by provider type and county. Requires a Medi-Cal managed care plan, if it cannot meet the time and distance standards, to submit a request for alternative access standards. Requires Medi-Cal managed care plans, county specialty mental health plans and county Drug Medi-Cal Organized Delivery Systems to comply with the appointment time standards in existing Knox-Keene regulation standards. Sunsets these requirements on January 1, 2022. Implements changes required by the Medicaid managed care rule for state fair hearings involving Medi-Cal managed care beneficiaries, and appeals to Medi-Cal managed care plans. *Chapter 738, Statutes of 2017.*

AB 340 (Arambula) Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.

Requires the Department of Health Care Services to convene an advisory working group to update, amend or develop tools and protocols for the screening of children within the Early and Periodic Screening, Diagnosis, and Treatment Program benefit, consistent with existing law and this bill. *Chapter 700, Statutes of 2017.*

AB 349 (McCarty) Drug Medi-Cal Treatment Program: ratesetting process.

Permits the Department of Health Care Services to annually establish and update the Drug-Medi-Cal statewide maximum allowable reimbursement rates by means of bulletins or similar instructions without being required to adopt regulations. *Chapter 643, Statutes of 2018.*

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

Requires asthma preventive services to be a covered Medi-Cal benefit subject to utilization controls. Establishes requirements for qualified asthma preventive service providers, and establishes requirements for an entity or supervising licensed provider who employs or contracts with a qualified asthma preventive services provider. *Vetoed*.

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

Requires Medi-Cal to provide coverage for continuous glucose monitors and related supplies required for use with those monitors that are covered for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. *Vetoed*.

AB 470 (Arambula) Medi-Cal: specialty mental health services: performance outcome reports.

Requires the Department of Health Care Services (DHCS) to create a performance outcome report for specialty mental health services, as specified, and to make it available to specified entities no later than December 31, 2018. Requires DHCS to consult with stakeholders, as specified, for purposes of creating the report, and to update the report, as specified. *Chapter 550*, *Statutes of 2017*.

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

Reduces the frequency for clinical laboratories submitting reports for purposes of establishing Medi-Cal fee-for-service clinical laboratory rates under a specified methodology to every three years, instead of annually in existing law. Reduces the frequency of changes to Medi-Cal laboratory reimbursement rates, effective July 1, 2020, to every third year, instead of annually in existing law. *Chapter 346, Statutes of 2017.*

AB 834 (O'Donnell) School-based health programs.

Requires the California Department of Education (CDE) to establish an Office of School-Based Health Programs (Office) for the purpose of administering current health-related programs under the purview of CDE. Requires the scope of the Office to include, but not be limited to, improving the operation of, and participation in, school-based health programs, including the Administrative Claiming process and the Local Education Agency (LEA) Medi-Cal billing option. Increases the annual amount of moneys collected as a result of the reduction in federal Medicaid payments allocable to LEAs for DHCS administrative activities from \$1.5 million to \$2 million, and requires \$500,000 of this amount to be available for transfer through an interagency agreement to CDE for the support of the Office of School-Based Health Programs. *Held on the Senate Appropriations Committee Suspense File*.

AB 839 (Eduardo Garcia) Medi-Cal: targeted case management.

Permits a tribe or tribal organization that is not participating in the Medi-Cal Targeted Case Management (TCM) Program as a local governmental agency to contract with, and submit to, a tribe or tribal organization that contracts with the Department of Health Care Services certification of amounts expended for TCM services. Broadens the definition of a local government agency for purposes of TCM Program to include a Native American Indian tribe, tribal organization, or a subgroup of a Native American Indian tribe or trial organization, under contract with DHCS. *Held on the Senate Appropriations Committee Suspense File*.

AB 1368 (Calderon) Health professionals: authorization forms.

Requires the Department of Health Care Services (DHCS) to allow a nurse practitioner (NP) or physician assistant (PA) to sign any authorization form required by DHCS for benefits and services for the Medi-Cal program, the Genetically Handicapped Persons Program, and the Child Health Disability Prevention Program, if the NP or PA is authorized to provide the service pursuant to their scope of practice and the supervising physician and the NP or PA are enrolled as Medi-Cal providers. *No action taken on the Senate Floor*.

AB 1372 (Levine) Crisis stabilization units: psychiatric patients.

Permits a certified crisis stabilization unit, as specified, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours, as required in current law, in cases where an individual needs inpatient psychiatric care or outpatient care, and inpatient psychiatric beds or outpatient services are not reasonably available. *No action taken on the Senate Floor.*

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

Adds licensed professional clinical counselors to the list of health care professionals that qualify for a face-to-face encounter with a patient at Federally Qualified Health Centers or Rural Health Clinics for purposes of a per-visit Medi-Cal payment under the prospective payment system. *Vetoed.*

AB 1688 (Committee on Health) Community health services: California Mental Health Planning Council, California Children's Services program, Alameda County pilot program, and Medi-Cal managed care.

Repeals an Alameda County program that did not require Medi-Cal utilization controls when a county hospital based utilization review committee has been established to determine the level of authorization for payment. Makes various changes to implement provisions of the federal Medicaid managed care rules related to record retention, health plan penalties, external quality review programs and health plan accreditation. Renames the California Mental Health Planning Council as the California Behavioral Health Planning Council. Requires the Department of Health Care Services (DHCS) to report semi-annually regarding the enrollment process for Medi-Cal and Covered California, instead of quarterly in existing law. Requires DHCS to provide a report on the California Children's Services Whole Child Model (WCM) by the later of January 1, 2021, or three years from the date when all counties in which DHCS is authorized to establish the WCM program are fully operational, instead of by January 1, 2021, under existing law. Makes conforming changes to broaden the duties of the renamed Council to incorporate substance use disorders. *Chapter 511, Statutes of 2017*.

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

Requires the principal and interest of a 529 savings plan to be excluded from consideration for purposes of any asset or resources test to determine eligibility for Medi-Cal benefits for an applicant or beneficiary whose eligibility is determined using non-Modified Adjusted Gross Income-based financial methods. Requires the qualified distributions from a 529 savings account to be excluded from consideration for purposes of any income test to determine eligibility for Medi-Cal benefits for an applicant or beneficiary. *Chapter 121, Statutes of 2018.*

AB 2029 (Eduardo Garcia) Federally Qualified Health Clinics: rural health clinics. Requires the methodology used for Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) adjusted per-visit rate to exclude a per-visit payment limitation and a provider productivity standard. Requires, to the extent required under federal law, the FQHC and RHS adjusted per-visit rate to include direct costs, administrative costs, and costs related to FQHC and RHC services rendered outside of the respective facility, consistent with guidance issued by the federal Centers for Medicare and Medicaid Services and the federal Health Resources and Services Administration. Requires Medi-Cal managed care incentive payments to be excluded from the wrap around payment calculation when FQHC or RHC services are partially reimbursed by a Medi-Cal managed care plan. *Held on the Senate Appropriations Committee Suspense File*.

AB 2118 (Cooley) Medi-Cal: emergency medical transportation services.

Exempts public ambulance providers from the Quality Assurance Fee (QAF) and the resulting Medi-Cal add on payments resulting from revenue from the QAF. Creates a new Medi-Cal reimbursement rate for government-operated ground emergency transportation providers that is equal to the projected cost for that provider, using a voluntary intergovernmental transfer (IGT) program that is funded by those providers. Requires Medi-Cal managed care plans to pay non-contracting public emergency transportation providers an amount equal to the Medi-Cal cost-based rate, funded by IGTs and the existing ground ambulance transportation provider certified public expenditure program. *Held on the Senate Appropriations Committee Suspense File*.

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

Establishes requirements for the Department of Health Care Services (DHCS) and Medi-Cal managed care plans to ensure children receive blood lead screening, information about lead exposure and testing, and follow-up services for children with an elevated blood lead level. Establishes state goals for children at risk of lead exposure and for blood testing for children under age who are eligible for Medi-Cal. Requires DHCS to include blood lead screening tests as a plan performance measure in its annual External Accountability Set, and requires DHCS to annually create a report detailing the DHCS' progress toward the state goals. Requires the Department of Public Health to prepare provider training guidelines, curriculum, and resources to be used to educate providers about childhood lead poisoning prevention, childhood lead exposure risks, childhood lead exposure health effects, and sources of childhood lead exposure at the state, regional, and local levels. *Vetoed*.

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

Requires the Department of Health Care Services (DHCS) to submit to the federal Centers for Medicare and Medicaid Services a request for renewal of the Medi-Cal Assisted Living Waiver Program (ALWP), with an increase in the number of slots beyond the currently authorized 3,700 to at least 18,500 slots. Requires DHCS to outline a process to expand the ALWP beyond the 15 existing waiver counties to enable the ALWP's availability on a regional basis in the state's northern, central, and southern regions that currently are without access to the program. *Veteod*.

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

Requires the Department of Health Care Services (DHCS) to establish a quality assessment and performance improvement program for all Medi-Cal managed care plans which requires plans to meet a minimum performance level (MPL) that improves quality of care and reduces health disparities for beneficiaries. Requires DHCS, commencing July 1, 2021, to establish quality improvement performance targets which exceed the MPL for all Medi-Cal managed care plans. Requires DHCS to develop a plan for a value-based financial incentive program to reward high-performing managed care plans that meet performance targets for quality improvement and health disparities reduction. Requires DHCS to utilize the results of the quality assessment and performance improvement program to develop a publicly reported Quality Rating System for Medi-Cal managed care plans. Requires a stakeholder process to provide input in the establishment of the MPL, the selection of the MPL and the performance target measures, and in the design of the financial incentive program. *Vetoed*.

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

Requires the Department of Health Care Services (DHCS) to ensure that all written health education and informing materials developed pursuant to Medi-Cal managed care plan contracts in English or translated into threshold languages are at or below the equivalent of sixth grade reading level, except as specified. Requires DHCS to require Medi-Cal managed care plans or their subcontractors to conduct a one-time, targeted community review of informing materials in languages for which a sixth-grade reading level cannot be determined by January 1, 2020. Requires Medi-Cal managed care plans or other contractors to conduct a targeted community review when new informing materials are created. Exempts specified documents from the community review requirement. *Veteod*.

AB 2393 (Committee on Health) Mental health.

Prohibits a county from charging fees for Medi-Cal specialty mental health services to Medi-Cal beneficiaries who either do not have a share of cost or who have met their share of cost. Permits a county to charge fees to individuals who are not Medi-Cal beneficiaries and Medi-Cal beneficiaries who have a share of cost that has not been met, based on their ability to pay for community mental health services, instead of requiring counties to charge a fee for specialty mental health services under existing law. *Chapter 77, Statutes of 2018.*

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

Requires the Department of Health Care Services (DHCS) to include a contract provision in each for-profit Medi-Cal managed care plan contract that authorizes DHCS to terminate the contract if the Attorney General determines that the plan engaged or engages in anticompetitive conduct or practices, or if DHCS determines that the plan has a pattern or practice of not complying with the Medi-Cal medical loss ratio. *Vetoed*.

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

AB 2430 (Arambula) Medi-Cal: program for aged and disabled persons.

Increases income eligibility in the Aged, Blind and Disabled Federal Poverty Level Program from 100% of the federal poverty level (FPL), plus the individual or couple standard disregard, to 138% of the FPL. *Held on the Senate Appropriations Committee Suspense File*.

AB 2579 (Burke) Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children.

Requires an automated enrollment gateway system that allows children applying to the Women Infants and Children Program (WIC Program) to submit a simple electronic application to simultaneously obtain express lane eligibility for the Medi-Cal program, allows children to apply for enrollment into the Medi-Cal program with the consent of their parent or guardian, and allows pregnant women applying to the WIC Program to submit a simple electronic application to simultaneously obtain presumptive eligibility for the Medi-Cal program. *Held on the Senate Appropriations Committee Suspense File*.

AB 2593 (Grayson) Air ambulance services.

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

AB 2718 (Friedman) Medi-Cal: CalWORKs: eligibility.

Requires the Department of Health Care Services to implement the federal Medicaid option to extend eligibility for Transitional Medi-Cal from six months to 12 months, and prohibits charging premiums or having an income eligibility limit on the second six months of coverage. *Held on the Senate Appropriations Committee Suspense File*.

AB 2861 (Salas) Medi-Cal: telehealth: alcohol and drug use treatment.

Requires a Drug Medi-Cal certified provider to receive Drug Medi-Cal reimbursement for individual counseling services provided through telehealth, as defined, by a licensed practitioner of the healing arts or a registered or certified alcohol or other drug counselor, when medically necessary and in accordance with the Medicaid State Plan. *Chapter 500, Statutes of 2018*.

AB 2965 (Arambula, Thurmond) Medi-Cal: immigration status.

Extends eligibility for full-scope Medi-Cal benefits to undocumented adults ages 19 to 25 who are otherwise eligible for those benefits but for their immigration status. *Held on the Senate Appropriations Committee Suspense File*.

AB 3192 (O'Donnell) LEA Medi-Cal billing option: program guide.

Requires the Department of Health Care Services (DHCS) to issue and regularly maintain a program guide for the Local Education Agency Medi-Cal Billing Option Program (LEA BOP); and requires DHCS to only conduct an audit of a Medi-Cal LEA BOP claim consistent with the program guide and other specified accounting and audit-related guides and a specified reimbursement manual, and any and all applicable federal or state statutes and regulations. *Chapter 658, Statutes of 2018.*

Mental Health

SB 177 (Nguyen) Cognitively impaired adults: caregiver resource centers.

Appropriates \$3.3 million from the General Fund each fiscal year beginning with the 2017-18 fiscal year to the Department of Health Care Services for Caregiver Resource Centers (CRCs) for purpose of providing respite care. Permits CRC services to be provided both in-person and through the use of remote technologies (except for respite care services), including but not limited to, web-based services, mobile applications, and telephone messaging services. *Held on the Senate Appropriations Committee Suspense File*.

SB 191 (Beall) Pupil health: mental health and substance use disorder services.

Allows a county or a qualified provider, as specified, and a local educational agency to enter into a partnership to create a program that targets pupils with mental health and substance use disorders. Creates the County and Local Educational Agency Partnership Fund from which moneys will be made available, as specified, to fund the partnerships. Requires specified entities to develop guidelines on how to enter into the partnerships. *Held on the Senate Appropriations Committee Suspense File*.

SB 192 (Beall) Mental Health Services Fund.

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

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

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

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

Makes changes to the mandate on health plans and health insurers to cover behavioral health treatment for pervasive developmental disorder or autism, such as prohibits a health plan or insurer from denying or reducing coverage for medically necessary services based on the setting, location, or time of treatment recommended by the qualified autism service provider or based on the lack of parent or caregiver participation. Broadens the eligibility criteria to become a qualified autism service professional and paraprofessional. *Vetoed*.

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

Requires each county to prepare its Annual Mental Health Services Act Revenue and Expenditure Report in accordance with generally accepted accounting principles, as specified. Requires specified entities to post county reports in a text-searchable format on their respective Internet Web sites. *Chapter 403*, *Statutes of 2018*.

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

Requires the Department of Health Care Services (DHCS) to establish a program for certifying peer support specialists and to collaborate with interested stakeholders, as specified. Permits DHCS to seek any federal waivers to implement the certification program. *Vetoed*.

SB 1004 (Weiner, Moorlach) Mental Health Services Act: prevention and early intervention.

Requires the Mental Health Services Oversight and Accountability Commission to establish priorities for the use of Mental Health Services Act prevention and early intervention (PEI) funds, as specified, and to develop a statewide strategy for monitoring the implementation and effectiveness of PEI programs, as specified. *Chapter 843, Statutes of 2018.*

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

Requires the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of 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. *Vetoed*.

SB 1101 (Pan) Mental health.

Requires the Mental Health Services Oversight and Accountability Commission (MHSOAC) to establish statewide objectives and metrics, as specified, to bring focus on the state's mental health system and to assist the public in understanding whether progress is being made toward meeting the goals of the Mental Health Services Act. Requires the MHSOAC to collect data and monitor the established metrics, and to work with specified stakeholders to monitor counties' progress toward meeting the statewide objectives. Requires counties to report to the MHSOAC and the Legislature. *Held on the Senate Appropriations Committee Suspense File*.

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

Permits the Mental Health Services Oversight and Accountability Commission to establish a framework and voluntary standard for mental health in the workplace, and to provide guidance to California's employer community to support the mental health and wellness of employees, as specified. *Chapter 354, Statutes of 2018.*

SB 1206 (De León, Moorlach) No Place Like Home Act of 2018.

Establishes the No Place Like Home (NPLH) Act of 2018, which amends provisions enacted by the NPLH program. Amends the Mental Health Services Act to, among other things, permit the Legislature to appropriate funds from the Mental Health Services Fund, and provides for voter approval at the November 6, 2018, statewide general election. *No action taken on the Assembly Floor.*

AB 191 (Wood) Mental health: involuntary treatment.

Adds licensed marriage and family therapists and licensed professional clinical counselors to those health providers who are authorized to sign a notice of certification, as specified, when a patient is certified as needing intensive mental health treatment. *Chapter 184, Statutes of 2017.*

AB 254 (Thurmond) Local Educational Agency Behavioral Health Integration Pilot Program.

Requires the Department of Health Care Services (DHCS) to establish the Local Education Agency Behavioral Health Integration Pilot Program for four years for the purpose of improving the delivery of underutilized direct behavioral health services. Establishes requirements for DHCS and the LEAs that participate in the program. Appropriates up to \$10 million each year for four years from the Mental Health Services Act funds allocated to DHCS. Requires an evaluation report to be provided to legislative committees on the impact of the program on student well-being, academic achievement and other outcome and indicator measures. *Held on the Senate Appropriations Committee Suspense File.*

AB 417 (Limón) Acute psychiatric hospital: County of Ventura: outpatient mental health services.

Permits an acute psychiatric hospital in Ventura County, which was damaged by a recent fire, to resume providing outpatient mental health services for up to 180 days while the inpatient operations of the hospital are voluntarily suspended. Contains an urgency clause that will make this bill effective upon enactment. *Chapter 9, Statutes of 2018.*

AB 451 (Arambula) Health facilities: emergency services and care.

Requires an acute psychiatric hospital, and a psychiatric unit of a general acute care hospital, to comply with provisions of law requiring emergency services to be provided regardless of a patient's ability to pay in order to treat a psychiatric emergency medical condition, as defined, regardless of whether the facility operates an emergency department, consistent with provisions of law requiring patients with emergency medical conditions to be stabilized, including a transfer when necessary to appropriate facilities. *Held on the Senate Appropriations Committee Suspense File*.

AB 462 (Thurmond) Mental Health Services Oversight and Accountability Commission: wage information data access.

Authorizes the Director of the Employment Development Department to share information with the Mental Health Services Oversight and Accountability Commission related to quarterly wage data for mental health consumers to assist in fulfilling its duties under the Mental Health Services Act. *Chapter 403, Statutes of 2017.*

AB 501 (Ridley-Thomas) Mental health: community care facilities.

Permits the Department of Social Services (DSS) to license a short-term residential therapeutic program operating as a children's crisis residential program, defined as a facility licensed as a short-term residential treatment program to serve children experiencing mental health crises as an alternative to psychiatric hospitalization. Establishes requirements for a children's crisis residential program, and for DSS and the Department of Health Care Services in implementing this bill. *Chapter 704*, *Statutes of 2017*.

AB 727 (Nazarian) Mental Health Services Act: housing assistance.

Expands the ability of counties to use Mental Health Services Act funds on housing assistance by permitting counties to use Community Services and Supports funds on housing assistance regardless of whether a person participates in a Full-Service Partnership. *Chapter 410, Statutes of 2017.*

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

Adds a Governor-appointed member to the Mental Health Services Oversight and Accountability Commission who has knowledge and experience in reducing mental health disparities, especially for racial and ethnic communities. *Vetoed*.

AB 860 (Cooley) Mental Health Services Oversight and Accountability Commission: fact-finding tour.

Permits the Mental Health Services Oversight and Accountability Commission (MHSOAC) to conduct a fact-finding tour of a facility or location not accessible by the public, as specified, in furtherance of the MHSOAC's duties. Requires the MHSOAC to post on its Web site a summary of the fact-finding tour within 10 days after the completion of the tour. *Vetoed*.

AB 974 (Quirk-Silva) Mental Health Services Act: reporting veterans spending. Requires counties to report the amount of Mental Health Services Act funds that were spent on mental health services for veterans. *Chapter 411, Statutes of 2017.*

AB 1119 (Limón) Developmental and mental health services: information and records: confidentiality.

Authorizes, during the provision of emergency services and care, the communication of patient information and records between specified health care professionals and others to effectively treat patients with developmental disabilities and mental health disorders. *Chapter 323, Statutes of 2017.*

AB 1134 (Gloria) Mental Health Services Oversight and Accountability Commission: fellowship program.

Authorizes the Mental Health Services Oversight and Accountability Commission (MHSOAC) to establish a fellowship program. Requires the MHSOAC to establish an advisory committee to provide guidance on the fellowship program goals, design, eligibility criteria, application process, and other issues, as specified. *Chapter 412, Statutes of 2017*.

AB 1136 (Eggman) Health facilities: residential mental health or substance use disorder treatment.

Requires the Department of Public Health (DPH) to develop and submit a proposal to solicit a federal grant 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. Requires DPH to submit an evaluation of the effect of the grant to the federal Health and Human Services Secretary and to the legislature. *Held on the Senate Appropriations Committee Suspense File.*

AB 1215 (Weber) Mental Health Services Act: innovative programs: research.

Requires county mental health programs, if research is chosen for an innovative project, to consider research of the brain and its physical and biochemical processes that may have broad applications but that have specific potential for understanding, treating, and managing mental illness, as specified. *Chapter 227, Statutes of 2018.*

AB 1315 (Mullin) Mental health: early psychosis and mood disorder detection and intervention.

Establishes the Early Psychosis Intervention Plus Program whereby specified programs use evidence-based approaches and services to identify and support clinical and functional recovery of individuals by reducing the severity of first, or early, episode psychotic symptoms and mood disorders. Establishes an advisory committee, as specified, to the Mental Health Services Oversight and Accountability Commission for the purposes of advising on the administration of the program and distributing awards to counties for the provision of services. *Chapter 414*, *Statutes of 2017*.

AB 1456 (Low) Professional licensure.

Extends the ability for persons to practice psychology without a license in government-related settings, while obtaining required supervised experience, from three to five years, thereby conforming the license waiver provisions to the five year limitation for other mental health professionals such as clinical social workers and marriage and family therapists. *Chapter 151*, *Statutes of 2017*.

AB 1688 (Committee on Health) Community health services: California Mental Health Planning Council, California Children's Services program, Alameda County pilot program, and Medi-Cal managed care.

Repeals an Alameda County program that did not require Medi-Cal utilization controls when a county hospital based utilization review committee has been established to determine the level of authorization for payment. Makes various changes to implement provisions of the federal Medicaid managed care rules related to record retention, health plan penalties, external quality review programs and health plan accreditation. Renames the California Mental Health Planning Council as the California Behavioral Health Planning Council. Requires the Department of Health Care Services (DHCS) to report semi-annually regarding the enrollment process for Medi-Cal and Covered California, instead of quarterly in existing law. Requires DHCS to provide a report on the California Children's Services Whole Child Model (WCM) by the later of January 1, 2021, or three years from the date when all counties in which DHCS is authorized to establish the WCM program are fully operational, instead of by January 1, 2021, under existing law. Makes conforming changes to broaden the duties of the renamed Council to incorporate substance use disorders. *Chapter 511, Statutes of 2017*.

AB 1893 (Maienschein) Maternal mental health: federal funding.

Requires the Department of Public Health (DPH) to investigate and apply for federal funding opportunities to support maternal mental health, as specified. Requires DPH to notify the Legislature of its efforts to secure and utilize federal funds it receives. Sunsets the provisions of this bill on January 1, 2023. *Chapter 140*, *Statutes of 2018*.

AB 1971 (Santiago, Chen, and Friedman) mental health services: involuntary detention: gravely disabled.

Expands the definition of "gravely disabled" in existing law, as implemented in the County of Los Angeles, to include a person's inability to provide for his or her basic personal needs for medical treatment, as specified, and contains specified reporting requirements. Sunsets the provisions of this bill on January 1, 2024. *No action taken on the Senate Floor.*

AB 2018 (Maienschein) Mental health workforce planning: loan forgiveness, loan repayment, and scholarship programs.

Expands the definition of "practice setting" for purposes of the Steven M. Thompson Physician Corps Loan Repayment Program to include a program or facility operated by, or contracted to, a county mental health plan. Requires the Office of Statewide Healthcare Planning and Development to include in its five-year plan expansion plans for loan forgiveness and scholarship programs for a commitment to employment in California's public mental health system. *Held on the Senate Appropriations Committee Suspense File*.

AB 2022 (Chu) Pupil mental health services: school notification.

Requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils how to initiate access to available pupil mental health services on campus or in the community. Permits county mental health programs to use funds from the Mental Health Services Act to provide grants to schools to meet the requirement in this bill. *Chapter 484, Statutes of 2018.*

AB 2099 (Gloria) Mental health: detention and evaluation.

Requires a copy of the application that permits an individual to be involuntarily detained, as specified, to be treated as the original for purposes of evaluation and treatment. *Chapter 258, Statutes of 2018.*

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

Expands the definition of a licensed mental health (LMH) service provider, for purposes of educational loan repayment, to include a LMH service provider who is currently fully licensed by his or her respective board and who has subsequently attained further education and now practices as either a psychiatric mental health nurse or a physician assistant, as specified. *Vetoed*.

AB 2193 (Maienschein) Maternal mental health.

Mandates that a health plan or insurer develop a maternal mental health (MMH) program to address mental and behavioral issues by July 1, 2019 and requires a licensed health care practitioner who provides prenatal or postpartum care for a patient to ensure the mother is offered screening or is appropriately screened for MMH conditions. *Chapter 755, Statues of 2018.*

AB 2315 (Quirk-Silva) Pupil health: mental and behavioral health services: telehealth technology: guidelines.

Requires the California Department of Education, in consultation with the Department of Health Care Services and appropriate stakeholders to develop and post guidelines, as specified, on or before December 31, 2019, for the use of telehealth technology in public and charter schools to provide mental health and behavioral health services to pupils on school campuses. *Chapter 759*, *Statutes of 2019*.

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

Requires the memorandum of understanding between the Department of State Hospitals and the Department of Health Care Services to make specified training materials for county patients' rights advocates (PRAs) available online. Requires a county to verify that PRAs review training materials and to keep a record of the verification, as specified. *Chapter 237, Statutes of 2018.*

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

Prohibits eligible California veterans from being denied county mental or behavioral health services while waiting for a determination of eligibility for, and availability of, services provided by the U.S. Department of Veterans Affairs (VA). Clarifies that existing law prohibiting veterans from being denied county mental health services includes whether or not the person is eligible for services provided by the VA. *Chapter 128, Statutes of 2018.*

AB 2333 (Wood) Office of Emergency Services: behavioral health response.

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

AB 2393 (Committee on Health) Mental health.

Prohibits a county from charging fees for Medi-Cal specialty mental health services to Medi-Cal beneficiaries who either do not have a share of cost or who have met their share of cost. Permits a county to charge fees to individuals who are not Medi-Cal beneficiaries and Medi-Cal beneficiaries who have a share of cost that has not been met, based on their ability to pay for community mental health services, instead of requiring counties to charge a fee for specialty mental health services under existing law. *Chapter 77, Statutes of 2018.*

AB 2608 (Mark Stone) Licensed Mental Health Service Provider Education Program: former foster youth.

Requires an account to be created within the Mental Health Practitioner Education Fund to fund grants to repay educational loans for applicants who were formerly in California's foster youth care system and who commit to provide direct patient mental health care in a publicly funded facility or a mental health professional shortage area for at least 24 months. *Chapter 585*, *Statutes of 2018*.

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

Prohibits a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody pursuant to a 5150 hold, as specified, as a condition of accepting a transfer of that person. *Chapter 831, Statutes of 2018.*

AB 3032 (Frazier) Maternal mental health conditions.

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

Prescription Drugs

SB 17 (Hernandez) Health care: prescription drug costs.

Requires health plans and insurers that report rate information through the existing large and small group rate review process to also report specified information related to prescription drug pricing to Department of Managed Health Care (DMHC) and California Department of Insurance (CDI). Requires DMHC and CDI to compile specified information into a consumer-friendly report that demonstrates the overall impact of drug costs on health care premiums. Requires drug manufacturers to notify specified purchasers, in writing at least 60 days prior to the planned effective date, if it is increasing the wholesale acquisition cost (WAC) of a prescription drug by specified amounts. Requires drug manufacturers to notify the Office of Statewide Health Planning and Development (OSHPD) three days after federal Food and Drug Administration approval when introducing a new drug to market at a WAC that exceeds the Medicare Part D specialty drug threshold. Requires drug manufacturers to provide specified information to OSHPD related to the drug's price. *Chapter 603, Statutes of 2017.*

SB 790 (McGuire) Health care providers: gifts and benefits.

Prohibits a drug manufacturer or a wholesale distributor of medical devices from offering or giving a gift to a health care provider. Prohibits a manufacturer or an entity on behalf of a manufacturer from providing a fee, payment, subsidy, or other economic benefit to a health care provider in connection with the provider's participation in research, except for the annual direct salary support for principal investigators and other health care professionals for the purposes of a bona fide clinical trial. *These provisions were amended out of the bill*.

SB 1021 (Wiener) Prescription drugs.

Prohibits health plan contracts and health insurance policies from having utilization management policies or procedures which rely on a multitablet drug regimen over a single-tablet drug regimen for the prevention of HIV infection and AIDS until January 1, 2023; extends to 2024, the January 1, 2020 sunset on law that caps cost sharing for a covered outpatient prescription drug at \$250/\$500 per 30-day supply, as specified, as well as other formulary requirements; and codifies a regulation that prohibits an enrollee or insured from being charged more than the retail price for a prescription drug when the applicable copayment or coinsurance is a higher amount. *Chapter 787, Statutes of 2018.*

SB 1109 (Bates) Controlled substances: Schedule II drugs: opioids.

Requires specified prescribers to take continuing education courses on the risks of addiction associated with the use of Schedule II controlled substances. Requires additional warning labeling about the risks of addiction and overdose for opioid prescriptions. Requires school districts, charter schools, and private schools that offer athletics programs, as well as youth sports organizations, to provide an information sheet to participants about the risk of opioid addiction that parents have to sign and return. Requires prescribers to discuss risks and dangers of opioids and opioid addiction with minors and their parents or guardians. *Chapter 693*, *Statutes of 2018*.

AB 265 (Wood) Prescription drugs: prohibition on price discount.

Prohibits prescription drug manufacturers from offering a discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with insurance coverage, including, but not limited to, a copayment, coinsurance, or deductible, for a prescription drug if a lower cost generic or an over-the-counter drug are available at a lower cost. *Chapter 611*, *Statutes of 2017*.

AB 315 (Wood, Dahle, Nazarian) Pharmacy benefit manager.

Places various requirements on pharmacy benefit managers (PBMs), including to register with the Department of Managed Health Care (DMHC), exercise good faith and fair dealing, and disclose, upon a purchaser's request, information with respect to prescription product benefits specific to the purchaser for all retail, mail order, specialty, and compounded prescription products, as specified. Requires DMHC to convene a Task Force on Pharmacy Benefit Management Reporting to determine what information related to pharmaceutical costs, if any, it should require to be reported by health plans or their contracted PBMs. Establishes a pilot project in Riverside and Sonoma Counties to assess the impact of contract provisions that prohibit the dispensing of certain amounts of prescription drugs by network retail pharmacies. *Chapter 905*, *Statutes of 2018*.

AB 587 (Chiu) State government: pharmaceuticals: procurement: collaborative. Requires the Department of General Services (DGS) to convene the California Pharmaceutical Collaborative to address the rising cost of pharmaceutical drugs, co-chaired by the Deputy Director of the Procurement Division of DGS and the Assistant Secretary of California Health and Human Services and to coordinate the efforts of state and local government entities to identify and implement opportunities for cost savings with regard to the purchase of pharmaceuticals, particularly pharmaceuticals that are considered high-cost drugs. *Hearing cancelled at the request of the author in the Senate Appropriations Committee*.

AB 1048 (Arambula) Health care: pain management and Schedule II drug prescriptions.

Authorizes a pharmacist to partially fill a Schedule II drug prescription beginning July 1, 2018, authorizes a partial copayment for a partial fill beginning January 1, 2019, and deletes the requirement that health facilities assess pain at the time of checking vital signs and instead requires health facilities ensure that pain assessment is performed in a consistent manner that is appropriate to the patient. *Chapter 615, Statutes of 2017.*

AB 1998 (Rodriguez) Opioids: safe prescribing policy.

Requires health care practitioners who prescribe, order, administer, or furnish opioids to establish or adopt a safe opioid prescribing policy. Requires the Department of Public Health to submit a report to the Legislature and publish to the public, using data from the Controlled Substance Utilization Review and Evaluation System database, detailing progress towards the goal of a continued downward trend in opioid prescriptions. *Held on the Senate Appropriations Committee Suspense File.*

AB 2576 (Aguiar-Curry) Emergencies: health care.

Permits specified clinics to furnish a dangerous drug or dangerous device in reasonable quantities without a prescription during a federal, state, or local emergency, to further the health and safety of the public. *Chapter 716, Statutes of 2018.*

AB 2863 (Nazarian) Health care coverage: prescriptions.

Limits the maximum amount a health plan or health insurer may require an enrollee or insured to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount for the prescription drug or the retail price, and requires a pharmacy to inform a customer at the point of sell if the retail price is less than the applicable copayment amount unless the pharmacy automatically charges the lower price. *Chapter 770, Statutes of 2018.*

Serious and Chronic Illness

SB 294 (Hernandez) Hospice: services to seriously ill patients.

Permits a hospice agency to provide any interdisciplinary hospice services described in the Hospice Licensure Act of 1990, including but not limited to, palliative care, to a patient with a serious illness as determined by the physician and surgeon in charge of the care of the patient. Requires reporting by a hospice agency to the California Department of Public Health. Sunsets the provisions of this bill on January 1, 2022. *Chapter 515, Statutes of 2017.*

SB 1336 (Morrell) Public health: End of Life Option Act.

Requires the annual End of Life Option Act report published by the Department of Public Health (DPH) to include areas of practice of each physician who wrote prescriptions for aid-in-dying drugs; the motivating reasons behind a patient's decision to request the aid-in-dying drug; and, the number of patients who received a mental health specialist assessment prior to receiving the aid-in-dying drug. Eliminates the requirement that the annual report be based upon information that is provided to DPH and on its access to vital statistics. *Failed passage in the Senate Health Committee*.

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

Requires Medi-Cal to provide coverage for continuous glucose monitors and related supplies required for use with those monitors that are covered for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. *Vetoed.*

AB 1335 (Bonta, Chiu, Wood) Sugar-sweetened beverages: safety warnings.

Establishes the Sugar-Sweetened Beverages Safety Warning Act, to be administered by the Department of Public Health, and requires a safety warning on all sealed sugar-sweetened beverage containers, as specified. Requires the safety warning label to be posted in a place that is easily visible at the point of purchase of an establishment, as specified. *Held on the Senate Appropriations Committee Suspense File*.

AB 1386 (Waldron) Genomic cancer testing information.

Requires the Department of Health Care Services to incorporate information relating to breast cancer susceptibility gene mutations to the standard written summary of breast cancer treatment options that existing law requires to be provided to a patient upon a diagnosis of breast cancer. *Chapter 693, Statutes of 2017.*

Substance Use and Substance Use Disorders

SB 34 (Bates) Residential treatment facilities.

Requires the Department of Health Care Services (DHCS) to report to the Legislature regarding the effect of the concentration of residential alcoholism or drug abuse recovery or treatment facilities (RTFs) in a community, as specified. Requires DHCS to annually post specified information on its Web site regarding RTFs. *Held on the Senate Appropriations Committee Suspense File*.

SB 191 (Beall) Pupil health: mental health and substance use disorder services.

Allows a county or a qualified provider, as specified, and a local educational agency to enter into a partnership to create a program that targets pupils with mental health and substance use disorders. Creates the County and Local Educational Agency Partnership Fund from which moneys will be made available, as specified, to fund the partnerships. Requires specified entities to develop guidelines on how to enter into the described partnerships. *Held on the Senate Appropriations Committee Suspense File*.

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

Establishes the Children, Adolescents, and Young Adults Substance Use Disorder Treatment Act, and requires the Department of Health Care Services (DHCS) to convene an expert panel to advise DHCS solely on the development of youth substance use disorder treatment quality standards, as specified. *Vetoed*.

SB 823 (Hill) Alcohol and drug treatment abuse recovery and treatment facilities. Requires the Department of Health Care Services to adopt the American Society of Addiction Medicine treatment criteria, as specified, as the minimum standard of care for licensed residential alcoholism or drug abuse recovery or treatment facilities. *Chapter 781, Statutes of 2018.*

SB 902 (Bates) Alcoholism or drug abuse recovery or treatment facilities.

Requires the Department of Health Care Services to conduct a state and federal level criminal history background check (CBC) for specified individuals prior to issuing an initial license for an alcoholism or drug abuse recovery or treatment facility (RTF). Prohibits specified individuals from being issued an RTF license or from working at an RTF, as specified, based on the results of the CBC. *Held on the Senate Appropriations Committee Suspense File*.

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

Requires the Department of Health Care Services (DHCS) to establish a program for certifying peer support specialists and to collaborate with interested stakeholders, as specified. Permits DHCS to seek any federal waivers to implement the certification program. *Vetoed*.

SB 992 (Hernandez) Alcoholism or drug abuse recovery or treatment facilities.

Requires programs licensed or certified by the Department of Health Care Services (DHCS) to disclose business relationships, including with unregulated sober living homes. Makes changes to current law for licensed residential alcoholism or drug abuse recovery or treatment facilities (RTFs) to improve client treatment and provide DHCS more oversight authority over RTFs. *Chapter 784, Statutes of 2018.*

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

Requires the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of 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. *Vetoed*.

SB 1228 (Lara) Alcoholism or drug abuse recovery and treatment services: referrals.

Prohibits a licensed alcoholism or drug abuse recovery or treatment facility (RTF) or an employee of an RTF from referring a patient to a facility, residence, or dwelling that is not either licensed or certified, or from engaging in patient brokering, as defined. Requires the Department of Health Care Services to establish a program to approve organizations that certify facilities, residences, or dwellings that provide substance use disorder continuum of care, but are not licensees, and meet specified requirements that include a ban on patient brokering. *Chapter 792*, *Statutes of 2018*.

SB 1268 (Bradford) Addiction treatment referrals: payment: penalties and enforcement.

Prohibits specified persons, programs, or entities from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery or treatment services. Permits the Department of Health Care Services to take action against specified persons, programs, and entities that violate the prohibition, including suspending or revoking licensure or certification and assessing a penalty, as specified. *Held on the Assembly Appropriations Committee Suspense File*.

SB 1290 (Bates) Substance abuse disorder treatment.

Deems it unlawful for specified individuals at a licensed alcoholism or drug abuse recovery or treatment facility to benefit financially for referring another individual to substance use disorder treatment services, as specified. Establishes the Commission on Substance Abuse and Recovery to provide comprehensive recommendations to the Legislature to create a coordinated and unified effort among specified entities to confront the statewide addiction and substance abuse crisis, as specified. *Held on the Senate Appropriations Committee Suspense File.*

SB 1317 (Portantino) Substance abuse: residential treatment facilities.

Requires the Department of Health Care Services (DHCS) to develop guidelines, in consultation with specified entities, on how to report to the Legislature about facilities alleged to be operating without a license and other specified information. Requires DHCS to submit a report to the Legislature, as specified, and to post the report and other information on its Web site. *Held on the Senate Appropriations Committee Suspense File*.

SCR 143 (Pan) Smoking: youth: motion picture industry.

Encourages major motion picture studios to give a Restricted (R) rating to any new film designed for viewing by children and adolescents that shows or implies smoking or tobacco use. Urges various entities in the movie industry to adopt the policy and practice in their film and video rating systems. Encourages specified state and local entities to expand efforts to reduce and eliminate the depiction of smoking in entertainment and media venues, as specified. *Failed passage in the Assembly Health Committee*.

AB 175 (Chau) Adult-use marijuana: marketing: packaging and labeling. Requires the label and packaging of edible marijuana products to have prior approval from the Department of Public Health. *Held on the Senate Appropriations Committee Suspense File.*

AB 182 (Waldron) Heroin and Opioid Public Education (HOPE) Act.

Requires the Department of Public Health to develop, coordinate, implement, and oversee a public awareness campaign, as specified, upon appropriation or receipt of adequate state or federal funds, to educate targeted audiences about the growing heroin use and opioid medication abuse epidemic, as well as the importance and availability of services to avert addiction and to treat substance use disorders. *Held on the Senate Appropriations Committee Suspense File*.

AB 186 (Eggman) Controlled substances: overdose prevention program.

Permits the City and County of San Francisco to approve entities to establish and operate an overdose prevention program for individuals 18 years of age or older, until January 1, 2022, and to provide specified reports about the program. Requires overdose prevention programs to provide specified services, including supervision by health care professionals and referrals for treatment. *Vetoed*.

AB 349 (McCarty) Drug Medi-Cal Treatment Program: ratesetting process.

Permits the Department of Health Care Services to annually establish and update the Drug-Medi-Cal statewide maximum allowable reimbursement rates by means of bulletins or similar instructions without being required to adopt regulations. *Chapter 643, Statutes of 2018.*

AB 395 (Bocanegra) Substance use treatment providers.

Adds medication-assisted treatment as an authorized service at a licensed narcotic treatment program (NTP) and makes other changes to current NTP law regarding authorized medications, patient capacity, and billing timeframes. *Chapter 223, Statutes of 2017.*

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

Permits a court, until January 1, 2020, to develop a program to offer mental health and addiction treatment services, as specified, to women who are charged in a complaint that consists only of misdemeanor offenses or who are on probation for one or more misdemeanor offenses. *Vetoed*.

AB 572 (Quirk-Silva) Alcoholism or drug abuse treatment facilities: City of Costa Mesa pilot program. Requires the Department of Health Care Services (DHCS) to establish a pilot program, if the City of Costa Mesa elects to participate, whereby DHCS assigns a compliance analyst to investigate complaints against licensed adult alcoholism or drug abuse recovery or treatment facilities within the City of Costa Mesa or other local governments within Orange County, as specified. Heard for testimony only in the Senate Health Committee. These provisions were amended out of the bill.

AB 715 (Wood) Workgroup review of opioid pain reliever use and abuse.

Requires the Department of Public Health (DPH) to convene a workgroup for the purpose of reviewing existing guidelines and developing a recommended statewide guideline regarding the prescribing of opioid pain relievers for instances of acute, short-term pain, as specified. Requires DPH to report to the Legislature on or before March 1, 2019, and requires the provisions in this bill to remain in effect only until January 1, 2020. *Vetoed*.

AB 1090 (Cunningham) Cannabis use: location restrictions.

Prohibits the possessing, smoking, or ingesting of cannabis or cannabis products in or upon the grounds of a school, day care center, or youth center at all times, instead of only while children are present. *Held on the Senate Appropriations Committee Suspense File.*

AB 1136 (Eggman) Health facilities: residential mental health or substance use disorder treatment. Requires the Department of Public Health (DPH) to develop and submit a proposal to solicit a federal grant 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. Requires DPH to submit an evaluation of the effect of the grant to the federal Health and Human Services Secretary and to the legislature. **Held on the Senate Appropriations Committee Suspense File.**

AB 1744 (McCarty) After-school programs: substance use prevention: funding: cannabis revenue. Permits the Department of Health Care Services (DHCS) to consider selecting specified before and/or after school programs to receive funds from the Youth Education, Prevention, Early Intervention and Treatment Account to target youth who have or are at risk of having a substance use disorder. Requires DHCS to enter into interagency agreements with the Department of Education to implement and administer programs for those purposes. *Held on the Senate Appropriations Committee Suspense File.*

AB 2861 (Salas) Medi-Cal: telehealth: alcohol and drug use treatment.

Requires a Drug Medi-Cal certified provider to receive Drug Medi-Cal reimbursement for individual counseling services provided through telehealth, as defined, by a licensed practitioner of the healing arts or a registered or certified alcohol or other drug counselor, when medically necessary and in accordance with the Medicaid State Plan. *Chapter 500, Statutes of 2018*.

AB 3162 (Friedman) Alcoholism or drug abuse treatment facilities.

Makes various changes to current law regarding licensed residential alcoholism or drug abuse recovery or treatment facilities (RTFs) licensed by the Department of Health Care Services (DHCS), including: making initial licenses provisional for one year; requiring treatment services offered by the RTF to be specified on the license and provided within the licensed RTF, as specified; and, increasing civil penalties for the violation of licensing law. *Chapter 775*, *Statutes of 2018*.

Women's Health/Reproductive Health

SB 320 (Leyva) Public health: public postsecondary education: student health insurance plans: on-campus student health centers: abortion by medication techniques.

Requires each public university student health center to offer abortion by medication techniques, as specified. Establishes the Reproductive Health Preparation Fund for the purposes of providing private moneys in the form of grants to on-campus student health centers at the University of California and California State University for the implementation of abortion by medication techniques. Requires the Commission on the Status of Women and Girls to administer the Fund, as specified. *Vetoed.*

SB 743 (Hernandez, Leyva) Medi-Cal: family planning providers.

Prohibits Medi-Cal managed care plan from restricting the choice of a qualified provider, as defined, from whom a beneficiary enrolled in the managed care plan may receive family planning services covered by Medi-Cal. *Chapter 572, Statutes of 2017.*

SB 1023 (Hernandez) Reproductive health care coverage.

Clarifies that health plans, insurers, and Medi-Cal managed care plans are permitted to cover sexual and reproductive health services through telehealth, as specified. Requires services provided by a Family PACT provider through telehealth, as specified, to be covered services. Permits Family PACT providers to determine program eligibility remotely, as specified, and permits the Department of Health Care Services to develop program policies to support implementation of off-site eligibility determination and enrollment. *No action taken on the Assembly Floor.*

SB 1034 (Mitchell) Health care: mammograms.

Extends the sunset date, to January 1, 2025, on existing law that requires health facilities where mammography is performed, if a patient is categorized by the facility as having dense breasts, as specified, to provide be a notice informing the patient that she has dense breasts. *Chapter 332*, *Statutes of 2018*.

AB 1893 (Maienschein) Maternal mental health: federal funding.

Requires the Department of Public Health (DPH) to investigate and apply for federal funding opportunities to support maternal mental health, as specified. Requires DPH to notify the Legislature of its efforts to secure and utilize federal funds it receives. Sunsets the provisions of this bill on January 1, 2023. *Chapter 140, Statutes of 2018.*

Vital Records

AB 82 (Medina) Vital records: diacritical marks.

Requires the State Registrar to require the use of a diacritical mark on an English letter to be properly recorded, when applicable, on a certificate of live birth, fetal death, or death, and a marriage license. *Vetoed*.

AB 242 (Arambula, Patterson) Certificates of death: veterans.

Requires a certificate of death to indicate whether the deceased person was a member of the Armed Forces. Requires the Department of Public Health to access death certificate data to compile an annual report on veteran suicide, beginning January 1, 2019. *Chapter 222, Statutes of 2017.*

AB 1726 (Health) Vital records: confidentiality.

Adds state government entities and birth hospitals, as specified, to the list of entities which are permitted access to confidential birth and fetal death vital record data. *Chapter 215, Statutes of 2017.*

AB 2367 (Berman) Certificates of death: amended certificates.

Requires the State Registrar, as soon as practicably possible and in coordination with a major upgrade or replacement of the information technology system, to include the functionality to replace an amended certificate of death with a new, one-page certificate of death. Requires the new, one-page certificate of death to be issued in place of the amended certificate. *Held on the Senate Appropriations Committee Suspense File*.

AB 2490 (Chiu) Vital records: homeless persons.

Requires the State Registrar to issue a certified record of live birth without a fee to any person who can verify that he or she is homeless, as specified. *Chapter 541, Statutes of 2018*.

AB 2561 (Flora) Vital records: local registrar: copy of records.

Recasts and updates existing law governing the State Registrar, local registrar, and county recorder's responsibilities related to the transfer, maintenance, and disposal of vital records. *Chapter 147, Statutes of 2018.*

AB 2750 (Obernolte) Certified copies of death records.

Adds a deceased person's surviving adult kin and a conservator to the list of persons allowed to obtain a certified copy of a death certificate. *Chapter 147, Statutes of 2018.*

AB 2967 (Quirk-Silva) Foster care: certified record of live birth.

Requires local registrars or county recorders to, without a fee, issue a certified record of live birth to any person who demonstrates that he or she is a foster care youth. *Chapter 551, Statutes of 2018.*

Miscellaneous

SB 199 (Hernandez) The California Health Care Cost, Quality, and Equity Atlas.

Requires the California Health and Human Services Agency, in furtherance of the goal of creating the California Health Care Cost, Quality, and Equity Atlas, to convene an advisory committee composed of a broad spectrum of health care stakeholders and experts, as specified, to identify the type of data, purpose of use, and entities and individuals that would report to and have access to the Atlas. *Held on the Assembly Appropriations Committee Suspense File*.

SB 241 (Monning) Medical records: access.

Revises and recasts provisions of law governing the right of patients to access and copy their medical records by conforming these requirements to federal Health Information Portability and Accountability Act of 1996 requirements, including requiring health care providers to provide the records in an electronic format if they are maintained electronically and if the patient requests the records in an electronic format, and specifying the reasonable clerical costs that can be charged by the providers. *Chapter 513, Statutes of 2017.*

SB 512 (Hernandez) Health and care facilities: stem cell clinics.

Requires health care practitioners administering stem cell therapies who have not obtained prior approval for an investigational new drug from the Food and Drug Administration (FDA) to disclose to the patient that the procedures utilizing stem cells have not yet been approved by the FDA. Requires the Medical Board of California to report complaints received and disciplinary action taken against licensed physicians for administering non-FDA approved stem cell therapies. *Chapter 428, Statutes of 2017.*

SB 1158 (McGuire) Specialized license plates: "Have a Heart, Be a Star, Help Our Kids" license plate program.

Increases the initial fee of the "Have a Heart, Be a Star, Help Our Kids" specialty license plate, and revises the allocation of the funds collected under this program by reducing the 50% allocation to the Department of Social Services for child day care licensing activities to 20%, increasing the Department of Public Health's allocation from 25% to 35% for unintentional injury prevention, and allocating 20% to the Emergency Medical Services Authority for oversight of specified day care provider training programs. *Held on the Senate Appropriations Committee Suspense File*.

SB 1238 (Roth) Patient records: maintenance and storage.

Requires physicians, podiatrists, dentists, optometrists, and chiropractors to provide a statement to a patient at the time an initial patient record is created that informs the patient of their right to inspect and copy their medical records, and of the intended retention period for the records. Requires the health care provider to notify the patient, at least 60 days prior to the planned destruction of medical records, using the patient's last known mailing or electronic mail address. Exempts providers from this bill if he or she utilizes electronic health records and those records are stored in perpetuity. *Held on the Assembly Appropriations Committee Suspense File.*

SB 1278 (Hueso) Office of Binational Border Health.

Requires two members of the Office of Binational Border Health (OBBH) to be from local nonprofit organizations or community-based organizations from specified areas within the border region. Requires updates to the strategic plan developed by the advisory group and to the report developed by the OBBH, and requires specified information to be made available on the OBBH's Web site. *Held on the Senate Appropriations Committee Suspense File*.

SB 1495 (Committee on Health) Health.

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

SCA 7 (Moorlach) California Stem Cell Research and Cures Act: repeal.

Repeals the constitutional provisions of the California Stem Cell Research and Cures Act. *Failed passage in the Senate Health Committee*.

AB 356 (Bigelow) Human remains: disposition.

Authorizes remains found within 50 miles of the California border to be released to a licensed funeral establishment that is within 30 miles of the county border in which the decedent died and the adjacent state. *Chapter 187, Statutes of 2017.*

AB 1575 (Kalra) Professional cosmetics: labeling requirements.

Requires a professional cosmetic manufactured on or after July 1, 2019, for sale to a professional for use in California, to declare its ingredients on a label on the container in the same manner as required for cosmetics under federal Food, Drug & Cosmetic Act and federal Fair Packaging and Labeling Act. *Held on the Senate Appropriations Committee Suspense File*.

AB 1766 (Maienschein) Swimming pools: public safety.

Requires every public swimming pool that is required to provide lifeguard services and that charges a direct fee, as defined, to provide on its premises an Automated External Defibrillator unit. *Chapter 270, Statutes of 2018.*

AB 2088 (Santiago) Patient records: addenda.

Permits a minor patient, in addition to the existing ability of an adult patient, to provide a written addendum to his or her medical records if the patient believes the records to be incomplete or incorrect. *Chapter 275, Statutes of 2018.*

AB 2112 (Santiago) Federal 21st Century Cures Act: community-based crisis response plan: grant.

Requires the Department of Health Care Services (DHCS) to develop and submit an application to solicit a grant authorized under the federal 21st Century Cures Act to develop a community-based crisis response plan, requires the grant application to include a plan with specified elements, and requires DHCS to submit a report that includes an evaluation of the effect of the grant. Makes this bill operative only if Congress appropriates funds for purposes of Section 9007 of the federal 21st Century Cures Act. *Chapter 315*, *Statutes of 2018*.

AB 2775 (Kalra) Professional cosmetics: labeling requirements.

Requires a professional cosmetic, as defined, manufactured on or after July 1, 2020, for sale in this state to have a label affixed on the container that satisfies all of the labeling requirements for any other cosmetic pursuant to the Federal Food, Drug, and Cosmetic Act and the federal Fair Packaging and Labeling Act. *Chapter 393, Statutes of 2018.*

AB 2821 (Mayes) Integrated and comprehensive health and human services system.

Permits any county, upon approval of the board of supervisors, to implement a program for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system, subject to specified requirements. *Chapter 325, Statutes of 2018.*

AB 2963 (Kalra) Worker safety: blood lead levels: reporting.

Requires the Department of Public Health to report to the Division of Occupational Safety and Health (Cal/OSHA) in any instance where a worker's blood lead level is at or above 25 micrograms per deciliter. Requires this report to constitute a complaint from a government agency representative charging a serious violation of existing law, as specified. *Vetoed*.

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