



SENATE COMMITTEE ON  
**HEALTH**

Legislative Summary • 2021 – 2022 Session

Senator Richard Pan, MD CHAIR  
Senator Melissa Melendez VICE CHAIR

# SENATE COMMITTEE ON HEALTH

## 2021-2022 LEGISLATIVE SUMMARY

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## Aging and Long-Term Care

### **SB-48 (Limón) - Medi-Cal: annual cognitive health assessment.**

Requires an annual cognitive health assessment be a covered benefit for Medi-Cal beneficiaries who are 65 years of age or older and not otherwise eligible for a similar assessment as part of the Medicare program. Requires the Department of Health Care Services to determine the training and validated tools in order for Medi-Cal providers to render and receive payment for the covered benefit. *Chapter 484, Statutes of 2021.*

### **SB-441 (Hurtado) - Health care workforce training programs: geriatric medicine.**

Requires the Office of Statewide Health Planning and Development to include students and professionals with training in geriatrics in administering health workforce professions programs. *Held on the Assembly Appropriations Committee Suspense File.*

### **SB-460 (Pan) - Long-term health facilities: patient representatives.**

Establishes an Office of Patient Representative within the Department of Aging to provide residents of nursing homes, who have been determined to lack capacity to provide informed consent for proposed medical interventions and do not have anyone to provide representation on their behalf, with someone to represent their interests on the interdisciplinary team that reviews proposed medical interventions for these residents. Makes changes to the process for administering medical interventions for incapacitated and unrepresented nursing home residents, including by requiring residents to receive written notice of the determination of incapacity, and by requiring a patient representative at all interdisciplinary team meetings to review proposed medical interventions. *No action taken on Senate Floor. The subject matter of this bill was included in the human services trailer bill (AB 135, Chapter 85, Statutes of 2021).*

### **SB-650 (Stern) - Skilled nursing facilities.**

Requires an organization that operates, conducts, owns, manages, or maintains a skilled nursing facility (SNF) to prepare and file an annual consolidated financial report with the Office of Statewide Health Planning and Development, requires the financial report to include data from all related parties in which the organization has an ownership or control interest of 5% or more and that provides any services or supplies to the SNF, and requires the financial report to be reviewed by a certified public accountant. *Chapter 493, Statutes of 2021.*

### **SB-664 (Allen) - Hospice licensure: moratorium on new licenses.**

Imposes a moratorium on new hospice licenses until one year from the date that the California State Auditor publishes a report on hospice licensure. *Chapter 494, Statutes of 2021.*

### **SB-823 (Committee on Health) - Public health: omnibus bill.**

Adjusts the assessment of fees for electronic fingerprint images for organizations that provide services to Program of All-Inclusive Care for the Elderly participants. *Chapter 554, Statutes of 2021.*

**AB-279 (Muratsuchi) - Intermediate care facilities and skilled nursing facilities: COVID-19.**

Prohibits an intermediate care facility (ICF) or a skilled nursing facility (SNF) from terminating or making significant quality-of-care changes, or from transferring a resident to another facility, during the COVID-19 state of emergency, except under specified circumstances. Requires an ICF or SNF, for six months after the termination of any COVID-19 state of emergency, to issue a 90-day advance notice of any proposed sale or termination of the licensed operation of the facility to each resident before the sale or termination goes into effect. Requires all conditions imposed by the Attorney General based on a nonprofit transaction of an ICF or SNF that are in effect at the beginning of the COVID-19 state of emergency, to remain in effect during the COVID-19 state of emergency, unless the owner of the ICF or SNF files for bankruptcy. ***Vetoed.***

**AB-323 (Kalra) - Long-term health facilities.**

Revises the criteria under which the California Department of Public Health (CDPH) issues civil penalties against long term care (LTC) facilities that were found to have caused the death of a resident, so that instead of having to prove the death of a resident was the “direct proximate cause” of a violation by the facility, CDPH would have to prove that the violation was a “substantial factor” in the death of a resident, and defines substantial factor as more than a remote or trivial factor but is not required to be the only cause of harm. Increases the amount of civil penalties assessed against LTC facilities. ***Chapter 458, Statutes of 2021.***

**AB-383 (Salas) - Mental health: older adults.**

Creates an Older Adult Behavioral Health (BH) Services Administrator (Administrator) within the Department of Health Care Services who is required to oversee BH services for older adults. Sets forth various responsibilities for the Administrator, including working in close coordination and collaboration with various state and local entities. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-523 (Nazarian) - Program of All-Inclusive Care for the Elderly.**

Requires the Department of Health Care Services (DHCS) to make permanent specified changes in the Program of All-Inclusive Care for the Elderly program that DHCS instituted, on or before January 1, 2021, in response to the COVID-19 public health emergency. ***Vetoed.***

**AB-540 (Petrie-Norris) - Program of All-Inclusive Care for the Elderly (PACE).**

Requires PACE, in areas where PACE is available, to be presented as a Medi-Cal managed care (MCMC) enrollment option in the same manner as other MCMC enrollment options. Requires DHCS to establish a system to identify Medi-Cal beneficiaries who may be PACE eligible, conduct outreach to those identified beneficiaries, and provide a referral to PACE if the beneficiary indicates interest in being assessed for PACE eligibility. Requires MCMC risk stratification and health risk assessment processes to include criteria to identify Medi-Cal beneficiaries who appear to meet PACE eligibility. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-749 (Nazarian) - Skilled nursing facilities: medical director certification.**

Prohibits a skilled nursing facility from contracting with a person as a medical director if the person is not, or will not be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director. *Chapter 586, Statutes of 2021.*

**AB-895 (Holden) - Skilled nursing facilities and intermediate care facilities: notice to prospective residents.**

Requires nursing homes and residential care facilities for the elderly to provide a written notice to a prospective resident, or their representative, that includes the contact information for the local long-term care ombudsman, and links to specified websites governing licensing and quality of care. *Chapter 577, Statutes of 2022.*

**AB-1042 (Jones-Sawyer) - Skilled nursing facilities: unpaid penalties: related parties.**

Permits the California Department of Public Health to take legal action to recover unpaid civil penalty amounts assessed against long-term care facilities from related parties in which the licensee has an ownership or control interest of 5% or more. Permits the Department of Health Care Services to take legal action to recover unpaid quality assurance fees from a skilled nursing facility's financial interest in a related party. *Chapter 475, Statutes of 2021.*

**AB-1502 (Muratsuchi) - Freestanding skilled nursing facilities.**

Revises the licensure application and approval process for skilled nursing facilities (SNFs), and prohibits any person, including an applicant for licensure, or change of ownership, or change of management, from acquiring, either directly or indirectly, an ownership interest in a skilled nursing facility, or from operating, establishing, managing, conducting, or maintaining an SNF, prior to review, approval, and issuance of a license by the California Department of Public Health. *Chapter 578, Statutes of 2022.*

**AB-1585 (Committee on Health) - Health care.**

Revises the requirement that skilled nursing facilities have a dedicated infection preventionist to allow a broader range of health care professionals to serve in this capacity provided they are qualified and have completed specialized training in infection prevention and control, and extends the deadline, to January 1, 2023, by which the Department of Health Care Services is required to adopt regulations governing California Children's Services Whole Child Model. *Chapter 181, Statutes of 2021.*

**AB-1618 (Aguiar-Curry) - Alzheimer's disease.**

Expands the membership of the Alzheimer's Disease and Related Disorders Advisory Committee, establishes the Office of the Healthy Brain Initiative at the California Department of Public Health, and makes other technical and clarifying revisions. *Held on the Senate Appropriations Committee Suspense File.*

**AB-1684 (Voepel) - Alzheimer's disease: public awareness campaign.**

Requires the California Department of Public Health to conduct a public awareness campaign aimed at health care professionals, unpaid caregivers, and family and friends who provide care to someone with Alzheimer's disease. *Held on the Senate Appropriations Committee Suspense File.*

**AB-1809 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2022.**

Requires a prescriber, prior to prescribing a psychotherapeutic drug for a nursing home resident, to personally examine and obtain the informed written consent of the resident or the resident's representative, and requires specified information to be disclosed to the resident as part of the process of obtaining informed written consent. *Vetoed.*

**AB-1855 (Nazarian) - Long-Term Care Ombudsman Program: facility access.**

Prohibits a skilled nursing facility or a residential care facility for the elderly, from denying entry to a representative of the State Long-Term Care Ombudsman acting in their official capacity, except under specified circumstances. *Chapter 583, Statutes of 2022.*

**AB-1907 (Bauer-Kahan) - Long-term health care facilities: inspections.**

Changes the requirement that every skilled nursing facility be inspected at least once every two years, to instead require an inspection at least once every 30 months. *Chapter 277, Statutes of 2022.*

**AB-2077 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs.**

Increases the personal needs allowance, from a statutory minimum of \$35 per month to \$80 per month, for Medi-Cal beneficiaries residing in medical institutions, nursing facilities, or receiving services from a Program of All-Inclusive Care for Elderly. *Vetoed.*

**AB-2079 (Wood) - Skilled nursing facilities: direct care spending requirement.**

Establishes a requirement that skilled nursing facilities (SNFs) report revenues and expenses to the Department of Health Care Services, and based on these reports, requires 85% of a SNF's total non-Medicare health revenues from all payer sources in each fiscal year to be expended on the direct patient-related services of residents. Requires a SNF that does not meet this minimum spending requirement on direct patient services to issue a pro rata dividend or credit to the state and anyone that made non-Medicare payments to the SNF for resident services, in an amount to bring the total spending up to 85%. *Vetoed.*

**AB-2145 (Davies) - Dental services: skilled nursing facilities and intermediate care facilities/developmentally disabled.**

Clarifies that registered dental hygienists in alternative practice may provide dental hygiene services, in accordance with their scope of practice, to patients in long-term health care facilities. *Chapter 157, Statutes of 2022.*

**AB-2331 (Calderon) - Bridge to Recovery for Adult Day Services: COVID-19 Mitigation and Resilience Grant Program to Combat Senior Isolation.**

Establishes a two-year grant program for COVID-19 mitigation at the California Department of Aging, upon appropriation by the Legislature, to provide grants for adult day services, including adult day health care facilities licensed by the California Department of Public Health and adult day programs licensed by the Department of Social Services, to implement infection prevention control or to address workforce shortages. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2511 (Irwin) - Skilled nursing facilities: backup power source.**

Requires skilled nursing facilities to have an alternative source of power to protect resident health and safety for no less than 96 hours during any type of power outage. *Chapter 788, Statutes of 2022.*

**AB-2604 (Calderon) - Long-term care insurance.**

Requires long-term care insurance providers certified by the California Partnership for Long-Term Care Program to provide lower-cost inflation adjustment options. *Chapter 534, Statutes of 2022.*

**AB-2823 (Levine) - Medi-Cal: beneficiary maintenance needs: home upkeep allowance and transitional needs allowance.**

Establishes eligibility and other requirements for providing the home upkeep allowance and a transitional needs allowance to Medi-Cal patients residing in a long-term care facility who intend to leave the facility and return to an existing home or to establish a new home. Requires the amount of the allowances to be based on the actual costs needed to secure or maintain a home. *Held on the Senate Appropriations Committee Suspense File.*

## **Behavioral Health**

**SB-57 (Wiener) - Controlled substances: overdose prevention program.**

Permits the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland to approve entities to establish and operate overdose prevention programs (OPPs) until January 1, 2028. Requires OPPs to provide specified services, including supervision by trained staff and referrals for treatment. *Vetoed.*

**SB-106 (Umberg) - Mental Health Services Act: innovative programs.**

Permits county mental health programs, until January 1, 2025, to expend unencumbered Mental Health Services Act innovation funds for full-service partnerships if specific requirements are met. *Held on the Senate Appropriations Committee Suspense File.*



**SB-110 (Wiener) - Substance use disorder services: contingency management services.** Requires substance use disorder services provided under Drug Medi-Cal to include contingency management services as an optional benefit, subject to utilization controls, to the extent funds are appropriated in the annual Budget Act for this purpose. *Vetoed.*

**SB-221 (Wiener) - Health care coverage: timely access to care.**

Codifies existing timely access to care standards for health plans and health insurers, applies these requirements to Medi-Cal managed care plans, adds a standard for non-urgent follow-up appointments for nonphysician mental health care or substance use disorder providers that is within 10 business days of the prior appointment, and, prohibits contracting providers and employees from being disciplined for informing patients about timely access standards.

*Chapter 724, Statutes of 2021.*

**SB-225 (Wiener) - Health care coverage: timely access to care.**

Revises the enforcement authority of the Department of Managed Health Care and the California Department of Insurance over health plans and insurers related to timely access to mental health and substance use treatment and extends the timeframe for the departments to develop and adopt standards and methodologies without being subject to the Administrative Procedures Act. *Chapter 601, Statutes of 2022.*

**SB-229 (Dahle) - Pupil health: mental health services: grants.**

Requires the Department of Health Care Services, in consultation with the California Department of Education, to provide up to \$500 million in grants annually to local educational agencies and private schools to provide mental health services for pupils affected by school closures and distance learning requirements resulting from the COVID-19 pandemic, subject to an appropriation by the Legislature for this purpose. *Held on the Senate Appropriations Committee Suspense File.*

**SB-293 (Limón) - Medi-Cal specialty mental health services.**

Requires the Department of Health Care Services (DHCS) to develop standard forms relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements for specialty mental health services (SMHS) provided under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program. Requires DHCS to develop these forms in a manner that is consistent with the implementation of the California Advancing and Innovating Medi-Cal initiative. Authorizes DHCS to develop and maintain a list approved non-standard forms that may be used by county mental health plan (MHP) contractors to determine eligibility and reimbursement for SMHS under EPSDT. Requires MHPs and their providers, no later than July 1, 2023, to use only the standard and authorized non-standards forms. *Held on the Assembly Appropriations Committee Suspense File.*

**SB-340 (Stern) - Lanterman-Petris-Short Act: hearings.**

Permits a family member, friend, or acquaintance with personal knowledge of a person receiving mental health treatment to make a request to testify in the judicial review proceedings, in writing, to the counsel of a party to the judicial review. Requires the receiving counsel, or their designee, to determine whether the requester's testimony will assist the

proceeding and, within a reasonable time, respond to the requester, in writing, with an approval or denial. ***No action taken in the Assembly Judiciary Committee.***

**SB-349 (Umberg) - California Ethical Treatment for Persons with Addiction Act.**

Requires every substance use disorder (SUD) treatment provider operating in the state to adopt and make available a client bill of rights that ensures those seeking SUD treatment have the right to safe and ethical treatment. Prohibits treatment providers from making false or misleading statements in marketing or advertising. ***Chapter 15, Statutes of 2022.***

**SB-367 (Hurtado) - Student safety: opioid overdose reversal medication.**

Requires California Community Colleges and the California State University, and requests the University of California, to utilize a statewide program to distribute a federally approved opioid overdose reversal medication to students and to provide educational and preventive information about opioid overdose and reversal medication. ***Chapter 218, Statutes of 2022.***

**SB-428 (Hurtado) - Health care coverage: adverse childhood experiences screenings.**

Requires a health plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventive care, to include coverage for adverse childhood experiences screenings. ***Chapter 641, Statutes of 2021.***

**SB-434 (Bates) - Substance abuse and mental health services: advertising and marketing.**

Prohibits specified entities, licensed or certified by the state to provide substance use or mental health disorder services, from making false statements or providing false information in advertising or marketing. ***Chapter 447, Statutes of 2021.***

**SB-465 (Eggman) - Mental health.**

Requires the Mental Health Services Oversight and Accountability Commission to report biennially to the Legislature specified information about services and outcomes for those receiving Mental Health Services Act-funded full-service partnership services. ***Chapter 544, Statutes of 2021.***

**SB-487 (Rubio) - Tobacco Education and Research Oversight Committee.**

Requires the Tobacco Education and Research Oversight Committee to report to the Legislature information about Proposition 56 tobacco tax funds allocated and used by specified entities. Makes updates to existing law regarding a master plan for reducing tobacco consumption in the state and related reporting requirements. ***No action taken in the Assembly.***

**SB-507 (Eggman) - Mental health services: assisted outpatient treatment.**

Broadens criteria to permit assisted outpatient treatment (AOT) for a person who is in need of AOT services without also requiring the person's condition to be substantially deteriorating. Permits specified individuals to testify at a court hearing via videoconferencing. Permits a court to order AOT for eligible conservatees when certain criteria are met. ***Chapter 426, Statutes of 2021.***

**SB-508 (Stern) - Mental health coverage: school-based services.**

Requires a health plan, health insurer, or a Medi-Cal managed care plan (MCMC plan) that is required to cover mental health services, to enter into a contract with all local educational agencies (LEAs) in which 15% or more of the students at the LEA are enrolled are covered by the health plan, insurer, or MCMC plan. Authorizes a mental health professional employed by a LEA that has not executed a contract with a health plan, insurer, or MCMC plan to provide and be reimbursed for mental health services to all referred students. Exempts the contracting and reimbursement provisions of this bill from applying to county mental health plans. Requires telehealth be included as an approved modality for the Medi-Cal program for the specified services provided by an LEA. *Hearing canceled in the Senate Health Committee at the request of the author.*

**SB-516 (Eggman) - Certification for intensive treatment: review hearing.**

Permits evidence considered in a certification review hearing under the Lanterman-Petris-Short Act to include information regarding a person's medical condition, and how that condition bears on certifying the person as a danger to self or others, or as gravely disabled.

*No action taken in the Assembly Health Committee.*

**SB-519 (Wiener) - Controlled substances: decriminalization of certain hallucinogenic substances.**

Requires the California Department of Public Health to convene a working group to research and make recommendations to the Legislature regarding the regulation and use of psilocybin, psilocyn, dimethyltryptamine, ibogaine, lysergic acid diethylamide, 3,4-methylenedioxymethamphetamine, and mescaline. *No action taken on the Assembly Floor.*

**SB-525 (Grove) - School closures: mental health effects.**

Requires the California Department of Public Health, in consultation with the California Department of Education, to establish a policy no later than six months after the effective date of this bill to address the mental health effects of school closures on pupils in years when a state or local emergency declaration results in school closures. Requires local educational agencies to adopt the policy subject to an appropriation in the annual Budget Act for that purpose. *Held on the Senate Appropriations Committee Suspense File.*

**SB-541 (Bates) - Substance use disorder treatment facilities and programs: disclosure of license and certification status.**

Requires an entity that is licensed or certified by the Department of Health Care Services to provide substance use disorder treatment services to disclose information about its license or certification, including the number and expiration date, in specified circumstances. *Chapter 730, Statutes of 2021.*

**SB-562 (Portantino) - Health care coverage: pervasive developmental disorders or autism.**

Revises and expands the definition of Behavioral Health Treatment for pervasive developmental disorder or autism for purposes of health plan and insurer mandated coverage including expanding the definitions of Qualified Autism Service (QAS) providers, professionals, and paraprofessionals. Prohibits the setting, location, or time of treatment recommended by the QAS provider from being used as a reason to deny or reduce coverage for medically necessary services. ***Vetoed.***

**SB-565 (Jones) - State Department of State Hospitals: facility expansion: report.**

Requires the State Department of State Hospitals (DSH) to develop a plan to expand the capacity of its facilities to reduce wait times for a person committed to a DSH facility pursuant to the Lanterman-Petris-Short Act to 60 days or less. Requires DSH to submit to the Legislature a copy of the plan and a report regarding the anticipated cost of implementing the plan. Requires DSH, on or before January 1, 2027, to implement that plan. ***Held on the Senate Appropriations Committee Suspense File.***

**SB-749 (Glazer) - Mental health program oversight: county reporting.**

Requires the Mental Health Services Oversight and Accountability Commission, in consultation with state and local mental health authorities and upon appropriation by the Legislature, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels. ***No action taken on the Assembly Floor.***

**SB-773 (Roth) - Medi-Cal managed care: behavioral health services.**

Requires the Department of Health Care Services (DHCS), beginning for the January 1, 2022 rating period through December 31, 2024, to make incentive payments to Medi-Cal managed care plans (MCMC plans) that meet predefined goals and metrics that increase access to behavioral health services for children enrolled in kindergarten and grades 1 to 12. Requires DHCS, in consultation with specified stakeholders, to develop the interventions, goals, and metrics used to determine a MCMC plan's eligibility to receive the incentive payments. ***Hearing canceled at the request of the author in the Assembly Health Committee.***

**SB-782 (Glazer) - Assisted outpatient treatment programs.**

Permits a court to order a person to obtain assisted outpatient treatment (AOT) services if the court finds that the petition establishes the person either is a conservatee or former conservatee and would benefit from AOT services to reduce the risk of deteriorating mental health. ***No action taken in the Assembly.***

**SB-823 (Committee on Health) - Public health: omnibus bill.**

Permits any opioid antagonist approved by the federal Food and Drug Administration to be used to treat opioid overdose. ***Chapter 554, Statutes of 2021.***

**SB-864 (Melendez) - General acute care hospitals: drug screening.**

Requires a general acute care hospital to include testing for fentanyl in a urine drug screening, if the hospital conducts a urine drug screening to assist in diagnosing the patient's condition.

**Chapter 169, Statutes of 2022.**

**SB-929 (Eggman) - Community mental health services: data collection.**

Expands the Department of Health Care Services' responsibility in current law to collect and publish information about involuntary detentions to include additional information.

**Chapter 539, Statutes of 2022.**

**SB-964 (Wiener) - Behavioral health.**

Requires the Department of Health Care Access and Information to commission a landscape analysis of the current behavioral health workforce and the state's needs, and to make recommendations to the Legislature on how to address the state's behavioral health workforce shortage by January 1, 2024.

**Vetoed.**

**SB-970 (Eggman) - Mental Health Services Act.**

Requires the California Health and Human Services Agency to establish the California Mental Health Services Act Outcomes and Accountability Review, including a dedicated workgroup tasked with establishing three specified components to assist county mental health programs in improving Mental Health Services Act-funded programs.

**No action taken on the Assembly Floor.**

**SB-999 (Cortese) - Health coverage: mental health and substance use disorders.**

Requires health plans and disability insurers to ensure utilization review determinations, including, but not limited to, initial determinations and appeals, are made by a health care provider practicing in the relevant clinical specialty with the same level of education, training, and experience in the relevant diagnosis or field of expertise, and holding the same applicable certification as the health care provider requesting the authorization. Requires the health plan, disability insurer, or an entity acting on the plan's or insurer's behalf, to maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding patient issues, including the appropriateness of a requested treatment, modification of a treatment request, or obtaining additional information needed to make a medical necessity determination. Also, requires an individual or health care provider performing utilization review to disclose to the treating health care provider the basis for a denial, including a citation to the clinical guidelines reviewed, and an analysis of why clinical criteria was not met.

**Vetoed.**

**SB-1019 (Gonzalez) - Medi-Cal managed care plans: mental health benefits.**

Requires Medi-Cal managed care plans (MCMC plans) to conduct annual outreach and education to its enrollees and primary care physicians regarding the mental health benefits covered by the plan. Requires the Department of Health Care Services to annually assess enrollee experience with mental health benefits covered by MCMC plans, develop survey tools and methodologies relating to the assessment of consumer experience, and publish annual reports on its website on consumer experience with mental health benefits covered by MCMC plans. *Chapter 879, Statutes of 2022.*

**SB-1035 (Eggman) - Mental health services: assisted outpatient treatment.**

Permits a court to conduct status hearings with an individual subject to assisted outpatient treatment (AOT) and the treatment team to receive information regarding progress related to the categories of AOT treatment listed in the treatment plan. Permits a court to inquire about an individual's adherence to medication. *Chapter 828, Statutes of 2022.*

**SB-1143 (Roth) - Acute Care Psychiatric Hospital Loan Fund.**

Establishes the California Acute Care Psychiatric Hospital Loan Fund to provide zero-interest loans to qualifying county applicants for the purpose of constructing or renovating acute care psychiatric hospitals or psychiatric health facilities, or renovating or expanding general acute care hospitals in order to add or expand an inpatient psychiatric unit. *Vetoed.*

**SB-1154 (Eggman) - Facilities for mental health or substance use disorder crisis: database.**

Requires the California Department of Public Health to develop a real-time, web-based database to collect, aggregate, and display information about available beds to treat those in mental health or substance use disorder crisis. *Held on the Assembly Appropriations Committee Suspense File.*

**SB-1165 (Bates) - Substance abuse and mental health services: advertisement and marketing.**

Clarifies that existing law prohibiting an operator of specified facilities from making false or misleading statements or providing false or misleading information about their services also includes a prohibition in making false or misleading statements or providing false information about medical treatment or services. *Chapter 172, Statutes of 2022.*

**SB-1207 (Portantino) - Health care coverage: maternal and pandemic-related mental health conditions.**

Requires health plan and insurer maternal mental health programs to include quality measures to encourage screening, diagnosis, treatment and referral, requires program guidelines and criteria to be provided to providers; and requires education of enrollees and insureds about the plan's or insurer's program. *Chapter 618, Statutes of 2022.*

**SB-1227 (Eggman) - Involuntary commitment: intensive treatment.**

Permits a second up to 30-days of intensive treatment period under the Lanterman-Petris-Short Act for a person who is still in need of intensive services, and the certification for an additional up-to 30 days has begun. *Chapter 619, Statutes of 2022.*

**SB-1238 (Eggman) - Behavioral health services: existing and projected needs.**

Requires the Department of Health Care Services, beginning January 1, 2024, and at least every five years thereafter, to conduct a review of the current and projected behavioral health care infrastructure and service needs in each region of the state, including barriers to meeting projected future needs and suggestions to alleviate bottlenecks in the continuum. *Vetoed.*

**SB-1282 (Bates) - Opioid Master Settlement Agreement.**

Establishes the California Opioid Settlement Fund in the State Treasury into which the total amount of the state's share of funds from the Opioid Master Settlement Agreement are required to be deposited and appropriated annually by the Legislature for treatment, housing, and other services for those with an opioid addiction. *Hearing canceled in the Senate Judiciary Committee at the request of the author.*

**SB-1283 (Bates) - Mental Health Services Act.**

Reduces the prudent reserve formula for county mental health programs from a maximum of 33% to 30% of specified moneys received through the Mental Health Services Act. *Hearing canceled in the Senate Health Committee at the request of the author.*

**SB-1298 (Ochoa Bogh) - Behavioral Health Continuum Infrastructure Program.**

Permits the Department of Health Care Services (DHCS), in awarding Behavioral Health (BH) Continuum Infrastructure Program grants, to give a preference to qualified entities that are intending to place their projects in specified facilities or properties. Appropriates \$1 billion, continuously without regard to fiscal year, to DHCS for the purpose of implementing the BH Continuum Infrastructure Program. *Held on the Senate Appropriations Committee Suspense File.*

**SB-1337 (McGuire) - Coordinated specialty care for first-episode psychosis.**

Requires the California Health and Human Services Agency, in consultation with the Mental Health Services Oversight and Accountability Commission, to commission a study on untreated psychosis, and its impacts. Requires a health plan or insurance policy to provide coverage for coordinated specialty care services for the treatment of early psychosis. Requires treatment modalities and affiliated activities to be billed and reimbursed as a bundle. *Held on the Senate Appropriations Committee Suspense File.*

**SB-1338 (Umberg) - Community Assistance, Recovery, and Empowerment (CARE) Court Program.**

Establishes the CARE Court Act for the purpose of providing a court-ordered CARE plan to individuals who have a severe mental illness and meet other specified criteria that includes behavioral health treatment services, a trained supporter to assist the respondent in navigating the process, and identifies an appropriate housing plan. *Chapter 319, Statutes of 2022.*

**SB-1416 (Eggman) - Mental health services: gravely disabled persons.**

Expands the definition of “gravely disabled” to include the inability of an individual to provide for their basic personal needs for medical care when it is reasonably foreseeable that such inability is likely to result in serious bodily injury. ***No action taken in the Assembly Judiciary Committee.***

**SB-1446 (Stern) - Behavioral health-related treatment, housing that heals, and other services or supports.**

Requires the Department of Health Care Services, as the policy of the state, when revising, adopting, or establishing policies, regulations, or grant program criteria, to ensure that any individual with a severe behavioral health disorder who lacks supportive housing and behavioral health services and is otherwise not living safely in the community receives a range of services. Specifies that this state policy does not expand any obligation of the state or other entities to provide access to behavioral health-related services, other than as specified. ***Vetoed.***

**AB-226 (Ramos) - Children’s crisis psychiatric residential treatment facilities.**

Reclassifies children’s crisis residential programs as children’s crisis psychiatric residential treatment facilities (PRTFs) and transfers responsibility for licensing PRTFs from the California Department of Social Services to the Department of Health Care Services (DHCS). Requires DHCS to begin the approval process for PRTFs, contingent upon an appropriation in the Budget Act. ***Vetoed.***

**AB-381 (Davies) - Licensed facilities: duties.**

Requires licensed residential alcoholism or drug abuse recovery or treatment facilities (RTFs) to maintain at least two unexpired doses of naloxone hydrochloride or other medications on the premises to treat opioid overdose. Requires RTFs to have at least one staff member on the premises who knows the location of the naloxone and who has been trained on its administration. ***Chapter 437, Statutes of 2021.***

**AB-383 (Salas) - Mental health: older adults.**

Creates an Older Adult Behavioral Health (BH) Services Administrator (Administrator) within the Department of Health Care Services who is required to oversee BH services for older adults. Sets forth various responsibilities for the Administrator, including working in close coordination and collaboration with various state and local entities. ***Held on the Senate Appropriations Committee Suspense File.***

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

Requires a psychiatric unit of a general acute care hospital, a psychiatric health facility of more than 16 beds that is not county operated, and an acute psychiatric hospital, to accept a transfer of a person with a psychiatric emergency medical condition, regardless of whether the facility operates an emergency department, if the facility has appropriate facilities and qualified personnel available to provide the services. ***Chapter 438, Statutes of 2021.***



**AB-541 (Berman) - Tobacco assessment.**

Requires licensed and certified alcoholism or drug abuse recovery or treatment facilities and programs to assess clients and patients for tobacco use at the time of initial intake. Requires facilities and programs to provide information, treatment, and/or referral regarding the use of tobacco products. *Chapter 150, Statutes of 2021.*

**AB-552 (Quirk-Silva) - Integrated School-Based Behavioral Health Partnership Program.**

Authorizes the Integrated School-Based Behavioral Health (BH) Partnership Program to provide prevention and early intervention for, and access to, BH services for pupils with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious BH condition. Requires private health plans to reimburse for brief initial intervention services provided by designated BH professional to pupils enrolled with the private plan at the amount a county BH agency would receive for the same services provided to a Medi-Cal beneficiary if the private plan is unable to offer an appointment within existing non-urgent and appointment availability requirements. *Vetoed.*

**AB-638 (Quirk-Silva) - Mental Health Services Act: early intervention and prevention programs.**

Permits Prevention and Early Intervention funds from the Mental Health Services Act to be used for strategies that address mental health needs, substance misuse or substance use disorders, or needs relating to co-occurring mental health and substance use services. *Chapter 584, Statutes of 2021.*

**AB-666 (Quirk-Silva) - Substance use disorder workforce development.**

Requires the Department of Health Care Services, on or before July 1, 2023, to develop a statewide substance use disorder (SUD) workforce needs assessment report that evaluates the current state of the SUD workforce, determines barriers to entry, and assesses the state's systems for regulating and supporting the SUD workforce. *Chapter 7, Statutes of 2022.*

**AB-738 (Nguyen) - Community mental health services: mental health boards.**

Requires at least one member of a mental health board to be a veteran or veteran advocate. *Chapter 378, Statutes of 2022.*

**AB-988 (Bauer-Kahan) - Mental health: 988 crisis hotline.**

Establishes a 988 Crisis Hotline Center for the purpose of connecting individuals experiencing a mental health crisis with suicide prevention and mental health services. Requires the Office of Emergency Services to verify that technology that allows for transfers between 988 centers and 911 public safety answering points is available to 988 centers and 911 public answering points throughout the state. Requires the California Health and Human Services Agency to create a set of recommendations to support a five-year implementation plan for a comprehensive 988 system. Requires health care service plans and insurers to cover medically necessary treatment of a mental health or substance use disorder, including behavioral health crisis services provided by a 988 center or mobile crisis team, regardless of whether the service is provided by an in-network or out-of-network provider, at the in-network cost-sharing amount. **Chapter 747, Statutes of 2022.**

**AB-1051 (Bennett) - Medi-Cal: specialty mental health services: foster children.**

Prohibits presumptive transfer from applying to foster youth placed in a group home or a short-term residential therapeutic program outside of the county of original jurisdiction, unless an exception is invoked. Establishes contracting options and notification requirements for county mental health plans and specialty mental health services providers. Requires the Department of Health Care Services and the California Department of Social Services to collect and make available certain data related to the presumptive transfer of foster youth. **Chapter 402, Statutes of 2022.**

**AB-1158 (Petrie-Norris) - Alcoholism or drug abuse recovery or treatment facilities: recovery residence: insurance coverage.**

Requires licensed alcoholism or drug abuse recovery or treatment facilities (RTFs) to maintain liability and other insurance coverages. Requires government entities that contract with RTFs and recovery residences to require those entities to maintain similar insurance coverages. **Chapter 443, Statutes of 2021.**

**AB-1331 (Irwin) - Mental health: Statewide Director of Crisis Services.**

Requires the Department of Health Care Services Director to appoint a full-time Statewide Director of Crisis Services to monitor, support, and coordinate with service providers and various other state and local entities to support and promote a comprehensive crisis care system. **Vetoed.**

**AB-1344 (Arambula) - State Department of Public Health: needle and syringe exchange services.**

Requires clean needle and syringe exchange services application submissions, authorizations, and operations performed in this state to be exempt from review under the California Environmental Quality Act. **Chapter 480, Statutes of 2021.**

**AB-1357 (Cervantes) - Perinatal services: maternal mental health.**

Requires the California Department of Public Health to develop and maintain on its website a referral network of community-based mental health providers and support services addressing prenatal, delivery, and postpartum care needs. ***Vetoed.***

**AB-1394 (Irwin) - General acute care hospitals: suicide screening.**

Requires general acute care hospitals, by January 1, 2025, to establish and adopt written policies and procedures to screen patients who are 12 years of age and older in order to detect risk for suicidal ideation and behavior. ***Chapter 101, Statutes of 2022.***

**AB-1443 (McCarty) - Mental health: involuntary treatment.**

Permits any county to develop training and procedures related to taking, or causing to be taken, a person into custody for an involuntary detention. Requires the County of Sacramento to develop a written policy for training and procedures for designating persons who are employed by the City of Sacramento and who meet specified criteria to involuntarily detain individuals. ***Chapter 399, Statutes of 2021.***

**AB-1477 (Cervantes) - Maternal mental health.**

Requires a health care practitioner who provides interpregnancy care to ensure that a mother is offered screening or is appropriately screened for maternal mental health conditions. Expands the definition of “maternal mental health condition” to include a condition that occurs during interpregnancy care. ***Chapter 535, Statutes of 2021.***

**AB-1542 (McCarty) - County of Yolo: Secured Residential Treatment Program.**

Permits the County of Yolo, until January 1, 2025, to offer a pilot program, known as the Secured Residential Treatment Program, for individuals suffering from substance use disorders who have been convicted of drug-motivated felony crimes. ***Vetoed.***

**AB-1618 (Aguiar-Curry) - Alzheimer’s disease.**

Expands the membership of the Alzheimer’s Disease and Related Disorders Advisory Committee, establishes the Office of the Healthy Brain Initiative at the California Department of Public Health, and makes other technical and clarifying revisions. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-1627 (Ramos) - Opioid overdose prevention.**

Requires the Department of Health Care Services, upon appropriation by the Legislature and until January 1, 2027, to establish a pilot program to provide grants to the Counties of San Bernardino, Riverside, and Orange, for public awareness campaigns to spread awareness of existing DHCS naloxone distribution programs. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-1668 (Patterson) - Mental Health Services Oversight and Accountability Commission.**

Urges the Governor to consider ensuring geographic representation among the ten regions of California when making appointments of commissioners to the Mental Health Services Oversight and Accountability Commission. *Vetoed.*

**AB-1684 (Voepel) - Alzheimer's disease: public awareness campaign.**

Requires the California Department of Public Health to conduct a public awareness campaign aimed at health care professionals, unpaid caregivers, and family and friends who provide care to someone with Alzheimer's disease. *Held on the Senate Appropriations Committee Suspense File.*

**AB-1859 (Levine) - Mental health services.**

Requires a health plan or a health insurance policy issued, amended, or renewed on or after July 1, 2023, that includes coverage for mental health services to, among other things, approve the provision of mental health services for persons who are screened, evaluated, detained for treatment and evaluation under the Lanterman-Petris-Short Act and to process the referral as an appointment request. Requires the referring facility to provide notification of the referral to the health plan or insurer within 48 hours of referral. *Vetoed.*

**AB-1860 (Ward) - Substance abuse treatment: certification.**

Exempts specified individuals from being registered with or certified by an approved certifying organization when providing substance use disorder counseling services. Requires the Department of Health Care Services to determine core competencies for registered or certified counselors. *Chapter 523, Statutes of 2022.*

**AB-2032 (Eduardo Garcia) - Ending Military and Veteran Suicide Task Force.**

Requires the California Department of Public Health to establish the Ending Military and Veteran Suicide Task Force within its Office of Suicide Prevention to reduce, on an annual basis, military and veteran suicides and provide a plan for the elimination of all military and veteran suicides in the state by January 1, 2030. *Vetoed.*

**AB-2089 (Bauer-Kahan) - Privacy: mental health digital services: mental health application information.**

Requires any business that offers a mental health digital service to a consumer for the purposes of allowing the individual to manage their own information, or for the diagnosis, treatment, or management of their medical condition, to be deemed a provider of health care as required under the Confidentiality of Medical Information Act. *Chapter 690, Statutes of 2022.*

**AB-2096 (Mullin) - Chemical dependency recovery hospitals.**

Permits chemical dependency recovery hospital (CDRH) services to be collocated as a distinct part with other services or distinct parts of its parent facility. Permits CDRH services to be provided within a hospital building that has been removed from general acute care use, recasts existing law, and makes other conforming changes. *Chapter 233, Statutes of 2022.*

**AB-2144 (Ramos) - Mental health: information sharing.**

Authorizes confidential information sharing between the California Department of Justice and the Department of Health Care Services regarding individuals who have been involuntarily detained and who are prohibited from having firearms. *Vetoed.*

**AB-2242 (Santiago) - Mental health services.**

Requires individuals who have been involuntarily detained for purposes of evaluation and treatment, and placed under a conservatorship, to receive a care coordination plan developed by specified entities. Requires the Department of Health Care Services to convene a stakeholder group to create a model care coordination plan to be followed when discharging those held under temporary holds or a conservatorship. Permits county mental health plans to pay for the provision of services for individuals placed under involuntary detentions and conservatorship using specified funds, including Mental Health Services Act funds. *Chapter 867, Statutes of 2022.*

**AB-2259 (Berman) - Foster youth: substance use disorders.**

Requires the California Department of Social Services, in collaboration with the Department of Health Care Services, and upon appropriation by the Legislature, to establish a grant program to fund the development and implementation of evidence-based models and promising practices to serve foster youth with substance use disorders who are residing in family-based settings. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2275 (Wood) - Mental health: involuntary commitment.**

Makes various clarifications and changes to the processes for involuntary detentions under the Lanterman-Petris-Short Act, including specifying timeframes for when involuntary holds begin and for conducting certification review hearings and judicial reviews. *Chapter 960, Statutes of 2022.*

**AB-2281 (Lackey) - Early Childhood Mental Health Services Act.**

Establishes the Early Childhood Mental Health Services Act, to the extent moneys are appropriated, as a mental health grant program to improve access to and quality of care, services, and supports for children from birth to five years of age and their parents, families, and caregivers, with emphasis on prevention and early intervention and disparities. *Vetoed.*

**AB-2317 (Ramos) - Children's psychiatric residential treatment facilities.**

Requires the Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities that provide inpatient psychiatric services to individuals under 21 years of age in a nonhospital setting. *Chapter 589, Statutes of 2022.*

**AB-2365 (Patterson) - Fentanyl program grants.**

Requires the California Health and Human Services Agency, to the extent funds are appropriated, to establish a grant program to reduce fentanyl overdoses and use throughout the state by providing six one-time grants. Sunsets this bill on January 1, 2027. *Chapter 783, Statutes of 2022.*

**AB-2473 (Nazarian) - Substance use disorder: counselors.**

Requires the Department of Health Care Services to determine required core competencies for specified registered and certified substance use disorder counselors. Requires specified counselors to have six months from the time of registration to complete the core competency requirements and to provide proof of completion. *Chapter 594, Statutes of 2022.*

**AB-2581 (Salas) - Health care service plans: mental health and substance use disorders: provider credentials.**

Establishes a 60-day timeframe for a health plan or insurer that provides coverage for mental health and substance use disorders to credential health care providers of those services for its networks. *Chapter 533, Statutes of 2022.*

**AB-2666 (Salas) - Behavioral health internship grant program.**

Requires the Department of Health Care Access and Information, upon an appropriation by the Legislature for these purposes, to establish and administer a grant program to allocate stipends to students in behavioral health fields of study and practice who are participating in internships or completing licensure hours at federally qualified health centers. *Vetoed.*

**AB-2768 (Waldron) - Mental health and substance use disorders: database of facilities.**

Requires the California Health and Human Services Agency, either on its own or through the Behavioral Health Task Force established by the Governor, to create an ad hoc committee to study how to develop a real-time, Internet-based database to display information about available treatment beds in specified facilities. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2786 (Stone) - Children's Crisis Continuum Pilot Program.**

Expands eligibility for the Children's Crisis Continuum Pilot Program (CCCP Program) for foster youth to also include a child or youth who meets the eligibility requirements to enroll in the Medi-Cal program and the medical necessity standards for the care components in the CCCP Program. Adds respite care as a component of the CCCP Program to allow primary caregivers of eligible youth a period of relief. Delays the implementation and reporting dates in existing law by one year. *No action taken in the Senate Health Committee.*

**AB-2925 (Cooper) - California Cannabis Tax Fund: spending reports.**

Requires the Department of Health Care Services to provide the Legislature specified spending reports of funds from the Youth Education, Prevention, Early Intervention and Treatment Account. *Chapter 394, Statutes of 2022.*

## Children's Health

### **SB-229 (Dahle) - Pupil health: mental health services: grants.**

Requires the Department of Health Care Services, in consultation with the California Department of Education, to provide up to \$500 million in grants annually to local educational agencies and private schools to provide mental health services for pupils affected by school closures and distance learning requirements resulting from the COVID-19 pandemic, subject to an appropriation by the Legislature for this purpose. *Held on the Senate Appropriations Committee Suspense File.*

### **SB-428 (Hurtado) - Health care coverage: adverse childhood experiences screenings.**

Requires a health plan contract and health insurance policy issued, that provides coverage for pediatric services and preventive care to additionally include coverage for adverse childhood experiences screenings. *Chapter 641, Statutes of 2021.*

### **SB-525 (Grove) - School closures: mental health effects.**

Requires the California Department of Public Health, in consultation with the California Department of Education, to establish a policy no later than six months after the effective date of this bill to address the mental health effects of school closures on pupils in years when a state or local emergency declaration results in school closures. Requires local educational agencies to adopt the policy subject to an appropriation in the annual Budget Act for that purpose. *Held on the Senate Appropriations Committee Suspense File.*

### **SB-528 (Jones) - Juveniles: health information summary: psychotropic medication.**

Requires, upon approval by the juvenile court judicial officer of a request for authorization for the administration of psychotropic medication, the copy of the order provided to the foster youth's caregiver to include the last two pages of the form JV-220(A) or the last two pages of JV-220(B), and all medication information sheets that were attached to either of those forms. Requires the social worker or probation officer, if the foster youth changes placement, to provide the new caregiver with the same documents. *Chapter 812, Statutes of 2022.*

### **SB-682 (Rubio) - Childhood chronic health conditions: racial disparities.**

Establishes the End Racial Inequities in Children's Health in California Initiative, which requires the California Health and Human Services Agency to convene an advisory workgroup to develop and implement a plan to reduce racial disparities in childhood chronic diseases by at least 50% by December 31, 2031. *Vetoed.*

### **SB-773 (Roth) - Medi-Cal managed care: behavioral health services.**

Requires the Department of Health Care Services (DHCS), beginning for the January 1, 2022 rating period through December 31, 2024, to make incentive payments to Medi-Cal managed care plans (MCMC plans) that meet predefined goals and metrics that increase access to behavioral health services for children enrolled in kindergarten and grades 1 to 12. Requires DHCS, in consultation with specified stakeholders, to develop the interventions, goals, and metrics used to determine a MCMC plan's eligibility to receive the incentive payments. *Hearing canceled at the request of the author in the Assembly Health Committee.*

**SB-855 (Newman) - Childhood Drowning Data Collection Pilot Program.**

Establishes a data collection pilot program, until January 1, 2029, to be administered by the California Department of Public Health (CDPH) for the purposes of tracking and collecting specified data on fatal and nonfatal childhood drownings. Requires CDPH to use the collected data to develop a water safety action plan and standardized electronic forms for data collection. *Chapter 817, Statutes of 2022.*

**SB-934 (Rubio) - California Pediatric Cancer Research Fund Act.**

Establishes the Childhood Cancer Research Grant Program to provide funding to qualified research institutions to support research regarding children impacted by cancer and to study the long-term effects of treatment. Establishes, upon appropriation by the Legislature, the Andrew Hirschman Childhood Cancer Research Fund for the implementation and administration of the grant program. Requests the University of California to establish and administer the grant program and establishes the Childhood Cancer Research Council to develop the strategic objectives and priorities of the grant program. *Held on the Assembly Appropriations Committee Suspense File.*

**SB-1479 (Pan) - COVID-19 testing in schools: COVID-19 testing plans.**

Requires the California Department of Public Health (CDPH) to coordinate COVID-19 testing programs in local educational agencies (LEAs) funded by federal resources or organized under the California COVID-19 Testing Task Force. Permits CDPH to provide supportive services related to LEA testing plans and testing programs for teachers, staff, pupils, and surrounding communities that help LEAs reopen and operate safely for in-person learning. Requires schools to create a COVID-19 testing plan consistent with CDPH guidance. *Chapter 850, Statutes of 2022.*

**AB-226 (Ramos) - Children’s crisis psychiatric residential treatment facilities.**

Reclassifies children’s crisis residential programs as children’s crisis psychiatric residential treatment facilities (PRTFs) and transfers responsibility for licensing PRTFs from the California Department of Social Services to the Department of Health Care Services (DHCS). Requires DHCS to begin the approval process for PRTFs, contingent upon an appropriation in the Budget Act, no later than January 1, 2022. *Vetoed.*

**AB-1051 (Bennett) - Medi-Cal: specialty mental health services: foster children.**

Prohibits presumptive transfer from applying to foster youth placed in a group home or a short-term residential therapeutic program outside of the county of original jurisdiction, unless an exception is invoked. Establishes contracting options and notification requirements for county mental health plans and specialty mental health services providers. Requires the Department of Health Care Services and the California Department of Social Services to collect and make available certain data related to the presumptive transfer of foster youth. *Chapter 402, Statutes of 2022.*



**AB-1348 (McCarty) - Youth athletics: chronic traumatic encephalopathy.**

Requires the California Surgeon General to convene a Commission on Chronic Traumatic Encephalopathy (CTE) and Youth Football to investigate issues related to the risks of brain injury associated with participation in youth football, and issue recommendations on the minimum age for tackle football and best practices for minimizing the risk of concussion and CTE.

*Vetoed.*

**AB-1585 (Committee on Health) - Health care.**

Revises the requirement that skilled nursing facilities have a dedicated infection preventionist to allow a broader range of health care professionals to serve in this capacity provided they are qualified and have completed specialized training in infection prevention and control, and extends the deadline, to January 1, 2023, by which the Department of Health Care Services is required to adopt regulations governing California Children's Services Whole Child Model.

*Chapter 181, Statutes of 2021.*

**AB-1930 (Arambula) - Medi-Cal: comprehensive perinatal services.**

Requires the Department of Health Care Services (DHCS) to extend the Comprehensive Perinatal Services Program Medi-Cal benefit for up to one year after the end of a Medi-Cal beneficiary's pregnancy. Requires DHCS to utilize a federal option to allow an unlicensed perinatal provider to render preventive services recommended by a licensed provider and to provide those services in a beneficiary's home or other community setting away from a medical site. *Vetoed.*

**AB-1940 (Salas) - School-Based Health Center Support Program.**

Renames the Public School Health Center Support Program as the School-Based Health Center Support Program and makes various changes to the program to assist in providing and expanding health services to students through school-based health centers. *Vetoed.*

**AB-2259 (Berman) - Foster youth: substance use disorders.**

Requires the California Department of Social Services, in collaboration with the Department of Health Care Services, and upon appropriation by the Legislature, to establish a grant program to fund the development and implementation of evidence-based models and promising practices to serve foster youth with substance use disorders who are residing in family-based settings.

*Held on the Senate Appropriations Committee Suspense File.*

**AB-2281 (Lackey) - Early Childhood Mental Health Services Act.**

Establishes the Early Childhood Mental Health Services Act as a mental health grant program to improve access to and quality of care, services, and supports for children from birth to five years of age, and their parents, families, and caregivers, with emphasis on prevention and early intervention and disparities. *Vetoed.*

**AB-2317 (Ramos) - Children's psychiatric residential treatment facilities.**

Requires the Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities that provide inpatient psychiatric services to individuals under 21 years of age in a nonhospital setting. *Chapter 589, Statutes of 2022.*

**AB-2326 (Reyes) - Lead poisoning prevention: laboratory reporting.**

Replaces the threshold blood lead level (BLL) that triggers certain reporting requirements for health care providers and laboratories with the most recent federal Centers for Disease Control and Prevention reference level for an elevated BLL, and clarifies the circumstances under which confidential information may be shared with respect to BLLs. **Chapter 528, Statutes of 2022.**

**AB-2420 (Arambula) - Perinatal and infant children health: extreme heat.**

Requires the California Department of Public Health (CDPH) to develop guidance for pregnant individuals and infant children who may be exposed to extreme heat. Requires CDPH to post this guidance on its website and to submit a report to the Legislature that includes policy recommendations on best practices for connecting perinatal patients with health and well-being information relating to extreme heat. **Chapter 265, Statutes of 2022.**

**AB-2786 (Stone) - Children’s Crisis Continuum Pilot Program.**

Expands eligibility for the Children’s Crisis Continuum Pilot Program (CCCP Program) for foster youth to also include a child or youth who meets the eligibility requirements to enroll in the Medi-Cal program and the medical necessity standards for the care components in the CCCP Program. Adds respite care as a component of the CCCP Program to allow primary caregivers of eligible youth a period of relief. **No action taken in the Senate Health Committee.**

## Chronic Disease

**SB-247 (Eggman) - Rare Disease Ombudsperson and Rare Disease Advisory Council.**

Establishes the Office of the Rare Disease Ombudsperson and the Rare Disease Advisory Council (Council) within the California Health and Human Services Agency (CHHSA). Requires the Council to report to CHHSA the activities of the Council and its findings and recommendations on issues relating to persons with rare diseases. **Vetoed.**

**SB-473 (Bates) - Health care coverage: insulin cost sharing.**

Requires a health plan or insurance policy to cover all available dosage forms and concentrations of insulin for a copayment of no more than \$35 for a monthly supply. **Held on the Assembly Appropriations Committee Suspense File.**

**SB-568 (Pan) - Deductibles: chronic disease management.**

Prohibits a health plan contract or health insurance policy from imposing a deductible requirement for a covered prescription drug or equipment and supplies used to treat a chronic disease. Limits the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance specified in health plan contract or disability insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease. **No action taken in the Assembly Health Committee.**

**SB-682 (Rubio) - Childhood chronic health conditions: racial disparities.**

Establishes the End Racial Inequities in Children’s Health in California Initiative, which requires the California Health and Human Services Agency to convene an advisory workgroup to develop and implement a plan to reduce racial disparities in childhood chronic diseases by at least 50% by December 31, 2031. **Vetoed.**

**SB-934 (Rubio) - California Pediatric Cancer Research Fund Act.**

Establishes the Childhood Cancer Research Grant Program to provide funding to qualified research institutions to support research regarding children impacted by cancer and to study the long-term effects of treatment. Establishes, upon appropriation by the Legislature, the Andrew Hirschman Childhood Cancer Research Fund for the implementation and administration of the grant program. Requests the University of California to establish and administer the grant program and establishes the Childhood Cancer Research Council to develop the strategic objectives and priorities of the grant program. **Held on the Assembly Appropriations Committee Suspense File.**

**SB-974 (Portantino) - Health care coverage: diagnostic imaging.**

Requires a health plan contract, a disability insurance policy, or a self-insured employee welfare benefit plan to provide coverage without cost-sharing for screening mammography, medically necessary diagnostic or supplemental breast examinations, diagnostic mammography, tests for screening or diagnostic purposes, and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer. **Vetoed.**

**AB-97 (Nazarian) - Health care coverage: insulin affordability.**

Prohibits a health plan contract or disability insurance policy that covers hospital, medical and surgical benefits from imposing a deductible on an insulin prescription drug. **Held on the Senate Appropriations Committee Suspense File.**

**AB-342 (Gipson) - Health care coverage: colorectal cancer: screening and testing.**

Requires health plan contracts and health insurance policies to provide coverage without any cost-sharing for a colorectal cancer screening test assigned either a grade of A or B by the United States Preventive Services Task Force (USPSTF), including when a colonoscopy is required after a positive result on a test or procedure that is a colorectal cancer screening or laboratory test assigned either a grade of A or B by the USPSTF. Clarifies that a health plan or insurer that has coverage for out-of-network benefits is not precluded from imposing cost-sharing requirements for the items or services described in this bill that are delivered by an out-of-network provider. **Chapter 436, Statutes of 2021.**

**AB-1618 (Aguiar-Curry) - Alzheimer’s disease.**

Expands the membership of the Alzheimer’s Disease and Related Disorders Advisory Committee and establishes the Office of the Healthy Brain Initiative at the California Department of Public Health. **Held on the Senate Appropriations Committee Suspense File.**

**AB-1684 (Voepel) - Alzheimer’s disease: public awareness campaign.**

Requires the California Department of Public Health to conduct a public awareness campaign aimed at health care professionals, unpaid caregivers, and family and friends who provide care to someone with Alzheimer’s disease. ***Held on the Senate Appropriations Committee Suspense File.***

## **Communicable Disease**

**SB-306 (Pan) - Sexually transmitted disease: testing.**

Permits pharmacists to dispense a drug, without the name of an individual for whom the drug is intended, when prescribed for the sexual partner of someone who has been diagnosed with a sexually transmitted disease (STD); prohibits health care providers who prescribe, dispense, or furnish such a drug from being subject to, civil, criminal, or administrative penalties; requires a syphilis blood test, during the third trimester of pregnancy and at delivery; requires public and commercial health coverage of home STD test kits; and, adds rapid STD tests to existing law which permits HIV counselors to perform rapid HIV and hepatitis C tests. ***Chapter 486, Statutes of 2021.***

**SB-336 (Ochoa Bogh) - Public health: COVID-19.**

Requires the California Department of Public Health or a local health officer, when it issues specified guidance or orders related to preventing the spread of COVID-19 or to protect public health against a threat of COVID-19, to publish the measures on its website and to create an opportunity for local entities to sign up for an email distribution list relative to changes such measures. ***Chapter 487, Statutes of 2021.***

**SB-637 (Newman) - Health facility reporting: staffing.**

Requires hospitals to report weekly during a health-related state of emergency, and monthly at all other times, information on whether the hospital is experiencing a staffing shortage of nurses, or has experienced any layoffs, furloughs, or repeated shift cancellations of nurses. Requires hospitals to report weekly information regarding COVID-19-positive staff, including number of staff and facility personnel who have tested positive, or are suspected positive, and total number of deaths of staff who are positive or suspected positive for COVID-19, until the end of the emergency or January 1, 2025. ***These provisions were amended out of the bill.***

**SB-744 (Glazer) - Communicable diseases: respiratory disease information.**

Requires an electronic tool for reporting cases of communicable respiratory disease to the California Department of Public Health (CDPH) to include the type of housing where the patient resides, the number of people in the household where the patient resides, the occupation and workplace of the of the patient and a relevant travel history based in the disease course; requires a health healthcare provider to also report to the local health officer the same information. Requires CDPH to create a program to provide expedited release of communicable

respiratory disease data, during a declared public health emergency, to bona fide research institution. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-1231 (Caballero) - California Standard Diagnostic for Valley Fever.**

Requires the California Department of Public Health (CDPH) to create a California Standard Diagnostic for Valley Fever. Requires CDPH to conduct an awareness campaign to communicate with local health jurisdictions, providers, and the public about the California Standard Diagnostic for Valley Fever. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-1234 (Pan) - Family Planning, Access, Care, and Treatment Program.**

Requires reimbursement for services related to the prevention and treatment of sexually transmitted diseases to uninsured, income-eligible patients or patients with health care coverage who are income-eligible and have confidentiality concerns, including, but not limited to, lesbian, gay, bisexual, transgender patients, and other individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. ***Vetoed.***

**SB-1296 (Pan) - Viral surveillance program.**

Requires the California Department of Public Health (CDPH) to evaluate the effectiveness of the state's viral surveillance capacity. Requires CDPH to establish the "Viral Surveillance Hub" (VSH), responsible for timely communication with any laboratory that conducts viral surveillance, and that identifies a potential novel virus or variant. Requires laboratories that conduct viral surveillance and identify a potential novel virus or variant to report to VSH. ***Vetoed.***

**SB-1479 (Pan) - COVID-19 testing in schools: COVID-19 testing plans.**

Requires the California Department of Public Health (CDPH) to coordinate COVID-19 testing programs in local educational agencies (LEAs) funded by federal resources or organized under the California COVID-19 Testing Task Force. Permits CDPH to provide supportive service related to LEA testing plans and testing programs for teachers, staff, pupils, and surrounding communities that help LEAs reopen and operate safely for in-person learning. Requires schools to create a COVID-19 testing plan consistent with CDPH guidance. ***Chapter 850, Statutes of 2022.***

**AB-789 (Low) - Health care services.**

Requires adult patients who receive primary care services in any setting where primary care services are provided to be offered a hepatitis B and hepatitis C screening test, based on the latest recommended screening indications. ***Chapter 470, Statutes of 2021.***

**AB-835 (Nazarian) - Hospital emergency departments: HIV testing.**

Requires every patient who is 12 years of age or older and has blood drawn in the emergency department (ED) of a general acute care hospital to be offered an HIV test. Authorizes EDs to bill for the test and to provide test results and counseling through the means specified. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-1344 (Arambula) - State Department of Public Health: needle and syringe exchange services.**

Requires clean needle and syringe exchange services application submissions, authorizations, and operations performed to be exempt from review under the California Environmental Quality Act. *Chapter 480, Statutes of 2021.*

**AB-1797 (Akilah Weber) - Immunization registry.**

Requires, rather than permits, health care providers and specified agencies that have access to immunization information to disclose certain information from a patient medical record or a client record to the California Department of Public Health and local health departments. Adds “patient’s or client’s race and ethnicity” to the list of information collected for purposes of immunization information and reminder systems. Adds two purposes for which health care providers and education, childcare, and human services agencies may use individual immunization information. *Chapter 582, Statutes of 2022.*

**AB-2655 (Blanca Rubio) - Multicultural health.**

Requires the California Department of Public Health enter into a data sharing agreement with the California Tribal Epidemiology Center (CTEC) for access to the California Reportable Disease Information Exchange and the California Immunization Registry systems no later than January 1, 2023. Prohibits the CTEC from disclosing the information in these systems. *No action taken on the Senate Floor.*

## COVID-19

**SB-229 (Dahle) - Pupil health: mental health services: grants.**

Requires the Department of Health Care Services, in consultation with the California Department of Education, to provide up to \$500 million in grants annually to local educational agencies and private schools to provide mental health services for pupils affected by school closures and distance learning requirements resulting from the COVID-19 pandemic, subject to an appropriation by the Legislature for this purpose. *Held on the Senate Appropriations Committee Suspense File.*

**SB-336 (Ochoa Bogh) - Public health: COVID-19.**

Requires the California Department of Public Health or a local health officer, when it issues specified guidance or orders related to preventing the spread of COVID-19 or to protect public health against a threat of COVID-19, to publish the measures on its website and to create an opportunity for local entities to sign up for an email distribution list relative to changes such measures. *Chapter 487, Statutes of 2021.*

**SB-402 (Hurtado) - Multipayer Payment Reform Collaborative.**

Requires the California Health and Human Services Agency (CHHS) to convene a “Multipayer Payment Reform Collaborative” for the purpose of establishing pilot programs for primarily fee-for-service primary care practices in areas hit hardest by the COVID-19 pandemic. Requires the Collaborative to, among other things, propose to CHHS uniform payment methods to be adopted across payers in the pilots, including prospective, risk-adjusted, primary care global payments and population-based payments, and performance-based incentive payments. *Held on the Assembly Appropriations Committee Suspense File.*

**SB-510 (Pan) - Health care coverage: COVID-19 cost sharing.**

Requires health plans and insurers to cover the costs associated with COVID-19 testing, immunization, and related services with no cost-sharing or prior authorization during and following the federal public health emergency. *Chapter 729, Statutes of 2021.*

**SB-637 (Newman) - Health facility reporting: staffing.**

Requires hospitals to report weekly during a health-related state of emergency, and monthly at all other times, information on whether the hospital is experiencing a staffing shortage of nurses, or has experienced any layoffs, furloughs, or repeated shift cancellations of nurses. Requires hospitals to report weekly information regarding COVID-19-positive staff, including number of staff and facility personnel who have tested positive, or are suspected positive, and total number of deaths of staff who are positive or suspected positive for COVID-19, until the end of the emergency or January 1, 2025. *These provisions were amended out of the bill.*

**SB-1473 (Pan) - Health care coverage: enrollment periods.**

Requires health plans and insurers to cover therapeutics for COVID-19, as well as makes other revisions to coverage requirements for COVID-19 testing and vaccination, and makes the annual open enrollment periods for individual health benefit plans offered through and outside of Covered California consistent. *Chapter 545, Statutes of 2022.*

**SB-1479 (Pan) - COVID-19 testing in schools: COVID-19 testing plans.**

Requires the California Department of Public Health (CDPH) to coordinate COVID-19 testing programs in local educational agencies (LEAs) funded by federal resources or organized under the California COVID-19 Testing Task Force. Permits CDPH to provide supportive services related to LEA testing plans and testing programs for teachers, staff, pupils, and surrounding communities that help LEAs reopen and operate safely for in-person learning. Requires schools to create a COVID-19 testing plan consistent with CDPH guidance. *Chapter 850, Statutes of 2022.*

**AB-61 (Gabriel) - Business pandemic relief.**

Permits specified entities to provide extended relief for businesses after the end of the state of emergency, declared due to the COVID-19 pandemic, for periods of time ranging from one year to two years for expanded services, such as expanded alcoholic beverage sales and outdoor dining in nontraditional spaces due to indoor dining restrictions. *Chapter 651, Statutes of 2021.*

**AB-279 (Muratsuchi) - Intermediate care facilities and skilled nursing facilities: COVID-19.**

Prohibits an intermediate care facility (ICF) or a skilled nursing facility (SNF) from terminating or making significant quality-of-care changes, or from transferring a resident to another facility, during the COVID-19 state of emergency, except under specified circumstances. Requires an ICF or SNF, for six months after the termination of any COVID-19 state of emergency, to issue a 90-day advance notice of any proposed sale or termination of the licensed operation of the facility to each resident before the sale or termination goes into effect. Requires all conditions imposed by the Attorney General based on a nonprofit transaction of an ICF or SNF that are in effect at the beginning of the COVID-19 state of emergency, to remain in effect during the COVID-19 state of emergency, unless the owner of the ICF or SNF files for bankruptcy. Sunsets the provisions of this bill on July 1, 2022. ***Vetoed.***

**AB-523 (Nazarian) - Program of All-Inclusive Care for the Elderly.**

Requires the Department of Health Care Services (DHCS) to make permanent specified changes in the Program of All-Inclusive Care for the Elderly program that DHCS instituted, on or before January 1, 2021, in response to the COVID-19 public health emergency. ***Vetoed.***

**AB-1038 (Gipson) - California Health Equity Program.**

Establishes the California Health Equity Program under the Office of Health Equity within California Department of Public Health to be a competitive grant program to support local health departments, nonprofit organizations, clinics and tribes that serve disproportionately impacted communities to take action in specified areas relating to COVID-19 to address health equity. Establishes the California Health Equity Fund Oversight and Accountability Committee to provide oversight over the California Health Equity Fund. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-1207 (Akilah Weber) - Pathways Through Pandemics Task Force.**

Establishes the Pathways Through Pandemics Task Force in the California Health and Human Services Agency with the purpose of studying lessons learned from the COVID-19 pandemic and developing strategies to navigate future pandemics. ***Vetoed.***

**AB-2331 (Calderon) - Bridge to Recovery for Adult Day Services: COVID-19 Mitigation and Resilience Grant Program to Combat Senior Isolation.**

Establishes a two-year grant program for COVID-19 mitigation at the California Department of Aging, upon appropriation by the Legislature, to provide grants for adult day services, including adult day health care facilities licensed by the California Department of Public Health and adult day programs licensed by the Department of Social Services, to implement infection prevention control or to address workforce shortages. ***Held on the Senate Appropriations Committee Suspense File.***



## Emergency Medical Services

### **SB-687 (Hueso) - Emergency response: trauma kits.**

Requires specified buildings with an occupancy of 200 persons or greater, constructed on or after January 1, 2022, to have at least six trauma kits on the premises of the building, and provides civil immunity for the acquisition, training, and use of a trauma kit. ***Held on the Assembly Appropriations Committee Suspense File.***

### **AB-389 (Grayson) - Ambulance services.**

Permits a county to contract for emergency ambulance services with a fire agency that will provide those services, in whole or in part, through a written subcontract with a private ambulance service; and permits a fire agency to enter into a written subcontract with a private ambulance service for the purpose of contracting with a county. ***Chapter 460, Statutes of 2021.***

### **AB-450 (Lorena Gonzalez) - Paramedic Board of California.**

Establishes the Paramedic Disciplinary Review Board (Board), and provides the Board with final authority to impose discipline or revoke a paramedic license, or deny a license application, which is currently vested in the Director of the Emergency Medical Services Authority. ***Chapter 463, Statutes of 2021.***

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

Requires a psychiatric unit of a general acute care hospital, a psychiatric health facility of more than 16 beds that is not county operated, and an acute psychiatric hospital, to accept a transfer of a person with a psychiatric emergency medical condition, regardless of whether the facility operates an emergency department, if the facility has appropriate facilities and qualified personnel available to provide the services. ***Chapter 438, Statutes of 2021.***

### **AB-1104 (Grayson) - Air ambulance services.**

Extends the assessment of penalties of the Emergency Medical Air Transportation Act to December 31, 2022, and the date by which funds will be collected, administered, distributed and transferred to December 31, 2023. Requires the Department of Health Care Services, beginning January 1, 2023, subject to an appropriation by the Legislature, to design and implement a supplemental payment program for air ambulance services to increase the Medical reimbursement in an amount not to exceed normal and customary charges. ***Chapter 476, Statutes of 2021.***

### **AB-2117 (Gipson) - Mobile stroke units.**

Defines “mobile stroke unit” as a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local emergency medical services agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a mobile stroke unit, as specified in federal law. ***Chapter 772, Statutes of 2022.***

**AB-2130 (Cunningham) - Emergency medical services: training.**

Requires every Emergency Medical Technician-I, Emergency Medical Technician-II, and Emergency Medical Technician-Paramedic, upon initial licensure, to complete at least 20 minutes of training on issues relating to human trafficking, commencing on July 1, 2024.

***Chapter 256, Statutes of 2022.***

**AB-2260 (Rodriguez) - Emergency response: trauma kits.**

Requires specified buildings with an occupancy of 200 persons or greater, constructed on or after January 1, 2023, to have a trauma kit on the premises of the building, and provides civil immunity for the acquisition, training, and use of trauma kit. ***Chapter 586, Statutes of 2022.***

**AB-2648 (Wilson) - Air ambulance services.**

Extends the sunset date of the Emergency Medical Air Transportation Act from July 1, 2024 to July 1, 2025, without extending the assessment of penalties to fund the program beyond the current date of December 31, 2022, and requires any moneys remaining unexpended and unencumbered in the Emergency Medical Air Transportation and Children’s Coverage Fund to be transferred to the General Fund on June 30, 2024, rather than December 31, 2023. ***Chapter 440, Statutes of 2022.***

## **End of Life Care**

**SB-353 (Roth) - Hospice: services to seriously ill patients.**

Extends the sunset date by five years, to 2027, on the authority of hospice licensees to provide palliative care. ***Chapter 488, Statutes of 2021.***

**SB-311 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan’s Law.**

Requires a health care facility to permit a terminally ill patient, defined as a prognosis of one year or less to live, to use medical cannabis within the health care facility. ***Chapter 384, Statutes of 2021.***

**SB-380 (Eggman) - End of life.**

Extends the January 1, 2026 sunset date of the End of Life Option Act (EOLA) to January 1, 2031; permits an individual to make a second oral request a minimum of 48 hours from the first request for medical aid in dying; eliminates the final attestation form required to be filled out by the qualified individual within 48 hours prior to self-administering the aid-in-dying medication; and, requires health care providers who elect not to participate in EOLA to inform a patient and transfer records to another health care provider. ***Chapter 542, Statutes of 2021.***

**SB-664 (Allen) - Hospice licensure: moratorium on new licenses.**

Imposes a moratorium on new hospice licenses until one year from the date that the California State Auditor publishes a report on hospice licensure. ***Chapter 494, Statutes of 2021.***

**SB-988 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan’s Law.**

Repeals the requirement that health facilities comply with drug and medication requirements applicable to Schedule II, II, and IV drugs when permitting patient use of medicinal cannabis, and instead requires the patient or primary caregiver to be responsible for acquiring, retrieving, administering, and removing medicinal cannabis. Requires medicinal cannabis to be stored in a locked container in the patient’s room or with the patient primary caregiver, and prohibits healthcare professionals and facility staff from administering medicinal cannabis or retrieving it from storage. **Chapter 242, Statutes of 2022.**

**AB-1280 (Irwin) - California Hospice Licensure Act of 1990.**

Bans payments for hospice referrals, and, imposes requirements to ensure informed patient or family consent for hospice services. **Chapter 478, Statutes of 2021.**

**AB-2673 (Irwin) - Hospice licensure: moratorium on new licenses.**

Establishes a moratorium on transferring a hospice agency license during the first five years of licensure, requires a new applicant for licensure to demonstrate unmet need in the region served, requires the California Department of Public Health (CDPH) to conduct surveys of accredited hospices, requires CDPH to adopt emergency regulations to adopt recommendations of the California State Auditor, extends the moratorium on new hospice licenses until the earlier of two years after the state audit, or the date the emergency regulations are adopted, and updates other hospice agency oversight requirements. **Chapter 797, Statutes of 2022.**

## **Food Safety and Labeling**

**SB-80 (McGuire) - Commercial fishing: inspection: crab traps.**

Requires the California Department of Public Health (CDPH) to establish criteria for the sale of eviscerated Dungeness crab that is caught in waters where it has been determined that the viscera of the crab exceed allowable levels of domoic acid, if the meat of the crab does not exceed allowable levels of domoic acid. Permits the California Department of Fish and Wildlife to open waters that are otherwise restricted for the commercial take of Dungeness crab or rock crab during a time when CDPH has authorized the sale of eviscerated Dungeness crab. **Chapter 757, Statutes of 2021.**

**SB-235 (Allen) - Industrial hemp products.**

Establishes a regulatory structure in the California Department of Public Health (CDPH) for food, beverage, and cosmetic products containing industrial hemp, and limits these products to containing no more than 0.3% concentration of Delta-9 tetrahydrocannabinol. Requires industrial hemp product manufacturers to register with CDPH, and requires industrial hemp to be tested prior to it being incorporated as an ingredient into a product. **No action taken on the Senate Floor.**

**SB-651 (Wieckowski) - Synthetic food dyes.**

Requires food that contains synthetic dyes to have the following label: SAFETY WARNING: Synthetic dyes may cause or worsen behavioral problems in children. *Hearing canceled in the Senate Health Committee at the request of the author.*

**SB-972 (Gonzalez) - California Retail Food Code.**

Establishes a new type of retail food facility called a “compact mobile food operation” (CMFO) as a subcategory of mobile food facility that is nonmotorized and operates from a pushcart or stand; exempts CMFOs from various provisions of the retail food code law, including certain sink requirements; prohibits criminal penalties from applying to CMFOs and instead limits enforcement to administrative penalties; and exempts sales from CMFOs from counting toward the limits for cottage food operators or microenterprise home kitchens. *Chapter 489, Statutes of 2022.*

**SB-1290 (Allen) - Sidewalk vendors.**

Permits a city or county to impose additional requirements on sidewalk vendors that prohibit the improper discharge of oils into sewer, water, and storm systems or in other areas of the environment, prohibit the pollution of protected habitat caused by the abandonment of plastic and Styrofoam, and prohibit conditions that create certain hazards or render air, food, or drink unwholesome or detrimental to health. Permits a city or county to temporarily impound the cart and equipment, if the sidewalk vendor refuses to accept a citation or notification of fine or refuses to show identification, until the sidewalk vendor provides identification and accepts the citation or notification of fine. Includes identical language from SB 972 (Gonzalez), which establishes a new type of retail food facility called a “compact mobile food facility” as a subcategory of mobile food facility that is nonmotorized and operates from a pushcart or stand, exempts compact mobile food facilities as well as existing mobile food facilities from various provisions of the retail food code law, including certain sink requirements, eliminates criminal infraction and misdemeanor penalties for the entirety of the retail food law and replaces them with administrative penalties, and repeals limits on the amount of annual sales for cottage food operators and microenterprise home kitchens, as well as eliminating daily and weekly meal limits for microenterprise home kitchens. *The provisions relating to SB 972 (Gonzalez) were amended out of the bill, and the bill was withdrawn from Senate Health Committee.*

**AB-45 (Aguiar-Curry) - Industrial hemp products.**

Establishes a regulatory structure in the California Department of Public Health for food, beverage and cosmetic products containing industrial hemp, and limits these products to containing no more than 0.3% concentration of tetrahydrocannabinol. *Chapter 576, Statutes of 2021.*

**AB-535 (Aguiar-Curry) - Olive oil: labeling.**

Requires a container of olive oil produced, processed, sold, offered for sale, given away, or possessed in California that includes “California” in any form on its principal display panel and contains olive oil derived from olives grown outside California to disclose the minimum percentage of olive oil in the container derived from olives grown in California. **Chapter 466, Statutes of 2021.**

**AB-831 (Committee on Health) - California Retail Food Code.**

Makes a variety of clarifying and technical changes to the provisions of law governing retail food facilities. **Chapter 155, Statutes of 2021.**

**AB-1144 (Robert Rivas) - Cottage food operations.**

Increases the maximum amount of gross annual sales for cottage food operations, currently \$50,000 for both “Class A” and “Class B” operations, to \$75,000 for “Class A,” and \$150,000 for “Class B,” and indexes these amounts to the Consumer Price Index. Requires “Class B” operations to be subject to an annual inspection. **Chapter 178, Statutes of 2021.**

**AB-1200 (Ting) - Plant-based food packaging: cookware: hazardous chemicals.**

Prohibits food packaging comprised in substantial part of paper or other materials originally derived from plant fibers from containing intentionally added perfluoroalkyl substances (PFAS), requires cookware that contains chemicals designated on the Green Chemistry list of chemicals of concern to list those chemicals on the product label, and prohibits cookware manufacturers from claiming that cookware is free of any specific chemical on the list if the chemical belongs to the same chemical group or class. **Chapter 503, Statutes of 2021.**

**AB-1341 (Cristina Garcia) - Dietary supplements for weight loss and over-the-counter diet pills.**

Prohibits a retail establishment from selling dietary supplements for weight loss or over-the-counter diet pills to any person under 18 without a prescription. Requires the California Department of Public Health to determine which dietary supplements and over-the-counter (OTC) diet pills are subject to this bill, and to develop a notice for distribution to retail establishments for posting that states that certain dietary supplements for weight loss or OTC diet pills may contribute to specified medical conditions or other serious injury, or death.

**Vetoed.**

**AB-1870 (Stone) - Organic products.**

Requires the California Department of Public Health (CDPH) to establish a process for resolving complaints concerning the Organic Food and Farming Act to meet a 90-day timeline, and to require information regarding fees and costs related to the organic food processor registration program to be added to the information that CDPH is required to submit to the California Organic Products Advisory Committee. **Vetoed.**

## Health Care Coverage

### **SB-221 (Wiener) - Health care coverage: timely access to care.**

Codifies existing timely access to care standards for health plans and health insurers, applies these requirements to Medi-Cal managed care plans, adds a standard for non-urgent follow-up appointments for nonphysician mental health care or substance use disorder providers that is within 10 business days of the prior appointment, and, prohibits contracting providers and employees from being disciplined for informing patients about timely access standards.

**Chapter 724, Statutes of 2021.**

### **SB-225 (Wiener) - Health care coverage: timely access to care.**

Revises the enforcement authority of the Department of Managed Health Care and the California Department of Insurance over health plans and insurers related to timely access to mental health and substance use treatment and extends the timeframe for the departments to develop and adopt standards and methodologies without being subject to the Administrative Procedures Act. **Chapter 601, Statutes of 2022.**

### **SB-242 (Newman) - Health care provider reimbursements.**

Requires health plans and insurers to reimburse contracting health care providers for specified business expenses that are medically necessary to comply with a public health order to render treatment to patients, protect health care workers and prevent the spread of diseases causing declared public health emergencies. **Chapter 538, Statutes of 2021.**

### **SB-245 (Gonzalez) - Health care coverage: abortion services: cost sharing.**

Prohibits health plans and insurers from imposing cost-sharing, restrictions, delays, prior authorization and annual or lifetime limits on all abortion services and follow-up services, to an enrollee or insured. Requires coverage to be the same for enrollees or insureds covered spouse and covered nonspouse dependents. **Chapter 11, Statutes of 2022.**

### **SB-250 (Pan) - Health care coverage.**

Prohibits a health plan or insurer from requiring, for a period of two years, a contracted health care provider to obtain prior authorization for any health care services if the health plan or insurer approved, or would have approved, at least 90% of the prior authorization requests that a provider submitted in the most recent one-year contracted period. **Held on the Assembly Appropriations Committee Suspense File.**

### **SB-255 (Portantino) - Health insurance: employer associations: large group health insurance.**

Allows an association of employers to offer a large group health plan contract or health insurance policy if certain conditions are met, including the association was established prior to March 23, 2010, provides an equivalent to or greater level of coverage than the platinum level offered through Covered California and essential health benefits, and that it includes coverage for job categories on a project-by-project basis for one or more participating employers, for at least 101 employees. **Chapter 725, Statutes of 2021.**

**SB-280 (Limón) - Health insurance: large group health insurance.**

Requires large group insurance policies to cover medically necessary basic health care services, and prohibits discrimination based on an race, color, national origin, disability, age sex, gender identify, sexual orientation, expected length of life, degree of medical dependency, quality of life, or other health conditions with respect to large group insurance policies.

***Chapter 636, Statutes of 2021***

**SB-306 (Pan) - Sexually transmitted disease: testing.**

Permits pharmacists to dispense a drug, without the name of an individual for whom the drug is intended, when prescribed for the sexual partner of someone who has been diagnosed with a sexually transmitted disease (STD); prohibits health care providers who prescribe, dispense, or furnish such a drug from being subject to, civil, criminal, or administrative penalties; requires a syphilis blood test, during the third trimester of pregnancy and at delivery; requires public and commercial health coverage of home STD test kits; and, adds rapid STD tests to existing law which permits HIV counselors to perform rapid HIV and hepatitis C tests. ***Chapter 486, Statutes of 2021.***

**SB-326 (Pan) - Health care coverage: federal health care reforms.**

Deletes provisions in law that would make health plan and insurer preexisting condition protections, premium rating limitations and other antidiscrimination requirements inoperative if specified provisions of the Affordable Care Act are repealed or amended to no longer apply.

***Chapter 764, Statutes of 2021.***

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

Requires a health plan or health insurer to provide an enrollee or insured with their accrual balance toward their annual deductible and annual out-of-pocket maximum during any month in which benefits were used; permits an enrollee or insured to request their most up-to-date accrual balance toward their annual deductible and their annual out-of-pocket maximum from their health plan or insurer at any time; and requires accrual updates to be mailed unless the enrollee or insured opts out. ***Chapter 602, Statutes of 2021.***

**SB-402 (Hurtado) - Multipayer Payment Reform Collaborative.**

Requires the California Health and Human Services Agency (CHHS) to convene a “Multipayer Payment Reform Collaborative” for the purpose of establishing pilot programs for primarily fee-for-service primary care practices in areas hit hardest by the COVID-19 pandemic. Requires the Collaborative to, among other things, propose to CHHS uniform payment methods to be adopted across payers in the pilots, including prospective, risk-adjusted, primary care global payments and population-based payments, and performance-based incentive payments. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-428 (Hurtado) - Health care coverage: adverse childhood experiences screenings.**

Requires a health plan contract and health insurance policy that provides coverage for pediatric services and preventive care, to include coverage for adverse childhood experiences screenings.

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

**SB-455 (Leyva) - California Health Benefit Exchange.**

Extends the Covered California Executive Board emergency regulation authority until January 1, 2027, and authorizes the Office of Administrative Law to approve more than two readoptions of an emergency regulation until January 1, 2032. ***No action taken in the Assembly Health Committee. Some contents of this bill were included in the health trailer bill AB 133 (Committee on Budget, Chapter 143, Statutes of 2021).***

**SB-473 (Bates) - Health care coverage: insulin cost sharing.**

Requires a health plan or insurance policy to cover all available dosage forms and concentrations of insulin for a copayment of no more than \$35 for a monthly supply. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-510 (Pan) - Health care coverage: COVID-19 cost sharing.**

Requires health plans and insurers to cover the costs associated with COVID-19 testing, immunization, and related services with no cost-sharing or prior authorization during and following the federal public health emergency. ***Chapter 729, Statutes of 2021.***

**SB-523 (Leyva) - Health care coverage: contraceptives.**

Establishes the Contraceptive Equity Act of 2022 (Act), which ensures coverage for federal Food and Drug Administration-approved contraceptive drugs, devices, and products without cost-sharing and medical management applicable to all insureds and enrollees, and requires employee health benefit plan contracts provided by the California Public Employees Retirement System (CalPERS), the University of California, the California State University, and plans directly operated by a bona fide public or private institution of higher learning to comply with the Act. Establishes specified limitations on employers with respect to an employee's reproductive decision making. ***Chapter 630, Statutes of 2022.***

**SB-524 (Skinner) - Health care coverage: patient steering.**

Prohibits a health plan or a health insurer from engaging in specified activities that limit enrollees' or insureds' access to pharmacies that are part of the plan's or insurer's network, except when special handling or clinical requirements are necessary, and, permits the use of financial incentives at network pharmacies. ***Vetoed.***

**SB-535 (Limón) - Biomarker testing.**

Prohibits health plans and insurers from requiring prior authorization for biomarker testing for advanced or metastatic stage 3 or 4 cancer, and cancer progression or recurrence. ***Chapter 605, Statutes of 2021.***



**SB-562 (Portantino) - Health care coverage: pervasive developmental disorders or autism.**

Revises and expands the definition of behavioral health treatment for pervasive developmental disorder or autism for purposes of health plan and insurer mandated coverage including expanding the definitions of Qualified Autism Service (QAS) providers, professionals, and paraprofessionals. Prohibits the setting, location, or time of treatment recommended by the QAS provider from being used as a reason to deny or reduce coverage for medically necessary services. *Vetoed.*

**SB-568 (Pan) - Deductibles: chronic disease management.**

Prohibits a health plan contract or health insurance policy, from imposing a deductible requirement for a covered prescription drug or equipment and supplies used to treat a chronic disease. Limits the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance specified in health plan contract or disability insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease. *No action taken in the Assembly Health Committee.*

**SB-644 (Leyva) - Health care coverage outreach.**

Requires Covered California to request information from the Employment Development Department (EDD) for each applicant for unemployment compensation, state disability, paid family leave, or any other program administered by EDD so that Covered California can communicate with and inform those individuals of available health care coverage options through Covered California and assist those individuals in obtaining health care coverage. *Chapter 983, Statutes of 2022.*

**SB-718 (Bates) - Health care coverage: small employer groups.**

Permits an association of employers to offer a large group health plan contract or health insurance policy to small group employer members in the biomedical industry if the association is headquartered in California, was established before March 23, 2010, and in continued existence as a bonafide association that may act as an employer. *Chapter 736, Statutes of 2021.*

**SB-853 (Wiener) - Prescription drug coverage.**

Requires a health insurance policy or health plan that includes a pharmacy benefit to provide coverage for a drug, dose of a drug, or dosage form (such as oral or injectable) of a drug prescribed by a health care provider if that drug has been previously approved for coverage by a policy or plan for an enrollee's medical condition during the entire duration of utilization review and any appeals of utilization review. Prohibits a health plan or insurer that provides prescription drug coverage from imposing additional cost sharing for covering a drug as prescribed, during the utilization review and any appeals if specified criteria apply. *Held on the Assembly Appropriations Committee Suspense File.*

**SB-858 (Wiener) - Health care service plans: discipline: civil penalties.**

Increases fines on deficient health plans, including civil penalties of not more than \$25,000 for each day a violation continues, per enrollee harmed; requires a one-time adjustment, and annual adjustments to specified fine amounts based on individual and small group average rate of change of premiums and cost-sharing, weighted based on enrollment; and, establishes factors for the Department of Managed Health Care director to use to determine the appropriate amount of a penalty. *Chapter 985, Statutes of 2022.*

**SB-912 (Limón) - Biomarker testing.**

Requires a health plan contract, disability insurance policy and Medi-Cal to cover biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring if the test is supported by medical and scientific evidence. *Vetoed.*

**SB-923 (Wiener) - Gender-affirming care.**

Requires health plans and insurers to require all of its support staff who are in direct contact with enrollees or insureds to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or intersex. Adds processes to continuing medical education requirements related to cultural and linguistic competency for physician and surgeons specific to gender-affirming care services. *Chapter 822, Statutes of 2022.*

**SB-944 (Pan) - California Health Benefit Exchange: affordability assistance.**

Requires Covered California to reduce cost-sharing, including eliminating deductibles for benefits for health insurance coverage available through Covered California if enhanced federal premium subsidies are made available for the 2023 and 2024 calendar years, and if funded through an appropriation by the Legislature. *Vetoed.*

**SB-958 (Limón) - Medication and Patient Safety Act of 2022.**

Restricts the ability of health plans and insurers, or their designated medical groups or pharmacy benefit managers, from requiring or incentivizing patients to have infused or injected medications supplied by a vendor to the patient, or to the patient's physician office, clinic, infusion center, or hospital outpatient department, rather than maintained at the location where the infused or injected medication will be administered. *Hearing canceled in Assembly Health Committee at the request of the author.*

**SB-967 (Hertzberg) - Health care coverage: tax returns: information sharing authorization and outreach.**

Requires Covered California to annually conduct outreach and enrollment efforts to individuals who indicate on their individual income tax returns that they are interested in no-cost or low-cost health care coverage. Requires the Franchise Tax Board (FTB) to include, on or after January 1, 2023, a checkbox for a taxpayer to indicate on their individual income tax return that they are interested in no-cost or low-cost health care coverage and authorizes FTB to share information from their tax return with Covered California. *Chapter 170, Statutes of 2022.*

**SB-974 (Portantino) - Health care coverage: diagnostic imaging.**

Requires a health plan contract, a disability insurance policy, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2024, to provide coverage without cost-sharing for screening mammography, medically necessary diagnostic or supplemental breast examinations, diagnostic mammography, tests for screening or diagnostic purposes, and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer. ***Vetoed.***

**SB-979 (Dodd) - Health emergencies.**

Expands provisions of law permitting the Department of Managed Health Care and the California Department of Insurance to take actions to protect enrollee access to health care during a state of emergency proclaimed by the Governor by extending this ability to health emergencies declared by the state Public Health Officer, and by extending this authority to when the emergency affects health care providers or the enrollee's health, rather than just when the emergency displaces enrollees. ***Chapter 421, Statutes of 2022.***

**SB-999 (Cortese) - Health coverage: mental health and substance use disorders.**

Requires health plans and disability insurers to ensure utilization review determinations, including, but not limited to, initial determinations and appeals, are made by a health care provider practicing in the relevant clinical specialty with the same level of education, training, and experience in the relevant diagnosis or field of expertise, and holding the same applicable certification as the health care provider requesting the authorization. Requires the health plan, disability insurer, or an entity acting on the plan's or insurer's behalf, to maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding patient issues, including the appropriateness of a requested treatment, modification of a treatment request, or obtaining additional information needed to make a medical necessity determination. Also, requires an individual or health care provider performing utilization review to disclose to the treating health care provider the basis for a denial, including a citation to the clinical guidelines reviewed, and an analysis of why clinical criteria was not met. ***Vetoed.***

**SB-1033 (Pan) - Health care coverage.**

Requires the Department of Managed Health Care and the California Department of Insurance to revise regulations, which establish standards and requirements to provide enrollees with appropriate access to language assistance, to additionally include cultural and health-related social needs for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health using specified federal standards on disparities and data collection as guidance. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-1207 (Portantino) - Health care coverage: maternal and pandemic-related mental health conditions.**

Requires health plan and insurer maternal mental health programs to include quality measures to encourage screening, diagnosis, treatment and referral, requires program guidelines and criteria to be provided to providers; and requires education of enrollees and insureds about the plan's or insurer's program. *Chapter 618, Statutes of 2022.*

**SB-1337 (McGuire) - Coordinated specialty care for first-episode psychosis.**

Requires the California Health and Human Services Agency, in consultation with the Mental Health Services Oversight and Accountability Commission, to commission a study on untreated psychosis, and its impacts. Requires a health plan, or insurance policy, to provide coverage for coordinated specialty care services for the treatment of early psychosis. Requires treatment modalities and affiliated activities to be billed and reimbursed as a bundle. *Held on the Senate Appropriations Committee Suspense File.*

**SB-1361 (Kamlager) - Prescription drugs: cost sharing: pharmacy benefit managers.**

Requires an enrollee or insured's cost-sharing for each prescription drug to be calculated at point of sale; requires Department of Managed Health Care and the California Department of Insurance to submit a legislative report; and prohibits a pharmacy benefit manager (PBM) from deriving income except from fees, and would specify the PBM fee must not be based on specified criteria. *Held on the Senate Appropriations Committee Suspense File.*

**SB-1473 (Pan) - Health care coverage: enrollment periods.**

Requires health plans and insurers to cover therapeutics for COVID-19, as well as makes other revisions to coverage requirements for COVID-19 testing and vaccination, and makes the annual open enrollment periods for individual health benefit plans offered through and outside of Covered California consistent. *Chapter 545, Statutes of 2022.*

**AB-97 (Nazarian) - Health care coverage: insulin affordability.**

Prohibits a health plan contract or disability insurance policy that covers hospital, medical and surgical benefits from imposing a deductible on an insulin prescription drug. *Held on the Senate Appropriations Committee Suspense File.*

**AB-326 (Luz Rivas) - Health care service plans: Consumer Participation Program.**

Makes permanent the Consumer Participation Program, which allows the Department of Managed Health Care Director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees. *Chapter 741, Statutes of 2021.*

**AB-342 (Gipson) - Health care coverage: colorectal cancer: screening and testing.**

Requires health plan contracts and health insurance policies to provide coverage without any cost-sharing for a colorectal cancer screening test assigned either a grade of A or B by the United States Preventive Services Task Force (USPSTF), including when a colonoscopy is required after a positive result on a test or procedure that is a colorectal cancer screening or laboratory test assigned either a grade of A or B by the USPSTF. Clarifies that a health plan or insurer that has coverage for out-of-network benefits is not precluded from imposing cost-sharing requirements for the items or services described in this bill that are delivered by an out-of-network provider. *Chapter 436, Statutes of 2021.*

**AB-347 (Arambula) - Health care coverage: step therapy.**

Requires a health plan or insurer to expeditiously grant a step therapy exception if specified criteria are met, including that the health care provider submit necessary justification and supporting clinical documentation supporting the provider's determination that the required prescription drug is inconsistent with good professional practice for provision of medically necessary covered services. Authorizes an enrollee or insured or their designee, guardian, health care provider or prescribing provider to appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request or step therapy exception request by filing a grievance. Deems a prior authorization request or step therapy exception request approved for the duration of the prescription, including refills, if a health plan, health insurer, or contracted physician group, or utilization review organization fails to notify a prescribing provider of its coverage determination within a specified timeframe. Defines step therapy exception as a decision to override a generally applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual enrollee. *Chapter 742, Statutes of 2021.*

**AB-457 (Santiago) - Protection of Patient Choice in Telehealth Provider Act.**

Establishes the Protection of Patient Choice in Telehealth Provider Act, which requires a health plan/insurer to comply with specified notice and consent requirements if the plan or insurer offers a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider. Requires the enrollee or insured to be given the option of continuing to receive specialty telehealth services for a mental or behavioral health condition with a contracting individual health professional, a contracting clinic, or a contracting health facility. Defines third-party corporate telehealth provider as a corporation directly contracted with a health plan or insurer that provides health care services exclusively through a telehealth technology platform and has no physical location at which a patient can receive services. Requires the health plan or insurer to, among other provisions, notify the enrollee or insured that the record of any services provided to the enrollee or insured through a third-party corporate telehealth provider be shared with their primary care provider and ensure that the records are entered into a patient record system shared with the enrollee's or insured's primary care provider or are otherwise provided to the enrollee's or insured's primary care provider in a manner consistent with state and federal law, unless the enrollee or insured objects. Requires a health plan or insurer to report specified information relating to telehealth services to the Department of Managed Health Care or the California Department of Insurance. **Chapter 439, Statutes of 2021.**

**AB-552 (Quirk-Silva) - Integrated School-Based Behavioral Health Partnership Program.**

Authorizes the Integrated School-Based Behavioral Health (BH) Partnership Program to provide prevention and early intervention for, and access to, BH services for pupils with serious emotional disturbances or substance use disorders (SUDs), or who are at risk of developing a serious BH condition. Requires private health plans to reimburse for brief initial intervention services provided by designated BH professional to pupils enrolled with the private plan at the amount a county BH agency would receive for the same services provided to a Medi-Cal beneficiary if the private plan is unable to offer an appointment within existing non-urgent and appointment availability requirements. **Vetoed.**

**AB-570 (Santiago) - Dependent parent health care coverage.**

Requires health plan contracts and health insurance policies that cover dependents to also cover a parent or stepparent who is also a qualifying relative who lives or resides with the plan or insurer's service area. **Chapter 468, Statutes of 2021.**

**AB-988 (Bauer-Kahan) - Mental health: 988 crisis hotline.**

Establishes a 988 Crisis Hotline Center for the purpose of connecting individuals experiencing a mental health crisis with suicide prevention and mental health services. Requires the Office of Emergency Services to verify that technology that allows for transfers between 988 centers and 911 public safety answering points is available to 988 centers and 911 public answering points throughout the state. Requires the California Health and Human Services Agency to create a set of recommendations to support a five-year implementation plan for a comprehensive 988 system. Requires health care service plans and insurers to cover medically necessary treatment of a mental health or substance use disorder, including behavioral health crisis services provided by a 988 center or mobile crisis team, regardless of whether the service is provided by an in-network or out-of-network provider, at the in-network cost-sharing amount. **Chapter 747, Statutes of 2022.**

**AB-1082 (Waldron) - California Health Benefits Review Program: extension.**

Extends the assessment on health plans and insurers that supports the California Health Benefits Review Program (CHBRP) at the University of California to July 1, 2027, and increases the annual cap by \$200,000 for a total annual assessment limit of \$2.2 million to support CHBRP. **Chapter 592, Statutes of 2021.**

**AB-1184 (Chiu) - Medical information: confidentiality.**

Revises and recasts provisions of existing law that require health plans and insurers to accommodate requests for confidential communication of medical information (CCRs) to instead require health plans and insurers to accommodate CCRs regardless of whether it involves sensitive services or a situation in which disclosure would endanger the individual. Requires health plans/insurers to direct all communications regarding a protected individual receipt of sensitive health care services directly to the protected individual, and prohibits the disclosure of that information to the policyholder without the authorization of the protected individual. Requires health plans/insurers to notify subscribers/enrollees that they may submit a CCR and how they may submit a CCR, and requires information about CCRs to be provided upon initial enrollment and on the plan/insurer's website, and in other specified instances. **Chapter 190, Statutes of 2021.**

**AB-1823 (Bryan) - Student health insurance.**

Defines student health insurance as individual health insurance and specifies federal Affordable Care Act requirements that apply to student health insurance, such as coverage of essential health benefits, rating factors consistent with existing law, the annual limit on maximum out-of-pocket expenses, and the prohibition against annual and lifetime limits. **Chapter 688, Statutes of 2022.**

**AB-1859 (Levine) - Mental health services.**

Requires a health plan or a health insurance policy issued, amended, or renewed on or after July 1, 2023, that includes coverage for mental health services to, among other things, approve the provision of mental health services for persons who are screened, evaluated, detained for treatment and evaluation under the Lanterman-Petris-Short Act and to process the referral as an appointment request. Requires the referring facility to provide notification of the referral to the health plan or insurer within 48 hours of referral. ***Vetoed.***

**AB-1878 (Wood) - California Health Benefit Exchange: affordability assistance.**

Requires Covered California to provide affordability assistance to reduce cost-sharing including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-1880 (Arambula) - Prior authorization and step therapy.**

Requires a health plan or insurer to ensure a clinical peer reviews an appeal of a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request, and requires plans and insurers to maintain specified information related to their use of step therapy and prior authorization and make it available to the Department of Managed Health Care and the California Department of Insurance upon request. ***Vetoed.***

**AB-1982 (Santiago) - Telehealth: dental care.**

Requires health plan contracts and insurance policies that offer dental service via telehealth through a third-party corporate telehealth provider to report to regulators on specified information and disclose to enrollees and insureds the impact of third-party telehealth visits on the patient's benefit limitations, including frequency limitations and the patient's annual maximum. ***Chapter 525, Statutes of 2022.***

**AB-2024 (Friedman) - Health care coverage: diagnostic imaging.**

Requires a health plan, health insurer or self-insured employee welfare benefit plan to cover screening mammography, medically necessary diagnostic or supplemental breast examinations, or tests for screening or diagnostic purposes upon the referral of a participating providers, and, prohibits a plan contract or insurance policy from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement for screening mammography, medically necessary diagnostic or supplemental breast examinations, or testing. ***Held on the Senate Appropriations Committee Suspense File.***



**AB-2080 (Wood) - Health Care Consolidation and Contracting Fairness Act of 2022.**

Prohibits the use of six contract requirements, by a health care provider, health facility, and others that restrict the behavior of a health plan or insurer; permits the Attorney General (AG) and any other state entity charged with reviewing health care market competition to review contracts containing these provisions; and, requires a medical group, hospital or hospital system, health facility, health plan, health insurer, or pharmacy benefit manager to provide written notice to, and obtain written consent from, the AG before entering into an agreement or transaction involving a material amount of assets. *Hearing canceled in the Senate Health Committee at the request of the author.*

**AB-2127 (Santiago) - Health care coverage: dependent adults.**

Clarifies that a health plan, health insurer, solicitor, or agent is required to provide at the time of solicitation and on the application for dependent coverage for a parent or stepparent who is a qualifying relative information about the Health Insurance Counseling and Advocacy Program (HICAP), and requires the information to include the name, address, telephone number of the local HICAP program, and the statewide HICAP telephone number, 1-800-434-0222. *Chapter 118, Statutes of 2022.*

**AB-2205 (Carrillo) - California Health Benefit Exchange: abortion services coverage reporting.**

Requires health plans and health insurers providing a qualified health plan through Covered California to report to the Department of Managed Health Care director or Insurance Commissioner the total amount of funds maintained in a segregated account pursuant to federal law. This bill requires this annual report to contain the ending balance of the account and the total dollar amount of claims paid during the reporting year. *Chapter 563, Statutes of 2022.*

**AB-2352 (Nazarian) - Prescription drug coverage.**

Requires certain health plans and insurers to furnish prescription drug information in specified electronic formats, as prescribed, upon request of an enrollee/insured or their prescribing provider. *Chapter 590, Statutes of 2022.*

**AB-2516 (Aguiar-Curry) - Health care coverage: human papillomavirus.**

Requires a health plan contract or a disability insurance policy issued, amended, or renewed on or after January 1, 2023, that provides coverage for hospital, medical, or surgical benefits, issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost-sharing for the human papillomavirus (HPV) vaccine, as approved by the U.S. Food and Drug Administration (FDA). Expands comprehensive clinical family planning services under the Family Planning, Access, Care, and Treatment Program to include the HPV vaccine for persons for whom it is FDA approved. *Vetoed.*

**AB-2530 (Wood) - California Health Benefit Exchange: financial assistance.**

Requires Covered California, upon appropriation by the Legislature, to administer a financial assistance program to help Californians obtain and maintain health benefits through Covered California if the individual loses employer health care coverage as a result of a labor dispute. Designates an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute, and who meets all eligibility requirements under specified federal law, to receive the same premium assistance and cost-sharing reductions as an individual with a household income of 138.1% of the federal poverty level, and not subject to a deductible for any covered benefit.

***Chapter 695, Statutes of 2022.***

**AB-2581 (Salas) - Health care service plans: mental health and substance use disorders: provider credentials.**

Establishes a 60-day timeframe for a health plan or insurer that provides coverage for mental health and substance use disorders to credential health care providers of those services for its networks. ***Chapter 533, Statutes of 2022.***

**AB-2585 (McCarty) - Health care coverage: nonpharmacological pain management treatment.**

Establishes findings and declarations that the health care system, including health care providers, health care service plans, and health insurers, should encourage the use of evidence-based nonpharmacological therapies for pain management. ***Chapter 160, Statutes of 2022.***

## **Health Care Facilities**

**SB-311 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan's Law.**

Requires a health care facility to permit a terminally ill patient, defined as a prognosis of one year or less to live, to use medical cannabis within the health care facility. ***Chapter 384, Statutes of 2021.***

**SB-379 (Wiener) - University of California: contracts: health facilities.**

Prohibits the University of California (UC) from entering into, amending, or renewing any contract with any health facility in which a health care practitioner employed by UC, or a UC trainee, would be limited in the practitioner's or trainee's ability to provide patients with medical information or medical services due to policy-based restrictions on care in the health facility. ***These provisions were amended out of the bill.***

**SB-460 (Pan) - Long-term health facilities: patient representatives.**

Establishes an Office of Patient Representative within the Department of Aging to provide residents of nursing homes, who have been determined to lack capacity to provide informed consent for proposed medical interventions and do not have anyone to provide representation on their behalf, with someone to represent their interests on the interdisciplinary team that reviews proposed medical interventions for these residents. Makes changes to the process for administering medical interventions for incapacitated and unrepresented nursing home residents, including by requiring residents to receive written notice of the determination of incapacity, and by requiring a patient representative at all interdisciplinary team meetings to review proposed medical interventions. ***No action taken on Senate Floor. The subject matter of this bill was included in the human services trailer bill (AB 135, Chapter 85, Statutes of 2021).***

**SB-564 (Cortese) - Hospitals: seismic compliance: County of Santa Clara.**

Extends the deadline for compliance with the seismic safety requirement that hospitals be capable of withstanding an earthquake for two hospitals owned by Santa Clara County, from July 1, 2022 to December 31, 2024. ***Chapter 388, Statutes of 2021.***

**SB-605 (Eggman) - Medical Device Right to Repair Act.**

Requires a manufacturer of powered medical equipment to make available, to hospitals and independent repair providers engaged by hospitals, on fair and reasonable terms, any documentation, parts, and tools needed for purposes of inspection, diagnosis, maintenance, or repair of powered medical equipment. ***Held on the Senate Appropriations Committee Suspense File.***

**SB-637 (Newman) - Health facility reporting: staffing.**

Requires hospitals to report weekly during a health-related state of emergency, and monthly at all other times, information on whether the hospital is experiencing a staffing shortage of nurses, or has experienced any layoffs, furloughs, or repeated shift cancellations of nurses. Requires hospitals to report weekly information regarding COVID-19-positive staff, including number of staff and facility personnel who have tested positive, or are suspected positive, and total number of deaths of staff who are positive or suspected positive for COVID-19, until the end of the emergency or January 1, 2025. ***These provisions were amended out of the bill.***

**SB-642 (Kamlager) - Health care: facilities: medical privileges.**

Prohibits a health facility from requiring a physician, as a condition of obtaining clinical privileges, to agree to comply with policies that are not ratified by the medical staff, that directly or indirectly restrict the ability of the physician to provide a particular medical treatment, or from requiring a physician to obtain permission from a nonphysician to perform a medical treatment for which consent has been obtained from the patient, unless the health facility lacks the equipment to provide the service, or a full review of the evidence by members of the medical staff determines that the care is not medically appropriate. Adds, to the list of factors that the Attorney General may use to determine whether or not to give consent to a nonprofit health facility transaction, whether the transaction creates a reduction or limitation to individuals based on their membership in a protected class. ***Held on the Senate Appropriations Committee Suspense File.***

**SB-650 (Stern) - Skilled nursing facilities.**

Requires an organization that operates, conducts, owns, manages, or maintains a skilled nursing facility (SNF) to prepare and file an annual consolidated financial report with the Office of Statewide Health Planning and Development, requires the financial report to include data from all related parties in which the organization has an ownership or control interest of 5% or more and that provides any services or supplies to the SNF, and requires the financial report to be reviewed by a certified public accountant. ***Chapter 493, Statutes of 2021.***

**SB-864 (Melendez) - General acute care hospitals: drug screening.**

Requires a general acute care hospital to include testing for fentanyl in a urine drug screening, if the hospital conducts a urine drug screening to assist in diagnosing the patient's condition. ***Chapter 169, Statutes of 2022.***

**SB-939 (Pan) - Prescription drug pricing.**

Prohibits a pharmaceutical benefits manager from imposing any requirements, conditions, or exclusions that discriminate against a covered entity (CE), (which is defined by reference to federal law as specific types of clinics, health centers and hospitals) or its in-house or contract pharmacies to prevent a CE from retaining the benefit of discounted drug pricing under the federal 340B statute (which requires drug manufacturers to sell outpatient drugs at a discount to CEs in order to participate in Medicaid). Requires a drug manufacturer to comply with federal 340B drug pricing requirements when selling covered drugs to CEs. Prohibits a drug manufacturer from imposing any preconditions, limitations, delays, or other barriers to the purchase of covered drugs that are not required under the federal 340B statute, or any rules or regulations adopted under that statute. Implements this bill only to the extent that it is consistent with the federal 340B statute, or any rules or regulations adopted thereunder. ***Hearing canceled in Assembly Health Committee at the request of the author.***

**SB-966 (Limón) - Federally qualified health centers and rural health clinics: visits.**

Requires the Department of Health Care Services to seek any necessary federal approvals and issue appropriate guidance to allow a federally qualified health center (FQHC) or rural health center (RHC) to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain requirements are met. *Chapter 607, Statutes of 2022.*

**SB-988 (Hueso) - Compassionate Access to Medical Cannabis Act or Ryan’s Law.**

Repeals the requirement that health facilities comply with drug and medication requirements applicable to Schedule II, III, and IV drugs when permitting patient use of medicinal cannabis, and instead requires the patient or primary caregiver to be responsible for acquiring, retrieving, administering, and removing medicinal cannabis. Requires medicinal cannabis to be stored in a locked container in the patient’s room or with the patient primary caregiver, and prohibits healthcare professionals and facility staff from administering medicinal cannabis or retrieving it from storage. *Chapter 242, Statutes of 2022.*

**SB-1014 (Hertzberg) - Enhanced Clinically Integrated Program for Federally Qualified Health Centers.**

Requires the Department of Health Care Services (DHCS) to authorize a new optional supplemental payment program for Federally Qualified Health Centers (FQHCs) to be named the Enhanced Clinically Integrated Program. Requires the supplemental funding under ECIP to be provided in addition to all other funding received by FQHCs. Requires DHCS, no later than July 1, 2023, to make funding, if appropriated, available for the purpose of direct compensation of health center workers on the condition that FQHCs meet certain standards relating to wage thresholds and participation in bona fide labor-management cooperation committees. *No action taken on the Senate Floor.*

**SB-1143 (Roth) - Acute Care Psychiatric Hospital Loan Fund.**

Establishes the California Acute Care Psychiatric Hospital Loan Fund to provide zero-interest loans to qualifying county applicants for the purpose of constructing or renovating acute care psychiatric hospitals or psychiatric health facilities, or renovating or expanding general acute care hospitals in order to add or expand an inpatient psychiatric unit. *Vetoed.*

**SB-1339 (Pan) - Hospitals.**

Requires general acute care hospital buildings with specific seismic ratings to submit estimated costs to comply with the 2030 seismic requirements to the Department of Health Care Access and Affordability (HCAI). Requires HCAI to provide a report to the Legislature with an assessment of the projected costs to retrofit each hospital building to meet the 2030 seismic requirements. *Held on the Assembly Appropriations Committee Suspense File.*

**SB-1500 (Committee on Health) - Biologics: investigational use.**

Aligns state law governing biologic drugs with state law governing all other drugs by exempting biologic drugs from state licensing requirements when the biologic drug is part of a new investigational drug trial. Extends the sunset date, by five years, on a provision of law granting home medical device retail facilities an exemption from annual inspection requirements if they are accredited by an approved accrediting organization. *Chapter 955, Statutes of 2022.*

**AB-32 (Aguiar-Curry) - Telehealth.**

Permits a health care provider, a federally qualified health center (FQHC) or a rural health clinic (RHC) to establish a new patient relationship using an audio-only synchronous interaction (for example, a telephone call) when the visit is related to sensitive services (defined by reference to include health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence), and when established in accordance with Department of Health Care Services (DHCS)-specific requirements and consistent with federal state law, regulations and guidance. Permits a health care provider, an FQHC or RHC to also establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video, and when established in accordance with DHCS specific requirements and consistent with federal and state laws, regulations and guidance. Implements these changes only to the extent that any necessary federal approvals are obtained, federal financial participation is available and not otherwise jeopardized. Authorizes DHCS, in making exceptions to the requirement that health care providers offer both audio and video, to take into consideration the availability of broadband access based on speed standards set by the Federal Communications Commission (FCC), pursuant to a specified provision of the federal Telecommunications Act of 1996 or other applicable federal law or regulation. *Chapter 515, Statutes of 2022.*

**AB-279 (Muratsuchi) - Intermediate care facilities and skilled nursing facilities: COVID-19.**

Prohibits an intermediate care facility (ICF) or a skilled nursing facility (SNF) from terminating or making significant quality-of-care changes, or from transferring a resident to another facility, during the COVID-19 state of emergency, except under specified circumstances. Requires an ICF or SNF, for six months after the termination of any COVID-19 state of emergency, to issue a 90-day advance notice of any proposed sale or termination of the licensed operation of the facility to each resident before the sale or termination goes into effect. Requires all conditions imposed by the Attorney General based on a nonprofit transaction of an ICF or SNF that are in effect at the beginning of the COVID-19 state of emergency, to remain in effect during the COVID-19 state of emergency, unless the owner of the ICF or SNF files for bankruptcy. Sunsets the provisions of this bill on July 1, 2022. *Vetoed.*

**AB-323 (Kalra) - Long-term health facilities.**

Revises the criteria under which the California Department of Public Health (CDPH) issues civil penalties against long term care (LTC) facilities that were found to have caused the death of a resident, so that instead of having to prove the death of a resident was the “direct proximate cause” of a violation by the facility, CDPH would have to prove that the violation was a “substantial factor” in the death of a resident, and defines substantial factor as more than a remote or trivial factor but is not required to be the only cause of harm. Increases the amount of civil penalties assessed against LTC facilities. *Chapter 458, Statutes of 2021.*

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

Requires a psychiatric unit of a general acute care hospital, a psychiatric health facility of more than 16 beds that is not county operated, and an acute psychiatric hospital, to accept a transfer of a person with a psychiatric emergency medical condition, regardless of whether the facility operates an emergency department, if the facility has appropriate facilities and qualified personnel available to provide the services. *Chapter 438, Statutes of 2021.*

**AB-532 (Wood) - Health care: fair billing policies.**

Creates additional disclosure requirements on hospitals related to written notices about the availability of discounted payment and charity care policies for uninsured patients and patients with high medical costs, such as, inclusion of the internet address of an organization that will help patients understand billing and payment processes, the timing of required disclosures, and posting disclosures in observation units. *Chapter 465, Statutes of 2021.*

**AB-749 (Nazarian) - Skilled nursing facilities: medical director certification.**

Prohibits a skilled nursing facility from contracting with a person as a medical director if the person is not, or will not be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director. *Chapter 586, Statutes of 2021.*

**AB-835 (Nazarian) - Hospital emergency departments: HIV testing.**

Requires every patient who is 12 years of age or older and has blood drawn in the emergency department (ED) of a general acute care hospital to be offered an HIV test. Authorizes EDs to bill for the test and to provide test results and counseling through the means specified. *Held on the Senate Appropriations Committee Suspense File.*

**AB-858 (Jones-Sawyer) - Employment: health information technology: clinical practice guidelines: worker rights.**

Prohibits the use of technology, defined in this bill as hardware or software, including algorithms, used to achieve a medical or nursing objective at a hospital, from limiting a health care worker from exercising independent clinical judgment. Permits health care workers to override health information technology and clinical practice guidelines if, in their professional judgment, which includes receiving the approval of the patient's physician, it is in the patient's best interest. Prohibits an employer from retaliating or otherwise discriminating against a worker who requests to override health information technology and clinical practice guidelines. Requires hospitals to permit health care workers to provide input in the implementation processes for new technology impacting patient care delivery. *Vetoed.*

**AB-895 (Holden) - Skilled nursing facilities and intermediate care facilities: notice to prospective residents.**

Requires nursing homes and residential care facilities for the elderly to provide a written notice to a prospective resident, or their representative, that includes the contact information for the local long-term care ombudsman, and links to specified websites governing licensing and quality of care. *Chapter 577, Statutes of 2022.*

**AB-1020 (Friedman) - Health care debt and fair billing.**

Increases the income threshold for qualifying for hospital charity care and discount programs to 400% of the federal poverty level (\$51,552 for an individual), transfers oversight of hospital fair pricing policies to the Department of Health Care Access and Information (formerly the Office of Statewide Health Planning and Development), adds requirements on debt collectors and debt buyers, including increasing time before unpaid hospital debt can be reported to credit agencies, and makes other changes to help inform patients about charity care and discount payment requirements and avoid debt collection litigation. *Chapter 473, Statutes of 2021.*

**AB-1042 (Jones-Sawyer) - Skilled nursing facilities: unpaid penalties: related parties.**

Permits the California Department of Public Health to take legal action to recover unpaid civil penalty amounts assessed against long-term care facilities from related parties in which the licensee has an ownership or control interest of 5% or more. Permits the Department of Health Care Services to take legal action to recover unpaid quality assurance fees from a skilled nursing facility's financial interest in a related party. *Chapter 475, Statutes of 2021.*

**AB-1204 (Wicks) - Hospital equity reporting.**

Requires hospitals to prepare an annual equity report that includes an analysis of health status and access to care disparities for patients, measures from the Agency for Healthcare Research and Quality's Quality Indicators, and pay data to the Department of Fair Employment and Housing. Requires the Office of Statewide Health Planning and Development to make all equity reports available on their website and annually prepare a report that includes a list of all hospitals that failed to submit equity reports. *Chapter 751, Statutes of 2021.*



**AB-1394 (Irwin) - General acute care hospitals: suicide screening.**

Requires general acute care hospitals, by January 1, 2025, to establish and adopt written policies and procedures to screen patients who are 12 years of age and older in order to detect risk for suicidal ideation and behavior. *Chapter 101, Statutes of 2022.*

**AB-1407 (Burke) - Nurses: implicit bias courses.**

Requires graduation requirements for an approved school of nursing or nursing program to include one hour of direct participation in implicit bias training. Requires hospitals to implement an evidence-based implicit bias program, as part of its new graduate training program that hires and trains new nurses. *Chapter 445, Statutes of 2021.*

**AB-1422 (Gabriel) - Health facilities: critical care units: bed designation program flexibility.**

Requires applications by health facilities for program flexibility to designate a bed in a critical care unit as requiring a lower level of care to be posted on the California Department of Public Health's (CDPH) website, and requires CDPH to solicit public comment on the application for at least 30 days. *Chapter 716, Statutes of 2021.*

**AB-1502 (Muratsuchi) - Freestanding skilled nursing facilities.**

Revises the licensure application and approval process for skilled nursing facilities (SNFs), and prohibits any person, including an applicant for licensure, or change of ownership, or change of management, from acquiring, either directly or indirectly, an ownership interest in a skilled nursing facility, or from operating, establishing, managing, conducting, or maintaining an SNF, prior to review, approval, and issuance of a license by the California Department of Public Health. *Chapter 578, Statutes of 2022.*

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

Permits the Office of Statewide Planning and Development to extend the seismic retrofit requirements for Seton Medical Center until July 1, 2023. *Chapter 65, Statutes of 2021.*

**AB-1809 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2022.**

Requires a prescriber, prior to prescribing a psychotherapeutic drug for a nursing home resident, to personally examine and obtain the informed written consent of the resident or the resident's representative, and requires specified information to be disclosed to the resident as part of the process of obtaining informed written consent. *Vetoed.*

**AB-1852 (Patterson) - Health facilities: automated drug delivery systems.**

Adds licensed hospice facilities, in addition to skilled nursing and intermediate care facilities, to the types of facilities authorized to have an automated drug delivery system placed by a pharmacy. *Chapter 111, Statutes of 2022.*

**AB-1855 (Nazarian) - Long-Term Care Ombudsman Program: facility access.**

Prohibits a skilled nursing facility or a residential care facility for the elderly, from denying entry to a representative of the State Long-Term Care Ombudsman acting in their official capacity, except under specified circumstances. *Chapter 583, Statutes of 2022.*

**AB-1882 (Robert Rivas) - Hospitals: seismic safety.**

Requires owners of general acute care hospital buildings that are not compliant with the January 1, 2030 seismic safety requirement to remain operational following a major earthquake, to submit annual status updates to various entities, including the county board of supervisors, any labor union that represents workers in a building that is not January 1, 2030 compliant, the local office of emergency services, and the medical health operational area coordinator. Requires hospitals to post in any lobby or waiting area of a hospital building that is not compliant with the January 1, 2030 seismic requirement a notice that the hospital is not in compliance. *Chapter 584, Statutes of 2022.*

**AB-1907 (Bauer-Kahan) - Long-term health care facilities: inspections.**

Changes the requirement that every skilled nursing facility be inspected at least once every two years, to instead require an inspection at least once every 30 months. *Chapter 277, Statutes of 2022.*

**AB-2079 (Wood) - Skilled nursing facilities: direct care spending requirement.**

Establishes a requirement that skilled nursing facilities (SNFs) report revenues and expenses to the Department of Health Care Services, and based on these reports, requires 85% of a SNF's total non-Medicare health revenues from all payer sources in each fiscal year to be expended on the direct patient-related services of residents. Requires a SNF that does not meet this minimum spending requirement on direct patient services to issue a pro rata dividend or credit to the state and anyone that made non-Medicare payments to the SNF for resident services, in an amount to bring the total spending up to 85%. *Vetoed.*

**AB-2080 (Wood) - Health Care Consolidation and Contracting Fairness Act of 2022.**

Prohibits the use of six contract requirements, by a health care provider, health facility, and others that restrict the behavior of a health plan or insurer; permits the Attorney General (AG) and any other state entity charged with reviewing health care market competition to review contracts containing these provisions; and, requires a medical group, hospital or hospital system, health facility, health plan, health insurer, or pharmacy benefit manager to provide written notice to, and obtain written consent from, the AG before entering into an agreement or transaction involving a material amount of assets. *Hearing canceled in the Senate Health Committee at the request of the author.*

**AB-2096 (Mullin) - Chemical dependency recovery hospitals.**

Permits chemical dependency recovery hospital (CDRH) services to be collocated as a distinct part with other services or distinct parts of its parent facility. Permits CDRH services to be provided within a hospital building that has been removed from general acute care use, recasts existing law, and makes other conforming changes. *Chapter 233, Statutes of 2022.*

**AB-2145 (Davies) - Dental services: skilled nursing facilities and intermediate care facilities/developmentally disabled.**

Clarifies that registered dental hygienists in alternative practice may provide dental hygiene services, in accordance with their scope of practice, to patients in long-term health care facilities. *Chapter 157, Statutes of 2022.*

**AB-2185 (Akilah Weber) - Forensic examinations: domestic violence.**

Requires the costs associated with medical evidentiary examinations of victims of domestic violence to be funded by the state; requires a hospital, clinic, or other emergency medical facility where medical evidentiary examinations are conducted to develop and implement a system to maintain medical evidentiary examination reports in a manner that facilitates release of the reports as required or authorized by law, that maintains the confidentiality of the reports, and that preserves and prevents the destruction of the reports; and, makes other changes to medical forensic examination protocols for victims of domestic violence. *Chapter 557, Statutes of 2022.*

**AB-2331 (Calderon) - Bridge to Recovery for Adult Day Services: COVID-19 Mitigation and Resilience Grant Program to Combat Senior Isolation.**

Establishes a two-year grant program for COVID-19 mitigation at the California Department of Aging, upon appropriation by the Legislature, to provide grants for adult day services, including adult day health care facilities licensed by the California Department of Public Health and adult day programs licensed by the Department of Social Services, to implement infection prevention control or to address workforce shortages. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2404 (Luz Rivas) - Hospitals: seismic compliance: Pacifica Hospital of the Valley.**

Permits the Department of Health Care Access and Information (HCAI) to waive the requirements of the Seismic Safety Act for Pacifica Hospital of the Valley in Los Angeles County if the hospital submits a plan that proposes compliance by January 1, 2025, HCAI accepts the plan based on it being feasible, and the hospital reports to HCAI on a quarterly basis on its progress to timely complete the plan. *Chapter 592, Statutes of 2022.*

**AB-2426 (Gipson) - Martin Luther King, Jr. Community Hospital.**

Requires the Department of Health Care Services (DHCS), in consultation with Martin Luther King, Jr. Community Hospital (MLKCH), to create a directed payment program in Medi-Cal managed care (MCMC) for outpatient services so that total reimbursement is approximately equal to MLKCH's costs for those services. Establishes funding provisions if those minimum reimbursements would result in payments above the level of compensation MLKCH would have otherwise received. Requires DHCS, in consultation with MLKCH, to develop an alternative mechanism for ensuring inpatient services payment levels from MCMC plans. Authorizes DHCS to develop value-based quality directed payment, for use in payments to MLKCH. *Vetoed.*

**AB-2511 (Irwin) - Skilled nursing facilities: backup power source.**

Requires skilled nursing facilities to have an alternative source of power to protect resident health and safety for no less than 96 hours during any type of power outage. **Chapter 788, Statutes of 2022.**

**AB-2904 (Mia Bonta) - Alameda Hospital: seismic safety compliance deadline: extension.**

Extends the January 1, 2030 seismic safety requirement for Alameda Hospital until January 1, 2032. **Vetoed.**

## Medi-Cal

**SB-48 (Limón) - Medi-Cal: annual cognitive health assessment.**

Requires an annual cognitive health assessment be a covered benefit for Medi-Cal beneficiaries who are 65 years of age or older and not otherwise eligible for a similar assessment as part of the Medicare program. Requires the Department of Health Care Services to determine the training and validated tools in order for Medi-Cal providers to render and receive payment for the covered benefit. **Chapter 484, Statutes of 2021.**

**SB-56 (Durazo) - Medi-Cal: eligibility.**

Extends eligibility for full-scope Medi-Cal benefits to undocumented adults age 60 and above who are otherwise eligible for those benefits but for their immigration status, beginning July 1, 2022. Subjects the eligibility extension to an appropriation of funds in the annual Budget Act or another statute. **Held on the Assembly Appropriations Committee Suspense File. Some contents of this bill were included in the health trailer bill AB 133 (Committee on Budget, Chapter 143, Statutes of 2021).**

**SB-65 (Skinner) - Maternal care and services.**

Establishes a comprehensive program to improve maternal and infant outcomes by: requiring state and local investigating, tracking reviewing and reporting of maternal and infant deaths throughout the state; enacting the Midwifery Workforce Training Act to increase the number of students educated and trained as certified nurse midwives and midwives prepared for service in specified neighborhoods and communities; creating a workgroup related to Medi-Cal coverage for doulas; and, enhancing CalWORKS benefits. **Chapter 449, Statutes of 2021.**

**SB-110 (Wiener) - Substance use disorder services: contingency management services.**

Requires substance use disorder services provided under Drug Medi-Cal to include contingency management services as an optional benefit, subject to utilization controls, to the extent funds are appropriated in the annual Budget Act for this purpose. **Vetoed.**

**SB-221 (Wiener) - Health care coverage: timely access to care.**

Codifies existing timely access to care standards for health plans and health insurers, applies these requirements to Medi-Cal managed care plans, adds a standard for non-urgent follow-up appointments for nonphysician mental health care or substance use disorder providers that is within 10 business days of the prior appointment, and, prohibits contracting providers and employees from being disciplined for informing patients about timely access standards.

***Chapter 724, Statutes of 2021.***

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

Authorizes a health authority established by the Sacramento County Board of Supervisors to designate a number Medi-Cal managed care plans (MCMC plans) for purposes of the Department of Health Care Services' (DHCS) procurement of MCMC plans under the Sacramento Geographic Managed Care Model. Authorizes the health authority to pursue activities to implement a county-sponsored local initiative MCMC plan. Establishes requirements and criteria for the designation of MCPs by the health authority, for purposes of DHCS' procurement process. ***Chapter 446, Statutes of 2021.***

**SB-256 (Pan) - California Advancing and Innovating Medi-Cal.**

Establishes the California Advancing and Innovating Medi-Cal (CalAIM) Act in order to require the Department of Health Care Services (DHCS) to seek federal approval for, and implement, waivers for the CalAIM initiative in accordance with the CalAIM Terms and Conditions and consistent with existing federal law. Requires DHCS to implement the Population Health Management, Enhanced Care Management, In Lieu of Services, and Incentive Payments components of the CalAIM initiative. Authorizes DHCS to implement the mandatory managed care enrollment population and regional rate-setting components of the CalAIM initiatives, subject to additional requirements. ***No action taken in Assembly Health. The contents of this bill were included in AB 133 (Committee on Budget, Chapter 143, Statutes of 2021).***

**SB-279 (Pan) - Medi-Cal: delivery systems: services.**

Requires the Department of Health Care Services (DHCS) to implement the State Plan Dental Improvement Program component of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Authorizes DHCS to require Medi-Cal managed care plans to be accredited by National Committee for Quality Assurance, as a component of CalAIM initiative. Requires DHCS to sunset operation of the Health Homes Program when DHCS receives federal approval to implement the CalAIM initiative waiver. ***No action taken on the Senate Floor. The contents of this bill were included in AB 133 (Committee on Budget, Chapter 143, Statutes of 2021).***

**SB-281 (Dodd) - Medi-Cal: California Community Transitions program.**

Extends the sunset for an additional three years for a temporary, state-only California Community Transitions program based on the Money Follows the Person Rebalancing Demonstration to provide services for individuals who have resided less than 60 consecutive days in an inpatient facility to aid in the transition to a community setting. Requires the Department of Health Care Services to extend new enrollment until January 1, 2026 and extend providing services until January 1, 2027. ***Chapter 898, Statutes of 2022.***

**SB-293 (Limón) - Medi-Cal specialty mental health services.**

Requires the Department of Health Care Services (DHCS), on or after January 1, 2022, to develop standard forms relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements for specialty mental health services (SMHS) provided under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program. Requires DHCS to develop these forms in a manner that is consistent with the implementation of the California Advancing and Innovating Medi-Cal initiative. Authorizes DHCS to develop and maintain a list approved non-standard forms that may be used by county mental health plan (MHP) contractors to determine eligibility and reimbursement for SMHS under EPSDT. Requires MHPs and their providers, no later than July 1, 2023, to use only the standard and authorized non-standards forms. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-306 (Pan) - Sexually transmitted disease: testing.**

Permits permits pharmacists to dispense a drug, without the name of an individual for whom the drug is intended, when prescribed for the sexual partner of someone who has been diagnosed with a sexually transmitted disease (STD); prohibits health care providers who prescribe, dispense, or furnish such a drug from being subject to, civil, criminal, or administrative penalties; requires a syphilis blood test during the third trimester of pregnancy and at delivery; requires public and commercial health coverage of home STD test kits; and, adds rapid STD tests to existing law which permits HIV counselors to perform rapid HIV and hepatitis C tests. ***Chapter 486, Statutes of 2021.***

**SB-316 (Eggman) - Medi-Cal: federally qualified health centers and rural health clinics.**

Requires a federally qualified health center and a rural health center to receive Medi-Cal reimbursement for two visits on the same day at the same location if after the first visit the patient suffers from illness or injury that requires additional treatment and diagnosis, or if the patient has a medical visit and a mental health or dental visit in the same day. ***No action taken on the Senate Floor.***

**SB-365 (Caballero) - E-consult service.**

Requires electronic consultation services provided by an enrolled Medi-Cal provider, including a federally qualified health center or rural health clinic provider, to be reimbursable under the Medi-Cal Program. ***Vetoed.***

**SB-521 (Bradford) - Drug manufacturers: value-based arrangement.**

Authorizes the Department of Health Care Services (DHCS) to enter into value-based arrangements with drug manufacturers based on outcome data or other metrics, as determined by DHCS and drug manufacturers, pursuant to contracts between DHCS and manufacturers. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-717 (Dodd) - Complex Needs Patient Act.**

Repeals and recasts existing law related to custom rehabilitation equipment (CRE) and custom rehabilitation technology (CRT) services. Requires Medi-Cal coverage for CRE and CRT services. Exempts providers of CRE and CRT services from the 10% Medi-Cal reimbursement rate reduction required under existing law. Requires Department of Health Care Services, in establishing policies and payment rates, to take into account the resources, infrastructure, and staff needed to provide CRT services. *Chapter 813, Statutes of 2022.*

**SB-773 (Roth) - Medi-Cal managed care: behavioral health services.**

Requires the Department of Health Care Services (DHCS), beginning for the January 1, 2022 rating period through December 31, 2024, to make incentive payments to Medi-Cal managed care plans (MCMC plans) that meet predefined goals and metrics that increase access to behavioral health services for children enrolled in kindergarten and grades 1 to 12. Requires DHCS, in consultation with specified stakeholders, to develop the interventions, goals, and metrics used to determine a MCMC plan's eligibility to receive the incentive payments. *Hearing canceled at the request of the author in the Assembly Health Committee.*

**SB-823 (Committee on Health) - Public health: omnibus bill.**

Adjusts the assessment of fees for electronic fingerprint images for organizations that provide services to Program of All-Inclusive Care for the Elderly participants. *Chapter 554, Statutes of 2021.*

**SB-966 (Limón) - Federally qualified health centers and rural health clinics: visits.**

Requires the Department of Health Care Services to seek any necessary federal approvals and issue appropriate guidance to allow a federally qualified health center (FQHC) or rural health center (RHC) to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain requirements are met. *Chapter 607, Statutes of 2022.*

**SB-987 (Portantino) - California Cancer Care Equity Act.**

Requires a Medi-Cal managed care plan (MCMC plan) to make a good faith effort to include in its contracted provider network at least one National Cancer Institute (NCI) Designated Comprehensive Cancer Center, NCI Community Oncology Research Program affiliated site, or qualifying academic center in each county the MCMC plan operates. Requires MCMC plans to notify all enrollees of their right to request a referral to access to care through any of those centers. *Chapter 608, Statutes of 2022.*

**SB-1014 (Hertzberg) - Enhanced Clinically Integrated Program for Federally Qualified Health Centers.**

Requires the Department of Health Care Services (DHCS) to authorize a new optional supplemental payment program for Federally Qualified Health Centers (FQHCs) to be named the Enhanced Clinically Integrated Program. Requires the supplemental funding under ECIP to be provided in addition to all other funding received by FQHCs. Requires DHCS, no later than July 1, 2023, to make funding, if appropriated, available for the purpose of direct compensation of health center workers on the condition that FQHCs meet certain standards relating to wage thresholds and participation in bona fide labor-management cooperation committees. **No action taken on the Senate Floor.**

**SB-1019 (Gonzalez) - Medi-Cal managed care plans: mental health benefits.**

Requires a Medi-Cal managed care plan (MCMC plan) to conduct annual outreach and education to its enrollees and primary care physicians regarding the mental health benefits covered by the plan. Requires the Department of Health Care Services to annually assess enrollee experience with mental health benefits covered by MCMC plans, develop survey tools and methodologies relating to the assessment of consumer experience, and publish annual reports on its website on consumer experience with mental health benefits covered by MCMC plans. **Chapter 879, Statutes of 2022.**

**SB-1089 (Wilk) - Medi-Cal: eyeglasses: Prison Industry Authority.**

Allows optometrists participating in the Medi-Cal program to purchase eyeglasses from private entities in addition to obtaining them from the California Prison Industry Authority. **These provisions were amended out of the bill.**

**SB-1180 (Pan) - Medi-Cal: time and distance standards for managed care services.**

Extends the sunset of the current time and distance and appointment time standards, from January 1, 2023 to January 1, 2026, for specified Medi-Cal managed care (MCMC) covered services, to ensure that those services are available and accessible to enrollees of MCMC plans in a timely manner. Requires the Department of Health Care Services to seek input from stakeholders to determine what changes are needed to these provisions. **No action taken on the Senate Floor. The sunset extension was included in the health trailer bill SB 184 (Committee on Budget and Fiscal Review, Chapter 47, Statutes of 2022).**

**SB-1191 (Bates) - Medi-Cal: pharmacogenomic testing.**

Requires the Medi-Cal program to cover pharmacogenomic testing if a medication is being considered for use, or is already being administered, and is approved for use, in treating a Medi-Cal beneficiary's condition and is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable, if the medication is ordered by an enrolled Medi-Cal clinician or pharmacist. **Vetoed.**



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

Extends, beginning January 1, 2022, eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. ***Held on the Senate Appropriations Committee Suspense File. Some contents of this bill were included in the health trailer bills AB 133 (Committee on Budget, Chapter 143, Statutes of 2021) and SB 184 (Committee on Budget and Fiscal Review, Chapter 47, Statutes of 2022).***

**AB-32 (Aguiar-Curry) - Telehealth.**

Permits a health care provider, a federally qualified health center (FQHC) or a rural health clinic (RHC) to establish a new patient relationship using an audio-only synchronous interaction (for example, a telephone call) when the visit is related to sensitive services (defined by reference to include health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence), and when established in accordance with Department of Health Care Services (DHCS)-specific requirements and consistent with federal state law, regulations and guidance. Permits a health care provider, an FQHC or RHC to also establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video, and when established in accordance with DHCS specific requirements and consistent with federal and state laws, regulations and guidance. Implements these changes only to the extent that any necessary federal approvals are obtained, federal financial participation is available and not otherwise jeopardized. Authorizes DHCS, in making exceptions to the requirement that health care providers offer both audio and video, to take into consideration the availability of broadband access based on speed standards set by the Federal Communications Commission (FCC), pursuant to a specified provision of the federal Telecommunications Act of 1996 or other applicable federal law or regulation. ***Chapter 515, Statutes of 2022.***

**AB-114 (Maienschein) - Medi-Cal benefits: rapid Whole Genome Sequencing.**

Requires rapid Whole Genome Sequencing, including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing, to be a covered benefit for any Medi-Cal beneficiary who is one year old or younger and is receiving inpatient hospital services in an intensive care unit. ***Held on the Senate Appropriations Committee Suspense File. The contents of this bill were included in AB 133 (Committee on Budget, Chapter 143, Statutes of 2021).***

**AB-369 (Kamlager) - Medi-Cal services: persons experiencing homelessness.**

Requires the Department of Health Services (DHCS) to implement a presumptive eligibility program for persons experiencing homelessness. Requires a Medi-Cal beneficiary, who is experiencing homelessness and receiving services off the premises of a Medi-Cal provider's office, to seek Medi-Cal covered services directly from any participating Medi-Cal provider. Requires DHCS to deduct capitation payments to the Medi-Cal managed care plan (MCMC plan), if the MCMC plan does not provide Medi-Cal covered health services to a Medi-Cal beneficiary who indicates they are a homeless within the first 60 days of their enrollment, until the beneficiary receives plan-covered services. ***Vetoed.***

**AB-382 (Kamlager) - Whole Child Model program.**

Extends the sunset of the Whole Child Model stakeholder advisory group from December 1, 2021 to December 31, 2023. **Chapter 51, Statutes of 2021.**

**AB 470 (Carrillo)-Medi-Cal: eligibility.**

Repeals the Medi-Cal "asset test" by prohibiting resources including property or other assets from being used to determine eligibility under the Medi-Cal program, to the extent permitted by federal law. **Held on the Senate Appropriations Committee Suspense File. Some contents of this bill were included in AB 133 (Committee on Budget, Chapter 143, Statutes of 2021).**

**AB-498 (Quirk-Silva) - Medi-Cal: county organized health system: Orange County Health Authority.**

Removes the sunset on existing law regarding the Orange County Health Authority (CalOptima) board. Requires CalOptima board members to ensure the provision of cost-effective behavioral health care services and requires the members to address the needs of Medi-Cal members who are affected by homelessness and housing instability, improve quality outcomes, and manage the risk and needs of Medi-Cal beneficiaries through whole-person care approaches and addressing social determinants of health. Requires CalOptima board members with a financial interest in a Board decision to recuse themselves. Limits specified members from future board terms, employment at CalOptima or entity receiving CalOptima Medi-Cal funds, or representation of other individuals and entities before the board. **Chapter 430, Statutes of 2022.**

**AB-523 (Nazarian) - Program of All-Inclusive Care for the Elderly.**

Requires the Department of Health Care Services (DHCS) to make permanent specified changes in the Program of All-Inclusive Care for the Elderly program that DHCS instituted, on or before January 1, 2021, in response to the COVID-19 public health emergency. **Vetoed.**

**AB-540 (Petrie-Norris) - Program of All-Inclusive Care for the Elderly (PACE).**

Requires PACE, in areas where PACE is available, to be presented as a Medi-Cal managed care (MCMC) enrollment option in the same manner as other MCMC enrollment options. Requires DHCS to establish a system to identify Medi-Cal beneficiaries who may be PACE eligible, conduct outreach to those identified beneficiaries, and provide a referral to PACE if the beneficiary indicates interest in being assessed for PACE eligibility. Requires MCMC risk stratification and health risk assessment processes to include criteria to identify Medi-Cal beneficiaries who appear to meet PACE eligibility. **Held on the Senate Appropriations Committee Suspense File.**

**AB-1051 (Bennett) - Medi-Cal: specialty mental health services: foster children.**

Prohibits presumptive transfer from applying to foster youth placed in a group home or a short-term residential therapeutic program outside of the county of original jurisdiction, unless an exception is invoked. Establishes contracting options and notification requirements for county mental health plans and specialty mental health services providers. Requires the Department of Health Care Services and the California Department of Social Services to collect and make available certain data related to the presumptive transfer of foster youth. **Chapter 402, Statutes of 2022.**

**AB-1104 (Grayson) - Air ambulance services.**

Extends the assessment of penalties of the Emergency Medical Air Transportation Act to December 31, 2022, and the date by which funds will be collected, administered, distributed and transferred to December 31, 2023. Requires the Department of Health Care Services, beginning January 1, 2023, subject to an appropriation by the Legislature, to design and implement a supplemental payment program for air ambulance services to increase the Medi-Cal reimbursement in an amount not to exceed normal and customary charges. **Chapter 476, Statutes of 2021.**

**AB-1355 (Levine) - Public social services: hearings.**

Places additional limits on when the director of the Department of Health Care Services or the Department of Social Services can alternate the proposed hearing decision of an administrative law judge by requiring a review of the transcript or recording of a hearing, or requiring that the director conduct another hearing that allows parties to present additional evidence. If the director writes an alternated decision, this bill requires the alternated decision to contain a statement of the facts and evidence, including references to the applicable sections of law and regulations, and the analysis that supports the director's decision. **Chapter 944, Statutes of 2022.**

**AB-1585 (Committee on Health) - Health care.**

Revises the requirement that skilled nursing facilities have a dedicated infection preventionist to allow a broader range of health care professionals to serve in this capacity provided they are qualified and have completed specialized training in infection prevention and control, and extends the deadline, to January 1, 2023, by which the Department of Health Care Services is required to adopt regulations governing California Children's Services Whole Child Model. **Chapter 181, Statutes of 2021.**

**AB-1892 (Flora) - Medi-Cal: orthotic and prosthetic appliances.**

Requires reimbursement for prosthetic and orthotic appliances to be set at least at 80% of the lowest maximum allowance for California established by the federal Medicare Program, and requires that reimbursement to be adjusted annually. **Held on the Senate Appropriations Committee Suspense File.**

**AB-1900 (Arambula) - Medi-Cal: income level for maintenance.**

Increases the amount of income a Medi-Cal beneficiary who is required to pay a share of cost for their health care services can retain, from \$600 a month to an amount equal to 138% of the federal poverty level, so long as federal authorization is obtained. ***Held on the Senate Appropriations Committee Suspense File. The contents of this bill were included in the health trailer bill SB 184 (Committee on Budget and Fiscal Review, Chapter 47, Statutes of 2022).***

**AB-1929 (Gabriel) - Medi-Cal: violence preventive services.**

Requires the Department of Health Care Services to establish a community violence prevention and recovery program, under which violence preventive services would be provided by qualified violence prevention professionals as a covered benefit under the Medi-Cal program. Requires that services be available to Medi-Cal beneficiary who has been violently injured as a result of community violence, for whom a licensed health care provider has determined that the beneficiary is at significant risk of experiencing violent injury as a result of community violence, or has experienced chronic exposure to community violence. ***Chapter 154, Statutes of 2022.***

**AB-1930 (Arambula) - Medi-Cal: comprehensive perinatal services.**

Requires the Department of Health Care Services (DHCS) to extend the Comprehensive Perinatal Services Program Medi-Cal benefit for up to one year after the end of a Medi-Cal beneficiary's pregnancy. Requires DHCS to utilize a federal option to allow an unlicensed perinatal provider to render preventive services recommended by a licensed provider and to provide those services in a beneficiary's home or other community setting away from a medical site. ***Vetoed.***

**AB-1995 (Arambula) - Medi-Cal: premiums, contributions, and copayments.**

Eliminates premiums from the Other Targeted Low-Income Children's Program, the 250% Working Disabled Programs, the Medi-Cal Access Program, the Medi-Cal Access Infant Program, and the County Children's Health Initiative Program. Prohibits the Department of Health Care Services from charging copayments currently required by law. ***Held on the Senate Appropriations Committee Suspense File. The contents of this bill were included in the health trailer bill SB 184 (Committee on Budget and Fiscal Review, Chapter 47, Statutes of 2022).***

**AB-1999 (Arambula) - Medi-Cal: behavioral health: individuals with vision loss.**

Establishes a behavioral health pilot project in the Medi-Cal program to fund at least six counties to conduct targeted outreach to blind or low vision beneficiaries. Requires the participating counties to produce a report to the Legislature on their outreach activity. ***Vetoed.***

**AB-2034 (O'Donnell) - Local educational agency: Medi-Cal billing option.**

Requires the Department of Health Care Services (DHCS) to revise its audit process for the Local Education Agency (LEA) Medi-Cal Billing Option Program to focus on fraud, waste, and abuse as the primary focus of recoupment. Revises timelines in the audit and appeals process and requires DHCS to give LEAs additional technical assistance and submit additional information on its audits to the Legislature. ***No action taken in Senate Education.***

**AB-2077 (Calderon) - Medi-Cal: monthly maintenance amount: personal and incidental needs.**

Increases the personal needs allowance, from a statutory minimum of \$35 per month to \$80 per month, for Medi-Cal beneficiaries residing in medical institutions, nursing facilities, or receiving services from a Program of All-Inclusive Care for Elderly. **Vetoed.**

**AB-2402 (Blanca Rubio) - Medi-Cal: continuous eligibility.**

Requires the Department of Health Care Services to seek federal authority to allow children to remain on Medi-Cal, the Medi-Cal Access Infants Program, and the County Children's Health Initiative Programs until age five, without the need for a redetermination of eligibility, except in specified circumstances. **No action taken on the Senate Floor. The contents of this bill were included in the health trailer bills SB 184 (Committee on Budget and Fiscal Review, Chapter 47, Statutes of 2022) and AB 204 (Committee on Budget, Chapter 738, Statutes of 2022).**

**AB-2426 (Gipson) - Martin Luther King, Jr. Community Hospital.**

Requires the Department of Health Care Services (DHCS), in consultation with Martin Luther King, Jr. Community Hospital (MLKCH), to create a directed payment program in Medi-Cal managed care (MCMC) for outpatient services so that total reimbursement is approximately equal to MLKCH's costs for those services. Establishes funding provisions if those minimum reimbursements would result in payments above the level of compensation MLKCH would have otherwise received. Requires DHCS, in consultation with MLKCH, to develop an alternative mechanism for ensuring inpatient services payment levels from MCMC plans. Authorizes DHCS to develop value-based quality directed payment, for use in payments to MLKCH. **Vetoed.**

**AB-2516 (Aguiar-Curry) - Health care coverage: human papillomavirus.**

Requires health plans and disability insurance to provide coverage without cost-sharing for the human papillomavirus (HPV) vaccine, as approved by the U.S. Food and Drug Administration (FDA). Expands comprehensive clinical family planning services under the Family Planning, Access, Care, and Treatment Program to include the HPV vaccine for persons for whom it is FDA approved. **Vetoed.**

**AB-2680 (Arambula) - Medi-Cal: Community Health Navigator Program.**

Requires the Department of Health Care Services (DHCS) to create the Community Health Navigator Program to make direct grants to community-based organizations to conduct targeted outreach, enrollment, retention, and access activities for Medi-Cal-eligible individuals and families. Requires DHCS to contract with specified providers to furnish training and technical assistance to grant recipients. Requires DHCS to coordinate and partner with Covered California on outreach, enrollment, retention, and access activities for marketing to eligible individuals, and to facilitate quarterly meetings on enrollment and access barriers and solutions. **No action taken on the Senate Floor.**

**AB-2697 (Aguiar-Curry) - Medi-Cal: community health workers and promotores.**

Codifies the requirement that community health worker (CHW) services be a covered Medi-Cal benefit. Requires Medi-Cal managed care plans to engage in outreach and education efforts to enrollees, as determined by the Department of Health Care Services (DHCS). Includes specified information to enrollees on what the CHW services are and how to find a CHW. Requires DHCS to inform stakeholders about, and accept input from stakeholders on, implementation of the CHW services benefit. *Chapter 488, Statutes of 2022.*

**AB-2724 (Arambula) - Medi-Cal: alternate health care service plan.**

Authorizes the Department of Health Care Services (DHCS) to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP) to serve as the primary Medi-Cal managed care plan for specified eligible beneficiaries in specified geographic regions, so long as the AHCSP also provides commercial coverage in that market. Requires the AHCSP to enter into a memorandum of understanding with DHCS, which would include specified standards or requirements and the AHCSP's commitment to increase enrollment of new Medi-Cal members and any requirements related to the AHCSP's collaboration with and support of applicable safety net providers. *Chapter 73, Statutes of 2022.*

**AB-2727 (Wood) - Medi-Cal: eligibility.**

Updates the statutory legislative intent language, which establishes the purpose of the Medi-Cal program, to account for recent changes to the Medi-Cal program. *Chapter 291, Statutes of 2022.*

**AB-2786 (Stone) - Children's Crisis Continuum Pilot Program.**

Expands eligibility for the Children's Crisis Continuum Pilot Program (CCCCP Program) for foster youth to also include a child or youth who meets the eligibility requirements to enroll in the Medi-Cal program and the medical necessity standards for the care components in the CCCC Program. Adds respite care as a component of the CCCC Program to allow primary caregivers of eligible youth a period of relief. Delays the implementation and reporting dates in existing law by one year. *No action taken in the Senate Health Committee.*

**AB-2823 (Levine) - Medi-Cal: beneficiary maintenance needs: home upkeep allowance and transitional needs allowance.**

Establishes eligibility and other requirements for providing the home upkeep allowance and a transitional needs allowance to Medi-Cal patients residing in a long-term care facility who intend to leave the facility and return to an existing home or to establish a new home. Requires the amount of the allowances to be based on the actual costs needed to secure or maintain a home. *Held on the Senate Appropriations Committee Suspense File.*

## **Organ & Tissue Donation**

**SB-883 (Roth) - Umbilical cord blood collection.**

Extends the sunset date of the Umbilical Cord Blood Collection Program at the University of California until January 1, 2027. *Chapter 604, Statutes of 2022.*

**SB-1475 (Glazer) - Blood banks: collection.**

Authorizes a registered nurse (RN) to be placed in charge when a physician is not present while blood is collected at a blood bank. Authorizes the RN placed in charge to be physically present or available via telehealth so long as the telehealth method is synchronous. **Chapter 726, Statutes of 2022.**

**AB-1896 (Quirk) - Gamete banks.**

Requires gamete banks to provide specified information to individuals obtaining donor gametes in order to conceive children, including the limitations of donor screening, and that some donor-conceived persons are or may be interested in contact with the donor whose gametes were used for their conception. Requires gamete banks to provide specified information to prospective gamete donors, including information regarding the potential of direct-to-consumer genetic testing to reveal the relatedness of the donor to children conceived with the donor's gametes, even if the donor has chosen not to reveal their identity. Requires the California Department of Public Health to develop the guidance to be provided in consultation with specified stakeholders and to post that guidance on their website, as well as to develop a tiered penalty system to be used prior to suspending or revoking the license of a gamete bank for a violation of these provisions. **Vetoed.**

## Prescription Drugs

**SB-473 (Bates) - Health care coverage: insulin cost sharing.**

Requires a health plan or insurance policy to cover all available dosage forms and concentrations of insulin for a copayment of no more than \$35 for a monthly supply. **Held on the Assembly Appropriations Committee Suspense File.**

**SB-521 (Bradford) - Drug manufacturers: value-based arrangement.**

Authorizes the Department of Health Care Services (DHCS) to enter into value-based arrangements with drug manufacturers based on outcome data or other metrics, as determined by DHCS and drug manufacturers, pursuant to contracts between DHCS and manufacturers. **Held on the Assembly Appropriations Committee Suspense File.**

**SB-523 (Leyva) - Health care coverage: contraceptives.**

Establishes the Contraceptive Equity Act of 2022 (Act), which ensures coverage for federal Food and Drug Administration-approved contraceptive drugs, devices, and products without cost-sharing and medical management applicable to all insureds and enrollees, and requires employee health benefit plan contracts provided by the California Public Employees Retirement System (CalPERS), the University of California, the California State University, and plans directly operated by a bona fide public or private institution of higher learning to comply with the Act. Establishes specified limitations on employers with respect to an employee's reproductive decision making. **Chapter 630, Statutes of 2022.**

**SB-524 (Skinner) - Health care coverage: patient steering.**

Prohibits a health plan or a health insurer from engaging in specified activities that limit enrollees' or insureds' access to pharmacies that are part of the plan's or insurer's network, except when special handling or clinical requirements are necessary, and, permits the use of financial incentives at network pharmacies. ***Vetoed.***

**SB-528 (Jones) - Juveniles: health information summary: psychotropic medication.**

Requires, upon approval by the juvenile court judicial officer of a request for authorization for the administration of psychotropic medication, the copy of the order provided to the foster youth's caregiver to include the last two pages of the form JV-220(A) or the last two pages of JV-220(B), and all medication information sheets that were attached to either of those forms. Requires the social worker or probation officer, if the foster youth changes placement, to provide the new caregiver with the same documents. ***Chapter 812, Statutes of 2022.***

**SB-568 (Pan) - Deductibles: chronic disease management.**

Prohibits a health plan contract or health insurance policy from imposing a deductible requirement for a covered prescription drug or equipment and supplies used to treat a chronic disease. Limits the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance specified in health plan contract or disability insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease. ***No action taken in the Assembly Health Committee.***

**SB-838 (Pan) - Health care: prescription drugs.**

Requires the California Health and Human Services Agency (CHHSA) to enter into a partnership to manufacture at least one form of insulin, to be made available at production and dispensing costs. This bill also requires this partnership to include representation and involvement with the governance of the contractor entity. Requires CHHSA, upon appropriation by the Legislature, to develop a California-based manufacturing facility for generic drugs. ***Chapter 603, Statutes of 2022.***

**SB-853 (Wiener) - Prescription drug coverage.**

Requires a health insurance policy or health plan that includes a pharmacy benefit to provide coverage for a drug, dose of a drug, or dosage form (such as oral or injectable) of a drug prescribed by a health care provider if that drug has been previously approved for coverage by a policy or plan for an enrollee's medical condition during the entire duration of utilization review and any appeals of utilization review. Prohibits a health plan or insurer that provides prescription drug coverage from imposing additional cost sharing for covering a drug as prescribed, during the utilization review and any appeals if specified criteria apply. ***Held on the Assembly Appropriations Committee Suspense File.***



**SB-939 (Pan) - Prescription drug pricing.**

Prohibits a pharmaceutical benefits manager from imposing any requirements, conditions, or exclusions that discriminate against a covered entity (CE), (which is defined by reference to federal law as specific types of clinics, health centers and hospitals) or its in-house or contract pharmacies to prevent a CE from retaining the benefit of discounted drug pricing under the federal 340B statute (which requires drug manufacturers to sell outpatient drugs at a discount to CEs in order to participate in Medicaid). Requires a drug manufacturer to comply with federal 340B drug pricing requirements when selling covered drugs to CEs. Prohibits a drug manufacturer from imposing any preconditions, limitations, delays, or other barriers to the purchase of covered drugs that are not required under the federal 340B statute, or any rules or regulations adopted under that statute. Implements this bill only to the extent that it is consistent with the federal 340B statute, or any rules or regulations adopted thereunder.

*Hearing canceled in Assembly Health Committee at the request of the author.*

**SB-958 (Limón) - Medication and Patient Safety Act of 2022.**

Restricts the ability of health plans/insurers, or their designated medical groups or pharmacy benefit managers, from requiring or incentivizing patients to have infused or injected medications supplied by a vendor to the patient, or to the patient's physician office, clinic, infusion center, or hospital outpatient department, rather than maintained at the location where the infused or injected medication will be administered. *Hearing canceled in Assembly Health Committee at the request of the author.*

**SB-1191 (Bates) - Medi-Cal: pharmacogenomic testing.**

Requires the Medi-Cal program to cover pharmacogenomic testing if a medication is being considered for use, or is already being administered, and is approved for use, in treating a Medi-Cal beneficiary's condition and is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable, if the medication is ordered by an enrolled Medi-Cal clinician or pharmacist. *Vetoed.*

**SB-1346 (Becker) - Surplus medication collection and distribution.**

Makes various changes to the requirements for a voluntary drug repository and distribution program (Program) that distributes surplus medications to medically indigent patients. *Chapter 886, Statutes of 2022.*

**SB-1361 (Kamlager) - Prescription drugs: cost sharing: pharmacy benefit managers.**

Requires an enrollee or insured's cost-sharing for each prescription drug to be calculated at point of sale; requires Department of Managed Health Care and the Department of Insurance to submit a legislative report; and prohibits a pharmacy benefit manager (PBM) from deriving income except from fees, and would specify the PBM fee must not be based on specified criteria. *Held on the Senate Appropriations Committee Suspense File.*

**SB-1473 (Pan) - Health care coverage: enrollment periods.**

Requires health plans and insurers to cover therapeutics for COVID-19; makes other revisions to coverage requirements for COVID-19 testing and vaccination; and, makes the annual open enrollment periods for individual health benefit plans offered through and outside of Covered California consistent. *Chapter 545, Statutes of 2022.*

**SB-1500 (Committee on Health) - Biologics: investigational use.**

Aligns state law governing biologic drugs with state law governing all other drugs by exempting biologic drugs from state licensing requirements when the biologic drug is part of a new investigational drug trial. Extends the sunset date, by five years, on a provision of law granting home medical device retail facilities an exemption from annual inspection requirements if they are accredited by an approved accrediting organization. *Chapter 955, Statutes of 2022.*

**AB-97 (Nazarian) - Health care coverage: insulin affordability.**

Prohibits a health plan contract or disability insurance policy that covers hospital, medical and surgical benefits from imposing a deductible on an insulin prescription drug. *Held on the Senate Appropriations Committee Suspense File.*

**AB-347 (Arambula) - Health care coverage: step therapy.**

Requires a health plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met, including that the health care provider submit necessary justification and supporting clinical documentation supporting the provider's determination that the required prescription drug is inconsistent with good professional practice for provision of medically necessary covered services. Authorizes an enrollee or insured or their designee, guardian, health care provider or prescribing provider to appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request or step therapy exception request by filing a grievance. Deems a prior authorization request or step therapy exception request approved for the duration of the prescription, including refills, if a health plan, health insurer, or contracted physician group, or utilization review organization fails to notify a prescribing provider of its coverage determination within a specified timeframe. Defines step therapy exception as a decision to override a generally applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual enrollee. *Chapter 742, Statutes of 2021.*

**AB-1809 (Aguiar-Curry) - Nursing Facility Resident Informed Consent Protection Act of 2022.**

Requires a prescriber, prior to prescribing a psychotherapeutic drug for a nursing home resident, to personally examine and obtain the informed written consent of the resident or the resident's representative, and requires specified information to be disclosed to the resident as part of the process of obtaining informed written consent. *Vetoed.*

**AB-1852 (Patterson) - Health facilities: automated drug delivery systems.**

Adds licensed hospice facilities, in addition to skilled nursing and intermediate care facilities, to the types of facilities authorized to have an automated drug delivery system placed by a pharmacy. *Chapter 111, Statutes of 2022*

**AB-1880 (Arambula) - Prior authorization and step therapy.**

Requires a health plan or insurer to ensure a clinical peer reviews an appeal of a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request, and requires plans and insurers to maintain specified information related to their use of step therapy and prior authorization and make it available to the Department of Managed Health Care and the California Department of Insurance upon request. *Vetoed.*

## Public Health

**SB-242 (Newman) - Health care provider reimbursements.**

Requires health plans and insurers to reimburse contracting health care providers for specified business expenses that are medically necessary to comply with a public health order to render treatment to patients, protect health care workers and prevent the spread of diseases causing public health emergencies declared on or after January 1, 2022. *Chapter 538, Statutes of 2021.*

**SB-336 (Ochoa Bogh) - Public health: COVID-19.**

Requires the California Department of Public Health or a local health officer, when it issues specified guidance or orders related to preventing the spread of COVID-19 or to protect public health against a threat of COVID-19, to publish the measures on its website and to create an opportunity for local entities to sign up for an email distribution list relative to changes such measures. *Chapter 487, Statutes of 2021.*

**SB-510 (Pan) - Health care coverage: COVID-19 cost sharing.**

Requires health plans and insurers to cover the costs associated with COVID-19 testing, immunization, and related services with no cost-sharing or prior authorization during and following the federal public health emergency. *Chapter 729, Statutes of 2021.*

**SB-744 (Glazer) - Communicable diseases: respiratory disease information.**

Requires an electronic tool for reporting cases of communicable respiratory disease to the California Department of Public Health (CDPH) to include the type of housing where the patient resides, the number of people in the household where the patient resides, the occupation and workplace of the of the patient and a relevant travel history based in the disease course; requires a health healthcare provider to also report to the local health officer the same information. Requires CDPH to create a program to provide expedited release of communicable respiratory disease data, during a declared public health emergency, to bona fide research institution. *Held on the Assembly Appropriations Committee Suspense File.*

**SB-1029 (Hurtado) - One Health Program: zoonotic diseases.**

Requires the California Departments of Public Health, Food and Agriculture, and Fish and Wildlife to establish and administer a program related to reducing the spread of disease from animals to humans. *Chapter 990, Statutes of 2022.*

**SB-1296 (Pan) - Viral surveillance program.**

Requires the California Department of Public Health (CDPH) to evaluate the effectiveness of the state’s viral surveillance capacity. Requires CDPH to establish the “Viral Surveillance Hub” (VSH), responsible for timely communication with any laboratory that conducts viral surveillance, and that identifies a potential novel virus or variant. Requires laboratories that conduct viral surveillance and identify a potential novel virus or variant to report to VSH. ***Vetoed.***

**SB-1464 (Pan) - Law enforcement: public health orders.**

Requires, rather than permits, sheriffs and peace officers to enforce all orders of the California Department of Public Health or a local health officer issued for the purpose of preventing the spread of any contagious, infectious, or communicable disease. Prohibits any state funds allocated for the purpose of pandemic response from being provided to any law enforcement agency that publicly announces that they will oppose, or adopts a policy to oppose, a public health order. ***Hearing canceled in the Senate Health Committee at the request of the author.***

**AB-240 (Rodriguez) - Local health department workforce assessment.**

Requires the California Department of Public Health (CDPH) to conduct an evaluation of the adequacy of local health department infrastructure and make recommendations on workforce needs and resources to fund local public health. Permits CDPH to contract with an appropriate and qualified entity to complete the evaluation. Requires CDPH to reports its findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2025. ***Vetoed.***

**AB-619 (Calderon) - Lung health.**

Requires California Department of Public Health (CDPH) to develop a plan, with recommendations and guidelines, for counties to use in the case of a significant air quality event caused by wildfires and other sources. Requires a county, in the next update of its emergency plan, to addresses the recommendations and guidance developed by CDPH. ***Chapter 412, Statutes of 2021.***

**AB-1038 (Gipson) - California Health Equity Program.**

Establishes the California Health Equity Program under the Office of Health Equity within California Department of Public Health to be a competitive grant program to support local health departments, nonprofit organizations, clinics and tribes that serve disproportionately impacted communities to take action in specified areas relating to COVID-19 to address health equity. Establishes the California Health Equity Fund Oversight and Accountability Committee to provide oversight over the California Health Equity Fund. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-1094 (Arambula) - Sexual orientation and gender identity data collection pilot project.**

Requires the California Department of Public Health to establish a three-year pilot program for the identification and collection by coroners and medical examiners of sexual orientation and gender identity in cases of violent death. ***Chapter 177, Statutes of 2021.***

**AB-1207 (Akilah Weber) - Pathways Through Pandemics Task Force.**

Establishes the Pathways Through Pandemics Task Force in the California Health and Human Services Agency with the purpose of studying lessons learned from the COVID-19 pandemic and developing strategies to navigate future pandemics. *Vetoed.*

**AB-1358 (Muratsuchi) - Demographics: ancestry and ethnic origin.**

Requires specified state entities to collect and tabulate demographic data for additional specified groups when those state entities collect and report data on the ancestry or ethnic origin of specified groups. Requires the California Department of Public Health to establish standards for the collection of demographic information of California residents by local health officers and health care providers. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2076 (Luz Rivas) - Extreme Heat and Community Resilience Program: Extreme Heat and Health Reporting System.**

Establishes the Extreme Heat and Health Reporting System at the California Department of Public Health, as a syndromic surveillance system, to receive notice and data from local health departments, clinics, emergency rooms, hospitals, and other sources, within a manner that is as timely and actionable as feasible, on illnesses, including emergency room visits, and deaths resulting from exposure to extreme heat. Establishes the Extreme Heat and Community Resilience Program in the Governor's Office of Planning and Research as a grant program to prevent or mitigate the impacts of extreme heat. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2326 (Reyes) - Lead poisoning prevention: laboratory reporting.**

Replaces the threshold blood lead level (BLL) that triggers certain reporting requirements for health care providers and laboratories with the most recent federal Centers for Disease Control and Prevention reference level for an elevated BLL, and clarifies the circumstances under which confidential information may be shared with respect to BLLs. This bill requires the changes made by this bill to become operative on July 1, 2023. *Chapter 528, Statutes of 2022.*

**AB-2360 (Arambula) - Emergency response advisory working group.**

Requires the Office of Health Equity within the California Department of Public Health to convene an advisory workgroup to develop protocols for the allocations of funds during a state or local emergency in order to reduce racial disparities in emergency response efforts. Requires the advisory workgroup to publish a report. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2522 (Gray) - Public Health Workforce Loan Repayment Program.**

Requires the Department of Health Care Access and Information to develop and administer the Public Health Workforce Loan Repayment Program to help recruit and retain public health professionals to work full time by a state, local, or tribal health department. *Held on the Senate Appropriations Committee Suspense File.*

### **AB-2655 (Blanca Rubio) - Multicultural health.**

Requires the California Department of Public Health enter into a data sharing agreement with the California Tribal Epidemiology Center (CTEC) for access to the California Reportable Disease Information Exchange and the California Immunization Registry systems no later than January 1, 2023. Prohibits the CTEC from disclosing the information in these systems. ***No action taken on the Senate Floor.***

## **Telehealth**

### **SB-365 (Caballero) - E-consult service.**

Requires electronic consultation services provided by an enrolled Medi-Cal provider, including a federally qualified health center or rural health clinic provider, to be reimbursable under the Medi-Cal Program. ***Vetoed.***

### **SB-371 (Caballero) - Health information technology.**

Establishes the California Health Information Technology (HIT) Advisory Committee and the position of Deputy Secretary for HIT within the California Health and Human Services Agency (CHHS) to provide information and advice to the CHHS Secretary on HIT and create an annual report; requires a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network to facilitate bidirectional exchange of patient data across networks; requires a health care provider, health system, health plan, or health insurer that engages in health information exchange to do so in accordance with specified standards; and requires the Department of Health Care Services to apply for funding made available through the Coronavirus Aid, Relief and Economic Security Act of 2020, American Rescue Plan Act of 2021 or the Medicaid Information Technology Architecture program for specified purposes. ***Hearing canceled in the Assembly Health Committee at the request of the author. Some contents of this bill were included in the health trailer bill AB 133 (Committee on Budget, Chapter 143, Statutes of 2021).***

### **SB-1419 (Becker) - Health information.**

Expands the requirement that health care professionals provide the results of clinical laboratory tests to also include imaging scans; requires health plans and health insurers to establish and maintain certain application programming interfaces to facilitate patient and provider access to health information; and, expands the prohibition on the ability of a representative of a minor to inspect or obtain copies of the minor's patient records to include clinical notes, and to prohibit access when records relate to medical services for which the minor is authorized to consent under existing law. ***Chapter 888, Statutes of 2022***

### **SB-1475 (Glazer) - Blood banks: collection.**

Authorizes a registered nurse (RN) to be placed in charge when a physician is not present while blood is collected at a blood bank. Authorizes the RN placed in charge to be physically present or available via telehealth so long as the telehealth method is synchronous. ***Chapter 726, Statutes of 2022.***

**AB-32 (Aguiar-Curry) - Telehealth.**

Permits a health care provider, a federally qualified health center (FQHC) or a rural health clinic (RHC) to establish a new patient relationship using an audio-only synchronous interaction (for example, a telephone call) when the visit is related to sensitive services (defined by reference to include health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence), and when established in accordance with Department of Health Care Services (DHCS)-specific requirements and consistent with federal state law, regulations and guidance. Permits a health care provider, an FQHC or RHC to also establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video, and when established in accordance with DHCS specific requirements and consistent with federal and state laws, regulations and guidance. Implements these changes only to the extent that any necessary federal approvals are obtained, federal financial participation is available and not otherwise jeopardized. Authorizes DHCS, in making exceptions to the requirement that health care providers offer both audio and video, to take into consideration the availability of broadband access based on speed standards set by the Federal Communications Commission (FCC), pursuant to a specified provision of the federal Telecommunications Act of 1996 or other applicable federal law or regulation. **Chapter 515, Statutes of 2022.**

**AB-457 (Santiago) - Protection of Patient Choice in Telehealth Provider Act.**

Establishes the Protection of Patient Choice in Telehealth Provider Act, which requires a health plan and a health insurer to comply with specified notice and consent requirements if the plan or insurer offers a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider. Requires the enrollee or insured to be given the option of continuing to receive specialty telehealth services for a mental or behavioral health condition with a contracting individual health professional, a contracting clinic, or a contracting health facility. Defines third-party corporate telehealth provider as a corporation directly contracted with a health plan or insurer that provides health care services exclusively through a telehealth technology platform and has no physical location at which a patient can receive services. Requires the health plan or insurer to, among other provisions, notify the enrollee or insured that the record of any services provided to the enrollee or insured through a third-party corporate telehealth provider be shared with their primary care provider and ensure that the records are entered into a patient record system shared with the enrollee's or insured's primary care provider or are otherwise provided to the enrollee's or insured's primary care provider in a manner consistent with state and federal law, unless the enrollee or insured objects. Requires a health plan or insurer to report specified information relating to telehealth services to the Department of Managed Health Care or California Department of Insurance. **Chapter 439, Statutes of 2021.**

**AB-1982 (Santiago) - Telehealth: dental care.**

Requires health plan contracts and insurance policies that offer dental service via telehealth through a third-party corporate telehealth provider to report to regulators on specified information and disclose to enrollees and insureds the impact of third-party telehealth visits on the patient's benefit limitations, including frequency limitations and the patient's annual maximum. *Chapter 525, Statutes of 2022.*

**AB-2089 (Bauer-Kahan) - Privacy: mental health digital services: mental health application information.**

Requires any business that offers a mental health digital service to a consumer for the purposes of allowing the individual to manage their own information, or for the diagnosis, treatment, or management of their medical condition, to be deemed a provider of health care, as required under the Confidentiality of Medical Information Act. *Chapter 690, Statutes of 2022.*

**AB-2352 (Nazarian) - Prescription drug coverage.**

Requires certain health plans and insurers to furnish prescription drug information in specified electronic formats, as prescribed, upon request of an enrollee/insured or their prescribing provider. *Chapter 590, Statutes of 2022.*

## Vital Records

**SB-689 (Hertzberg) - Records: blockchain.**

Permits a county recorder to issue a certified copy of a birth, death, or marriage record by means of blockchain technology, in addition to the methods defined in existing law. *Held on the Senate Appropriations Committee Suspense File.*

**SB-786 (Hertzberg) - County birth, death, and marriage records: blockchain.**

Permits a county recorder, upon request, to issue a certified copy of a birth, death, or marriage record by means of blockchain technology, in addition to the methods defined in existing law. *Chapter 704, Statutes of 2022.*

**AB-218 (Ward) - Change of gender and sex identifier.**

Extends the existing framework for petitioners changing their names and/or genders on their own birth certificates to further update their marriage licenses and certificates and the birth certificates of their children. Extends eligibility for certain processes to persons not born or residing within the state and recognizes orders in foreign jurisdictions for purposes of sufficient documentation. *Chapter 577, Statutes of 2021.*

**AB-439 (Bauer-Kahan) - Certificates of death: gender identity.**

Specifies that gender identity includes female, male, or nonbinary for purposes of completing a death certificate. *Chapter 53, Statutes of 2021.*



**AB-2176 (Wood) - Live birth registration.**

Extends the time, from ten days to 21 days, by which live births are required to be registered with the local registrar of the district in which the birth occurred following the date of the birth. **Chapter 34, Statutes of 2022.**

**AB-2436 (Bauer-Kahan) - Death certificates: content.**

Revises the information required on death certificates related to parents to include the current full names and any previous surnames and the birthplaces of both parents, without reference to their gender. **Chapter 966, Statutes of 2022.**

## **Women's Health/Reproductive Health**

**SB-65 (Skinner) - Maternal care and services.**

Establishes a comprehensive program to improve maternal and infant outcomes by: requiring state and local investigating, tracking reviewing and reporting of maternal and infant deaths throughout the state; enacting the Midwifery Workforce Training Act to increase the number of students educated and trained as certified nurse midwives and midwives prepared for service in specified neighborhoods and communities; creating a workgroup related to Medi-Cal coverage for doulas; and, enhancing Cal WORKS benefits. **Chapter 449, Statutes of 2021.**

**SB-245 (Gonzalez) - Health care coverage: abortion services: cost sharing.**

Prohibits health plan and insurer from imposing cost-sharing, restrictions, delays, prior authorization and annual or lifetime limits on all abortion services and follow-up services, to an enrollee or insured. Requires coverage to be the same for enrollees or insureds covered spouse and covered nonspouse dependents. **Chapter 11, Statutes of 2022.**

**SB-379 (Wiener) - University of California: contracts: health facilities.**

Prohibits the University of California (UC) from entering into, amending, or renewing any contract with any health facility in which a health care practitioner employed by UC, or a UC trainee, would be limited in the practitioner's or trainee's ability to provide patients with medical information or medical services due to policy-based restrictions on care in the health facility. **These provisions were amended out of the bill.**

**SB-492 (Hurtado) - Maternal health.**

Requires the California Department of Public Health, in tracking pregnancy-related deaths, to review pertinent records, including, but not limited to, medical or hospital records, death certificates, and medical examiner reports, and to collect the specified socio-economic information about the pregnant person for each death. **No action taken on the Senate Floor.**

**SB-523 (Leyva) - Health care coverage: contraceptives.**

Establishes the Contraceptive Equity Act of 2022 (Act), which ensures coverage for federal Food and Drug Administration-approved contraceptive drugs, devices, and products without cost-sharing and medical management applicable to all insureds and enrollees, and requires employee health benefit plan contracts provided by the California Public Employees Retirement System (CalPERS), the University of California, the California State University, and plans directly operated by a bona fide public or private institution of higher learning to comply with the Act. Establishes specified limitations on employers with respect to an employee's reproductive decision making. *Chapter 630, Statutes of 2022.*

**SB-642 (Kamlager) - Health care: facilities: medical privileges.**

Prohibits a health facility from requiring a physician, as a condition of obtaining clinical privileges, to agree to comply with policies that are not ratified by the medical staff, that directly or indirectly restrict the ability of the physician to provide a particular medical treatment, or from requiring a physician to obtain permission from a nonphysician to perform a medical treatment for which consent has been obtained from the patient, unless the health facility lacks the equipment to provide the service, or a full review of the evidence by members of the medical staff determines that the care is not medically appropriate. Adds, to the list of factors that the Attorney General may use to determine whether or not to give consent to a nonprofit health facility transaction, whether the transaction creates a reduction or limitation to individuals based on their membership in a protected class. *Held on the Senate Appropriations Committee Suspense File.*

**SB-1142 (Caballero) - Abortion services.**

Requires the California Health and Human Services Agency, or a designated entity, to establish a website where the public can access specified information about abortion services. Requires the Department of Health Care Access and Information to conduct an evaluation of the Abortion Practical Support Fund and report its findings to the Legislature annually. *Chapter 566, Statutes of 2022.*

**SB-1207 (Portantino) - Health care coverage: maternal and pandemic-related mental health conditions.**

Requires health plan and insurer maternal mental health programs to include quality measures to encourage screening, diagnosis, treatment and referral, requires program guidelines and criteria to be provided to providers; and requires education of enrollees and insureds about the plan's or insurer's program. *Chapter 618, Statutes of 2022.*

**SB-1245 (Kamlager) - Los Angeles County Abortion Access Safe Haven Pilot Program.**

Establishes the Los Angeles County (LA County) Abortion Access Safe Haven Pilot Program for the purpose of expanding and improving access to the full spectrum of sexual and reproductive health care, including abortion, in LA County. *Chapter 567, Statutes of 2022.*

**AB-1357 (Cervantes) - Perinatal services: maternal mental health.**

Requires the California Department of Public Health to develop and maintain on its website a referral network of community-based mental health providers and support services addressing prenatal, delivery, and postpartum care needs. *Vetoed.*

**AB-1477 (Cervantes) - Maternal mental health.**

Requires a health care practitioner who provides interpregnancy care to ensure that a mother is offered screening or is appropriately screened for maternal mental health conditions. Expands the definition of “maternal mental health condition” to include a condition that occurs during interpregnancy care. *Chapter 535, Statutes of 2021.*

**AB-1918 (Petrie-Norris) - California Reproductive Health Service Corps.**

Establishes the California Reproductive Health Service Corps in the Health Care Access and Information for the purposes of recruiting, training, and retaining a diverse workforce of reproductive health care professionals who will be part of reproductive health care teams to work in underserved areas. *Chapter 561, Statutes of 2022.*

**AB-1930 (Arambula) - Medi-Cal: comprehensive perinatal services.**

Requires the Department of Health Care Services (DHCS) to extend the Comprehensive Perinatal Services Program Medi-Cal benefit for up to one year after the end of a Medi-Cal beneficiary’s pregnancy. Requires DHCS to utilize a federal option to allow an unlicensed perinatal provider to render preventive services recommended by a licensed provider and to provide those services in a beneficiary’s home or other community setting away from a medical site. *Vetoed.*

**AB-2024 (Friedman) - Health care coverage: diagnostic imaging.**

Requires a health plan, health insurer or self-insured employee welfare benefit plan to cover screening mammography, medically necessary diagnostic or supplemental breast examinations, or tests for screening or diagnostic purposes upon the referral of a participating providers, and, prohibits a plan contract or insurance policy from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement for screening mammography, medically necessary diagnostic or supplemental breast examinations, or testing. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2091 (Mia Bonta) - Disclosure of information: reproductive health and foreign penal civil actions.**

Establishes requirements to protect the private information of individuals who seek or consider an abortion. *Chapter 628, Statutes of 2022.*

**AB-2134 (Akilah Weber) - Reproductive health care.**

Establishes the California Reproductive Health Equity Fund, and specifies that its purpose is to provide grant funding to safety net providers of abortion and contraception services through the California Reproductive Health Equity Program (Program) and to ensure affordability of and access to abortion and contraception to anyone who seeks care in California, regardless of their ability to pay. Requires health plans and health insurers that provide coverage to employees of a religious employer that does not include coverage and benefits for abortion and contraception to provide enrollees with information regarding that lack of coverage and that services are available through the Program. *Chapter 562, Statutes of 2022.*

**AB-2199 (Wicks) - Birthing Justice for California Families Pilot Project.**

Establishes the Birthing Justice for California Families Pilot Project, upon an appropriation, to be administered by the California Department of Public Health (CDPH) that includes a three-year grant program to fund specified entities to provide doula care to members of communities with high rates of negative birth outcomes who are not eligible for Medi-Cal, including incarcerated people. Sunsets these provisions on January 1, 2029. *Vetoed.*

**AB-2205 (Carrillo) - California Health Benefit Exchange: abortion services coverage reporting.**

Requires health plans and health insurers providing a qualified health plan through Covered California to report to the Department of Managed Health Care director or Insurance Commissioner the total amount of funds maintained in a segregated account pursuant to federal law. This bill requires this annual report to contain the ending balance of the account and the total dollar amount of claims paid during the reporting year. *Chapter 563, Statutes of 2022.*

**AB-2223 (Wicks) - Reproductive health.**

Deletes the requirement that a coroner hold inquests for deaths related to or following known or suspected self-induced or criminal abortion and the requirement that an unattended fetal death be treated as a death without medical attendance. Prohibits using the coroner's statements on the certificate of fetal death to establish, bring, or support a criminal prosecution or civil cause of damages against any person. Prohibits a person from being subject to civil or criminal liability based on their actions or omissions with respect to their pregnancy or actual, potential, or alleged pregnancy outcome or based solely on their actions to aid or assist a pregnant person who is exercising their reproductive rights. Clarifies that an abortion is unauthorized if performed by a person other than the pregnant person and either the person performing the abortion is not a health care provider that is authorized to perform an abortion or the fetus is viable. Authorizes an individual aggrieved by a violation of the Reproductive Privacy Act to bring a civil action against an offending state actor. *Chapter 629, Statutes of 2022.*

**AB-2320 (Cristina Garcia) - Reproductive health care pilot program.**

Requires the California Health and Human Services Agency, or its designated entity, to establish and administer a pilot program to direct funds to primary care clinics that provide reproductive health care services in five counties that agree to participate. *Vetoed.*

**AB-2420 (Arambula) - Perinatal and infant children health: extreme heat.**

Requires the California Department of Public Health (CDPH), subject to an appropriation, to develop guidance for pregnant individuals and infant children who may be exposed to extreme heat. Requires CDPH to post this guidance on its website and to submit a report to the Legislature that includes policy recommendations on best practices for connecting perinatal patients with health and well-being information relating to extreme heat. **Chapter 265, Statutes of 2022.**

**AB-2516 (Aguiar-Curry) - Health care coverage: human papillomavirus.**

Requires a health plan contract or a disability insurance policy issued, amended, or renewed on or after January 1, 2023, that provides coverage for hospital, medical, or surgical benefits, issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost-sharing for the human papillomavirus (HPV) vaccine, as approved by the U.S. Food and Drug Administration (FDA). Expands comprehensive clinical family planning services under the Family Planning, Access, Care, and Treatment Program to include the HPV vaccine for persons for whom it is FDA approved. **Vetoed.**

**AB-2529 (Davies) - Health care: workforce training programs.**

Adds accredited programs that train certified nurse-midwives and licensed midwives to the Song-Brown Health Care Workforce Training Act. **Held on the Senate Appropriations Committee Suspense File.**

**AB-2586 (Cristina Garcia) - Reproductive and sexual health inequities.**

Establishes the California Reproductive Justice and Freedom Fund (RJ Fund), and specifies that the goal of the RJ Fund is to dismantle historic and standing systemic reproductive and sexual health inequities. Requires the California Department of Public Health, upon appropriation by the Legislature, to award grants from the RJ Fund to eligible organizations over a three-year period, and requires grant recipients to use any grant funds to implement a program or fund an existing program that provides and promotes medically accurate, comprehensive reproductive and sexual health education. **Chapter 564, Statutes of 2022.**

**AB-2626 (Calderon) - Medical Board of California: licensee discipline: abortion.**

Prohibits specified licensing boards from suspending or revoking the certificate, or denying an application for licensure, of a physician, nurse practitioner, certified nurse-midwife, or physician assistant solely for performing an abortion in accordance with existing California law. This bill would also prohibit these boards from imposing such discipline on the aforementioned licensees if they are disciplined or convicted in another state in which they are licensed or certified solely for performing abortions in that state. **Chapter 565, Statutes of 2022.**

## Workforce

### **SB-40 (Hurtado) - Health care workforce development: California Medicine Scholars Program.**

Requires the Office of Statewide Health Planning and Development to establish and facilitate the California Medicine Scholars Program, as a five-year pilot program, in order to establish a regional pipeline program for community college students to pursue premedical training and enter medical school. *Held on the Assembly Appropriations Committee Suspense File.*

### **SB-395 (Caballero) - Healthy Outcomes and Prevention Education Act: excise tax: electronic cigarettes: Health Careers Opportunity Grant Program.**

Enacts the Healthy Outcomes and Prevention Education Act, which imposes the California Electronic Cigarette Excise Tax on the sale of electronic cigarettes, and directs proceeds of the tax to various purposes, including the Health Professions Career Opportunity Program, the Small and Rural Hospital Relief Program, joint postsecondary medical education programs, and existing tobacco tax programs. *Chapter 489, Statutes of 2021.*

### **SB-441 (Hurtado) - Health care workforce training programs: geriatric medicine.**

Requires the Office of Statewide Health Planning and Development to include students and professionals with training in geriatrics in administering health workforce professions programs. *Held on the Assembly Appropriations Committee Suspense File.*

### **SB-637 (Newman) - Health facility reporting: staffing.**

Requires hospitals to report weekly during a health-related state of emergency, and monthly at all other times, information on whether the hospital is experiencing a staffing shortage of nurses, or has experienced any layoffs, furloughs, or repeated shift cancellations of nurses. Requires hospitals to report weekly information regarding COVID-19-positive staff, including number of staff and facility personnel who have tested positive, or are suspected positive, and total number of deaths of staff who are positive or suspected positive for COVID-19, until the end of the emergency or January 1, 2025. *These provisions were amended out of the bill.*

### **SB-964 (Wiener) - Behavioral health.**

Requires the Department of Health Care Access and Information to commission a landscape analysis of the current behavioral health workforce and the state's needs, and to make recommendations to the Legislature on how to address the state's behavioral health workforce shortage by January 1, 2024. *Vetoed.*

**SB-1014 (Hertzberg) - Enhanced Clinically Integrated Program for Federally Qualified Health Centers.**

Requires the Department of Health Care Services (DHCS) to authorize a new optional supplemental payment program for Federally Qualified Health Centers (FQHCs) to be named the Enhanced Clinically Integrated Program. Requires the supplemental funding under ECIP to be provided in addition to all other funding received by FQHCs. Requires DHCS, no later than July 1, 2023, to make funding, if appropriated, available for the purpose of direct compensation of health center workers on the condition that FQHCs meet certain standards relating to wage thresholds and participation in bona fide labor-management cooperation committees. ***No action taken on the Senate Floor.***

**SB-1023 (Hurtado) - Health care: health workforce education and training.**

Requires the California Health Workforce Education and Training Council to prepare and submit a report with findings and recommendations relating to expanding health personnel training, diversity and assistance in low-income communities. ***Hearing canceled in the Assembly Health Committee at the request of the author.***

**AB-666 (Quirk-Silva) - Substance use disorder workforce development.**

Requires the Department of Health Care Services, on or before July 1, 2023, to develop a statewide substance use disorder (SUD) workforce needs assessment report that evaluates the current state of the SUD workforce, determines barriers to entry, and assesses the state's systems for regulating and supporting the SUD workforce. ***Chapter 7, Statutes of 2022.***

**AB-1273 (Rodriguez) - Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer.**

Adds the State Public Health Officer and the Director of the Department of Consumer Affairs (DCA) as ex officio members of the Interagency Advisory Committee on Apprenticeship. Prohibits DCA and the California Department of Public Health (CDPH) from prohibiting earn and learn programs. Requires DCA and CDPH to use licensing and certification standards that authorize earn and learn programs. ***Chapter 477, Statutes of 2021.***

**AB-1306 (Arambula) - Health Professions Careers Opportunity Program.**

Permits the Office of Statewide Health Planning and Development to fund pilot programs at college campuses through the Health Professions Career Opportunity Program. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-1407 (Burke) - Nurses: implicit bias courses.**

Requires graduation requirements for an approved school of nursing or nursing program to include one hour of direct participation in implicit bias training. Requires hospitals to implement an evidence-based implicit bias program, as part of its new graduate training program that hires and trains new nurses. ***Chapter 445, Statutes of 2021.***

**AB-1704 (Chen) - Podiatric radiography permit: Radiologic Health Branch.**

Requires the California Department of Public Health (CDPH) to approve a course in radiation safety and radiologic technology specific to the operation of podiatric x-ray equipment, and permits CDPH to issue a limited permit in podiatric radiography if the person has completed an approved course. *Chapter 580, Statutes of 2022.*

**AB-1860 (Ward) - Substance abuse treatment: certification.**

Exempts specified individuals from being registered with or certified by an approved certifying organization when providing substance use disorder counseling services. Requires the Department of Health Care Services to determine core competencies for registered or certified counselors. *Chapter 523, Statutes of 2022.*

**AB-1918 (Petrie-Norris) - California Reproductive Health Service Corps.**

Establishes the California Reproductive Health Service Corps in the Health Care Access and Information for the purposes of recruiting, training, and retaining a diverse workforce of reproductive health care professionals who will be part of reproductive health care teams to work in underserved areas. *Chapter 561, Statutes of 2022.*

**AB-2069 (Villapudua) - California Home Health Aide Training Scholarship Act.**

Establishes the California Home Health Aide Training Scholarship Act to be administered by the Department of Health Care Access and Information (HCAI) to incentivize enrollment in home health aide training programs by awarding \$1,500 scholarships. *Vetoed.*

**AB-2145 (Davies) - Dental services: skilled nursing facilities and intermediate care facilities/developmentally disabled.**

Clarifies that registered dental hygienists in alternative practice may provide dental hygiene services, in accordance with their scope of practice, to patients in long-term health care facilities. *Chapter 157, Statutes of 2022.*

**AB-2331 (Calderon) - Bridge to Recovery for Adult Day Services: COVID-19 Mitigation and Resilience Grant Program to Combat Senior Isolation.**

Establishes a two-year grant program for COVID-19 mitigation at the California Department of Aging, upon appropriation by the Legislature, to provide grants for adult day services, including adult day health care facilities licensed by the California Department of Public Health and adult day programs licensed by the Department of Social Services, to implement infection prevention control or to address workforce shortages. *Held on the Senate Appropriations Committee Suspense File.*

**AB-2473 (Nazarian) - Substance use disorder: counselors.**

Requires the Department of Health Care Services to determine required core competencies for specified registered and certified substance use disorder counselors. Requires specified counselors to have six months from the time of registration to complete the core competency requirements and to provide proof of completion. *Chapter 594, Statutes of 2022.*



**AB-2522 (Gray) - Public Health Workforce Loan Repayment Program.**

Requires the Department of Health Care Access and Information to develop and administer the Public Health Workforce Loan Repayment Program to help recruit and retain public health professionals to work full time by a state, local, or tribal health department. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-2529 (Davies) - Health care: workforce training programs.**

Adds accredited programs that train certified nurse-midwives and licensed midwives to the Song-Brown Health Care Workforce Training Act. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-2666 (Salas) - Behavioral health internship grant program.**

Requires the Department of Health Care Access and Information, upon an appropriation by the Legislature for these purposes, to establish and administer a grant program to allocate stipends to students in behavioral health fields of study and practice who are participating in internships or completing licensure hours at federally qualified health centers. ***Vetoed.***

## Miscellaneous

**SB-558 (Caballero) - Farmworker Disaster Relief Planning Task Force.**

Establishes the Farmworker Disaster Relief Planning Task Force (Task Force) in the Office of Emergency Services and specifies membership. Requires the Task Force to examine the needs of farmworkers, their families, and their communities for immediate, intermediate, and long-term sustainable and equitable access to health care, safety net services, protections, and other social and economic relief during pandemics and disasters. Requires the Task Force to report its findings and recommendations to state agencies, the Legislature, and the Governor. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-842 (Dodd) - Health care: medical goods: reuse and redistribution.**

Requires the Department of Rehabilitation (DOR) to establish a device reutilization pilot program in the Counties of Contra Costa, Napa, Solano, and Yolo to facilitate the reuse and redistribution of assistive technology, including durable medical equipment. Requires DOR to contract with one or more nonprofit agencies to oversee the program and report to the Legislature on the success of the pilot program. ***Vetoed.***

**SB-1003 (Eggman) - Trauma-Informed Care Training Program.**

Requires the California Department of Public Health to establish the Trauma-Informed Care Training Certification Program for the purpose of certifying training programs. ***Held on the Assembly Appropriations Committee Suspense File.***

**SB-1462 (Bradford) - Processed pet food: designation as human food grade.**

Permits a manufacturer of processed pet food to apply to the California Department of Public Health for designation of a processed pet food as human grade food, subject to meeting specified requirements, including abiding by certain federal requirements and inspection rules. Prohibits any person from labeling, advertising, or representing any product as being a processed pet food of human food grade unless the product is designated pursuant to this bill. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-70 (Salas) - Gene synthesis providers.**

Requires a gene synthesis provider and manufacturer of gene synthesis equipment, in order to improve biosecurity efforts, to either be a member of the International Gene Synthesis Consortium (IGSC), or be verified by the California Department of Public Health as using customer and sequence screening protocols that are equivalent to or stronger than the IGSC's Harmonized Screening Protocol, by January 1, 2025. ***Vetoed.***

**AB-73 (Robert Rivas) - Health emergencies: employment safety: agricultural workers: wildfire smoke.**

Revises provisions of law requiring the state to establish a personal protective equipment (PPE) stockpile for pandemic or other health emergencies, by also including wildfire smoke events as a type of emergency for which a PPE stockpile would be required; adds agricultural workers to the definition of "essential workers" for purposes of access to the PPE stockpile; and requires wildfire smoke safety training for agricultural employees to be in a language and manner readily understandable by employees. ***Chapter 322, Statutes of 2021.***

**AB-351 (Cristina Garcia) - Reduction of human remains and the disposition of reduced human remains.**

Establishes a new regulatory process for a Licensed Reductions Facility (LRF) under the jurisdiction of the Cemetery and Funeral Bureau (Bureau) for the disposition of human remains, requires training for LRF employees, defines "reduced human remains", imposes the same requirements for reduced human remains as cremated and hydrolyzed remains, and requires the Bureau and the California Department of Public Health to implement specified regulations by January 1, 2027. ***Chapter 399, Statutes of 2022.***

**AB-441 (Mayes) - Recreational water use: wave basins.**

States that specified regulations governing public swimming pools do not apply to wave basins, and instead establishes standards for the operation and maintenance of wave basins. Defines "wave basin" as an artificially constructed body of water within an impervious water containment structure incorporating the use of a mechanical device for generating waves with suitable characteristics for surfing on a surfboard or analogous surfing device commonly used in the ocean and intended for sport. ***Held on the Senate Appropriations Committee Suspense File.***

**AB-501 (Cristina Garcia) - Reduction of human remains and the disposition of reduced human remains.**

Establishes a new regulatory process for a Licensed Reductions Facility (LRF) under the jurisdiction of the Cemetery and Funeral Bureau (Bureau) for the disposition of human remains; requires training for LRF employees; defines “reduced human remains;” imposes the same requirements for reduced human remains as cremated and hydrolyzed remains; and, requires the Bureau and the California Department of Public Health to implement specified regulations. *Held on the Senate Appropriations Committee Suspense File.*

**AB-1436 (Chau) - Information privacy: digital health feedback systems.**

Prohibits a business that offers a personal health record system, which is defined to include products, devices, online services, or mobile applications specifically designed to collect and transmit personal health record information, from knowingly using, disclosing, or permitting the use or disclosure of personal health record information without the individual having first signed an authorization. Excludes a provider of health care, a health care service plan, or a contractor governed by the Confidentiality of Medical Information Act from being considered a business that offers a personal health record system. *Held on the Senate Appropriations Committee Suspense File.*

**AB-1632 (Akilah Weber) - Restroom access: medical conditions.**

Requires a place of business that has a toilet facility for its employees to allow any individual who is lawfully on the premises of that place of business to use that toilet facility during normal business hours if the individual has an eligible medical condition or uses an ostomy device, and if specified conditions are met. *Chapter 893, Statutes of 2022.*

**AB-1672 (Boerner Horvath) - Public swimming pools: lifeguards.**

Permits a local public agency, if there is a staffing shortage where its pool operator, acting in good faith, is unable to maintain required staffing levels to maintain regular operating hours, to use “qualified lifeguard personnel” to provide lifeguard services at a public swimming pool, if specified conditions are met. *Chapter 273, Statutes of 2022.*

**AB-1963 (Salas) - California State University and University of California: gene synthesis providers.**

Requires the California State University, and requests the University of California, to develop systemwide guidance for purchasing gene synthesis equipment or gene synthesis products from gene synthesis providers who prevent the misuse of synthetic genes and safeguard the benefits of gene synthesis technology while minimizing risk. *Chapter 179, Statutes of 2022.*

**AB-2298 (Mayes) - Recreational water use: wave basins.**

Requires wave basins to be subject to regulation as a permanent amusement ride under the Permanent Amusement Ride Safety Inspection Program and requires the California Department of Public Health to adopt regulations for the sanitation and safety of wave basins. *Chapter 461, Statutes of 2022.*

**AB-2521 (Santiago) - Transgender, Gender Nonconforming, or Intersex Fund.**

Renames the Transgender Wellness and Equity Fund the Transgender, Gender Nonconforming, or Intersex Fund and defines the terms transgender, gender non-conforming, and intersex.

***Chapter 869, Statutes of 2022.***

**AB-2771 (Friedman) - Cosmetic products: safety.**

Prohibits any person or entity from manufacturing, selling, delivering, holding, or offering for sale any cosmetic product that contains intentionally added perfluoroalkyl and polyfluoroalkyl substances. ***Chapter 804, Statutes of 2022.***

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