

**OTAC
2023 Legislative Bill Summary**

Below are the OTAC legislative bills and bill positions that we are working on.

About the position statements:

- 1(a) – our highest priority bills
- 1(b) – our second highest priority bills
- 2 – these are bills that we are ‘watching’ for any changes to the bills that we might be concerned about.

We invite you to read any bill(s) that you find of interest/is in your practice area and share your comments with our Advocacy and Government Affairs Committee at execdir@otaonline.org that might help us in advocating for our position on the bill(s).

1(a)

AB 47 (Boerner Horvath D) Pelvic floor physical therapy coverage.

Status: 1/26/2023-Referred to Com. on HEALTH.

Location: 1/26/2023-A. HEALTH

Calendar:

3/28/2023 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, JIM, Chair

Summary:

Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

Position: Support If Amended

AB 381 (Rubio, Blanca D) Teacher credentialing: services credential with a specialization in health: occupational and physical therapists.

Status: 2/9/2023-Referred to Com. on ED.

Location: 2/9/2023-A. ED.

Summary:

Current law sets forth the minimum requirements for a services credential with a specialization in health. Current law authorizes the holder of a services credential with a specialization in health to perform, at all grade levels, health services approved by the Commission on Teacher Credentialing. Current law specifies that services as an occupational therapist or physical therapist are not health services for this purpose. This bill would delete the provision specifying that services as an occupational therapist or physical therapist are not health services for purposes of a services credential with a specialization in health.

Position: Sponsor w/Letter

AB 796 (Weber D) Athletic trainers.

Status: 2/14/2023-From printer. May be heard in committee March 16.

Location: 2/13/2023-A. PRINT

Summary:

Current law provides for the licensure and regulation of various professions and vocations by regulatory boards and entities within the Department of Consumer Affairs, including athlete agents. This bill would enact the Athletic Training Practice Act, which would establish, until January 1, 2028, the California Board of Athletic Training within the Department of Consumer Affairs to exercise licensing, regulatory, and disciplinary functions under the act. The bill would prohibit a person from practicing as an athletic trainer or using certain titles or terms without being licensed by the board.

Position: Watch

AB 1751 (Gipson D) Opioid prescriptions: information: nonpharmacological treatments for pain.

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary:

Current law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment. This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances.

Position: Support w/ Letter

SB 424 (Durazo D) California Children's Services Program.

Status: 2/22/2023-Referred to Com. on HEALTH.

Location: 2/22/2023-S. HEALTH

Summary:

Current law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements. Under current law, CCS-eligible medical conditions include, among others, cystic fibrosis and hemophilia, and other conditions set forth by the Director of Health Care Services. This bill would statutorily expand the list of CCS-eligible medical conditions to include those conditions that are specified in existing CCS-related regulations.

Position: Support If Amended

1(b)

AB 931 (Irwin D) Prior authorization: physical therapy.

Status: 2/23/2023-Referred to Com. on HEALTH.

Location: 2/23/2023-A. HEALTH

Summary:

Would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Position: Watch

AB 1241 (Weber D) Telehealth.

Status: 2/17/2023-From printer. May be heard in committee March 19.

Location: 2/16/2023-A. PRINT

Summary:

The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law provides that face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities when those services and settings meet certain criteria. Current law requires providers furnishing service through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified. This bill would additionally authorize a provider to meet the above-described requirement by maintaining protocols for patient referral to appropriate in-person care, when the standard of care cannot be met by video synchronous interaction or audio-only synchronous interaction.

Position: Watch

AB 236 (Holden D) Health care coverage: provider directories.**Status:** 2/15/2023-Re-referred to Com. on HEALTH.**Location:** 1/26/2023-A. HEALTH**Calendar:**

3/14/2023 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, JIM, Chair

Summary:

Would require a health care service plan or insurer to annually audit and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on January 1, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2024, unless specified criteria applies. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Position: Watch**AB 438 (Rubio, Blanca D) Pupils with exceptional needs: individualized education programs: postsecondary goals and transition services.****Status:** 2/17/2023-Referred to Com. on ED.**Location:** 2/17/2023-A. ED.**Summary:**

Current law requires local educational agencies to identify, locate, and assess individuals with exceptional needs and to provide those pupils with a free appropriate public education in the least restrictive environment, with special education and related services as reflected in an individualized education program. Current law requires, beginning not later than the first individualized education program to be in effect when a pupil is 16 years of age, or younger if determined appropriate by the individualized education program team, and updated annually thereafter, the individualized education program to include appropriate measurable postsecondary goals and transition services, as defined, needed to assist the pupil in reaching those goals. This bill would instead require an individualized education program, commencing July 1, 2025, to include measurable postsecondary goals and transition services beginning when an individual with exceptional needs is 14 years of age.

Position: Watch**AB 921 (Bonta D) Mental health: workforce.****Status:** 2/15/2023-From printer. May be heard in committee March 17.**Location:** 2/14/2023-A. PRINT**Summary:**

Would state the intent of the Legislature to enact legislation related to the mental health workforce.

Position: Watch**AB 1094 (Wicks D) Drug and alcohol testing: informed consent.****Status:** 2/16/2023-From printer. May be heard in committee March 18.**Location:** 2/15/2023-A. PRINT**Summary:**

Would authorize performing a drug or alcohol test or screen on a pregnant person, perinatal person, or newborn without consent if, in the physician's judgment, an emergency exists, the person is in immediate need of medical attention, and an attempt to secure consent would result in a delay of treatment that would increase the risk to the person's life or health. If a test or screen is performed without consent, the bill would require that the pregnant person, perinatal person, or person authorized to consent for a newborn receive verbal and written notification, as specified. The bill would prohibit medical personnel from refusing to treat a pregnant person, perinatal person, or newborn due to the refusal to consent to a drug or alcohol test or screen.

Position: Watch

AB 1110 (Arambula D) Public health: adverse childhood experiences.

Status: 2/16/2023-From printer. May be heard in committee March 18.

Location: 2/15/2023-A. PRINT

Summary:

Current law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children. This bill would, subject to an appropriation and until January 1, 2027, require the department, in consultation with subject matter experts, to review available literature on adverse childhood experiences (ACEs), as defined, and ethnicity-based data disaggregation practices in ACEs screenings, develop guidance for culturally and linguistically competent ACEs screenings through improved data collection methods, and provide guidance to the Legislature by submitting a report that includes legislative or policy recommendations on best practices for data disaggregation. The bill would make Legislative findings and declarations.

Position: Watch

AB 1157 (Ortega D) Rehabilitative and habilitative services: durable medical equipment and services.

Status: 2/17/2023-From printer. May be heard in committee March 19.

Location: 2/16/2023-A. PRINT

Summary:

Would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define "durable medical equipment" to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified. Because a violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Position: Watch

AB 1166 (Bains D) Liability for naloxone hydrochloride administration.

Status: 2/17/2023-From printer. May be heard in committee March 19.

Location: 2/16/2023-A. PRINT

Summary:

Would provide that a person who is not trained in emergency medical services or as a health care provider and who, in good faith and not for compensation, renders treatment at the scene of an opioid overdose or suspected opioid overdose by administering naloxone hydrochloride is not liable for civil damages resulting from an act or omission. The bill would also provide that a person who furnishes naloxone hydrochloride to that untrained person for use at the scene of an opioid overdose or suspected opioid overdose is not liable for civil damages resulting from an act or omission.

Position: Watch

AB 1450 (Jackson D) Pupil health: universal screenings: adverse childhood experiences and dyslexia.

Status: 2/17/2023-Read first time. To print.

Location: 2/17/2023-A. PRINT

Summary:

This bill would require a school district, county office of education, or charter school to employ or contract with at least one mental health clinician, as defined, and at least one case manager, as defined, for each schoolsite of the local educational agency, and to conduct universal screenings for adverse childhood experiences, as defined, and dyslexia, pursuant to a graduated schedule by grade span, as specified. The bill would require a mental health clinician who conducts a screening to develop, and provide to the pupil and their parent or guardian, an action plan based upon findings from the screening, as appropriate, and would require case managers to help implement approved action plans. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position: Watch

AB 1470(Quirk-Silva D) State Department of Health Care Services: behavioral health treatment documentation reform.

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary:

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would declare the intent of the Legislature to enact legislation to require the State Department of Health Care Services to take specified actions with respect to documentation requirements for behavioral health billing requirements under the Medi-Cal program.

Position: Watch

AB 1568 (Wood D) Developmental services: independent living skills services: rates.

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary:

Existing law requires regional centers to provide independent living skills services to an adult consumer that provide the consumer with functional skills training that enables the consumer to acquire or maintain skills to live independently or to achieve greater independence while living in the home of another person. This bill would require that independent living skills services have functional skills training components, including, among others, cooking, money management, use of medical and dental services, and community resource awareness, and would prohibit those services from being conducted in a center-based environment. The bill would require the department, on or before August 1, 2023, to revise and implement an equitable and cost-effective ratesetting procedure for state payment for independent living skills services according to specified requirements, including that independent living skills services shall not be categorized as a community-based day program or adult day program and the ratesetting procedure shall reflect the reasonable cost of independent living skills services, as determined using the most up-to-date United States Bureau of Labor Statistics's State Occupational Employment and Wage Estimates for California, as specified.

Position: Watch

SB 87 (Nguyen R) Mental health.

Status: 1/25/2023-Referred to Com. on RLS.

Location: 1/17/2023-S. RLS.

Summary:

Current law generally provides for mental health services, including the Bronzan-McCorquodale Act, which contains provisions governing the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs, and the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election that establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. This bill would state the intent of the Legislature to enact legislation relating to mental health.

Position: Watch

SB 323 (Portantino D)Pupils with exceptional needs: individualized education programs: emergency safety procedures.

Status: 2/15/2023-Referred to Com. on ED.

Location: 2/15/2023-S. ED.

Summary:

Would require the individualized education program for a pupil with exceptional needs to include, if the procedures in the comprehensive school safety plan are insufficient to ensure the pupil's safety in an emergency at the pupil's current schoolsite, a description of the necessary accommodations to those procedures. The bill would require, if the pupil transfers to a different schoolsite, the individualized education program team, in consultation with the parents or guardians of the pupil, to within 30 days of the transfer meet to review and update the description of the necessary accommodations based on the procedures in the comprehensive school safety plan applicable to that schoolsite. The bill would

require a local educational agency, as defined, to create and maintain an Inclusive School Emergency Plan and would require that those safety procedures be included in the Inclusive School Emergency Plan for any pupil whose parent provides written consent in compliance with specified federal law. The bill would require a physical copy of the Inclusive School Emergency Plan to be kept at every schoolsite under the jurisdiction of the local educational agency and would require the Inclusive School Emergency Plan to be maintained and used in compliance with all applicable state and federal privacy laws. The bill would require a comprehensive school safety plan to include procedures for the use of the Inclusive School Emergency Plan, the location of the Inclusive School Emergency Plan at the schoolsite, and the persons or classes of persons who have access to the Inclusive School Emergency Plan. The bill would make these provisions effective commencing with the 2025–26 school year.

Position: Watch

SB 551 (Portantino D) Mental Health Services Act: prevention and early intervention.

Status: 2/22/2023-Referred to Com. on HEALTH.

Location: 2/22/2023-S. HEALTH

Summary:

Existing law, the Mental Health Services Act (MHSA), requires the counties to prepare and submit a 3-year program and expenditure plan, and annual updates, as specified. The act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. This bill would amend the MHSA by requiring each county to use at least 20% of the prevention and early intervention funds to provide direct services, as defined, on school campuses in collaboration with local educational agencies, as specified. This bill contains other related provisions and other existing laws.

Position: Watch

SB 598 (Skinner D) Health care coverage: prior authorization.

Status: 2/22/2023-Referred to Com. on HEALTH.

Location: 2/22/2023-S. HEALTH

Summary:

Would, on or after January 1, 2025, prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

Position: Watch

SB 612 (Ochoa Bogh R) Speech-language pathologists.

Status: 2/22/2023-Referred to Com. on RLS.

Location: 2/15/2023-S. RLS.

Summary:

Current law prohibits a licensed speech-language pathologist from performing a flexible fiber optic transnasal endoscopic procedure unless they have received specified written verification that they have performed a minimum of 25 supervised flexible fiber optic transnasal endoscopic procedures and they are competent to perform those procedures. This bill would make a nonsubstantive change to that provision.

Position: Watch

Total Measures: 22

Total Tracking Forms: 22