

**OTAC**  
**End of Session Update 10/11/2021**

**1(a)**

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

**Introduced:** 12/7/2020

**Location:** 7/14/2021-S. 2 YEAR

**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Existing law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. Existing law defines "immediately following" for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth. The bill would authorize a provider to enroll or recertify an individual in specified Medi-Cal programs through telehealth and other forms of virtual communication, and would authorize a county eligibility worker to determine eligibility for, or recertify eligibility for, the Medi-Cal Minor Consent program remotely through virtual communication, as specified. This bill contains other related provisions and other existing laws.

**Position**

Support w/  
Letter

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

**Introduced:** 2/10/2021

**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. This bill would establish the Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention for, and access to, behavioral health services for pupils. The bill would authorize a county behavioral health agency and the governing board or governing body of a local educational agency to agree to collaborate on conducting a needs assessment on the need for school-based mental health and substance use disorder services, and implement an integrated school-based behavioral health partnership program, to develop a memorandum of understanding outlining the requirements for the partnership program, and to enter into a contract for mental health or substance use disorder services. This bill contains other related provisions and other existing laws.

**Position**

Support If  
Amended

**AB 1273**      **(Rodriguez D) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training.**

**Introduced:** 2/19/2021

**Location:** 10/4/2021-A. CHAPTERED

**Summary:** Existing law provides for apprenticeship programs within the Division of Apprenticeship Standards within the Department of Industrial Relations, sponsored by specific entities and employers, and requires the Chief of the Division of Apprenticeship Standards to perform various functions with respect to apprenticeship programs and the welfare of apprentices. Under existing law, the Director of Industrial Relations is the Administrator of Apprenticeship and is authorized to appoint assistants necessary to effectuate the purposes of state law governing apprenticeships. This bill would additionally make the State Public Health Officer and the Director of Consumer Affairs ex officio members of the Interagency Advisory Committee on Apprenticeship. This bill contains other related provisions and other existing laws.

**Position**  
Watch

**AB 1468 (Cunningham R) Prior authorization.**

**Introduced:** 2/19/2021

**Location:** 5/25/2021-A. 2 YEAR

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management processes. This bill would require a health care service plan or health insurer that implements an automated prior authorization system to use evidence-based clinical guidelines to program the system and to make the algorithms used for the system available for download on the plan's or insurer's provider internet website. The bill would require a plan or insurer that implements an automated prior authorization system to ensure that a licensed physician or a licensed health care professional makes the decision to deny or modify a request by examining the request specific to the enrollee or insured and does not simply ratify an automated response. This bill contains other related provisions and other existing laws.

**Position**  
Support w/  
Letter

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

**Introduced:** 2/18/2021

**Location:** 9/10/2021-A. 2 YEAR

**Summary:** Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes to include, among other things, autism. This bill would revise the definition of behavioral health treatment to require the services and treatment programs provided to be based on behavioral, developmental, relationship-based, or other evidence-based models. The bill also would expand the definition of a "qualified autism service professional" to include behavioral service providers who meet specified educational and professional or work experience qualifications, and to expressly include licensed occupational therapy assistants, as specified. The bill would revise the definition of a "qualified autism service paraprofessional" by deleting the reference to an unlicensed and uncertified individual and by requiring the individual to comply with revised educational and training, or professional, requirements. The bill would also revise the definitions of both a qualified autism service professional and a qualified autism service paraprofessional to include the requirement that these individuals complete a background check by the Department of Justice, as specified. This bill contains other related provisions and other existing laws.

**Position**  
Neutral

**1(b)**

**AB 309 (Gabriel D) Pupil mental health: model referral protocols.**

**Introduced:** 1/25/2021

**Location:** 10/8/2021-A. CHAPTERED

**Summary:** Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for this purpose. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. This bill would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers, administrators, pupils, and parents. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.

**Position**  
Possibly Support

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

**Introduced:** 2/8/2021

**Location:** 10/1/2021-A. CHAPTERED

**Summary:** (1)Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under existing law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend or endorse a specific licensee to a prospective patient. This bill contains other related provisions and other existing laws.

**Position**  
Watch

**AB 562 (Low D) Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: health care providers: mental health services.**

**Introduced:** 2/11/2021

**Location:** 9/10/2021-S. 2 YEAR

**Summary:** Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs. Existing law establishes various boards within the department for the licensure and regulation of various health care providers, including physicians and surgeons and nurses. Existing 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 require the director to establish a mental health resiliency program, as specified, to provide mental health services to licensed health care providers who provide or have provided consistent in-person healthcare services to COVID-19 patients. The bill would require the relevant boards to notify licensees and solicit applications for access to the program immediately upon the availability of services. The bill would require an applicant to make an attestation that states, among other things, that the applicant is an eligible licensee, as defined. The bill would make an applicant who willfully makes a false statement in their attestation guilty of a misdemeanor. By creating a new crime, this bill would impose a state-mandated local program. The bill would repeal these provisions on January 1, 2025. This bill contains other related provisions and other existing laws.

**Position**  
Watch

**AB 563 (Berman D) School-based health programs.**

**Introduced:** 2/11/2021

**Location:** 7/14/2021-S. 2 YEAR

**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Existing law also provides that specified services provided by LEAs are covered Medi-Cal benefits and are reimbursable on a fee-for-service basis under the LEA Medi-Cal billing option. This bill would require the State Department of Education to, no later than July 1, 2022, establish an Office of School-Based Health Programs for the purpose of administering current health-related programs under the purview of the State Department of Education and advising it on issues related to the delivery of school-based Medi-Cal services in the state. The bill would require the office to, among other things, provide technical assistance, outreach, and informational materials to LEAs on allowable services and on the submission of claims. The bill would authorize the office to form advisory groups, as specified, and, to the extent necessary, would require the State Department of Health Care Services to make available to the office any information on other school-based dental, health, and mental health programs, and school-based health centers, that may receive Medi-Cal funding. The bill would require the office to be supported through an interagency agreement with the State Department of Health Care Services, and would authorize the office to receive additional funds from grants and other sources. This bill contains other related provisions and other existing laws.

**Position**  
Watch

**AB 1505 (Rodriguez D) Certificated school employee evaluations: distance learning: exemptions.**

**Introduced:** 2/19/2021

**Location:** 5/7/2021-A. 2 YEAR

**Summary:** Existing law requires the State Board of Education to develop guidelines that school districts may use in the development of teacher evaluation procedures, and distribute those guidelines to every school district. Existing law requires the governing board of each school district to establish standards of expected pupil achievement at each grade level in each area of study and to evaluate and assess certificated employee performance as it reasonably relates to the progress of pupils toward the established standards and, if applicable, the state adopted academic content standards, as provided. Existing law authorizes school district governing boards to develop and adopt additional evaluation and assessment guidelines or criteria. This bill would require school districts that have closed their schoolsites and implemented distance learning because of fire, flood, impassable roads, an epidemic, or another emergency to exempt all certificated employees with permanent status, and all employees with certificated status who have worked in the same position for at least 2 years, from formal evaluations during distance learning. The bill would prohibit resuming formal evaluations of the exempted certificated employees until schoolsites have resumed in-person instruction. This bill contains other existing laws.

**Position**  
Possibly Support

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

**Introduced:** 1/21/2021

**Location:** 10/5/2021-S. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer to contract with a provider for alternative rates of payment. This bill would require a health care service plan or health insurer, but not a Medi-Cal managed care plan, to reimburse contracting health care providers for their business expenses to prevent the spread of respiratory-transmitted infectious diseases causing public health emergencies declared on or after January 1, 2022. 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. This bill contains other related provisions and other existing laws.

**Position**  
Watch

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

**Introduced:** 2/17/2021

**Location:** 4/30/2021-S. 2 YEAR

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan. For pupils with coverage through a health care service plan, health insurance, or Medi-Cal managed care plan, the bill would require the mental health professional to contact the plan or insurer to facilitate a referral to the plan's provider for the brief initial intervention services, when appropriate and available, and would allow the mental health professional to complete the brief intervention services if the plan or insurer is unable to offer the pupil an appointment with a network provider within 48 hours for an urgent care appointment or within 15 business days for a nonurgent appointment. If the plan or insurer is unable to offer the pupil mental health services beyond the brief initial intervention services, the bill would authorize the plan or insurer to negotiate with the LEA for a single case agreement to determine reimbursement for additional services, subject to specified reimbursement requirements. This bill contains other related provisions and other existing laws.

**Position**  
Support If  
Amended

**AB 4****(Arambula D) Medi-Cal: eligibility.****Introduced:** 12/7/2020**Location:** 8/27/2021-S. 2 YEAR

**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above. This bill contains other existing laws.

**Position**

Watch

**AB 104****(Gonzalez, Lorena D) Pupil instruction: retention, grade changes, and exemptions.****Introduced:** 12/11/2020**Location:** 7/1/2021-A. CHAPTERED

**Summary:** (1) Existing law requires the governing board of a school district and a county superintendent of schools to adopt policies regarding pupil promotion and retention, and requires a pupil to be promoted or retained only as provided for in those policies. Until June 30, 2023, existing law makes certain funds available to school districts, county offices of education, charter schools, and state special schools for expenditure by August 31, 2022, for certain activities, including offering supplemental instruction and support, as prescribed. This bill would authorize the parent, guardian, or education rights holder of a pupil, or, for a pupil who is 18 years of age or older, the pupil, who was enrolled in high school and enrolled in a course during the 2020–21 school year to apply to the pupil's school district, county board of education, or charter school to change the letter grade for that course to a Pass or No Pass grade on the pupil's transcript. The bill would require the school district, county office of education, or charter school to make the requested change, as specified. The bill would require the California State University, and encourage private postsecondary institutions and the University of California, to accept, and to notify the State Department of Education whether the institution will accept, those changed transcripts for admission purposes. The bill would require the department to develop the application for the grade change request and to provide related assistance to school districts, county offices of education, and charter schools. By requiring local educational agencies to perform specified duties regarding the grade change option, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 107****(Salas D) Licensure: veterans and military spouses.****Introduced:** 12/16/2020**Location:** 10/8/2021-A. CHAPTERED

**Summary:** Under existing law, the Department of Consumer Affairs (department), under the control of the Director of Consumer Affairs, is comprised of various boards that license and regulate various professions and vocations. Existing law requires an applicant seeking a license from a board within the department to meet specified requirements and to pay certain licensing fees. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant submits an application to the board that includes a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. Under existing law, some of the funds within the jurisdiction of a board consist of revenue from fees that are continuously appropriated. Existing law authorizes a board to adopt regulations necessary to administer these provisions. This bill, on and after January 1, 2023, would expand the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided. The bill would require an applicant for a temporary license to provide to the board documentation that the applicant has passed a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation if the results of a criminal background check do not show grounds for denial and would require a board to request the Department of Justice to conduct the criminal background check and to furnish the criminal background information in accordance with specified requirements. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. The bill would



require, if necessary to implement the bill's provisions, a board to submit to the department for approval draft regulations necessary to administer these provisions. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year or is able to receive an expedited license by endorsement with no additional requirements superseding those for a temporary license, as described above. The bill would make conforming changes. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. The bill's expansion of the requirement to issue temporary licenses would result in revenues from fees for certain licenses being deposited into continuously appropriated funds. By establishing a new source of revenue for those continuously appropriated funds, the bill would make an appropriation. This bill contains other related provisions and other existing laws.

**Position**  
Watch

**AB 226 (Ramos D) Children's crisis psychiatric residential treatment facilities.**

**Introduced:** 1/11/2021

**Location:** 10/8/2021-A. VETOED

**Summary:** Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including a children's crisis residential program, by the State Department of Social Services, and defines a children's crisis residential program to mean a facility licensed as a short-term residential therapeutic program and approved by the State Department of Health Care Services, or a county mental health plan, to operate a children's crisis residential mental health program to serve children experiencing mental health crises as an alternative to psychiatric hospitalization. This bill would reclassify children's crisis residential programs as children's crisis psychiatric residential treatment facilities, and would transfer responsibility for licensing these facilities to the State Department of Health Care Services, contingent upon an appropriation in the annual Budget Act for these purposes. The bill would define "children's crisis psychiatric residential treatment facility" to mean a licensed residential facility operated by a public agency or private organization that provides the psychiatric services, as prescribed under the Medicaid regulations, to individuals under 21 years of age, in an inpatient setting. The bill would require the department to establish regulations for the licensing of children's crisis psychiatric residential treatment facilities, and would require those facilities to obtain certification from the department. The bill would require the department's regulations and certifications to be consistent with applicable Medicaid regulations governing psychiatric residential treatment facilities, in order to maximize federal financial participation. The bill would include inpatient psychiatric services to individuals under 21 years of age provided in a licensed children's crisis psychiatric residential treatment facility as mental health services provided under the Medi-Cal program. This bill contains other existing laws.

**Position**  
Watch

**AB 270 (Ramos D) Core Behavioral Health Crisis Services System.**

**Introduced:** 1/19/2021

**Location:** 9/10/2021-A. 2 YEAR

**Summary:** Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits "911" to be the primary emergency telephone number within the system. This bill would create the Core Behavioral Health Crisis Services System, using the digits "988" for the 988 Suicide Prevention and Behavioral Health Crisis Hotline, in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. The bill would require the department, as defined, to take specified actions to implement the hotline system. The bill would require the department to charge a fee on each resident of the state that is a subscriber of commercial mobile or IP-enabled voice services to pay for the costs of the program. The bill would create the 988 Fund, a new continuously appropriated fund, and would require the fees to be deposited along with other specified moneys into the 988 Fund. By creating a new continuously appropriated fund and establishing a fee as a new source of revenue for the continuously appropriated fund, the bill would make an appropriation. This bill contains other related provisions and other existing laws.

**Position**  
Watch

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

**Introduced:** 2/1/2021

**Location:** 10/8/2021-A. VETOED

**Summary:** Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to provide presumptive Medi-Cal eligibility to pregnant women

and children. Existing law authorizes a qualified hospital to make presumptive eligibility determinations if it complies with specified requirements. Existing law authorizes the department, on a regional pilot project basis, to issue an identification card to a person who is eligible for Medi-Cal program benefits, but does not possess a valid California driver's license or identification card issued by the Department of Motor Vehicles. Existing law requires the department, in consultation with the board governing the California Health Benefit Exchange, to develop a single paper, electronic, and telephone application for insurance affordability programs, including Medi-Cal. This bill would require the department to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness, and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver's license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person's eligibility. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 383 (Salas D) Behavioral health: older adults.**

**Introduced:** 2/2/2021

**Location:** 8/27/2021-S. 2 YEAR

**Summary:** Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by a majority vote. This bill would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department's internet website. The bill would also require the administrator to develop a strategy and standardized training for all county behavioral health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators. This bill contains other related provisions.

**Position**

Watch

**AB 410 (Fong R) Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact.**

**Introduced:** 2/3/2021

**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. The Vocational Nursing Practice Act provides for the licensure and regulation of vocational nurses by the Board of Vocational Nursing and Psychiatric Technicians of the State of California. The Nursing Practice Act establishes the Board of Registered Nursing Fund and the Vocational Nursing Practice Act establishes the Vocational Nursing and Psychiatric Technicians Fund. This bill would enact the Nurse Licensure Compact, under which the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians would be authorized to issue a multistate license that would authorize the holder to practice as a registered nurse or a licensed vocational nurse, as applicable, in all party states under a multistate licensure privilege, as specified. The bill would designate the Board of Registered Nursing as the licensing board for registered nurses for purposes of the compact and would designate the Board of Vocational Nursing and Psychiatric Technicians as the licensing board for vocational nurses for purposes of the compact. The bill would require the boards to participate in a coordinated licensure information system that would include all of the licensure and disciplinary history of all licensed registered nurses and licensed vocational nurses. The bill would provide that the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians shall alternate as the administrator of the compact for the state and as members of an entity known as the Interstate Commission of Nurse Licensure Compact Administrators. The bill would authorize the commission to adopt rules that have the force and effect of law. The bill would prohibit fees collected by the Board of Registered Nursing or the Board

of Vocational Nursing and Psychiatric Technicians for purposes of granting a multistate license pursuant to the bill from exceeding the cost of administering that multistate license under the compact and would require those fees to be deposited in the Board of Registered Nursing Fund or the Board of Vocational Nursing and Psychiatric Technicians Fund, as applicable. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 510 (Wood D) Out-of-network health care benefits.**

**Introduced:** 2/9/2021

**Location:** 5/7/2021-A. 2 YEAR

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. If an enrollee or insured receives services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2017, that includes coverage for out-of-network benefits, existing law authorizes a noncontracting individual health professional to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured if specified criteria are met, including that the enrollee or insured consents in writing to receive services from the noncontracting individual health professional at least 24 hours in advance of care. Existing law requires the consent to advise the enrollee or insured that they may seek care from a contracted provider for lower out-of-pocket costs and to be provided in the language spoken by the enrollee or insured, as specified. This bill would instead authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

**Position**

Watch

**AB 537 (Quirk D) Communications: wireless telecommunications and broadband facilities.**

**Introduced:** 2/10/2021

**Location:** 10/4/2021-A. CHAPTERED

**Summary:** Pursuant to existing federal law, the Federal Communications Commission (FCC) has adopted decisions and rules establishing reasonable time periods within which a local government is required to act on a collocation or siting application for certain wireless communications facilities. This bill would require that the time periods described above be determined pursuant to specified FCC rules. The bill would require that the city, county, or city and county notify the applicant of the incompleteness of an application within the time periods established by applicable FCC rules. The bill would require that the time period for a city or county to approve or disapprove a collocation or siting application commence when the applicant makes the first required submission or takes the first required step, as specified. The bill would prohibit, where a city or county requires a traffic control plan, or other submission or permit related to either obstruction or safety in the public right-of-way, the applicant from beginning construction before complying with that requirement, and the city or county would be prohibited from unreasonably withholding, conditioning, or delaying the approval of any submission related to this requirement. The bill would require that a city or county not prohibit or unreasonably discriminate in favor of, or against, any particular wireless technology. By imposing new duties on cities and counties, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 573 (Carrillo D) Youth Mental Health Boards.**

**Introduced:** 2/11/2021

**Location:** 5/25/2021-A. 2 YEAR

**Summary:** Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The MHSA also establishes the Mental Health Oversight and Accountability Commission and requires counties to engage in specified planning activities, including creating and updating a 3-year program and expenditure plan through a stakeholder process. This bill would establish the California Youth Mental Health Board (state board) within the California Health and Human Services Agency to advise the Governor and Legislature on the challenges facing youth with mental health needs and determine opportunities for improvement. The



state board would be comprised of 15 members who are between 15 and 23 years of age, appointed as specified, at least half of whom are youth mental health consumers who are receiving, or have received, mental health services, or siblings or immediate family members of mental health consumers. The bill would specify the powers and duties of the state board, including reviewing program performance in the delivery of mental health and substance use disorder services for youth. This bill contains other related provisions and other existing laws.

**Position**  
Watch

**[AB 586](#) (O'Donnell D) Pupil health: health and mental health services: School Health Demonstration Project.**

**Introduced:** 2/11/2021

**Location:** 7/14/2021-S. 2 YEAR

**Summary:** Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, as provided. Existing law authorizes a county to use funds from the Mental Health Services Act, enacted by the voters at the November 2, 2004, statewide general election as Proposition 63, to provide a grant to a school district or county office of education, or to a charter school, within the county, for purposes of funding specified activities relating to pupil mental health. This bill would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided. This bill contains other related provisions.

**Position**  
Watch

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

**Introduced:** 2/12/2021

**Location:** 10/6/2021-A. CHAPTERED

**Summary:** Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs and requires counties to spend those funds on mental health services, as specified. The MHSA requires counties to establish a program designed to prevent mental illnesses from becoming severe and disabling and authorizes counties to use funds designated for prevention and early intervention to broaden the provision of those community-based mental health services by adding prevention and early intervention services or activities. This bill would amend the MHSA by including in the prevention and early intervention services authorized to be provided, prevention and early intervention strategies that address mental health needs, substance misuse or substance use disorders, or needs relating to cooccurring mental health and substance use services. By authorizing a new use for continuously appropriated funds, this bill would make an appropriation. The bill would state the finding and declaration of the Legislature that this change is consistent with, and furthers the intent of, the MHSA. This bill contains other existing laws.

**Position**  
Watch

**[AB 646](#) (Low D) Department of Consumer Affairs: boards: expunged convictions.**

**Introduced:** 2/12/2021

**Location:** 5/25/2021-A. 2 YEAR

**Summary:** Existing law establishes the Department of Consumer Affairs, which is composed of various boards, and authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California and requires the board to post certain historical information on current and former licensees, including felony and certain misdemeanor convictions. Existing law also requires the Medical Board of California, upon receipt of a certified copy of an expungement order from a current or former licensee, to post notification of the expungement order and the date thereof on its internet website. This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on the board's internet website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its internet website that the person's license was revoked and information previously

posted regarding arrests, charges, and convictions. The bill would authorize the board to charge a fee to the person, not to exceed the cost of administering the bill's provisions. The bill would require the fee to be deposited by the board into the appropriate fund and would make the fee available only upon appropriation by the Legislature.

**Position**

Watch

**[AB 650](#) (Muratsuchi D) Employer-provided benefits: health care workers: COVID-19: hazard pay retention bonuses.**

**Introduced:** 2/12/2021

**Location:** 6/4/2021-A. 2 YEAR

**Summary:** Existing law, the Healthy Workplaces, Healthy Families Act of 2014, requires employers to provide an employee, who works in California for 30 or more days within a year from the commencement of employment, with paid sick days for prescribed purposes, to be accrued at a rate of no less than one hour for every 30 hours worked. Existing law authorizes an employer to limit an employee's use of paid sick days to 24 hours or 3 days in each year of employment. Existing law charges the Labor Commissioner, who is the Chief of the Division of Labor Standards Enforcement, with enforcement of various labor laws. This bill, the Health Care Workers Recognition and Retention Act, would require a covered employer, as defined, to pay hazard pay retention bonuses in the prescribed amounts on January 1, 2022, April 1, 2022, July 1, 2022, and October 1, 2022, to each covered health care worker, as defined, that it employs. This bill contains other related provisions.

**Position**

Watch

**[AB 681](#) (Ramos D) Mental health: information sharing.**

**Introduced:** 2/12/2021

**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law, the Children's Civil Commitment and Mental Health Treatment Act of 1988, authorizes a minor, if they are a danger to self or others, or they are gravely disabled, as a result of a mental health disorder, and authorization for voluntary treatment is not available, upon probable cause, to be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. Existing law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning, possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or purchase a firearm, existing law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. This bill would require the Department of Justice to provide to the State Department of Health Care Services a copy of reports submitted pursuant to those provisions. This bill would require the Department of Justice to provide to the State Department of Health Care Services a copy of reports submitted pursuant to those provisions. This bill contains other related provisions and other existing laws.

**Position**

Watch

**[AB 685](#) (Maienschein D) Health care service plans: reimbursement.**

**Introduced:** 2/16/2021

**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan to reimburse complete claims, or portions thereof, within specified timeframes. Existing law establishes the process and for a health care service plan to contest or deny a claim for reimbursement. Existing law requires every insurer issuing group or individual policies of health insurance that cover hospital, medical, or surgical expenses to reimburse claims within specified timeframes and establishes the process for an insurer to contest or deny a claim for reimbursement. This bill would require health service plans and insurers to obtain an independent board-certified emergency physician review of the medical decisionmaking related to a service before denying benefits, reimbursing for a lesser procedure, reducing reimbursement based on the absence of a medical emergency, or making a determination that medical necessity was not present for claims billed by a licensed physician and surgeon for emergency medical services, as specified. 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. This bill contains other existing laws.

**Position**

Watch

**AB 686****(Arambula D) California Community-Based Behavioral Health Outcomes and Accountability Review.****Introduced:** 2/16/2021**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. Existing law requires the Director of State Hospitals to establish a Performance Outcome Committee, which is charged with developing measures of performance for evaluating client outcomes and cost effectiveness of mental health services provided pursuant to the act. This bill would require the California Health and Human Services Agency to establish, by July 1, 2022, the California Community-Based Behavioral Health Outcomes and Accountability Review (CBBH-OAR) to facilitate a local accountability system that fosters continuous quality improvement in county behavioral health programs and in the collection and dissemination by the agency of best practices in service delivery. The bill would require the agency to convene a workgroup to establish a workplan by which the CBBH-OAR shall be conducted and to consult on various other components of the CBBH-OAR process. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 748****(Carrillo D) Pupil mental health: mental health assistance posters.****Introduced:** 2/16/2021**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law requires each schoolsite in a school district, county office of education, or charter school, serving pupils in any of grades 9 to 12, inclusive, to create a poster that notifies pupils of the applicable written policy on sexual harassment, and requires the poster to be prominently and conspicuously displayed in each bathroom and locker room at the schoolsite, as provided. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, as provided. This bill would require, on or before the start of the 2022–23 school year, each schoolsite in a school district, county office of education, or charter school, serving pupils in any of grades 6 to 12, inclusive, to create a poster that identifies approaches and shares resources regarding pupil mental health. The bill would require the poster to be prominently and conspicuously displayed in each bathroom and locker room at the schoolsite, as provided. By imposing additional duties on school districts, county offices of education, and charter schools, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 785****(Rivas, Robert D) Mental health.****Introduced:** 2/16/2021**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law authorizes a person in custody who has been charged with, or convicted of, a criminal offense to apply for inpatient or outpatient mental health services. Existing law establishes various grant programs to help local governments provide mental health services, including the primary intervention program and the California Emergency Solutions Grant Program. This bill would, upon appropriation, establish the Mental Health Response and Treatment Challenge Grant Pilot Program. The bill would provide that the purpose of the pilot program is to provide a statewide investment program to provide funds and flexibility to cities, counties, cities and counties, or other local governmental agencies that interact with the criminal justice system to develop programs that seek to improve services in 3 areas, as specified. The bill would require the Board of State and Community Corrections to administer the pilot program and award grants on a competitive basis.

**Position**

Watch

**AB 810****(Flora R) Healing arts: reports: claims against licensees.****Introduced:** 2/16/2021**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law makes failure of a licensee of the Medical Board of California, the Podiatric Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, or the Physician Assistant Board, a

claimant, or their counsel to report a settlement, judgment, or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from one of those boards, who does not possess professional liability insurance as to the claim, within 30 days to the agency that issued the license, certificate, or similar authority, punishable by a fine of not less than \$50 or more than \$500, as specified. This bill would increase the minimum fine for a violation of that provision to \$100. This bill contains other related provisions and other existing laws.

**Position**

Watch

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

**Introduced:** 2/17/2021

**Location:** 9/10/2021-S. 2 YEAR

**Summary:** Existing law charges the Labor Commissioner with enforcement of various labor laws, including investigation of employee complaints. Existing law establishes the State Department of Public Health and sets forth its powers and duties relating to the licensure and regulation of health facilities, as defined. Existing law establishes the Department of Consumer Affairs and establishes various boards within its jurisdiction, including those charged with the licensure and regulation of practice in the various healing arts. This bill would provide that the use of technology shall not limit a worker who is providing direct patient care from exercising independent clinical judgment in the assessment, evaluation, planning, and implementation of care, nor from acting as a patient advocate. The bill would define "technology" for these purposes to mean scientific hardware or software including algorithms derived from the use of health care related data, used to achieve a medical or nursing care objective at a general acute care hospital. This bill contains other related provisions.

**Position**

Watch

**AB 935 (Maienschein D) Telehealth: mental health.**

**Introduced:** 2/17/2021

**Location:** 5/25/2021-A. 2 YEAR

**Summary:** Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to low-income individuals pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. Existing law also requires health care service plans and health insurers, by July 1, 2019, to develop maternal mental health programs. This bill would require health care service plans and health insurers, including Medi-Cal managed care plans, by July 1, 2022, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would add mental health consultations through this program to the Medi-Cal schedule of benefits. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to monitor data pertaining to the utilization of the program to facilitate ongoing quality improvements, as necessary, and to provide a description of the program to the appropriate department. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 940 (McCarty D) College Mental Health Services Program.**

**Introduced:** 2/17/2021

**Location:** 9/10/2021-A. 2 YEAR

**Summary:** Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. Existing law establishes the continuously appropriated Mental Health Services Fund. Existing law requires the Controller, prior to

distributing the balance of the funds to the counties, as specified, to reserve up to 5% of the total annual revenues of the fund for the costs for the State Department of Health Care Services, the California Behavioral Health Planning Council, the Office of Statewide Health Planning and Development, the Mental Health Services Oversight and Accountability Commission, the State Department of Public Health, and any other state agency to implement all duties pursuant to the programs set forth in the act. This bill would amend Proposition 63 by appropriating \$20,000,000 annually from the administrative account of the Mental Health Services Fund to the University of California, if the University of California chooses to accept the moneys, the California State University, and the California Community Colleges, as specified, to implement the College Mental Health Services Program. The bill would require those funds to be used for the purpose of funding programs to increase campus student mental health services and mental health-related education and training. The bill would require campuses that participate in the program to report on the use of those grant funds, as specified, and to post that information on their internet websites.

**Position**

Watch

**AB 967 (Frazier D) Special education: COVID-19 Special Education Fund.**

**Introduced:** 2/17/2021

**Location:** 7/14/2021-S. 2 YEAR

**Summary:** (1) Existing law requires apportionments to special education local plan areas for special education programs operated by, and services provided by, school districts, county offices of education, and special education local plan areas to be computed in a specified manner. Existing law requires the Superintendent of Public Instruction to continuously monitor and review all special education programs to ensure that all funds appropriated to special education local plan areas are expended for the purposes intended, as provided. This bill would establish in the State Treasury the COVID-19 Special Education Fund and would require moneys in the fund to be used by the State Department of Education, upon appropriation, for purposes of providing matching funds, on a one-to-one basis, to support local educational agencies in conducting activities to prevent and intervene early in conflicts, conduct voluntary alternative dispute resolution, and provide services to pupils with disabilities relating to individually determined impacts to learning associated with COVID-19 pandemic school disruptions, as provided. The bill would require a local educational agency to submit an application for funding to their special education local plan area to be eligible for these funds. The bill would require the special education local plan area to verify in writing that specified conditions have been met, including an individualized determination of pupil needs, as provided, before submitting the application, including the written verification, to the department on behalf of the local educational agency. By requiring new duties of a special education local plan area, the bill would impose a state-mandated local program. The bill would require the department, within 60 days of the operative date of these provisions, to issue guidance to assist local educational agencies in identifying factors to consider when conducting individualized determinations of any need to address impacts to learning or for services related to COVID-19 pandemic school disruptions, as provided. The bill would require the department, within 30 days of the operative date of these provisions, to notify each local educational agency of the amount of funding it is eligible to apply for according to a specified formula. The bill would make the implementation of these requirements contingent upon an appropriation of specified funds in the annual Budget Act or another statute. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 1080 (Cunningham R) Pupil services: educational counseling.**

**Introduced:** 2/18/2021

**Location:** 5/7/2021-A. 2 YEAR

**Summary:** Existing law authorizes the governing board of a school district to provide a comprehensive educational counseling program for all pupils enrolled in the school district. Existing law does not prohibit persons participating in an organized advisory program approved by the governing board of a school district, and supervised by a school district counselor, from advising pupils pursuant to the organized advisory program. This bill would expressly authorize the governing board of a school district, as part of an organized advisory program, to partner with local or community mental health providers or clinics to administer any part of its comprehensive educational counseling program.

**Position**

Watch

**AB 1081 (Cunningham R) Education finance: local control funding formula: base grant add-on: pupil mental health.**

**Introduced:** 2/18/2021

**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law establishes a public school financing system that requires state funding for county superintendents of schools, school districts, and charter schools to be calculated pursuant to a



local control funding formula, as specified. Existing law requires the state funding apportioned to school districts and charter schools to be based on a base grant, as specified, and requires, among other things, the base grant for grades 9 to 12, inclusive, to be adjusted by an additional 2.6%, as adjusted for inflation. Commencing with the 2021–22 fiscal year, this bill would require the Superintendent of Public Instruction to additionally adjust each grade span adjusted base grant by a certain amount, as provided, and would condition eligibility of those funds on a school district or charter school annually electing to receive the funds and documenting in its annual audit that certain requirements relating to pupil mental health services have been met for the corresponding fiscal year. This bill contains other existing laws.

**Position**

Watch

**AB 1130 (Wood D) California Health Care Quality and Affordability Act.**

**Introduced:** 2/18/2021

**Location:** 7/14/2021-S. 2 YEAR

**Summary:** Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Existing law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. This bill would establish, within OSHPD, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Advisory Board, composed of 11 members and 2 ex officio, nonvoting members, appointed as prescribed, to recommend health care cost targets and to make recommendations to the Director of Statewide Health Planning and Development and the office. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 1131 (Wood D) Health information network.**

**Introduced:** 2/18/2021

**Location:** 5/25/2021-A. 2 YEAR

**Summary:** Existing law makes legislative findings and declarations on health information technology, including that there is a need to promote secure electronic health data exchange among specified individuals, such as health care providers and consumers of health care, and that specified federal law provides unprecedented opportunity for California to develop a statewide health information technology infrastructure to improve the state's health care system. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network. The bill would require the statewide HIN to convene a health technology advisory committee with specified membership to advise the statewide HIN and set agendas, hold public meetings with stakeholders, and solicit external input on behalf of the statewide HIN. This bill contains other existing laws.

**Position**

Watch

**AB 1132 (Wood D) Medi-Cal.**

**Introduced:** 2/18/2021

**Location:** 7/14/2021-S. 2 YEAR

**Summary:** (1) Existing law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates with applying for a health insurance affordability program, as defined, consistent with federal requirements. Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process, and would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program. No sooner than January 1, 2023, the bill would require

the department to develop and implement a mandatory process for county jails and county juvenile facilities to coordinate with Medi-Cal managed care plans and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for inmates, as specified, and would authorize the sharing of prescribed data with and among counties and other specified entities, as determined necessary by the department. This bill would make specified portions of the CCI operative only through December 31, 2022, as specified, and would repeal its provisions on January 1, 2025. The bill would also require Medi-Cal managed care plans to operate, or continue to operate, a Medicare Advantage Dual Special Needs Plan, commencing January 1, 2023, in CCI counties, and, commencing January 1, 2025, in all other counties. The bill would make various changes to the CCI component of the CalAIM initiative, including requiring the department to convene, in collaboration with the State Department of Social Services, a workgroup to address specified matters relating to the transition of beneficiaries residing in certain facilities from the Medi-Cal fee-for-service delivery system to the Medi-Cal managed care delivery system. This bill contains other related provisions and other existing laws.

**Position**

Watch

**[AB 1236](#) (Ting D) Healing arts: licensees: data collection.**

**Introduced:** 2/19/2021

**Location:** 6/4/2021-A. 2 YEAR

**Summary:** Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice of healing arts within their respective jurisdictions and to, among other things, collect and report specific demographic data relating to their licensees, subject to a licensee's discretion to report their race or ethnicity, to the Office of Statewide Health Planning and Development. Existing law requires these boards to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license. Existing law also authorizes the Board of Registered Nursing to expend \$145,000 to implement these provisions. This bill would repeal those provisions and would, instead, require all boards that oversee healing arts licensees to request at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information from its licensees and, if designated by the board, its registrants and to post the information on the internet websites that they each maintain. The bill would specify that licensees and registrants shall not be required to provide the requested information. This bill contains other related provisions and other existing laws.

**Position**

Watch

**[AB 1264](#) (Aguilar-Curry D) Project ECHO (registered trademark) Grant Program.**

**Introduced:** 2/19/2021

**Location:** 5/25/2021-A. 2 YEAR

**Summary:** Existing law establishes within state government the Office of Statewide Health Planning and Development. Existing law also establishes various public health programs, including grant programs, throughout the state for purposes of promoting maternal, child, and adolescent health. This bill would require the office, upon appropriation by the Legislature, to establish, develop, implement, and administer the Project ECHO (registered trademark) Grant Program. Under the grant program, the bill would require participating children's hospitals to establish yearlong pediatric behavioral health teleECHO (trademark) clinics for specified individuals, including primary care clinicians and educators, to help them develop expertise and tools to better serve the youth that they work with by addressing their mental health needs stemming from the coronavirus pandemic. The bill would authorize an eligible children's hospital to partner with another eligible children's hospital, or with another general acute care hospital, to implement its project. The bill would require the office to ensure that the grant program includes a maximum of 8 grants that support pediatric behavioral health teleECHO (trademark) clinics to be administered and operated by an eligible children's hospital, and that grant funding be made available, at a minimum, to participants for specified purposes, such as recruiting efforts and funding salaries and fringe benefits for pediatric behavioral health teleECHO (trademark) clinic personnel. The bill would require a pediatric behavioral health teleECHO (trademark) clinic to target specified audiences, including school-based health care professionals who serve kindergarten and grades 1 to 12, inclusive, and would require a participant to perform prescribed duties, such as preparing a report that evaluates the grant program. The bill would repeal these provisions on January 1, 2027.

**Position**

Watch

**[AB 1331](#) (Irwin D) Mental health: Statewide Director of Crisis Services.**

**Introduced:** 2/19/2021

**Location:** 10/7/2021-A. VETOED

**Summary:** Existing law, the Lanterman-Petris-Short Act, authorizes, among other things, the

involuntary commitment and treatment of persons with specified mental health disorders and the appointment of a conservator of the person, of the estate, or of both, for a person who is gravely disabled as a result of a mental health disorder. The act is administered by the Director of Health Care Services. This bill would require the director to appoint a full-time Statewide Director of Crisis Services. The bill would require the Statewide Director of Crisis Services to monitor, support, and coordinate with support providers, with the goal of having a comprehensive crisis care system, as specified, and coordinate with the Department of Managed Health Care, the Department of Insurance, and other departments, agencies, and entities, as necessary, to support and advocate for the creation and continued existence of a comprehensive, integrated, and reliable network of services. The bill would also specify the duties of the Statewide Director of Crisis Services, which would include various tasks relating to behavioral health crisis care in the state including, among other things, coordinating behavioral health programs and services statewide to ensure continuity of services and access points across county lines, other geographic boundaries, or both, and to promote and enhance cross-agency information exchange and resource sharing. The bill would authorize the Statewide Director of Crisis Services to undertake other related activities that they deem necessary to accomplish their duties. The bill would require the Director of Health Care Services to ensure that the Statewide Director of Crisis Services has the resources necessary to achieve the duties of the position.

**Position**

Watch

**AB 1400 (Kalra D) Guaranteed Health Care for All.**

**Introduced:** 2/19/2021

**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 1404 (Ting D) Mental Health Services Oversight and Accountability Commission.**

**Introduced:** 2/19/2021

**Location:** 4/30/2021-A. 2 YEAR

**Summary:** Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The MHSA established the Mental Health Services Oversight and Accountability Commission, which is funded with moneys from the Mental Health Services Fund and which is required to review county plans relating to mental health services and to create specified reports on the use of MHSA moneys. Existing law authorizes the commission to refer critical issues it identifies related to the performance of a county mental health program to the State Department of Health Care Services. This bill would, instead, require the commission to refer identified critical issues related to the performance of a county mental health program to the department.

**Position**

Watch

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

**Introduced:** 2/19/2021

**Location:** 9/29/2021-A. CHAPTERED

**Summary:** Existing law, the Lanterman-Petris-Short Act, provides for the involuntary detention and treatment of persons with specified mental health disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and

treatment. Existing law authorizes specified individuals to take a person into custody pursuant to these provisions, including designated members of a mobile crisis team and professional persons designated by the county. Existing law authorizes a county behavioral health director to develop procedures for the county's designation and training of professionals who will be authorized to perform these functions. This bill would authorize a county to develop a training relating to those procedures for designation. The bill would require a county behavioral health director who denies or revokes an individual's designation to provide a written notification to the person who made the request for designation of the individual, and the individual who is the subject of the request for designation, describing the reasons for denial or revocation. The bill would require the County of Sacramento, if the county has adopted those procedures, to, by April 1, 2022, issue a written policy regarding those procedures. The bill would require the policy to contain specified components, including, among others, a requirement that the county behavioral health director of the County of Sacramento designate individuals employed by the City of Sacramento under certain circumstances. The bill would also prohibit a designated member of a mobile crisis team or a designated professional person from being held civilly or criminally liable, as a result of detaining or transporting a person pursuant to those provisions, for any action by the person detained or transported if they are released at or before the end of the 72-hour detention. By imposing new duties on counties, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**AB 1465 (Reyes D) Workers' compensation: medical provider networks study.**

**Introduced:** 2/19/2021

**Location:** 7/14/2021-S. 2 YEAR

**Summary:** Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee, as defined, for injuries sustained in the course of employment. Existing law requires an employer to provide medical treatment that is reasonably required to cure or relieve an employee from the effects of the injury. Existing law allows employers to create networks of medical treatment providers to send employees to for treatment. Existing law sets out criteria for these networks and exceptions for when an employee may be treated outside the network. Existing law establishes the Commission on Health and Safety and Workers' Compensation to conduct a continuing examination of the workers' compensation system. This bill would require the Commission on Health and Safety and Workers' Compensation, on or before January 1, 2023, to submit a study to the Legislature, the committees of the Senate and Assembly with jurisdiction over workers' compensation, and the Division of Workers' Compensation on delays and access to care issues in medical provider networks. The bill would require the study to compare specified data for injury claims in which a worker was treated by a medical provider network to that data for injury claims in which a worker was treated by a provider who is not part of a medical provider network.

**Position**

Watch

**SB 14 (Portantino D) Pupil health: school employee and pupil training: excused absences: youth mental and behavioral health.**

**Introduced:** 12/7/2020

**Location:** 10/8/2021-S. CHAPTERED

**Summary:** (1) Existing law, notwithstanding the requirement that each person between 6 and 18 years of age who is not otherwise exempted is subject to compulsory full-time education, requires a pupil to be excused from school for specified types of absences, including, among others, if the absence was due to the pupil's illness. This bill would include, within the meaning of an absence due to a pupil's illness, an absence for the benefit of the pupil's mental or behavioral health. The bill would require the State Board of Education to update its illness verification regulations, as necessary, to account for including a pupil's absence for the benefit of the pupil's mental or behavioral health within the scope of this provision. To the extent this bill would impose additional duties on local educational entities, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

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

**Introduced:** 12/7/2020

**Location:** 8/27/2021-A. 2 YEAR

**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical

assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. The bill would delete provisions delaying implementation until the director makes the determination described above. The bill would require the department to seek federal approvals to obtain federal financial participation to implement these requirements, and would require that state-only funds be used for those benefits if federal financial participation is unavailable. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

**SB 213 (Cortese D) Workers' compensation: hospital employees.**

**Introduced:** 1/12/2021

**Location:** 6/4/2021-S. 2 YEAR

**Summary:** Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of employment. Existing law creates a rebuttable presumption that specified injuries sustained in the course of employment of a specified member of law enforcement or a specified first responder arose out of and in the course of employment. Existing law, until January 1, 2023, creates a rebuttable presumption of injury for various employees, including an employee who works at a health facility, as defined, to include an illness or death resulting from COVID-19, if specified circumstances apply. This bill would define "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would create rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of the employment. The bill would extend these presumptions for specified time periods after the hospital employee's termination of employment. Beginning January 1, 2023, the bill would include COVID-19 in the definitions of infectious and respiratory diseases.

**Position**

Watch

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

**Introduced:** 1/13/2021

**Location:** 10/8/2021-S. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Under existing law, a Medi-Cal managed care plan is required to comply with timely access standards developed by the department. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements, as specified. The bill would additionally require, commencing July 1, 2022, a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards. If a health care service plan is operating in a service area that has a shortage of providers and the plan is not able to meet the geographic and timely access standards for providing mental health or substance use disorder services with an in-network provider, the bill would require the plan, including a Medi-Cal Managed Care Plan, to arrange coverage outside the plan's contracted network. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws.

**Position**

Watch

**SB 250 (Pan D) Health care coverage.**

**Introduced:** 1/25/2021

**Location:** 7/14/2021-A. 2 YEAR

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the



licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to establish criteria or guidelines that meet specified requirements to be used to determine whether or not to authorize, modify, or deny health care services. This bill would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified. This bill contains other related provisions and other existing laws.

**Position**  
Watch

**SB 281**

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

**Introduced:** 2/1/2021

**Location:** 9/10/2021-A. 2 YEAR

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 90 consecutive days. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days, and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030. This bill contains other related provisions and other existing laws.

**Position**  
Watch

**SB 365**

**(Caballero D) E-consult service.**

**Introduced:** 2/10/2021

**Location:** 10/6/2021-S. VETOED

**Summary:** Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a "visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. This bill would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department to seek federal waivers and approvals to implement this provision, and would condition the implementation of the bill's provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations. This bill contains other existing laws.

**Position**  
Watch

**SB 371**

**(Caballero D) Health information technology.**

**Introduced:** 2/10/2021

**Location:** 7/14/2021-A. 2 YEAR

**Summary:** Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with the administration of health, social, and other human services. Existing law authorizes CHHSA to apply for federal health information technology and exchange funding. If CHHSA applies for and receives that funding through the federal American Recovery and Reinvestment Act of 2009, existing law requires those funds to be deposited in the California Health Information Technology and Exchange Fund for use, upon appropriation by the Legislature, for purposes related to health information technology and exchange. This bill would require any federal funds CHHSA receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHHSA to use the fund to provide grants to health care providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers. The bill would require a health information organization to be connected to the California Trusted Exchange Network and to a

qualified national network. The bill would also require a health care provider, health system, health care service plan, or health insurer that engages in health information exchange to comply with specified federal standards. This bill contains other related provisions and other existing laws.

**Position**

Watch

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

**Introduced:** 2/12/2021

**Location:** 10/7/2021-S. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for specified benefits, including for mental health services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventive care to additionally include coverage for adverse childhood experiences screenings. The bill would authorize each department to adopt guidance to implement this provision. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**Position**

Watch

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

**Introduced:** 2/19/2021

**Location:** 7/14/2021-A. 2 YEAR

**Summary:** Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services, such as behavioral health treatment services, are provided to qualified, low-income persons by various health care delivery systems, including managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law imposes requirements on Medi-Cal managed care plans, including standards on network adequacy, alternative access, and minimum loss ratios. This bill would, commencing with the January 1, 2022, rating period, and through December 31, 2024, require the department to make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics associated with targeted interventions, rendered by school-affiliated behavioral health providers, that increase access to preventive, early intervention, and behavioral health services for children enrolled in kindergarten and grades 1 to 12, inclusive, at those schools. The bill would require the department to consult with certain stakeholders on the development of interventions, goals, and metrics, to determine the amount of incentive payments, and to seek any necessary federal approvals. The bill would condition the issuance of incentive payments on compliance with specified federal requirements and the availability of federal financial participation. Alternatively, if federal approval is not obtained, the bill would authorize the department to make incentive payments on a state-only funding basis, but only to the extent the department determines that federal financial participation for the Medi-Cal program is not otherwise jeopardized.

**Position**

Watch

**Total Measures: 59**

**Total Tracking Forms: 59**