EXECUTIVE COMMITTEE MEETING
BOARD OF GOVERNORS

March 22, 2023 • 2:00 PM

L.A. Care Health Plan

1055 W. 7th Street, Los Angeles, CA 90017

AGENDA
Executive Committee Meeting
Board of Governors

DRAFT

Wednesday, March 22, 2023, 2:00 P.M.
L.A. Care Health Plan, 1055 West 7th Street, Conference Room 1025, Los Angeles

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mf09427ebf45f74036c879b60d7d05a94

To listen to the meeting via teleconference please dial: +1-213-306-3065
Meeting Number: 2485 015 3086 Password: lacare

Teleconference Site
Hilda Perez
L.A. Care Health Plan Community Resource Center
3200 E Imperial Hwy
Lynwood, CA 90262

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Attendees who log on to lacare.webex using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into WebEx to use the "chat" feature. The log in information is at the top of the meeting Agenda. The chat function will be available during the meeting so public comments can be made live and direct.

1. The "chat" will be available during the public comment periods before each item.
2. To use the "chat" during public comment periods, look at the bottom right of your screen for the icon that has the word, "chat" on it.
3. Click on the chat icon. It will open two small windows.
4. Select "Everyone" in the "To:" window,
5. The chat message must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says "Enter chat message here".
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M. on March 22, 2023, it will be provided to the members of the Executive Committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

DRAFT

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Executive Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome — Al Ballesteros, MBA, *Chair*

1. Approve today's Agenda — *Chair*
2. Public Comment *(Please read instructions above.)* — *Chair*
3. Approve February 22, 2023 meeting minutes p.5 — *Chair*
4. Chairperson's Report — *Chair*
5. Chief Executive Officer — John Baackes, *Chief Executive Officer*

Committee Issues

6. Government Affairs Update p.11 — Cherie Compartore, *Senior Director, Government Affairs*
7. Approve the list of items that will be considered on a Consent Agenda for April 6, 2023 Board of Governors Meeting. — *Chair*
   - March 2, 2023 Board of Governors Meeting Minutes
   - Customer Motivators Contract Amendment
   - Center for Caregiver Advancement Contract Amendment
8. Public Comment on Closed Session Items *(Please read instructions above.)* — *Chair*

ADJOURN TO CLOSED SESSION (Est. time: 60 mins.) — *Chair*

9. CONTRACT RATES
   Pursuant to Welfare and Institutions Code Section 14087.38(m)
   - Plan Partner Rates
   - Provider Rates
   - DHCS Rates
10. REPORT INVOLVING TRADE SECRET
    Pursuant to Welfare and Institutions Code Section 14087.38(n)
    Discussion Concerning New Service, Program, Technology, Business Plan
    Estimated date of public disclosure: *March 2025*
11. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
    Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
    USC Keck Hospital, et al. v. L.A. Care (AAA Case No. 01-21-0016-6078)
12. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
    Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
    - L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)

DRAFT

13. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Four Potential Cases

14. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

- Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
- Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

RECONVENE IN OPEN SESSION

ADJOURNMENT *Chair*

The next Executive Committee meeting is scheduled on Wednesday, April 26, 2023 at 2:00 p.m.
and may be conducted as a teleconference meeting.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE EXECUTIVE COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH TUESDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT http://www.lacare.org/about-us/public-meetings/board-meetings **and by email request to BoardServices@lacare.org**

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at http://www.lacare.org/about-us/public-meetings/board-meetings **and can be requested by email to BoardServices@lacare.org.**
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – February 22, 2023
1055 West 7th Street, 10th Floor, Los Angeles, CA 90017

Members
Al Ballesteros, *Chairperson*
Ilan Shapiro MD, MBA, FAAP, FACHE, *Vice Chairperson*
Stephanie Booth, MD, *Treasurer*
John G. Raffoul, *Secretary*
Hilda Perez

Management/Staff
John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Augustavia Haydel, *General Counsel*
Linda Greenfeld, *Chief Products Officer*
Tom MacDougall, *Chief Technology & Information Officer*
Thomas Mapp, *Chief Compliance Officer*
Marie Montgomery, *Chief Financial Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*
Afzal Shah, *Deputy Chief Financial Officer*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care's employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, *Chairperson,* called to order the regular and special supplemental meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meeting at 2:06 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Information for public comment is on the Agenda available on the web site. Staff will read the comment received from each person for up to three minutes. • Public comment will be made before the Committee starts to discuss an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment. He provided information on how to submit a comment in-person, or live and directly using the "chat" feature.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)**
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the January 24, 2022 meeting were approved as amended by Member Booth. On page 8 the minutes should read, "Board Member Booth asked if the additional costs of the contract would be offset by lower FTE costs, and what the $14.5 million pays for. Mr. Brown responded that some will come from that and some from an additional request that was overlooked in the Budget", and she would like to add, "but the $14.5 million will pay the wages of contingent workers."	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)**
CHAIRPERSON'S REPORT	Chairperson Ballesteros reported that he has received a letter from the Hospital Association of Southern California (HASC) about various issues, and L.A. Care management will respond to that letter.	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, *Chief Executive Officer,* reported: • L.A. Care enrollment continues to grow. During January and February more than 60,000 Medi-Cal members were transitioned to managed care from fee for service (FFS). California is moving as many FFS members to managed care as is possible. L.A. Care will likely transition around 70,000 FFS members to managed care. L.A. Care now has 2.7 million Medi-Cal members. • L.A. Care Covered had a robust January open enrollment and has 130,000 members. • The conversion from the CalMediConnect to the Dual Eligible Special Needs Plan (D-SNP) has enrolled more than 18,000 members.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• L.A. Care total enrollment is 2,906,000 members as of February 2023. • There is no decline expected in enrollment until July 2023, when the Medi-Cal eligibility redetermination process is expected to resume. • A bigger issue for L.A. Care's providers will be the end of the public health emergency (PHE) by California and federal officials. Many of the financing mechanisms put in place to help providers, particularly hospitals, will disappear, and the hospitals will also be dealing with a decline in the number of provisional beds which were allowed in the PHE during the pandemic. Mr. Baackes was on a call yesterday with the heads of the California Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS), and a select group of health plans that were invited to join. There is much concern about the financial stability of hospitals. A rural hospital in the central valley of California was closed on New Year's Eve. It was a big blow to that community. There are several other hospitals, including a hospital chain in Los Angeles County, that have filed for bankruptcy. Pressure is being applied to legislators to provide emergency funding. In the call with DHCS and DMHC representatives, Mr. Baackes raised the concern that the provisional bed capacity will expire at the end of February and an extension should be considered, or at least a slow wind-down period to protect hospitals and hospital patients. Availability of places to move the current patients is a whole other discussion. Mr. Baackes also stated during the call, and was joined by other health plans, that health plans have been helping the hospitals during the last three years by providing financial advances and supplemental funding, adding up to about half the revenue received by hospitals. In the past three years, L.A. Care has provided about $140 million in advance payments to providers, with about $105 million going to hospitals. Of that, approximately $70 million was in the form of advances on the Hospital Quality Assurance Fee (HQAF). These are no-interest advance payments. Health Plans are acting as banks in making these payments. Health plans have the resources to do this, and these are fairly low-risk. Health plans are not earning any interest on these advances. Mr. Baackes predicted a very contentious legislative season. No legislator wants a hospital in his or her district to close.	
COMMITTEE ISSUES		
Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs,* reported: • Unfortunately but not unexpectedly, California's Budget deficit will be significantly larger than what the Governor projected in his January draft State Budget for the	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	upcoming fiscal year. In January 2023, the Governor reported a deficit of $22.5 billion, but because tax revenue has decreased, the deficit will grow by approximately $10 billion. This may change as the Governor's May Budget Revise deadline approaches and more tax information becomes available. However, this will be a huge budget deficit year because of the economy and other factors. • The deficit will create many challenges for legislation. For instance, in January 2024, the remaining people without immigration status will become eligible for enrollment in Medi-Cal. Even though coverage for the undocumented must use a majority of state-only funds for Medi-Cal services, it is not expected that the Governor will delay or stop that implementation, to which he is already committed. The deficit could impact other programs, services or benefits that need to be funded, which are ongoing and not limited-funding. There will be significant pressure by advocacy groups and legislators on this year's bills, because there won't be enough funding to cover everything that people want funded. • The deadline for bills passed last week. There are just over 2,600 bills introduced, with about 40% of them introduced as "spot" bills. This means the bill was introduced with a general subject matter and the actual detail of the bill is not yet in print. This is the largest number of bills introduced in California for the last 10 years. • Government Affairs staff will begin providing a legislative matrix starting in March, after a review of the bills introduced. • San Jose's Assembly member Ash Kalra has again introduced a single-payer bill for health care, as a "spot" bill. This is the first year of the two-year legislative cycle, so it is not expected that this bill will proceed until 2024. Assembly Member Kalra also introduced a single-payer bill last year. • Many of the bills are repeat bills from prior years, including legislation on reproductive health, prior authorizations, prescription drugs, health care access and health care mandates. • Government Affairs met in person with 17 congressional offices in Washington, D.C., to discuss topics such as: Elevating the Safety Net programs, Community Resource Centers and Medi-Cal redeterminations. Good feedback was gathered, especially around Community Resource Centers and Elevating the Safety Net. Congressional staff asked L.A. Care to keep in contact at the national and district levels if help is needed with any redetermination issues that arise.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• L.A. Care will be holding an in-person district educational briefing in Los Angeles in early Summer, featuring Medi-Cal eligibility redetermination with Mr. Baackes and Dr. Amin.	
Approve Consent Agenda	Approve the list of items that will be considered on a Consent Agenda for the March 2, 2023 Board of Governors Meeting. • February 2, 2023 Board of Governors Meeting Minutes • Quarterly Investment Report • MetaSoftTech Solutions, LLC Contract Amendment • Optum Contract Amendment • PaySpan Contract Amendment • InfoCrossing, Inc. Contract Amendment • Ratify elected Technical Advisory Committee Chairperson and Vice Chairperson	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)**
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Executive Committee meeting adjourned at 2:31 pm. Augustavia J. Haydel, Esq., *General Counsel* announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:32 pm. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: *February 2025* CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250 CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • THC- Orange County, LLC DBA Kindred Hospital – Los Angeles, et al. v. L.A. Care, L.A.S.C. 22STCV19872 • KND Development 52, LLC d/b/a Kindred Hosp. Baldwin Park, et al. v. L.A. Care, AHLA Case No. unavailable • KND Development 52, LLC d/b/a Kindred Hosp. Baldwin Park, et al. v. L.A. Care, L.A.S.C. 23STCV01166 CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:04 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:04 pm.	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:

_____
Al Ballesteros, *Chair*
Date: _____

Legislative Matrix for Exec. Committee 3.22.23

Last Updated: March 13, 2023

Bills by Issue

2023 Legislation (126)

Bill Number	Status	Position
AB 4	In Assembly	Support

Title
Covered California: expansion.

Description
AB 4, as amended, Arambula. Covered California: expansion. Existing federal law, the 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. 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. Existing law requires the Exchange to apply to the United States Department of Health and Human Services for a waiver to allow individuals who are not eligible to obtain health coverage through the Exchange because of their immigration status to obtain coverage from the Exchange, by waiving the requirement that the Exchange offer only qualified health plans solely for the purpose of offering coverage to persons otherwise not able to obtain coverage by reason of immigration status. Existing law limits the waiver of that requirement to requiring the Exchange to offer only “California qualified health plans,” as specified, to those individuals. Existing law requires an issuer that offers a qualified health plan in the individual market through the Exchange to concurrently offer a California qualified health plan that meets prescribed criteria.This bill would revise those provisions by deleting the requirement that limits coverage for the described individuals to the California qualified health plans. Contingent upon federal approval of the waiver, specified requirements for applicants eligible for the coverage described in the bill would become operative on January 1, 2025, for coverage effective for qualified health plans beginning January 1, 2026.

Primary Sponsors
Joaquin Arambula, Maria Durazo

Bill Number	Status	Position
AB 47	In Assembly	Monitor

Title
Pelvic floor physical therapy coverage.

Description
AB 47, as introduced, Boerner Horvath. Pelvic floor physical therapy coverage. 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 contract or health insurance policy to provide maternity coverage, and prohibits the restriction, reduction, or denial of specified maternity benefits. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Tasha Boerner Horvath

Bill Number	Status	Position
AB 55	In Assembly	Monitor

Title
Emergency medical services.

Description
AB 55, as introduced, Rodriguez. Emergency medical services.
(1) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transportation services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires, with exceptions, that the reimbursement to emergency medical transport providers for emergency medical transports, as defined, be increased by application of an add-on to the associated Medi-Cal fee-for-service payment schedule. Existing law requires that the add-on increase be calculated on or before June 15, 2018, and remain the same for later state fiscal years, to the extent the department determines federal financial participation is available and is not otherwise jeopardized. Under existing law, the resulting fee-for-service payment schedule amounts are equal to the sum of the Medi-Cal fee-for-service payment schedule amount for the 2015–16 state fiscal year and the add-on increase.This bill would set the Medi-Cal fee-for-service reimbursement rate for emergency medical transports at $350 per transport. Under the bill, the resulting fee-for-service payment schedule amounts would instead be equal to the sum of the Medi-Cal fee-for-service payment schedule amount, based on the $350 rate, and the add-on increase.Under existing law, the increased payments under the add-on provisions are funded solely from a quality assurance fee (QAF), which emergency medical transport providers are required to pay based on a specified formula, and from federal reimbursement and any other related federal funds.This bill would specify that the $350 reimbursement rate would not affect the calculation of the QAF rate, and that the calculation of the QAF rate would be based on the methodology and reimbursement rate in effect as of January 1, 2023.Existing law authorizes the Director of Health Care Services to modify or make adjustments to any methodology or fee amount under these provisions to the extent necessary to meet federal requirements or to obtain federal approval. If a modification or adjustment is needed to meet federal requirements or to obtain federal approval, this bill would require the director to recalculate and reduce the add-on amount as necessary, and would prohibit the director from reducing the $350 reimbursement rate.(2) Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (act), establishes the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services ... (click bill link to see more).

Primary Sponsors
Freddie Rodriguez

Bill Number	Status	Position
AB 85	In Assembly	Monitor

Title
Social determinants of health: screening and outreach.

Description
AB 85, as introduced, Weber. Social determinants of health: screening and outreach. 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 plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. 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.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to include coverage for screenings for social determinants of health, as defined. The bill would require a health care service plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services to provide reimbursement for those screenings.Existing law establishes the Department of Health Care Access and Information, under the control of the Director of the Department of Health Care Access and Information, to administer programs relating to areas including health policy and planning.This bill would require the department to convene a working group, with specified membership, to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community providers, and to determine gaps in research and data to inform policies on system changes to address social determinants of health. The bill would require the working group, by January 1, 2025, to submit a report to the Legislature with recommendations on the topics addressed by the working group.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory pr... (click bill link to see more).

Primary Sponsors
Akilah Weber

Bill Number	Status	Position
AB 221	In Assembly	Monitor

Title
Budget Act of 2023.

Description
AB 221, as introduced, Ting. Budget Act of 2023. This bill would make appropriations for the support of state government for the 2023–24 fiscal year.This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Phil Ting

Bill Number	Status	Position
AB 236	In Assembly	Monitor

Title
Health care coverage: provider directories.

Description
AB 236, as amended, Holden. Health care coverage: provider directories. 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 and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified.This bill would require a plan or insurer to annually audit and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on January 1, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2024, unless specified criteria applies. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Chris Holden

Bill Number	Status	Position
AB 254	In Assembly	Monitor

Title
Confidentiality of Medical Information Act: reproductive or sexual health application information.

Description
AB 254, as introduced, Bauer-Kahan. Confidentiality of Medical Information Act: reproductive or sexual health application information. The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor.This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information related to a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Because the bill would expand the scope of a crime, it would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Rebecca Bauer-Kahan

Bill Number	Status	Position
AB 269	Enacted	Monitor

Title
Public health: COVID-19 testing and dispensing sites.

Description
AB 269, Berman. Public health: COVID-19 testing and dispensing sites. Existing law, the California Emergency Services Act, authorizes the Governor to declare a state of emergency during conditions of disaster or extreme peril to persons or property, including epidemics. Pursuant to this authority, on March 4, 2020, the Governor declared a state of emergency relating to the novel coronavirus 2019 (COVID-19) pandemic, and ordered, among other things, that the certification and licensure requirements as specified in statute and regulation be suspended to all persons who meet the requirements under the Clinical Laboratory Improvement Amendments (CLIA) for high complexity testing and who are performing analysis of samples to test for SARS-CoV-2, the virus that causes COVID-19, in any certified public health laboratory or licensed clinical laboratory, and that the California Health and Human Services Agency is required to identify and make available medical facilities and other facilities that are suitable for use as medical facilities as necessary for treating individuals who test positive for COVID-19. This bill would authorize a person to perform an analysis of samples to test for SARS-CoV-2 in a clinical laboratory or a city, county, or city and county public health laboratory if they meet the requirements under CLIA for high complexity testing. The bill would, until January 1, 2024, authorize an entity contracted with and approved by the State Department of Public Health to operate a designated COVID-19 testing and dispensing site to acquire, dispense, and store COVID-19 oral therapeutics, as defined, at or from a designated site.This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Marc Berman

Bill Number	Status	Position
AB 311	In Assembly	Support

Title
California Food Assistance Program: eligibility and benefits.

Description
AB 311, as introduced, Santiago. California Food Assistance Program: eligibility and benefits. Existing federal law provides for the Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county.Existing law requires the State Department of Social Services to establish a food assistance program, known as the California Food Assistance Program (CFAP), to provide assistance to a noncitizen of the United States if the person's immigration status meets the eligibility criteria of SNAP in effect on August 21, 1996, but the person is not eligible for SNAP benefits solely due to their immigration status, as specified. Existing law also makes eligible for the program an applicant who is otherwise eligible for the program, but who entered the United States on or after August 22, 1996, if the applicant is sponsored and the applicant meets one of a list of criteria, including that the applicant, after entry into the United States, is a victim of the sponsor or the spouse of the sponsor if the spouse is living with the sponsor.Existing law, to become operative on the date that the department notifies the Legislature that the Statewide Automated Welfare System (SAWS) has been updated to perform the necessary automation, and subject to an appropriation in the annual Budget Act, makes an individual 55 years of age or older eligible for the program if the individual's immigration status is the sole basis for their ineligibility for CalFresh benefits.This bill would remove that age limitation and make any individual eligible for the program if the individual's immigration status is the sole basis for their ineligibility for CalFresh benefits. By extending eligibility for CFAP, which is administered by the counties, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.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.

Primary Sponsors
Miguel Santiago, Melissa Hurtado

Bill Number	Status	Position
AB 317	**In Assembly**	**Monitor**

Title
Pharmacist service coverage.

Description
AB 317, as introduced, Weber. Pharmacist service coverage. 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 under authority of the Director of the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and certain disability insurers, that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist, to pay or reimburse the cost of the service performed by a pharmacist for the plan or insurer if the pharmacist otherwise provides services for the plan or insurer.This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. 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.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Akilah Weber

Bill Number	Status	Position
AB 352	**In Assembly**	**Monitor**

Title
Reproductive and sexual health information.

Description
AB 352, as introduced, Bauer-Kahan. Reproductive and sexual health information. Existing law, the Reproductive Privacy Act, provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), establishes provisions relating to the confidentiality of health records.This bill would state the intent of the Legislature to enact legislation to protect reproductive and sexual health information.

Primary Sponsors
Rebecca Bauer-Kahan

Bill Number	Status	Position
AB 365	**In Assembly**	**Monitor**

Title
Medi-Cal: diabetes management.

Description
AB 365, as introduced, Aguiar-Curry. Medi-Cal: diabetes management. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program. This bill would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program, subject to utilization controls based on clinical practice guidelines, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized. The bill would make related findings and declarations.

Primary Sponsors
Cecilia Aguiar-Curry

Bill Number	Status	Position
AB 366	**In Assembly**	**Monitor**

Title
Human services.

Description
AB 366, as introduced, Petrie-Norris. Human services. Existing law generally provides for various human services, including public social services, developmental services, and mental health services.This bill would state the intent of the Legislature to enact legislation to improve and increase recruitment and retention of county human services staff to support county operations.

Primary Sponsors
Cottie Petrie-Norris

Bill Number	Status	Position
AB 403	In Assembly	Monitor

Title
Health data transparency.

Description
AB 403, as introduced, Arambula. Health data transparency. Existing law requires the Department of Health Care Access and Information to implement and administer the Health Care Payments Data System to learn about and seek to improve public health, population health, social determinants of health, and the health care system. Existing law states the intent of the Legislature in creating the Health Care Payments Data System is to establish a system to collect information regarding health care costs, utilization, quality, and equity, and create a process to aggregate and use this data to provide greater transparency. This bill would state the intent of the Legislature to enact legislation to increase transparency of health data.

Primary Sponsors
Joaquin Arambula

Bill Number	Status	Position
AB 425	In Assembly	Monitor

Title
Medi-Cal: pharmacogenomic testing.

Description
AB 425, as introduced, Alvarez. Medi-Cal: pharmacogenomic testing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of covered benefits under the Medi-Cal program.This bill, the Pharmacogenomics Advancing Total Health for All Act (PATH for All Act), subject to an appropriation, would add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing, by a laboratory with specified licensing, accreditation, and certification, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications. The bill would cover the benefit under Medi-Cal if a medication, as defined, is being considered for use, or is already being administered, and is approved for use, in treating a Medi-Cal beneficiary's condition and is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable, as specified, if the test is ordered by an enrolled Medi-Cal clinician or pharmacist.The bill would authorize the department to implement the above-described provisions through all-county or plan letters, or similar instructions, until the department promulgates regulations. The bill would also make related legislative findings.

Primary Sponsors
David Alvarez

Bill Number	Status	Position
AB 435	In Assembly	Monitor

Title
Public social services: automated application process.

Description
AB 435, as amended, Cervantes. Public social services: automated application process. Existing law requires the Office of Systems Integration within the California Health and Human Services Agency to implement a statewide automated welfare system, known as the California Statewide Automated Welfare System (CalSAWS), for various public assistance programs, including the CalWORKs program, CalFresh, and the Medi-Cal program. Under existing law, among other duties, the state is consolidating existing consortia systems into the single CalSAWS.Existing law requires the State Department of Social Services to establish and supervise the Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI), which provides cash assistance to aged, blind, and disabled legal immigrants who are not citizens of the United States, as specified. Existing law establishes the state-funded Trafficking and Crime Victim Assistance Program (TCVAP), which provides critical benefits and services to noncitizen victims of human trafficking, domestic violence, and other serious crimes. Existing law also requires the department, after setting aside state administrative funds, to allocate social services funds derived from appropriated federal funds and federally targeted assistance to eligible counties. Existing law requires these funds, known as Refugee Cash Assistance (RCA), to be used by the county, pursuant to a plan developed by the county, to provide services to refugees that lead to successful self-sufficiency and social integration for the refugees.This bill would require CalSAWS to accept and process applications for CAPI, TCVAP, and RCA. The bill would require a county social services department to post on its internet website general information identifying available immigrant benefit services, including, but not limited to, those programs. By increasing the duties of county human services departments, the bill would impose a state-mandated local program. The bill would require the State Department of Social Services, with 60 days of the effective date of the bill, to report to the budget committees and relevant policy committees of the Legislature the department's plan to ensure that potential beneficiaries are able to apply online for those programs by December 1, 2024, as specified. The bill would require the department to implement the bill's requirements by all-county letters or similar instructions, beginning no later than March 1, 2024, until regulations are adopted. The bill also would make findings and declarations relating to CalSAWS automation activities.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions e... (click bill link to see more).

Primary Sponsors
Sabrina Cervantes

Bill Number	Status	Position
AB 469	In Assembly	Monitor

Title
California Public Records Act Ombudsperson.

Description
AB 469, as introduced, Vince Fong. California Public Records Act Ombudsperson. The California Public Records Act requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies. The act declares that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state.Existing law creates the California State Auditor's Office, which is independent of the executive branch and legislative control, to examine and report annually upon the financial statements prepared by the executive branch. Existing law establishes, within the State Treasury, the State Audit Fund, which is a continuously appropriated fund, for the expenses of the California State Auditor.This bill would establish, within the California State Auditor's Office, the California Public Records Act Ombudsperson. The bill would require the California State Auditor to appoint the ombudsperson subject to certain requirements. The bill would require the ombudsperson to receive and investigate requests for review, as defined, determine whether the denials of original requests, as defined, complied with the California Public Records Act, and issue written opinions of its determination, as provided. The bill would require the ombudsperson to create a process to that effect, and would authorize a member of the public to submit a request for review to the ombudsperson consistent with that process. The bill would require the ombudsperson, within 30 days from receipt of a request for review, to make a determination, as provided, and would require the state agency to provide the public record if the ombudsperson determines that it was improperly denied. The bill would, if requested by the ombudsperson, require any state agency determined to have improperly denied a request to reimburse the ombudsperson for its costs to investigate the request for review. The bill would require the ombudsperson to create a process through which a person whose information is contained in a record being reviewed may intervene to assert their privacy and confidentiality rights, and would otherwise require the ombudsperson to maintain the privacy and confidentiality of records, as provided. The bill would require the ombudsperson to report to the Legislature, on or before January 1, 2025, and annually thereafter, on, among other things, the number of requests for review the ombudsperson has received in the prior year.By expanding the duties of the California State Auditor's Office, this bill would create an appropriation.

Primary Sponsors
Vince Fong

Bill Number	Status	Position
AB 483	In Assembly	Monitor

Title
Local educational agency: Medi-Cal billing option.

Description
AB 483, as introduced, Muratsuchi. Local educational agency: Medi-Cal billing option. 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 requires the department to engage in specified activities relating to the LEA Medi-Cal Billing Option, including amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services, consulting with specified entities in formulating state plan amendments, examining methodologies for increasing school participation in the LEA Medi-Cal Billing Option, and conducting an audit of a Medi-Cal Billing Option claim consistent with prescribed requirements, such as generally accepted accounting principles. Existing law requires the department to file an annual report with the Legislature that includes, among other things, a summary of department activities.This bill would require the department to revise the state plan to establish a revised audit process for Medi-Cal Billing Option claims submitted for dates of service on or after January 1, 2025, pursuant to specified requirements and limitations. The bill would require the department to report to the relevant policy committees and post on its internet website any changes made to the state plan pursuant to the requirement to revise the state plan. The bill would require the department to provide technical assistance to the LEA or to complete appeals by the LEA within 180 days if an audit requires a specified percentage of an LEA's total value of claims to be paid back. The bill would prohibit an auditor from determining that an LEA is required to pay back reimbursement for certain claims, except as specified. The bill would require the department's summary of activities in the above-described report to also include training for LEAs and a summary of the number of audits conducted of Medi-Cal Billing Option claims, as specified. The bill would require the department to ensure, for those claims, that "medical necessity" for a beneficiary under 21 years of age has a specified meaning. The bill would make other technical, nonsubstantive changes to these provision... (click bill link to see more).

Primary Sponsors
Al Muratsuchi, Jim Wood

Bill Number	Status	Position
AB 488	In Assembly	Monitor

Title
Medi-Cal: skilled nursing facilities: vision loss.

Description
AB 488, as introduced, Stephanie Nguyen. Medi-Cal: skilled nursing facilities: vision loss. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires the department, subject to any necessary federal approvals, for managed care rating periods that begin between January 1, 2023, and December 31, 2026, inclusive, to establish and implement the Workforce and Quality Incentive Program under which a network provider furnishing skilled nursing facility services to a Medi-Cal managed care enrollee may earn performance-based directed payments from the Medi-Cal managed care plan with which they contract, as specified. Existing law, subject to an appropriation, requires the department to set the amounts of those directed payments under a specified formula.Existing law requires the department to establish the methodology or methodologies, parameters, and eligibility criteria for the directed payments, including the milestones and metrics that network providers of skilled nursing facility services must meet in order to receive a directed payment from a Medi-Cal managed care plan, with at least 2 of these milestones and metrics tied to workforce measures.This bill would require that the measures and milestones include program access, staff training, and capital improvement measures aimed at addressing the needs of skilled nursing facility residents with vision loss. The bill would make related legislative findings.

Primary Sponsors
Stephanie Nguyen

Bill Number	Status	Position
AB 517	In Assembly	Monitor

Title
Health Professions Career Opportunity Program.

Description
AB 517, as introduced, Soria. Health Professions Career Opportunity Program. Existing law establishes the Department of Health Care Access and Information and requires the department to maintain a Health Professions Career Opportunity Program to, among other things, implement programs at colleges and universities selected by the department and include in those programs pipeline programs that provide comprehensive academic enrichment, career development, mentorship, and advising in order to support students from underrepresented regions and backgrounds to pursue health careers.This bill would make a technical, nonsubstantive change to this provision.

Primary Sponsors
Esmeralda Soria

Bill Number	Status	Position
AB 551	In Assembly	Monitor

Title
Medi-Cal: specialty mental health services: foster children.

Description
AB 551, as introduced, Bennett. Medi-Cal: specialty mental health services: foster children. Existing law establishes 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. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Existing law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described.Existing law requires the department to issue policy guidance on the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. On a case-by-case basis, and when consistent with the medical rights of children in foster care, existing law authorizes the waiver of presumptive transfer, with the responsibility for the provision of specialty mental health services remaining with the county of original jurisdiction if certain exceptions exist. Under existing law, the county probation agency or the child welfare services agency is responsible for determining whether waiver of the presumptive transfer is appropriate, with notice provided to the person requesting the exception.Under existing law, commencing July 1, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children’s crisis residential programs, the county of original jurisdiction is required to retain responsibility and presumptive transfer provisions apply only if certain circumstances exist. Existing law requires the department and the State Department of Social Services to adopt regulations by July 1, 2027, to implement those provisions.This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions, and would delay the deadline for the adoption of regulations to July 1, 2028. By extending the period during which a county agency is responsible for making determinat... (click bill link to see more).

Primary Sponsors
Steve Bennett

Bill Number	Status	Position
AB 557	In Assembly	Monitor

Title
Open meetings: local agencies: teleconferences.

Description
AB 557, as introduced, Hart. Open meetings: local agencies: teleconferences. (1) Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health, as specified. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, existing law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures.Existing law requires a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Existing law prohibits a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time.This bill would extend the above-described abbreviated teleconferen... (click bill link to see more).

Primary Sponsors
Gregg Hart

Bill Number	Status	Position
AB 564	**In Assembly**	**Monitor**

Title
Medi-Cal enrollment.

Description
AB 564, as introduced, Villapudua. Medi-Cal enrollment. 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. Existing department regulations require an applicant or provider to meet specified standards and to submit a completed application package on specified forms as a condition for enrollment, continued enrollment, or enrollment at a new location or a change in location, and requires these forms to contain, among other things, an original signature in ink.This bill would require the department to allow applicants or providers to submit electronic signatures for all enrollment forms, including, but not limited to, claims and remit forms, in the Medi-Cal program.

Primary Sponsors
Carlos Villapudua

Bill Number	Status	Position
AB 576	**In Assembly**	**Monitor**

Title
Medi-Cal: reimbursement for abortion.

Description
AB 576, as introduced, Weber. Medi-Cal: reimbursement for abortion. 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 law provides that abortion is a covered benefit under Medi-Cal. Existing regulation authorizes reimbursement for specified medications used to terminate a pregnancy through the 70th day from the first day of the recipient's last menstrual period.This bill would require the department to fully reimburse providers for the provision of medication to terminate a pregnancy that aligns with clinical guidelines, evidence-based research, and the discretion of the provider.

Primary Sponsors
Akilah Weber

Bill Number	Status	Position
AB 586	In Assembly	Monitor

Title
Medi-Cal: community supports: climate change remediation.

Description
AB 586, as introduced, Calderon. Medi-Cal: community supports: climate change remediation. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, housing deposits, environmental accessibility adaptations or home modifications, and asthma remediation.This bill would add climate change remediation to the above-described list of community supports. For purposes of these provisions, the bill would define “climate change remediation” as coverage of devices and installation of those devices, as necessary, to address health-related complications, barriers, or other factors linked to extreme weather or other climate events, including air conditioners, heaters, air filters, or generators, among other specified devices for certain purposes.

Primary Sponsors
Lisa Calderon

Bill Number	Status	Position
AB 608	In Assembly	Monitor

Title
Medi-Cal: comprehensive perinatal services.

Description
AB 608, as introduced, Schiavo. Medi-Cal: comprehensive perinatal services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy.This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.The bill would require the department to seek any necessary federal approvals to cover preventive services that are recommended by a physician or other licensed practitioner and that are rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site, as specified. The bill would also require the department to seek any necessary federal approvals to allow a nonlicensed perinatal health worker rendering those preventive services to be supervised by (1) an enrolled Medi-Cal provider that is a clinic, hospital, community-based organization (CBO), or licensed practitioner, or (2) a CBO that is not an enrolled Medi-Cal provider, so long as an enrolled Medi-Cal provider is available for Medi-Cal billing purposes.The bill would condition implementation of the provisions above on an appropriation by the Legislature and on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors
Pilar Schiavo, Joaquin Arambula

Bill Number	Status	Position
AB 614	In Assembly	Monitor

Title
Medi-Cal.

Description
AB 614, as introduced, Wood. Medi-Cal. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans.Existing law establishes, under Medi-Cal, the County Health Initiative Matching Fund, a program administered by the department, through which an applicant county, county agency, local initiative, or county organized health system that provides an intergovernmental transfer, as specified, is authorized to submit a proposal to the department for funding for the purpose of providing comprehensive health insurance coverage to certain children. The program is sometimes known as the County Children's Health Initiative Program (CCHIP).This bill would revise certain provisions to rename that program as CCHIP.Existing law requires the Director of Health Care Services to enter into contracts with managed care plans under Medi-Cal and related provisions, including health maintenance organizations, prepaid health plans, or other specified entities, for the provision of medical benefits to all persons who are eligible to receive medical benefits under publicly supported programs.This bill would delete that list of entities and would instead specify that the director would be required to enter into contracts with managed care plans licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975, except as otherwise authorized under the Medi-Cal program.The bill would also make technical changes to some of the provisions described above.

Primary Sponsors
Jim Wood

Bill Number	Status	Position
AB 616	In Assembly	Monitor

Title
Medical Group Financial Transparency Act.

Description
AB 616, as introduced, Rodriguez. Medical Group Financial Transparency Act. Existing law establishes the Office of Health Care Affordability within the Department of Health Care Access and Information to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, and create a state strategy for controlling the cost of health care. Existing law requires the office to collect data and other information it deems necessary from health care entities to carry out the functions of the office, and requires the office to require providers and physician organizations to submit audited financial reports or comprehensive financial statements, as specified. Existing law requires those reports and statements to be kept confidential, and specifies that they are not required to be disclosed under the California Public Records Act.Existing law requires the office to obtain information about health care service plans from the Department of Managed Health Care. Existing law requires a contract between a health care service plan and a risk-bearing organization to include provisions concerning the risk-bearing organization's administrative and financial capacity. Existing law requires the director of the Department of Managed Health Care to adopt regulations regarding, among other things, periodic reports from a health care service plan that include information concerning the risk-bearing organizations and the type and amount of financial risk they have assumed.This bill, the Medical Group Financial Transparency Act, would authorize the disclosure of audited financial reports and comprehensive financial statements of providers and physician organizations collected by the Office of Health Care Affordability and financial and other records of risk-bearing organizations made available to the Department of Managed Health Care. The bill would also make related findings and declarations.

Primary Sponsors
Freddie Rodriguez

Bill Number	Status	Position
AB 620	In Assembly	Monitor

Title
Health care coverage for metabolic disorders.

Description
AB 620, as introduced, Connolly. Health care coverage for metabolic disorders. 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 disability insurers, including health insurers, by the Department of Insurance. Existing law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified.This bill would require a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1, 2024, to provide coverage for the testing and treatment of other digestive and inherited metabolic disorders. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Damon Connolly

Bill Number	Status	Position
AB 632	In Assembly	Monitor

Title
Health care coverage: prostate cancer screening.

Description
AB 632, as introduced, Gipson. Health care coverage: prostate cancer screening. 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 an individual and group health care service plan contract or health insurance policy to provide coverage for the screening and diagnosis of prostate cancer when medically necessary and consistent with good professional practice. Under existing law, the application of a deductible or copayment for those services is not prohibited.This bill would prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is 55 years of age or older or who is 40 years of age or older and is high risk, as determined by the attending or treating health care provider. 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.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Mike Gipson

Bill Number	Status	Position
AB 659	In Assembly	Monitor

Title
Cancer Prevention Act.

Description
AB 659, as amended, Aguiar-Curry. Cancer Prevention Act. Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family daycare home, or development center, unless prior to their admission to that institution they have been fully immunized. Existing law requires the documentation of immunizations for certain diseases, including, among others, measles, mumps, pertussis, and any other disease deemed appropriate by the State Department of Public Health, as specified. Existing law authorizes certain exemptions from these provisions subject to specified conditions.Existing law requires the department to adopt and enforce regulations for these provisions and authorizes the department to specify the immunizing agents that may be utilized and the manner in which immunizations are administered.This bill, the Cancer Prevention Act, would add human papillomavirus (HPV) to the above-described list of diseases for which immunization documentation is required. The bill would specifically prohibit the governing authority from unconditionally admitting or advancing any pupil to the 8th grade level of any private or public elementary or secondary school if the pupil has not been fully immunized against HPV. The bill would clarify the department's authority to adopt HPV-related regulations for grades below the 8th grade level. By creating new duties for school districts, the bill would impose a state-mandated local program.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 contract or health insurance policy issued, amended, or renewed on or after January 1, 2002, to provide coverage for an annual cervical cancer screening test, including a human papillomavirus (HPV) screening test that is approved by the United States Food and Drug Administration (FDA).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 also establishes the Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program, administered by the Office of Family Planning within the department, under ... (click bill link to see more).

Primary Sponsors
Cecilia Aguiar-Curry

Bill Number	Status	Position
AB 663	In Assembly	Monitor

Title
Pharmacy: mobile units.

Description
AB 663, as introduced, Haney. Pharmacy: mobile units. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. Existing law authorizes a county, city and county, or special hospital authority, as defined, to operate a mobile unit as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to specified individuals, including those individuals without fixed addresses. Existing law authorizes a mobile unit to dispense prescription medication pursuant to a valid prescription if the county, city and county, or special hospital authority meets prescribed requirements for licensure, staffing, and operations, including a prohibition on carrying or dispensing controlled substances.This bill would exempt from that prohibition controlled substances approved by the federal Food and Drug Administration for the treatment of opioid use disorder. The bill would require any controlled substance for the treatment of opioid use disorder carried or dispensed in accordance with that exemption to be carried in reasonable quantities based on prescription volume and stored securely in the mobile pharmacy unit. The bill would also authorize a mobile unit to provide prescription medication within its jurisdiction to city-and-county-operated housing facilities.

Primary Sponsors
Matt Haney

Bill Number	Status	Position
AB 665	In Assembly	Monitor

Title
Minors: consent to mental health services.

Description
AB 665, as introduced, Wendy Carrillo. Minors: consent to mental health services. Existing law, for some purposes, authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, as specified, and either the minor would present a danger of serious physical or mental harm to themselves or to others or if the minor is the alleged victim of incest or child abuse. For other purposes, existing law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in the outpatient services or counseling services. This bill would align the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse.Existing law, for some purposes, requires that the mental health treatment or counseling include involvement of the minor's parent or guardian unless the professional person treating or counseling the minor determines that the involvement would be inappropriate. For other purposes, existing law requires the involvement of the parent or guardian unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate. This bill would also align the existing laws by requiring the professional person treating or counseling the minor to consult with the minor before determining whether involvement of the minor's parent or guardian would be inappropriate.

Primary Sponsors
Wendy Carrillo

Bill Number	Status	Position
AB 666	In Assembly	Monitor

Title
Health systems: public benefits.

Description
AB 666, as introduced, Arambula. Health systems: public benefits. Existing law establishes the Department of Health Care Access and Information to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. This bill would state the intent of the Legislature to enact legislation to clarify definitions of public benefits in health systems.

Primary Sponsors
Joaquin Arambula

Bill Number	Status	Position
AB 677	In Assembly	Monitor

Title
Confidentiality of Medical Information Act.

Description
AB 677, as introduced, Addis. Confidentiality of Medical Information Act. The Confidentiality of Medical Information Act, among other things, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. This bill would make nonsubstantive changes to the title provision of the act.

Primary Sponsors
Dawn Addis

Bill Number	Status	Position
AB 716	In Assembly	Monitor

Title
Emergency ground medical transportation.

Description
AB 716, as introduced, Boerner Horvath. Emergency ground medical transportation. Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services.This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified.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. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including emergency medical transportation services, and requires a policy or contract to provide for the direct reimbursement of a covered medical transportation services provider if the provider has not received payment from another source.This bill would delete that direct reimbursement requirement and would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. The bill would prohibit a noncontracting ground ambulance provider from billing or sending to collections a higher amount, and would prohibit a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. The bill would require a plan or insurer to reimburse for ground ambulance services at the authorized rate for the specific exclusive operating area, unless it reaches another agreement with the noncontracting ground ambulance provider. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reim... (click bill link to see more).

Primary Sponsors
Tasha Boerner Horvath

Bill Number	Status	Position
AB 719	In Assembly	Monitor

Title
Medi-Cal benefits.

Description
AB 719, as introduced, Boerner Horvath. Medi-Cal benefits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including nonmedical transportation for a beneficiary to obtain covered Medi-Cal services. Existing law requires nonmedical transportation to be provided by the beneficiary's managed care plan or by the department for a Medi-Cal fee-for-service beneficiary.This bill would require the department to require managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public transit operator. The bill would require the rates reimbursed by the managed care plan to the public transit operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service.

Primary Sponsors
Tasha Boerner Horvath

Bill Number	Status	Position
AB 745	In Assembly	Monitor

Title
Reentry Housing and Workforce Development Program.

Description
AB 745, as introduced, Bryan. Reentry Housing and Workforce Development Program. Existing law establishes the Department of Housing and Community Development in the Business, Consumer Services, and Housing Agency and makes the department responsible for administering various housing programs throughout the state, including, among others, the Multifamily Housing Program, the Housing for a Healthy California Program, and the California Emergency Solutions Grants Program. Upon appropriation by the Legislature for this express purpose, this bill would require the department to create the Reentry Housing and Workforce Development Program, and would require the department to take specified actions to provide grants to applicants, as defined, for innovative or evidence-based housing, housing-based services, and employment interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. The bill would require the department to establish a process, in collaboration with the Department of Corrections and Rehabilitation and with counties in which recipients are operating, for referral of participants, in accordance with certain guidelines and procedures.The bill would require the department to score applicants to the program competitively according to specified criteria. The bill would require recipients of funds from the program to use those funds for, among other things, long-term rental assistance in permanent housing, incentives to landlords, and innovative or evidence-based services to assist participants in accessing permanent supportive housing. The bill would require the department to distribute funds allocated by executing contracts with awarded entities for a term of 5 years, subject to automatic renewal.The bill would require a recipient of the program to submit an annual report to the department. The bill would require the department to hire an independent evaluator to assess outcomes from the program and would require the department to submit the analysis of that assessment to specified committees of the Legislature.

Primary Sponsors
Isaac Bryan, Mia Bonta

Bill Number	Status	Position
AB 815	In Assembly	Monitor

Title
Health care coverage: mental health and substance use disorders: provider credentials.

Description
AB 815, as introduced, Wood. Health care coverage: mental health and substance use disorders: provider credentials. 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 disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified.Existing law requires a health care service plan or disability insurer that provides coverage for mental health and substance use disorders and credentials health care providers of those services for the health care service plan's or disability insurer's networks, to assess and verify the qualifications of a health care provider within 60 days after receiving a completed provider credentialing application.This bill would extend the period within which a health care service plan or disability insurer is required to assess and verify the qualifications of a health care provider from 60 days to 90 days after receiving a completed provider credentialing application.

Primary Sponsors
Jim Wood

Bill Number	Status	Position
AB 816	In Assembly	Monitor

Title
Minors: consent to medical care.

Description
AB 816, as introduced, Haney. Minors: consent to medical care. Existing law authorizes a minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. Existing law exempts replacement narcotic abuse treatment, as specified, from these provisions.This bill would authorize a minor who is 16 years of age or older to consent to replacement narcotic abuse treatment that uses buprenorphine.

Primary Sponsors
Matt Haney

Bill Number	Status	Position
AB 817	In Assembly	Monitor

Title
Local government: open meetings.

Description
AB 817, as introduced, Pacheco. Local government: open meetings. Existing law, the Ralph M. Brown Act, requires each legislative body of a local agency to provide notice of the time and place for its regular meetings and an agenda containing a brief general description of each item of business to be transacted. The act also requires that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized.This bill would make nonsubstantive changes to a provision of the Ralph M. Brown Act.

Primary Sponsors
Blanca Pacheco

Bill Number	Status	Position
AB 847	In Assembly	Monitor

Title
Medi-Cal: pediatric palliative care services.

Description
AB 847, as introduced, Luz Rivas. Medi-Cal: pediatric palliative care services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires the department to develop a pediatric palliative care benefit as a pilot program to Medi-Cal beneficiaries under 21 years of age, to be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available. Existing law requires that program to include, among other things, hospice services to individuals whose conditions may result in death, regardless of the estimated length of the individual's remaining period of life.Pursuant to the above-described provisions, the department established the Pediatric Palliative Care (PPC) Waiver in 2009, upon receiving federal approval in December 2008. After the waiver ended on December 31, 2018, the department implemented a plan in 2019 to transition some pediatric palliative care services to the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) benefit, which is available to Medi-Cal beneficiaries under 21 years of age, as specified.This bill would state the intent of the Legislature to enact legislation that would enhance the scope of pediatric palliative care services that have been transitioned from the PPC Waiver, to the EPSDT benefit, under the Medi-Cal program.

Primary Sponsors
Luz Rivas

Bill Number	Status	Position
AB 864	In Assembly	Monitor

Title
Substance use disorder: telephone system.

Description
AB 864, as amended, Haney. Substance use disorder: telephone system. Existing law requires the State Department of Health Care Services to license and regulate alcoholism or drug abuse recovery or treatment facilities serving adults. Existing law authorizes the department to certify qualified alcoholism or drug abuse recovery or treatment programs, as prescribed. Under existing law, the department regulates the quality of these programs, taking into consideration the significance of community-based programs to alcohol and other drug abuse recovery and the need to encourage opportunities for low-income and special needs populations to receive alcohol and other drug abuse recovery or treatment services.This bill would require the department to establish and maintain a 3-digit, statewide, nonemergency telephone system for substance use disorder treatment referrals.

Primary Sponsors
Matt Haney

Bill Number	Status	Position
AB 874	In Assembly	Monitor

Title
Health care coverage: out-of-pocket expenses.

Description
AB 874, as introduced, Weber. Health care coverage: out-of-pocket expenses. Existing law generally prohibits a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with the individual's health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved.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.This bill would require a health care service plan, health insurance policy, other health coverage carrier, or pharmacy benefit manager that administers pharmacy benefits to apply any amounts paid by the enrollee, insured, or another source pursuant to a discount, repayment, product voucher, or other reduction to the enrollee's or insured's out-of-pocket expenses toward the enrollee's or insured's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee's or insured's health care service plan, health insurance policy, or other health care coverage. The bill would make a willful violation of that requirement by a health care service plan a crime. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1, 2024. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Akilah Weber

Bill Number	Status	Position
AB 904	In Assembly	Monitor

Title
Health care coverage: doulas.

Description
AB 904, as introduced, Calderon. Health care coverage: doulas. 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's requirements 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 develop a maternal mental health program designed to promote quality and cost-effective outcomes. Existing law encourages a plan or insurer to include coverage for doulas.This bill would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. The bill would authorize the departments to convene workgroups to examine the implementation of these programs. Because a willful violation of the provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Lisa Calderon

Bill Number	Status	Position
AB 907	In Assembly	Monitor

Title
Coverage for PANDAS and PANS.

Description
AB 907, as introduced, Lowenthal. Coverage for PANDAS and PANS. 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 sets forth specified coverage requirements for health care service plan contracts and health insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) prescribed or ordered by a provider. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other similar benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for medically necessary treatment of PANDAS or PANS solely because the enrollee or insured previously received treatment for PANDAS or PANS or has been diagnosed with or received treatment for the condition under a different diagnostic name. 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.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Josh Lowenthal

Bill Number	Status	Position
AB 911	In Assembly	Monitor

Title
Unlawfully restrictive covenants: affordable housing.

Description
AB 911, as amended, Schiavo. Unlawfully restrictive covenants: affordable housing. Existing law permits a person who holds or is acquiring an ownership interest of record in property that the person believes is the subject of an unlawfully restrictive covenant based on, among other things, the number of persons or families who may reside on the property, to record a restrictive covenant modification. Existing law entitles the owner of an affordable housing development to establish that an existing restrictive covenant is unenforceable by submitting a restrictive covenant modification document that modifies or removes any existing restrictive covenant language. Before recording the modification document, existing law requires the owner to submit to the county recorder a copy of the original restrictive covenant and any documents the owner believes necessary to establish that the property qualifies as an affordable housing development for purposes of these provisions. As part of this process, existing law requires the county counsel to determine, among other things, if the property qualifies as an affordable housing development and if a modification document may be recorded. If the county counsel has authorized the county recorder to record the modification document, that authorization is required to be noted on the face of the modification or on a cover sheet affixed to it. This bill would require the county recorder to notify the owner of the county counsel's determination within 5 business days so that notice may be given by the owner regarding the authorization to record the modification document. The bill would permit the owner, upon receipt of that notification, to mail copies of the modification documents and related materials by certified mail to anyone who the owner knows has an interest in the property or the restrictive covenant. The bill would also establish a process by which notice by the owner to the intended recipient would be deemed given. The bill would provide that notice by the owner is optional and failure to provide it does not invalidate a recorded restrictive covenant modification document.Existing law prohibits the county recorder from recording the modification document if the county counsel finds that the original restrictive covenant document does not contain a restriction prohibited by this provision or if the county counsel finds that the property does not qualify as an affordable housing development.This bill would prohibit the county recorder from recording the modification document if the owner of the property is not yet its record title owner but is instead a beneficial owner, as specified, until the owner closes escrow on the property and becomes its record title owner. For purpos... (click bill link to see more).

Primary Sponsors
Pilar Schiavo

Bill Number	Status	Position
AB 931	In Assembly	Monitor

Title
Prior authorization: physical therapy.

Description
AB 931, as introduced, Irwin. Prior authorization: physical therapy. 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 sets forth specified prior authorization limitations for health care service plans and health insurers.This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Jacqui Irwin

Bill Number	Status	Position
AB 940	In Assembly	Monitor

Title
Health care: eating disorders.

Description
AB 940, as introduced, Villapudua. Health care: eating disorders. 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. Existing law requires a health care service plan contract and a health insurance policy to provide coverage for the diagnosis and treatment of mental illnesses, including specified eating disorders.This bill would state that it is the intent of the Legislature to enact legislation to expand treatment options and services for individuals suffering from eating disorders.

Primary Sponsors
Carlos Villapudua

Bill Number	Status	Position
AB 948	In Assembly	Monitor

Title
Prescription drugs.

Description
AB 948, as introduced, Berman. Prescription drugs. 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. Existing law, until January 1, 2024, prohibits the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding $250 for a supply of up to 30 days, except as specified. Existing law, until January 1, 2024, requires a nongrandfathered individual or small group plan contract or policy to use specified definitions for each tier of a drug formulary.This bill would delete the January 1, 2024, repeal date of those provisions, thus making them operative indefinitely. Because extension of the bill's requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Marc Berman, Scott Wiener

Bill Number	Status	Position
AB 952	In Assembly	Monitor

Title
Dental coverage disclosures.

Description
AB 952, as introduced, Wood. Dental coverage disclosures. 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's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services.This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a contract covering dental services, or a specialized health care service plan or specialized health insurer covering dental services, to disclose whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department at the time a treatment plan is communicated to the plan or insurer. The bill would also require that plan or insurer to include whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department on an identification card, membership card, coverage card, or other documentation of coverage. 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.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Jim Wood

Bill Number	Status	Position
AB 988	In Assembly	Monitor

Title
Miles Hall Lifeline and Suicide Prevention Act: veteran and military data reporting.

Description
AB 988, as introduced, Mathis. Miles Hall Lifeline and Suicide Prevention Act: veteran and military data reporting. Existing federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline, maintained by the Assistant Secretary for Mental Health and Substance Use, and the Veterans Crisis Line, which is maintained by the Secretary of Veterans Affairs.Existing law creates a separate surcharge, beginning January 1, 2023, on each access line for each month, or part thereof, for which a service user subscribes with a service supplier. Existing law sets the 988 surcharge for the 2023 and 2024 calendar years at $0.08 per access line per month and beginning January 1, 2025, at an amount based on a specified formula not to exceed $0.30 per access line per month. Existing law authorizes the 911 and 988 surcharges to be combined into a single-line item, as described. Existing law provides for specified costs to be paid by the fees prior to distribution to the Office of Emergency Services.Existing law, the Miles Hall Lifeline and Suicide Prevention Act, creates the 988 State Suicide and Behavioral Health Crisis Services Fund and requires the fees to be deposited along with other specified moneys into the fund. Existing law provides that, upon appropriation by the Legislature, the funds be used for specified purposes and in accordance with specified priorities. Existing law requires the Office of Emergency Services to require an entity seeking moneys available through the fund to annually file an expenditure and outcomes report containing specified information, including, among other things, the number of individuals served and the outcomes for individuals served, if known.This bill would require an entity seeking moneys from the fund to also include the number of individuals who used the service and identified as veterans or active military personnel in its annual expenditure and outcomes report.

Primary Sponsors
Devon Mathis

Bill Number	Status	Position
AB 991	In Assembly	Monitor

Title
Public social services: reporting and verification.

Description
AB 991, as introduced, Alvarez. Public social services: reporting and verification. Existing law provides for various public social services programs administered by the State Department of Social Services, State Department of Health Care Services, and counties, including, among others, the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals, CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county, and the Medi-Cal program, under which qualified low-income individuals receive health care service. Existing law imposes various reporting and verification requirements on applicants and recipients of these public social services programs relating to identity, income, and assets, among other things.This bill would, to the extent permitted under federal law, require state and county agencies to accept the reporting by an applicant or recipient of public social services of any lawfully required information, changes, and verification required by law that affect eligibility and benefit amounts, by any means available to the applicant or recipient, including, but not limited to, in person, by telephone, through facsimile, by email, or by any other electronic means. The bill would require the State Department of Social Services and the State Department of Health Care Services to implement this provision through all-county letters, provider bulletins or notices, policy letters, or similar instructions from the director of each department issued no later than July 1, 2024. To the extent this bill expands eligibility for county administered programs and by imposing additional duties on counties, this bill would impose a state-mandated local program.Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program.This bill would instead provide that the continuous appropriation would not be made for purposes of implementing the bill.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
David Alvarez

Bill Number	Status	Position
AB 1001	In Assembly	Monitor

Title
Health facilities: behavioral health emergency services.

Description
AB 1001, as introduced, Haney. Health facilities: behavioral health emergency services. Existing law provides for the licensing, regulation, and inspection of various types of health facilities by the State Department of Public Health, including general acute care hospitals. Existing law requires certain building standards and regulations to prescribe standards of adequacy, safety, and sanitation of the physical plant, of staffing with duly qualified licensed personnel, and of services, based on the type of health facility and the needs of the persons served. Existing law requires specified financial and utilization data to be reported to the department by a hospital at the end of a calendar quarter.Existing law generally makes a violation of the licensure provisions for health facilities a misdemeanor.This bill would require a general acute care hospital to adopt policies to respond to a patient requiring behavioral health emergency services, as defined. The bill would require that these protocols meet standards established by the department and consist of various parameters such as minimum staffing requirements for behavioral health emergency services, procedures for response by behavioral health emergency services personnel in a timely manner, and annual training, as specified. The bill would require the department to adopt regulations on standards for general acute care hospitals related to behavioral health emergency services. The bill would require all hospitals to maintain records related to certain data on behavioral health emergency services provided for a period of 3 years and to report that data to the department on a quarterly basis. The bill would require the department to post quarterly reports on that data on its internet website.Existing law establishes the Department of Health Care Access and Information, which is responsible for administering various programs with respect to health care professions and establishes various programs to facilitate the expansion of the health care workforce.Existing law authorizes the board of supervisors in each county to establish and maintain a county hospital to provide public health care services within the county. Existing law authorizes the board to prescribe rules for the hospital's government and management, and to appoint a county physician and other necessary officers and employees of the hospital, as specified.This bill would establish the Behavioral Health Emergency Response and Training Fund to provide grants to qualifying applicants for the purpose of funding a new program or supporting an existing program that increases the staffing in general acute care hospitals of direct care personnel who are trained in behavioral health care and behavioral health emerge... (click bill link to see more).

Primary Sponsors
Matt Haney

Bill Number	Status	Position
AB 1005	In Assembly	Monitor

Title
In-home supportive services: provider enrollment.

Description
AB 1005, as introduced, Alvarez. In-home supportive services: provider enrollment. Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, or disabled persons are provided with supportive services in order to permit them to remain in their own homes. Existing law sets forth various requirements for the enrollment of a provider in the IHSS program, including, among other things, completion of forms and statements, a background check, and an orientation, as specified.This bill would state the intent of the Legislature to enact legislation relating to the enrollment process for IHSS providers.

Primary Sponsors
David Alvarez

Bill Number	Status	Position
AB 1022	In Assembly	Monitor

Title
Medi-Cal: Program of All-Inclusive Care for the Elderly.

Description
AB 1022, as introduced, Mathis. Medi-Cal: Program of All-Inclusive Care for the Elderly. 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.Existing federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center so that they may continue living in the community. Federal law authorizes states to implement PACE as a Medicaid state option. Existing state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal state plan. Existing law requires the department to develop and pay capitation rates to entities contracted through the PACE program using actuarial methods and that reflect the level of care associated with the specific populations served pursuant to the contract. Existing law authorizes a PACE organization approved by the department to use video telehealth to conduct initial assessments and annual reassessments for eligibility for enrollment in the PACE program.This bill, among other things relating to the PACE program, would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified.

Primary Sponsors
Devon Mathis

Bill Number	Status	Position
AB 1036	In Assembly	Monitor

Title
Health care coverage: emergency medical transport.

Description
AB 1036, as introduced, Bryan. Health care coverage: emergency medical transport. 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 requires a health care service plan contract or large group health insurance policy to provide an enrollee or insured with basic health care services, which include emergency health care services. Existing law prohibits a health care service plan that provides basic health care services from requiring prior authorization or refusing to pay for an ambulance or ambulance transport services if the request was made for an emergency medical condition and the services were required or if an enrollee reasonably believed the medical condition was an emergency that required ambulance transport services. Existing law requires a policy of disability insurance issued, amended, delivered, or renewed in this state on or after January 1, 1999, that provides hospital, medical, or surgical coverage with coverage for emergency health care services to include coverage for emergency medical transportation services without regard to whether or not the emergency provider contracts with the insurer or to prior authorization.Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various emergency medical services. This bill would require a physician, upon an individual's arrival to an emergency department of a hospital, to certify in the treatment record whether an emergency medical condition existed, or was reasonably believed to have existed, and required emergency medical transportation services, as specified. This bill would, if a physician has certified that emergency medical transportation services according to these provisions, require a health care service plan, disability insurance policy, and Medi-Cal managed care plan, to provide coverage for emergency medical transport, consistent with an individual's plan or policy. The bill would specify that the indication by a physician pursuant to these provisions is limited to an assessment of the medical necessity of the emergency medical transport services, and does not apply or otherwise impact provisions regarding coverage for care provided following comple... (click bill link to see more).

Primary Sponsors
Isaac Bryan

Bill Number	Status	Position
AB 1085	In Assembly	Monitor

Title
Medi-Cal: housing support services.

Description
AB 1085, as introduced, Maienschein. Medi-Cal: housing support services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy and sustaining services.Existing law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Existing law requires that the analysis take into consideration specified information, including the number of providers in relation to each region's or county's number of people experiencing homelessness. Existing law requires the department to report the outcomes of the analysis to the Legislature by January 1, 2024.This bill would require the department to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services within 6 months of the completion of the above-described analysis. Under the bill, subject to receipt of those federal approvals, a Medi-Cal beneficiary would be eligible for those services if they either experience homelessness or are at risk of homelessness, as specified. Under the bill, the services would include housing transition and navigation services, housing deposits, and housing tenancy and sustaining services, as defined.If the evaluation finds that the state has insufficient network capacity to meet state and federal guidelines to create a new housing support services benefit, the bill would require the department to provide recommendations for building capacity and the timeline for creating sufficient capacity consistent with the analysis findings.

Primary Sponsors
Brian Maienschein

Bill Number	Status	Position
AB 1091	**In Assembly**	**Monitor**

Title
Health Care Consolidation and Contracting Fairness Act of 2023.

Description
AB 1091, as introduced, Wood. Health Care Consolidation and Contracting Fairness Act of 2023. 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 regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured.This bill, the Health Care Consolidation and Contracting Fairness Act of 2023, would prohibit a contract issued, amended, or renewed on or after January 1, 2024, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's or health facility's entrance into a contract that contains specified terms. 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.Existing law requires a nonprofit corporation that operates or controls a health facility to provide written notice to, and obtain the written consent from, the Attorney General before entering an agreement to dispose of its assets or transfer control of a material amount of its assets. Existing law requires the Attorney General, within 90 days of receiving the written notice, to notify the corporation of the Attorney General's decision to consent to, give conditional consent to, or not consent to the agreement. Existing law authorizes that period to be extended by 45 days if specified conditions are met.This bill would require a medical group, hospital or hospital system, specified health facility, health care service plan, health insurer, or pharmacy benefit manager to provide written notice to the Attorney General at the same time as another state or federal agency is notified or otherwise at least 90 days before entering an agreement or transaction to make a specified material change with a value of $15,000,000 or more. The bill would authorize the Attorney General to consent to, give condit... (click bill link to see more).

Primary Sponsors
Jim Wood

Bill Number	Status	Position
AB 1092	In Assembly	Monitor

Title
Health care service plans: consolidation.

Description
AB 1092, as introduced, Wood. Health care service plans: consolidation. 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 that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Existing law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Existing law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan's agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified.This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program. The bill would also authorize the director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and would require the director to provide information related to competition to the Attorney General. The bill would revise the director's authority to conditionally approve a transaction or agreement, including authorizing the director to review information from federal agencies and other state agencies, including agencies in other states, that is relevant to any of the parties to the transaction, as specified.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Jim Wood

Bill Number	Status	Position
AB 1110	In Assembly	Monitor

Title
Public health: adverse childhood experiences.

Description
AB 1110, as introduced, Arambula. Public health: adverse childhood experiences. Existing law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children.This bill would, subject to an appropriation and until January 1, 2027, require the department, in consultation with subject matter experts, to review available literature on adverse childhood experiences (ACEs), as defined, and ethnicity-based data disaggregation practices in ACEs screenings, develop guidance for culturally and linguistically competent ACEs screenings through improved data collection methods, and provide guidance to the Legislature by submitting a report that includes legislative or policy recommendations on best practices for data disaggregation. The bill would make Legislative findings and declarations.

Primary Sponsors
Joaquin Arambula

Bill Number	Status	Position
AB 1122	In Assembly	Monitor

Title
Medi-Cal provider applications.

Description
AB 1122, as amended, Bains. Medi-Cal provider applications. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law generally requires an applicant that currently is not enrolled in the Medi-Cal program, a provider applying for continued enrollment, or a provider not currently enrolled at a location where the provider intends to provide services, goods, supplies, or merchandise to a Medi-Cal beneficiary, to submit a complete application package for enrollment, continuing enrollment, or enrollment at a new location or a change in location, as specified.Existing law requires an applicant or provider, for new or continued enrollment in the Medi-Cal program, to disclose all information as required in federal Medicaid regulations and any other information required by the department, as specified.This bill would authorize an applicant or provider to submit any primary authoritative source documentation as proof of the above-described information, and would require the Director of Health Care Services to reasonably accept alternative formats and sources of that documentation so long as it is verified as authentic and comes from a primary source.Existing law authorizes the department to make unannounced visits to an applicant or provider for the purpose of determining whether enrollment, continued enrollment, or certification is warranted, or as necessary for the administration of the Medi-Cal program. Existing law requires, at the time of the visit, the applicant or provider to demonstrate an established place of business appropriate and adequate for the services billed or claimed to the Medi-Cal program, as specified.This bill would authorize the applicant or provider to submit its application for enrollment up to 30 days before having an established place of business and have its application considered by the department.If the department exercises its authority to conduct background checks, preenrollment inspections, or unannounced visits, existing law requires that the applicant or provider receive notice, from the department, after the conclusion of the background check, preenrollment inspection, or unannounced visit of either (1) the applicant or provider being granted provisional provider status for a period of 12 months, or (2) discrepancies or failure to meet program requirements having been found to exist during the preenrollment period.Existing law requires that the notice identify the discrepancies or failures, and whether remediation can be made or not, and if so, the ti... (click bill link to see more).

Primary Sponsors
Jasmeet Bains

Bill Number	Status	Position
AB 1131	In Assembly	Monitor

Title
Health care.

Description
AB 1131, as introduced, Garcia. Health care. 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. 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 would state the intent of the Legislature to enact legislation relating to health care.

Primary Sponsors
Eduardo Garcia

Bill Number	Status	Position
AB 1157	In Assembly	Monitor

Title
Rehabilitative and habilitative services: durable medical equipment and services.

Description
AB 1157, as introduced, Ortega. Rehabilitative and habilitative services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits includes, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified. Because a violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Liz Ortega, Lori Wilson

Bill Number	Status	Position
AB 1202	In Assembly	Monitor

Title
Medi-Cal: time or distance standards: children's health care services.

Description
AB 1202, as introduced, Lackey. Medi-Cal: time or distance standards: children's health care services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law establishes, until January 1, 2026, certain time or distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Existing law sets forth various limits on the number of miles or minutes from the enrollee's place of residence, depending on the type of service or specialty and, in some cases, on the county.Existing law authorizes a Medi-Cal managed care plan to use clinically appropriate video synchronous interaction as a means of demonstrating compliance with those standards. Existing law authorizes the department, upon request of a Medi-Cal managed care plan, to authorize alternative access standards for those standards under certain conditions, with the request being approved or denied on ZIP Code and provider type basis, as specified.This bill would require the department to conduct an analysis to identify the number of Medi-Cal providers needed to ensure adequate access to children's health care services, through compliance by Medi-Cal managed care plans with the above-described time or distance and appointment time standards across all service areas or counties of the state. The bill would require the department to prepare a report of the analysis and to submit the report to the Legislature no later than January 1, 2026. The bill would repeal the analysis and reporting provisions on January 1, 2030.

Primary Sponsors
Tom Lackey

Bill Number	Status	Position
AB 1208	In Assembly	Monitor

Title
California Health Benefit Exchange: Health Care Affordabiity Reserve Fund.

Description
AB 1208, as introduced, Schiavo. California Health Benefit Exchange: Health Care Affordabiity Reserve Fund. Existing federal law, the 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. 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. Existing law requires the Exchange to administer a program of financial assistance to help low- and middle-income Californians, by providing financial assistance to residents with household incomes at or below 600% of the federal poverty level, including appropriate subsidies designed to make health care coverage more accessible and affordable for individuals and households. Existing law requires a premium assistance subsidy provided by the program to be able to be advanced to a program participant and remitted by the Exchange to a qualified health plan issuer, based on specified factors.Existing law establishes the Health Care Affordability Reserve Fund, and authorizes the Controller to use funds in the Health Care Affordability Reserve Fund for cashflow loans to the General Fund. Existing law requires the fund to be used, upon appropriation by the Legislature, for the purpose of health care affordability programs operated by the Exchange. Existing law requires the Exchange to consult with the Legislature and stakeholders to develop options to reduce cost sharing for low- and middle-income Californians, as specified.This bill would delete the qualification making assistance under the program available to residents with household incomes at or below 600% of the federal poverty level. The bill would require the Exchange to annually update the proposed program design for cost-sharing reduction, as specified, and would require the Exchange, in developing benefit designs, to maximize the number of low- and middle-income Californians with zero deductibles. The bill would provide that the premium assistance subsidy program would not be operative in any year in which federal premium subsidies are equal to or greater than those provided for the 2023 program year. The bill would make related conforming changes and delete obsolete provisions.

Primary Sponsors
Pilar Schiavo

Bill Number	Status	Position
AB 1230	In Assembly	Monitor

Title
Medi-Cal and Medicare: dual eligible beneficiaries: special needs plans.

Description
AB 1230, as introduced, Valencia. Medi-Cal and Medicare: dual eligible beneficiaries: special needs plans. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Medicare Program, which is a public health insurance program for persons who are 65 years of age or older and specified persons with disabilities who are under 65 years of age.Existing law sets forth various provisions, including within the Coordinated Care Initiative (CCI) and the California Advancing and Innovating Medi-Cal (CalAIM) initiative, relating to beneficiaries who are dually eligible for the Medicare Program and the Medi-Cal program, for purposes of promoting more integrated care through those beneficiaries' aligned enrollment in a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP), as defined.This bill would require the department, commencing no later than January 1, 2025, to offer contracts to health care service plans for Highly Integrated Dual Eligible Special Needs Plans (HIDE-SNPs) and Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), as defined, to provide care to dual eligible beneficiaries.The bill would require that a HIDE-SNP or FIDE-SNP contract authorize a beneficiary to select from a number of available options and to maintain their established or selected health care providers. The bill would also require a contracting plan to perform all applicable required care coordination and data-sharing functions, and to provide documentation demonstrating the care integration that dual eligible beneficiaries receive through a HIDE-SNP or FIDE-SNP contract.

Primary Sponsors
Avelino Valencia

Bill Number	Status	Position
AB 1241	In Assembly	Monitor

Title
Medi-Cal: telehealth.

Description
AB 1241, as amended, Weber. Medi-Cal: telehealth. 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.Under existing law, in-person, face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Existing law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified.This bill would additionally authorize a provider to meet the above-described requirement by maintaining protocols for outpatient clinical referral to appropriate in-person care, when the standard of care cannot be met by video synchronous interaction or audio-only synchronous interaction.

Primary Sponsors
Akilah Weber

Bill Number	Status	Position
AB 1256	In Assembly	Monitor

Title
Health Professions Career Opportunity Program.

Description
AB 1256, as introduced, Wood. Health Professions Career Opportunity Program. Existing law establishes the Department of Health Care Access and Information and requires the department to maintain a Health Professions Career Opportunity Program to, among other things, implement programs at colleges and universities selected by the department and include in those programs pipeline programs that provide comprehensive academic enrichment, career development, mentorship, and advising in order to support students from underrepresented regions and backgrounds to pursue health careers.This bill would make a technical, nonsubstantive change to this provision.

Primary Sponsors
Jim Wood

Bill Number
AB 1282

Status
In Assembly

Position
Monitor

Title
Mental health: impacts of social media.

Description
AB 1282, as amended, Lowenthal. Mental health: impacts of social media. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, and authorizes the commission to take specified actions, including advising the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness.This bill would establish the Program for Researching the Impacts of Social Media on Mental Health (PRISMMH), which would require the commission to conduct research and gather information regarding the impacts of social media use on mental health. The bill would require the commission to issue a publicly available report, annually, to the Governor and the Legislature, beginning on or before July 1, 2025. The bill would require the report to include current research related to the impacts of social media use on mental health and recommendations for actions to be taken by the Governor and Legislature, including, but not limited to, policy solutions and legislation to address the impacts of social media use on mental health.

Primary Sponsors
Josh Lowenthal

Bill Number
AB 1283

Status
In Assembly

Position
Monitor

Title
Pupil health: asthma medication.

Description
AB 1283, as introduced, Chen. Pupil health: asthma medication. Existing law authorizes a school nurse or other designated school personnel to assist any pupil who is required to take, during the regular schoolday, medication prescribed for the pupil by a physician or surgeon if the school district receives specified written statements.This bill would state the intent of the Legislature to enact future legislation related to asthma medication.

Primary Sponsors
Phillip Chen

Bill Number	Status	Position
AB 1288	In Assembly	Monitor

Title
Health care coverage: Medication-assisted treatment.

Description
AB 1288, as introduced, Reyes. Health care coverage: Medication-assisted treatment. 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. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a medical service plan and a health insurer from subjecting a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder to prior authorization. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Eloise Reyes

Bill Number	Status	Position
AB 1316	In Assembly	Monitor

Title
Emergency services: psychiatric emergency medical conditions.

Description
AB 1316, as introduced, Irwin. Emergency services: psychiatric emergency medical conditions. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled, as defined. 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. Pursuant to a schedule of covered benefits, existing law requires Medi-Cal coverage for inpatient hospital services, subject to utilization controls, and with respect to fee-for service beneficiaries, coverage for emergency services and care necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition, as specified.Existing law provides for the licensing and regulation of health facilities by the State Department of Public Health and makes a violation of those provisions a crime. Existing law defines “psychiatric emergency medical condition,” for purposes of providing treatment for emergency conditions, as a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either an immediate danger to the patient or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder. Existing law includes various circumstances under which a patient is required to be treated by, or may be transferred to, specified health facilities for treatment that is solely necessary to relieve or eliminate a psychiatric emergency medical condition.This bill would revise the definition of “psychiatric emergency medical condition” to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for evaluation and treatment. The bill would make conforming changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program.The bill would require the Medi-Cal program to cover emergency services and care necessary to treat an emergency medical condition, as defined, including all professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, for all services medically necessary to stabilize the beneficiary. The bill would require coverage, including by a Medi-Cal managed care p... (click bill link to see more).

Primary Sponsors
Jacqui Irwin, Chris Ward

Bill Number	Status	Position
AB 1331	**In Assembly**	**Monitor**

Title
California Health and Human Services Data Exchange Framework: governing board.

Description
AB 1331, as introduced, Wood. California Health and Human Services Data Exchange Framework: governing board. Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with administration of health, social, and human services. Existing law establishes the California Health and Human Services Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that govern and require the exchange of health information among health care entities and government agencies in California. Existing law requires specified entities to execute the framework data sharing agreement on or before January 31, 2023. This bill would establish the Data Exchange Framework governing board and require the board to approve any modifications to that data sharing agreement and its policies and procedures. The bill would require the governing board to consist of 5 members, appointed as specified.

Primary Sponsors
Jim Wood

Bill Number	Status	Position
AB 1338	**In Assembly**	**Monitor**

Title
Medi-Cal: community supports.

Description
AB 1338, as introduced, Petrie-Norris. Medi-Cal: community supports. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, recuperative care, respite, day habilitation programs, and medically supportive food and nutrition services.This bill would add fitness, physical activity, recreational sports, and mental wellness memberships to the above-described list of community supports.

Primary Sponsors
Cottie Petrie-Norris

Bill Number	Status	Position
AB 1348	In Assembly	Monitor

Title
Local government: open meetings.

Description
AB 1348, as introduced, Grayson. Local government: open meetings. Existing law, the California Public Records Act, requires state agencies and local agencies to make public records available for inspection, subject to specified criteria, and with specified exceptions. Existing law, the Ralph M. Brown Act, requires the meetings of the legislative body of a local agency to be conducted openly and publicly, with specified exceptions. Existing law makes agendas of public meetings and other writings distributed to the members of the governing board disclosable public records, with certain exceptions.This bill would make nonsubstantive changes to the public record provisions governing the writings related to agendas of public meetings.

Primary Sponsors
Tim Grayson

Bill Number	Status	Position
AB 1419	In Assembly	Monitor

Title
Insulin.

Description
AB 1419, as introduced, Grayson. Insulin. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin if it is determined to be medically necessary.This bill would state the intent of the Legislature to enact legislation to lower the cost of insulin for Californians.

Primary Sponsors
Tim Grayson

Bill Number	Status	Position
AB 1437	In Assembly	Monitor

Title
Medi-Cal: serious mental illness.

Description
AB 1437, as introduced, Irwin. Medi-Cal: serious mental illness. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law sets forth a schedule of benefits under the Medi-Cal program, including specialty and nonspecialty mental health services through different delivery systems, in certain cases subject to utilization controls, such as prior authorization. Under existing law, prior authorization is approval of a specified service in advance of the rendering of that service based upon a determination of medical necessity. Existing law sets forth various provisions relating to processing, or appealing the decision of, treatment authorization requests, and provisions relating to certain services requiring or not requiring a treatment authorization request.After a determination of cost benefit, existing law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than $100, except for prescribed drugs, as specified.Under this bill, a treatment authorization request would not be required for the provision of a prescription drug prescribed to prevent, assess, or treat a serious mental illness, as defined. Under the bill, a prescription for a drug for serious mental illness would automatically be approved if the department verifies a record of a paid claim that documents a diagnosis of a serious mental illness within 365 days before the date of that prescription.The bill would condition the above-described provisions on the prescription being for a person 18 years of age or over, and on the person not being within the transition jurisdiction of the juvenile court, as specified.

Primary Sponsors
Jacqui Irwin, Sharon Quirk-Silva

Bill Number	Status	Position
AB 1438	In Assembly	Monitor

Title
Los Angeles County Affordable Housing Solutions Agency.

Description
AB 1438, as introduced, Juan Carrillo. Los Angeles County Affordable Housing Solutions Agency. Existing law, the Los Angeles County Regional Housing Finance Act, establishes the Los Angeles County Affordable Housing Solutions Agency. Under existing law, the purpose of the Los Angeles County Affordable Housing Solutions Agency is to increase the supply of affordable housing in Los Angeles County by providing for significantly enhanced funding and technical assistance at a regional level for renter protections, affordable housing preservation, and new affordable housing production, as specified. Existing law makes legislative findings and declarations as to the necessity of a countywide agency to address the housing crisis in Los Angeles County.This bill would make nonsubstantive changes to the above-described legislative findings and declarations provisions.

Primary Sponsors
Juan Carrillo

Bill Number	Status	Position
AB 1450	In Assembly	Monitor

Title
Pupil health: universal screenings: adverse childhood experiences and dyslexia.

Description
AB 1450, as introduced, Jackson. Pupil health: universal screenings: adverse childhood experiences and dyslexia. 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. 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 prohibits specified medical professionals, including psychiatrists, not employed in that capacity by the State Department of Health Care Services from being employed or permitted to supervise the health and physical development of pupils unless that person holds a services credential with a specialization in health or a valid credential, as provided.Existing law prohibits any person who is an employee of a school district from administering psychological tests or engaging in other psychological activities involving the application of psychological principles, methods, or procedures unless (1) the person holds a valid and current credential as a school psychologist issued by the Commission on Teacher Credentialing that permits the holder to administer psychological testing to, or engage in psychological activities with, pupils, or (2) psychological assistants or school psychology interns perform the testing or activities under the supervision of a person described in (1).Under existing law, parents and guardians of pupils enrolled in public schools have the right and should have the opportunity, as mutually supportive and respectful partners in the education of their children within the public schools, to be informed by the school, and to participate in the education of their children, including, among others, the right to receive information about any psychological testing the school does involving their child and to deny permission to give the test.This bill would require a school district, county office of education, or charter school to employ or contract with at least one mental health clinician, as defined, and at least one case manager, as defined, for each schoolsite of the local educational agency, and to conduct universal screenings for adverse childhood experiences, as defined, and dyslexia, pursuant to a graduated schedule by grade span, as specified. The bill would require a mental health clinician who conducts a screening to develop, and provide to the pupil and their parent or guardian, an action plan based upon findings from the screening, as appropriate, and would require case managers to help implement approved action plans. By imposing additional requirements on local educat... (click bill link to see more).

Primary Sponsors
Corey Jackson

Bill Number	Status	Position
AB 1451	In Assembly	Monitor

Title
Behavioral health crisis treatment.

Description
AB 1451, as introduced, Jackson. Behavioral health crisis treatment. 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 that provides hospital, medical, or surgical coverage shall provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Existing law also includes requirements for timely access to care, including mental health services, including a requirement that a health care service plan or health insurer provide or arrange for the provision of covered health care services in a timely manner appropriate for the nature of the enrollee's or insured's condition consistent with good professional practice.This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of a behavioral health crisis that is identified during an appointment at a contracted facility where an enrollee or insured is receiving treatment from a contracted provider for a medical condition, as specified. The bill would authorize treatment for the behavioral health crisis to be provided at the contracted facility, if the facility has the appropriate staff to provide that care. The bill would require the treatment to be provided without preauthorization, and would authorize the provider or facility to use same-day billing to obtain reimbursement for both the medical and behavioral health services provided to the enrollee or insured. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Corey Jackson

Bill Number
AB 1470

Status
In Assembly

Position
Monitor

Title
State Department of Health Care Services: behavioral health treatment documentation reform.

Description
AB 1470, as introduced, Quirk-Silva. State Department of Health Care Services: behavioral health treatment documentation reform. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would declare the intent of the Legislature to enact legislation to require the State Department of Health Care Services to take specified actions with respect to documentation requirements for behavioral health billing requirements under the Medi-Cal program.

Primary Sponsors
Sharon Quirk-Silva

Bill Number
AB 1477

Status
In Assembly

Position
Monitor

Title
Alcohol and drug treatment programs: licensing and certification fee.

Description
AB 1477, as introduced, Quirk-Silva. Alcohol and drug treatment programs: licensing and certification fee. Existing law makes the State Department of Health Care Services responsible for administering prevention, treatment, and recovery programs for adult alcoholism and drug abuse. Existing law requires the department to charge a fee to all programs for licensure or certification by the department and to submit any proposed new fees or fee changes to the Legislature for approval, as specified. Existing law prohibits new fees or fee changes from being implemented with legislative approval.This bill would require all fees for licensing of nonprofit residential treatment facilities and certification of nonprofit treatment programs that provide addiction treatment services to Medi-Cal beneficiaries to be at the rate last published in 2022. The bill would leave that rate in effect until January 1, 2034, or until deaths related to opioid overdose reported by the California Overdose Surveillance Dashboard have declined by 50%, whichever is first.

Primary Sponsors
Sharon Quirk-Silva

Bill Number	Status	Position
AB 1481	In Assembly	Monitor

Title
Medi-Cal: pregnant individuals or targeted low-income children.

Description
AB 1481, as introduced, Boerner Horvath. Medi-Cal: pregnant individuals or targeted low-income children. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, notwithstanding income eligibility or annual redetermination requirements, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. Existing law conditions implementation of that provision on an appropriation and, except as specified, on receipt of any necessary federal approvals and the availability of federal financial participation.This bill would make technical, nonsubstantive changes to one of those provisions.

Primary Sponsors
Tasha Boerner Horvath

Bill Number
AB 1502

Status
In Assembly

Position
Monitor

Title
Health care coverage: discrimination.

Description
AB 1502, as introduced, Schiavo. Health care coverage: discrimination. 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 prohibits a health care service plan or health insurer from employing marketing practices or benefit designs that discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex, gender identity, sexual orientation, expected length of life, degree of medical dependency, quality of life, or other health conditions. Existing law requires a plan or insurer to notify enrollees and insureds that it does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.This bill would prohibit a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decisionmaking. 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.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Pilar Schiavo

Bill Number
AB 1549

Status
In Assembly

Position
Monitor

Title
Medi-Cal: federally qualified health centers and rural health clinics.

Description
AB 1549, as introduced, Wendy Carrillo. Medi-Cal: federally qualified health centers and rural health clinics. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center services and rural health clinic services.This bill would make technical, nonsubstantive changes to these provisions.

Primary Sponsors
Wendy Carrillo

Bill Number	Status	Position
AB 1592	**In Assembly**	**Monitor**

Title
Interagency Council on Homelessness.

Description
AB 1592, as introduced, Dixon. Interagency Council on Homelessness. Existing law requires the Governor to establish the Interagency Council on Homelessness, and requires the council to have specified goals, including, to identify mainstream resources, benefits, and services that can be accessed to prevent and end homelessness in California, and to report to the Governor, federal Cabinet members, and the Legislature on homelessness and work to reduce homelessness.This bill would require the council to report annually to the Governor, federal Cabinet members, and the Legislature, commencing June 30, 2026, on homelessness and work to reduce homelessness, and would require the report to include the cost per person and distribution of funding within United States Department of Housing and Urban Development's Continuum of Care program by city and census-designated area.

Primary Sponsors
Diane Dixon

Bill Number	Status	Position
AB 1608	**In Assembly**	**Monitor**

Title
Health care service plans: drug formularies.

Description
AB 1608, as introduced, Joe Patterson. Health care service plans: drug formularies. 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 requires a health care service plan that provides prescription drug benefits and maintains one or more drug formularies to provide to members of the public, upon request, a copy of the most current list of prescription drugs on the formulary of the plan by major therapeutic category, as specified.This bill would make a technical, nonsubstantive change to those provisions.

Primary Sponsors
Joe Patterson

Bill Number	Status	Position
AB 1644	In Assembly	Monitor

Title
Medi-Cal: medically supportive food and nutrition services.

Description
AB 1644, as introduced, Bonta. Medi-Cal: medically supportive food and nutrition services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires the department to establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease.Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, medically supportive food and nutrition services, including medically tailored meals.This bill would state the intent of the Legislature to enact legislation that would, on and after July 1, 2025, make medically supportive food and nutrition services a covered benefit for all eligible beneficiaries under the Medi-Cal program, as specified.

Primary Sponsors
Mia Bonta, Buffy Wicks

Bill Number	Status	Position
AB 1645	In Assembly	Monitor

Title
Health care coverage: cost sharing.

Description
AB 1645, as introduced, Zbur. Health care coverage: cost sharing. 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 group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings.This bill would prohibit a group or individual nongrandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit those contracts and policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria its median contracted rate in the general geographic region for screening tests and integral items and services rendered, and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for a sexually transmitted infections screening from an enrollee or insured. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Rick Zbur

Bill Number	Status	Position
AB 1690	In Assembly	Monitor

Title
Universal health care coverage.

Description
AB 1690, as introduced, Kalra. Universal health care coverage. Existing law provides for the creation of various programs to provide health care services to persons who have limited incomes and meet various eligibility requirements, including the Medi-Cal program administered by the State Department of Health Care Services. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and health insurers by the Department of Insurance. Existing law establishes the California Health Benefit Exchange to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers.This bill would state the intent of the Legislature to guarantee accessible, affordable, equitable, and high-quality health care for all Californians through a comprehensive universal single-payer health care program that benefits every resident of the state.

Primary Sponsors
Ash Kalra

Bill Number	Status	Position
SB 70	In Senate	Monitor

Title
Prescription drug coverage.

Description
SB 70, as amended, Wiener. Prescription drug coverage. 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 utilization review, 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 prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified.This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage. 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.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Scott Wiener

Bill Number	Status	Position
SB 72	**In Senate**	**Monitor**

Title
Budget Act of 2023.

Description
SB 72, as introduced, Skinner. Budget Act of 2023. This bill would make appropriations for the support of state government for the 2023–24 fiscal year.This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Nancy Skinner

Bill Number	Status	Position
SB 87	**In Senate**	**Monitor**

Title
Mental health.

Description
SB 87, as introduced, Nguyen. Mental health. 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 state the intent of the Legislature to enact legislation relating to mental health.

Primary Sponsors
Janet Nguyen

Bill Number	Status	Position
SB 90	In Senate	Monitor

Title
Health care coverage: insulin affordability.

Description
SB 90, as introduced, Wiener. Health care coverage: insulin affordability. 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's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin if it is determined to be medically necessary.This bill would prohibit a health care service plan contract or a disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2024, from imposing a deductible on an insulin prescription drug or imposing a copayment of more than $35 for a 30-day supply of an insulin prescription drug, except as specified for a high deductible health plan. 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.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Scott Wiener

Bill Number	Status	Position
SB 238	In Senate	Monitor

Title
Health care coverage: independent medical review.

Description
SB 238, as introduced, Wiener. Health care coverage: independent medical review. 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 disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days.This bill would require a decision regarding a disputed health care service to be automatically submitted to the relevant Independent Medical Review System if the decision is to deny, modify, or delay specified mental health care services for an enrollee or insured 0 to 21 years of age, inclusive. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Scott Wiener

Bill Number	Status	Position
SB 257	In Senate	Monitor

Title
Health care coverage: diagnostic imaging.

Description
SB 257, as introduced, Portantino. Health care coverage: diagnostic imaging. 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 contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing.This bill would require a health care service plan contract, a policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2025, to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Anthony Portantino

Bill Number	Status	Position
SB 282	In Senate	Monitor

Title
Medi-Cal: federally qualified health centers and rural health clinics.

Description
SB 282, as introduced, Eggman. Medi-Cal: federally qualified health centers and rural health clinics. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center services and rural health clinic services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would make technical, nonsubstantive changes to these provisions.

Primary Sponsors
Susan Eggman

Bill Number	Status	Position
SB 299	In Senate	Monitor

Title
Medi-Cal eligibility: redetermination.

Description
SB 299, as introduced, Eggman. Medi-Cal eligibility: redetermination. 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 law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. In response to a change in circumstances, if a county cannot obtain sufficient information to redetermine eligibility, existing law requires the county to send to the beneficiary a form that is prepopulated with the information that the county has obtained and that states the information needed to renew eligibility. Under existing law, if the purpose for a redetermination is loss of contact with the beneficiary, as evidenced by the return of mail, as specified, a return of the prepopulated form requires the county to immediately send a notice of action terminating Medi-Cal eligibility.This bill would delete the above-described requirement for a county to send a notice of action terminating eligibility if the prepopulated form is returned and the purpose for the redetermination is loss of contact with the beneficiary. To the extent that the bill would modify county duties relating to the redetermination of Medi-Cal eligibility, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.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.

Primary Sponsors
Susan Eggman

Bill Number	Status	Position
SB 311	In Senate	Monitor

Title
Medi-Cal: Part A buy-in.

Description
SB 311, as introduced, Eggman. Medi-Cal: Part A buy-in. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the State Department of Health Care Services, to the extent required by federal law, for Medi–Cal recipients who are qualified Medicare beneficiaries, to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons. Existing federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums.This bill would require the department to submit a state plan amendment no later than January 1, 2024, to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services. To the extent that the bill would increase duties for a county, the bill would create a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.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.

Primary Sponsors
Susan Eggman

Bill Number	Status	Position
SB 324	In Senate	Monitor

Title
Health care coverage: endometriosis.

Description
SB 324, as amended, Limón. Health care coverage: endometriosis.
(1) 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 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.This bill would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review for laparoscopic surgery for endometriosis. 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.
(2) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program.This bill would add laparoscopic surgery for endometriosis as a covered benefit under Medi-Cal without prior authorization or other utilization review.(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Monique Limon

Bill Number	Status	Position
SB 326	In Senate	Monitor

Title
Mental Health Services Act.

Description
SB 326, as introduced, Eggman. Mental Health Services Act. Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 in the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The act also establishes the Mental Health Services Oversight and Accountability Commission to oversee the administration of the act.The act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote.This bill would state the intent of the Legislature to enact legislation to modernize the Mental Health Services Act.

Primary Sponsors
Susan Eggman

Bill Number	Status	Position
SB 339	In Senate	Monitor

Title
HIV preexposure prophylaxis.

Description
SB 339, as introduced, Wiener. HIV preexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met.This bill would authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024.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. Existing law prohibits a health care service plan or health insurer from covering preexposure prophylaxis that has been furnished by a pharmacist in excess of a 60-day supply once every 2 years.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 pursuant to a schedule of benefits. The existing schedule of benefits includes coverage for preexposure prophylaxis as pharmacist services, limited to no more than a 60-day supply furnished by a pharmacist once every 2 years, subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would require a health care service plan and health insurer to cover preexposure prophylaxis furnished by a pharmacist, including costs for the pharmacist's services and related testing. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Scott Wiener

Bill Number	Status	Position
SB 340	In Senate	Monitor

Title
Medi-Cal: eyeglasses: Prison Industry Authority.

Description
SB 340, as introduced, Eggman. Medi-Cal: eyeglasses: Prison Industry Authority. Existing law establishes the Prison Industry Authority within the Department of Corrections and Rehabilitation and authorizes it to operate industrial, agricultural, and service enterprises that provide products and services needed by the state, or any political subdivision of the state, or by the federal government, or any department, agency, or corporation of the federal government, or for any other public use. Existing law requires state agencies to purchase these products and services at the prices fixed by the authority. Existing law also requires state agencies to make maximum utilization of these products and consult with the staff of the authority to develop new products and adapt existing products to meet their needs.Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain optometric services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill, for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation.The bill, notwithstanding the above-described requirements, would authorize a provider participating in the Medi-Cal program to obtain eyeglasses from the authority or private entities, based on the optometrist's needs and assessment of quality and value.

Primary Sponsors
Susan Eggman, Scott Wilk

Bill Number	Status	Position
SB 348	In Senate	Support

Title
Pupil meals.

Description
SB 348, as introduced, Skinner. Pupil meals. (1) Existing law establishes a system of public elementary and secondary schools in this state. This system comprises local educational agencies throughout the state that provide instruction to pupils in kindergarten and grades 1 to 12, inclusive, at schoolsites operated by these agencies. Existing law, commencing with the 2022–23 school year, requires each school district and county superintendent of schools maintaining kindergarten or any of grades 1 to 12, inclusive, and each charter school to provide 2 nutritiously adequate school meals free of charge during each schoolday, regardless of the length of the schoolday, to any pupil who requests a meal without consideration of the pupil's eligibility for a federally funded free or reduced-price meal, as specified, with a maximum of one free meal for each meal service period. Existing law requires the department to develop and maintain nutrition guidelines for school lunches and breakfasts, and for all food and beverages sold on public school campuses.This bill would authorize local educational agencies to provide only one meal on each 4-hour schoolday unless the State Department of Education receives a waiver of the congregate meal requirement from the United States Department of Agriculture to allow for a 2nd meal on a 4-hour schoolday to be served in a noncongregate manner. The bill would require those local educational agencies to provide pupils with adequate time to eat, as determined by the State Department of Education. The bill would require the State Department of Education, in partnership with specified entities to determine the maximum amount of added sugar to be allowed in a nutritionally adequate breakfast or lunch, as provided. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program.(2) Existing federal law provides for the permanent and nationwide Summer Electronic Benefit Transfer (Summer EBT) program, under which pupils who are eligible for free and reduced price schools meals receive $40 per month during summer months for grocery benefits.This bill would require the State Department of Education, in partnership with the State Department of Social Services, to maximize participation in the federal Summer EBT program. The bill would also require the department, subject to appropriation by the Legislature for those purposes, to issue an additional $80 in the form of EBT benefits to pupils who qualify for the federal Summer EBT program.(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill wo... (click bill link to see more).

Primary Sponsors
Nancy Skinner

Bill Number	Status	Position
SB 363	In Senate	Monitor

Title
Facilities for inpatient and residential mental health and substance use disorder: database.

Description
SB 363, as introduced, Eggman. Facilities for inpatient and residential mental health and substance use disorder: database. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Existing law generally requires the State Department of Social Services to license, inspect, and regulate various types of care facilities, including, among others, a community crisis home. Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services.This bill would require, by January 1, 2025, the State Department of Health Care Services, in consultation with the State Department of Public Health and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in specified types of facilities, such as chemical dependency recovery hospitals, acute psychiatric hospitals, and mental health rehabilitation centers, among others, to identify the availability of inpatient and residential mental health or substance use disorder treatment. The bill would require the database to include a minimum of specific information, including the contact information for a facility's designated employee, the types of diagnoses or treatments for which the bed is appropriate, and the target populations served at the facility, and have the capacity to, among other things, enable searches to identify beds that are appropriate for individuals in need of inpatient or residential mental health or substance use disorder treatment.This bill would authorize the department to impose a plan of correction or assess penalties against a facility that fails to submit data accurately, timely, or as otherwise required and would establish a process for facilities to appeal these penalties. The bill would create the Available Care for Inpatient and Residential Mental Health or Substance Use Disorder Treatment Database Maintenance and Oversight Fund for the receipt of any penalties. Because the bill would continuously appropriate moneys in the fund for administrative costs of implementing the database, it would create an appropriation.

Primary Sponsors
Susan Eggman

Bill Number	Status	Position
SB 411	In Senate	Monitor

Title
Open meetings: teleconferences: bodies with appointed membership.

Description
SB 411, as introduced, Portantino. Open meetings: teleconferences: bodies with appointed membership. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.Existing law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment.Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body.This bill would authorize a legislative body to use alternate teleconferencing provisions similar to the emergency provisions indefinitely and without regard to a state of emergency. The bill would alternatively define "legislative body" for this purpose to mean a board, commission, or advisory body of a local agency, the membership of which board, commission, or advisory body is appointed and which board, commission, or advisory body is otherwise subject to the act.Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.This bill w... (click bill link to see more).

Primary Sponsors
Anthony Portantino

Bill Number	Status	Position
SB 424	In Senate	Monitor

Title
California Children's Services Program.

Description
SB 424, as introduced, Durazo. California Children's Services Program. (1) Existing law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements.Under existing law, CCS-eligible medical conditions include, among others, cystic fibrosis and hemophilia, and other conditions set forth by the Director of Health Care Services.This bill would statutorily expand the list of CCS-eligible medical conditions to include those conditions that are specified in existing CCS-related regulations. The bill would, commencing no later than January 1, 2026, and every 5 years thereafter, require the department to consult with, at a minimum, CCS medical directors and experts from the department's CCS technical advisory committees, to consider the addition of other medical conditions to the list, by regulation. The bill would make conforming changes to related provisions.(2) This bill would, commencing on January 1, 2025, and subject to an appropriation, for a child who has an eligible medical condition, but who is not financially eligible for the CCS Program, require the department to provide financial assistance for out-of-pocket costs not covered by the child's health care coverage, as specified, if those costs are for medically necessary services to treat a CCS-eligible medical condition. The bill would require the department to establish a procedure for providing that financial assistance.(3) This bill would, commencing on January 1, 2025, require the department to provide a sustainability and access payment of $500 to a hospital or CCS special care center for every CCS-enrolled child seen in the hospital or center, with annual adjustments for inflation, as specified.The bill would, for medically necessary treatments provided during the 2025 calendar year, require the department to adjust CCS payment rates for physician services, reflecting the cumulative effect of inflation, as specified. Under the bill, commencing on January 1, 2026, those payments would be updated annually to reflect the effect of inflation.The bill would require the department to provide reimbursements for lifesaving specialty drugs prescribed and administered to a CCS-enrolled child for a CCS-eligible medical condition, as specified.The bill would condition implementation of the provisions in this paragraph on receipt of any necessary federal approval and, for purposes of the physician-related payment rate increases and drug-related reimbursements, on the availability of federal financial ... (click bill link to see more).

Primary Sponsors
Maria Durazo

Bill Number	Status	Position
SB 427	In Senate	Monitor

Title
Independent medical review.

Description
SB 427, as introduced, Portantino. Independent medical review. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System in the department to review grievances involving a disputed health care service. Under existing law, a statement of decision regarding denying, modifying, or delaying health care services, based in whole or in part on a finding that a proposed health care service is not a covered benefit under the contract, is required to clearly specify the provision in the contract that excludes that coverage.This bill would make technical, nonsubstantive changes to those provisions and would clarify that the above-described statement of decision is required to clearly specify the provision in the contract that excludes a specific coverage.

Primary Sponsors
Anthony Portantino

Bill Number	Status	Position
SB 496	In Senate	Monitor

Title
Biomarker testing.

Description
SB 496, as introduced, Limón. Biomarker testing. (1) 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 contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds. Existing law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. 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.(2) 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 pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law includes Rapid Whole Genome Sequencing as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit.Subject to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, this bill, by July 1, 2024, would expand... (click bill link to see more).

Primary Sponsors
Monique Limon

Bill Number	Status	Position
SB 502	In Senate	Monitor

Title
Medi-Cal: children: mobile optometric office.

Description
SB 502, as introduced, Allen. Medi-Cal: children: mobile optometric office. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP).Pursuant to existing law, the department established a 3-year pilot program, from 2015 through 2017, in the County of Los Angeles that enabled school districts to allow students enrolled in Medi-Cal managed care plans to receive vision care services at the schoolsite through the use of a mobile vision service provider, limited to vision examinations and providing eyeglasses.Existing law authorizes an applicant or provider that meets the requirements to qualify as a mobile optometric office to be enrolled in the Medi-Cal program as either a mobile optometric office or within any other provider category for which the applicant or provider qualifies. Existing law defines "mobile optometric office" as a trailer, van, or other means of transportation in which the practice of optometry is performed and which is not affiliated with an approved optometry school in the state. Under existing law, the ownership and operation of a mobile optometric office is limited to a nonprofit or charitable organization, as specified, with the owner and operator registering with the State Board of Optometry.This bill would require the department, subject to an appropriation, to file all necessary state plan amendments to exercise the option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified.The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would require implementation of these provisions by January 1, 2025, or the date that any necessary federal approvals have been obtained, whichever date is later. The bill would state the intent of the Legislature that General Fund moneys not be used for any future appropriation for these provisions.

Primary Sponsors
Ben Allen

Bill Number	Status	Position
SB 525	In Senate	Monitor

Title
Minimum wage: health care workers.

Description
SB 525, as introduced, Durazo. Minimum wage: health care workers. Existing law generally requires the minimum wage for all industries to not be less than specified amounts to be increased until it is $15 per hour commencing January 1, 2022, for employers employing 26 or more employees and commencing January 1, 2023, for employers employing 25 or fewer employees. Existing law makes a violation of minimum wage requirements a misdemeanor.This bill would require a health care worker minimum wage of $25 per hour for hours worked in covered health care employment, as defined, subject to adjustment, as prescribed. The bill would provide that the health care worker minimum wage constitutes the state minimum wage for covered health care employment for all purposes under the Labor Code and the Wage Orders of the Industrial Welfare Commission. The health care worker minimum wage would be enforceable by the Labor Commissioner or by a covered worker through a civil action, through the same means and with the same relief available for violation of any other state minimum wage requirement. By establishing a new minimum wage, the violation of which would be a crime, the bill would impose a state-mandated local program.This bill would require, for covered health care employment where the employee is paid on a salary basis, that the employee earn a monthly salary equivalent to no less than 2 times the health care worker minimum wage for full-time employment in order to qualify as exempt from the payment of minimum wage and overtime.This bill would make legislative findings and declarations as to the necessity of a special statute for health care workers.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Maria Durazo

Bill Number	Status	Position
SB 535	**In Senate**	**Monitor**

Title
Knox-Keene Health Care Service Plan Act of 1975.

Description
SB 535, as introduced, Nguyen. Knox-Keene Health Care Service Plan Act of 1975. 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. Among other provisions, existing law requires a health care service plan to meet specified requirements, including, but not limited to, furnishing services in a manner providing continuity of care, ready referral of patients to other providers at appropriate times, and making services readily accessible to all enrollees, as specified.This bill would make technical, nonsubstantive changes to those provisions.

Primary Sponsors
Janet Nguyen

Bill Number	Status	Position
SB 537	**In Senate**	**Monitor**

Title
Open meetings: local agencies: teleconferences.

Description
SB 537, as introduced, Becker. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The act allows for meetings to occur through teleconference, subject to specified requirements.This bill would state the intent of the Legislature to enact subsequent legislation that expands local government's access to hold public meetings through teleconferencing and remote access.

Primary Sponsors
Josh Becker

Bill Number	Status	Position
SB 541	In Senate	Monitor

Title
Sexual health: contraceptives: immunization.

Description
SB 541, as introduced, Menjivar. Sexual health: contraceptives: immunization. (1) Existing law, the California Healthy Youth Act, requires school districts, defined to include county boards of education, county superintendents of schools, the California School for the Deaf, the California School for the Blind, and charter schools, to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education, as specified.This bill would, in order to prevent and reduce unintended pregnancies and sexually transmitted infections, require each public school, including schools operated by a school district or county office of education and charter schools, to make condoms available to all pupils free of charge, as provided. The bill would, commencing with the 2023–24 school year, require each public school to post at least one notice regarding these requirements in a prominent and conspicuous location on the school campus, as specified. The bill would require each public school to allow the distribution of condoms during the course of, or in connection to, educational or public health programs and initiatives, as provided. By imposing additional duties on public school officials, the bill would impose a state-mandated local program.(2) Under existing law, the Sherman Food, Drug, and Cosmetic Law, the State Department of Public Health generally regulates the packaging, labeling, advertising, and sale of food, drugs, devices, and cosmetics, in accordance with the Federal Food, Drug, and Cosmetic Act. A violation of those provisions is generally a crime. Existing law sets forth various other provisions relating to the furnishing and health care coverage of certain types of contraception.This bill would, with certain exceptions, prohibit a retail establishment, as defined, from refusing to furnish nonprescription contraception to a person solely on the basis of age by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age. Under the bill, a violation of that prohibition would be exempt from the above-described criminal penalty.(3) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program, including the Family Planning, Access, Care, and Treatment (Family PACT) Program pursuant to a federal waiver.Under existing law, the Family PACT Program provides comprehensi... (click bill link to see more).

Primary Sponsors
Caroline Menjivar

Bill Number	Status	Position
SB 582	In Senate	Monitor

Title
Health records: EHR vendors.

Description
SB 582, as introduced, Becker. Health records: EHR vendors. Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with administration of health, social, and human services. Existing law establishes the California Health and Human Services Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that govern and require the exchange of health information among health care entities and government agencies in California. Existing law requires specified entities to execute the framework data sharing agreement on or before January 31, 2023. This bill would require EHR vendors, as defined, to execute the framework data sharing agreement on or before July 1, 2024. The bill would require any fees charged by an EHR vendor to enable compliance with the framework to comply with specified federal regulations and would require the agency to develop a process for signatories to report if the EHR vendor fees are not in compliance.

Primary Sponsors
Josh Becker

Bill Number	Status	Position
SB 595	In Senate	Monitor

Title
Covered California: data sharing.

Description
SB 595, as introduced, Roth. Covered California: data sharing. Existing federal law, the 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. Existing state law creates the California Health Benefit Exchange (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. Existing law requires the Exchange, beginning no later than September 1, 2023, and at least monthly thereafter, to request from the Employment Development Department (EDD) specified information of each new applicant for unemployment compensation, state disability, and paid family leave. Existing law requires the EDD to provide that information in a manner prescribed by the Exchange. Existing law requires the Exchange to market and publicize the availability of health care coverage through the Exchange, and engage in outreach activities, to the individuals whose contact information is received by the Exchange from the EDD, as specified. Existing law prohibits the Exchange from disclosing the personal information obtained from the EDD without the consent of the applicant.This bill would specifically apply that prohibition to the disclosure of personal information by the Exchange to a certified insurance agent or a certified employment counselor. The bill also would make a technical change to a related provision.

Primary Sponsors
Richard Roth

Bill Number	Status	Position
SB 598	In Senate	Monitor

Title
Health care coverage: prior authorization.

Description
SB 598, as introduced, Skinner. Health care coverage: prior authorization. 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 to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers.On or after January 1, 2025, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Nancy Skinner

Bill Number	Status	Position
SB 621	In Senate	Monitor

Title
Health care coverage: biosimilar drugs.

Description
SB 621, as introduced, Caballero. Health care coverage: biosimilar drugs. 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 authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition. Existing law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug.This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug.

Primary Sponsors
Anna Caballero

Bill Number	Status	Position
SB 694	In Senate	Monitor

Title
Medi-Cal: self-measured blood pressure devices and services.

Description
SB 694, as introduced, Eggman. Medi-Cal: self-measured blood pressure devices and services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law sets forth a schedule of benefits under the Medi-Cal program, including pharmacy benefits (Medi-Cal Rx) and durable medical equipment. The department announced that, effective June 1, 2022, personal home blood pressure monitoring devices, and blood pressure cuffs for use with those devices, are a covered benefit under Medi-Cal Rx as a pharmacy-billed item.This bill would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program for the treatment of high blood pressure. The bill would state the intent of the Legislature that those covered devices and services be consistent in scope with devices and services that are recognized under specified existing billing codes or their successors. The bill would condition implementation of that coverage on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors
Susan Eggman

Bill Number	Status	Position
SB 729	In Senate	Monitor

Title
Health care coverage: treatment for infertility and fertility services.

Description
SB 729, as introduced, Menjivar. Health care coverage: treatment for infertility and fertility services. 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 imposes various requirements and restrictions on health care service plans and health insurers, including, among other things, a requirement that every group health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization.This bill would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders. The bill would prohibit a health care service plan or health insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. With respect to a health care service plan, the bill would not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions. Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Caroline Menjivar, Buffy Wicks

Bill Number	Status	Position
SB 774	In Senate	Monitor

Title
Nonprofit health facilities: sale of assets: Attorney General approval: conditional consent.

Description
SB 774, as introduced, Jones. Nonprofit health facilities: sale of assets: Attorney General approval: conditional consent. Existing law requires a nonprofit corporation, as defined, that operates or controls a health facility, as defined, or operates or controls a facility that provides similar health care to provide written notice to, and obtain the written consent of, the Attorney General prior to selling or otherwise disposing of a material amount of its assets to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to another nonprofit corporation or entity. Existing law provides that the Attorney General has discretion to give consent to, give conditional consent to, or to not consent to, the agreement or transaction and requires the Attorney General to consider any factors they deem relevant, including, but not limited to, whether the terms are fair and reasonable.This bill would prohibit the Attorney General from giving conditional consent to any above-described agreement or transaction upon any condition or conditions that, individually or in aggregate, would reasonably be expected to, among other things, impose conditions that are unique to the selling nonprofit corporation, and are distinct from conditions that similarly situated selling nonprofit corporations are required to maintain or perform.

Primary Sponsors
Brian Jones, Shannon Grove

Bill Number	Status	Position
SB 819	**In Senate**	**Monitor**

Title
Medi-Cal: certification.

Description
SB 819, as introduced, Eggman. Medi-Cal: certification. 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.Existing law authorizes the department to adopt regulations for the certification of each applicant and each provider in the Medi-Cal program. Existing law requires a provider that is not currently enrolled at a location where the provider intends to provide services, goods, supplies, or merchandise to a Medi-Cal beneficiary to submit a complete application package for enrollment at a new location or change in location. Existing law exempts an applicant, a provider operated by a licensed primary care clinic, or an affiliated mobile health care unit from this requirement and from a requirement to enroll in the Medi-Cal program as a separate provider, if a licensed primary care clinic operating the applicant, provider clinic, or mobile health care unit notifies the department of its separate locations.This bill would make a technical, nonsubstantive change to that provision.

Primary Sponsors
Susan Eggman

Bill Number	Status	Position
SB 870	**In Senate**	**Monitor**

Title
Health facilities: rural hospitals.

Description
SB 870, as introduced, Caballero. Health facilities: rural hospitals. Existing law requires the State Department of Public Health to license and regulate health facilities, including general acute care hospitals, as defined. Existing law declares the intent of the Legislature to designate certain rural general acute care hospitals as primary health service hospitals, to facilitate the diversification of the small, rural hospital in various ways, such as serving as a focal point for the promotion of health and the delivery of health care services within the rural community. Existing law requires a general acute care hospital to meet requirements relating to the hospital's location, proximity to another general acute care hospital, and number of acute care beds, to be eligible for designation as a primary health service hospital.This bill would state the intent of the Legislature to enact legislation to aid in the prevention of rural hospital closures.

Primary Sponsors
Anna Caballero

Bill Number	Status	Position
SB 871	In Senate	Monitor

Title
Medical loss ratios.

Description
SB 871, as introduced, Archuleta. Medical loss ratios. 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 that issues, sells, renews, or offers a health care service plan contract or health insurance policy, respectively, for health care coverage in this state to comply with minimum medical loss ratios. Existing law requires a health care service plan or health insurer, excluding specialized health care service plan contracts and specialized health insurance policies, to provide, no later than August 1, an annual rebate to each enrollee or insured under that coverage, on a pro rata basis, if the medical loss ratio of the amount of premium revenue expended by the plan or health insurer on the costs for reimbursement for clinical services and for activities that improve health care quality to the total amount of premium revenue is less than a certain percentage.This bill would make technical, nonsubstantive changes to those provisions.

Primary Sponsors
Bob Archuleta

Bill Number	Status	Position
SB 873	In Senate	Monitor

Title
Prescription drugs: cost sharing.

Description
SB 873, as introduced, Bradford. Prescription drugs: cost sharing. (1) 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 under authority of the Director of 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 under the authority of the Insurance Commissioner. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price.This bill, commencing no later than January 1, 2025, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027.(2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided.This bill, until January 1, 2027, would require a health care service plan or health insurer to report additional information on the above-described point of sale provision.(3) Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Steve Bradford