

## Status Report

### [AB 5](#)

#### **(Gonzalez D) Worker status: employees and independent contractors.**

**Current Text:** Chaptered: 9/18/2019 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Last Amend:** 9/6/2019

**Status:** 9/18/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 296, Statutes of 2019.

**Location:** 9/18/2019-A. CHAPTERED

**Summary:** Would state the intent of the Legislature to codify the decision in the Dynamex case and clarify its application. The bill would provide that for purposes of the provisions of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity's business, and the person is customarily engaged in an independently established trade, occupation, or business. The bill, notwithstanding this provision, would provide that any statutory exception from employment status or any extension of employer status or liability remains in effect, and that if a court rules that the 3-part test cannot be applied, then the determination of employee or independent contractor status shall be governed by the test adopted in *S. G. Borello & Sons, Inc. v. Department of Industrial Relations* (1989) 48 Cal.3d 341 (Borello). The bill would exempt specified occupations from the application of Dynamex, and would instead provide that these occupations are governed by Borello.

**Position**

Oppose

**Subject**

### [AB 526](#)

#### **(Petrie-Norris D) Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children.**

**Current Text:** Amended: 7/1/2019 [html](#) [pdf](#)

**Introduced:** 2/13/2019

**Last Amend:** 7/1/2019

**Status:** 8/30/2019-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/12/2019)(May be acted upon Jan 2020)

**Location:** 8/30/2019-S. 2 YEAR

**Summary:** Current law requires the former Managed Risk Medical Insurance Board and former State Department of Health Services, in collaboration with program offices for the WIC Program and other designated entities, to design, promulgate, and implement policies and procedures for an automated enrollment gateway system, subject to appropriation, allowing children applying to the WIC Program to obtain presumptive eligibility for, and to facilitate application for enrollment in, the Medi-Cal program or the former Healthy Families Program, to the extent federal financial participation is available, as specified. This bill would delete the above-described provisions relating to the automated enrollment gateway system and would instead require the State Department of Health Care Services, in collaboration with the same designated entities, to design, promulgate, and implement policies and procedures for an automated enrollment pathway, designating the WIC Program and its local WIC agencies as Express Lane agencies and using WIC eligibility determinations to meet Medi-Cal eligibility requirements.

**Position**

Support

**Subject**

Universal  
Coverage

### [AB 598](#)

#### **(Bloom D) Hearing aids: minors.**

**Current Text:** Amended: 9/6/2019 [html](#) [pdf](#)

**Introduced:** 2/14/2019

**Last Amend:** 9/6/2019

**Status:** 9/15/2019-9/15/2019-Failed Deadline pursuant to Rule 61(a)(15). (Last location was DESK on 9/11/2019)(May be acted upon Jan 2020)

**Location:** 9/15/2019-A. 2 YEAR

**Summary:** This bill, known as the Let California Kids Hear Act, would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after July 1, 2020, to include coverage for hearing aids, as defined, for an enrollee or insured under 18 years of age.

**Position**

Support

**Subject**

Coverage  
Mandates

### [AB 651](#)

#### **(Grayson D) Air ambulance services.**

**Current Text:** Chaptered: 10/7/2019 [html](#) [pdf](#)

**Introduced:** 2/15/2019

**Last Amend:** 9/9/2019

**Status:** 10/7/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 537, Statutes of 2019.

**Location:** 10/7/2019-A. CHAPTERED

**Summary:** Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee, insured, or subscriber (individual) receives covered services from a noncontracting air ambulance provider, the individual shall pay no more than the same cost sharing that the individual would pay for the same covered services received from a contracting air ambulance provider, referred to as the in-network cost-sharing amount.

**Position**

Support

**Subject**

EMS

**[AB 682](#)**

**(Eggman D) Health facilities: residential mental health or substance use disorder treatment.**

**Current Text:** Introduced: 2/15/2019 [html](#) [pdf](#)

**Introduced:** 2/15/2019

**Status:** 5/17/2019-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/3/2019)(May be acted upon Jan 2020)

**Location:** 5/17/2019-A. 2 YEAR

**Summary:** Would require the State Department of Public Health, in consultation with specified entities, to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about the availability of beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities for treatment purposes.

**Position**

Oppose

**Subject**

Mental Health

**[AB 744](#)**

**(Aguiar-Curry D) Health care coverage: telehealth.**

**Current Text:** Chaptered: 10/13/2019 [html](#) [pdf](#)

**Introduced:** 2/19/2019

**Last Amend:** 9/10/2019

**Status:** 10/13/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 867, Statutes of 2019.

**Location:** 10/13/2019-A. CHAPTERED

**Summary:** Current law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward.

**Position**

Support

**Subject**

Telehealth

**[AB 763](#)**

**(Gray D) Medi-Cal specialty mental health services.**

**Current Text:** Amended: 7/1/2019 [html](#) [pdf](#)

**Introduced:** 2/19/2019

**Last Amend:** 7/1/2019

**Status:** 8/30/2019-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 8/12/2019)(May be acted upon Jan 2020)

**Location:** 8/30/2019-S. 2 YEAR

**Summary:** Would require, on or before March 31, 2020, the State Department of Health Care Services to convene a stakeholder workgroup, including representatives from the County Behavioral Health Directors Association of California, to identify all forms currently used by mental health plan contractors for purposes of determining eligibility and reimbursement for specialty mental health services that are provided under Early and Periodic Screening, Diagnostic, and Treatment Program, and to develop standard forms. The bill would also authorize the department and the workgroup to develop a list of department-approved nonstandard forms. The bill would require the standard forms to be completed by January 1, 2021.

**Position**

Support

**Subject**

Mental Health

**[AB 764](#)**

**(Bonta D) Sugar-sweetened beverages: nonsale distribution incentives.**

**Current Text:** Amended: 5/28/2019 [html](#) [pdf](#)

**Introduced:** 2/19/2019

**Last Amend:** 5/28/2019

**Status:** 9/15/2019-Failed Deadline pursuant to Rule 61(a)(15). (Last location was THIRD READING on 5/20/2019)(May be acted upon Jan 2020)

**Location:** 9/15/2019-A. 2 YEAR

**Summary:** Would regulate promotion and marketing activities related to sugar-sweetened beverages, as defined, by prohibiting a beverage company, as defined, manufacturer, or distributor, as defined, from giving or offering incentives or other financial support to compensate distributors or retailers for the cost of promotional offers, coupons, or other incentives offered to consumers for branded products of the beverage company. The bill would exempt from that prohibition contracts between a beverage company, manufacturer, or distributor and a theme or amusement park, zoo, other attraction, or professional sports stadium that include nonfood promotions.

**Position**

Support

**Subject**

Public Health

**AB 765** **(Wicks D) Health Checkout Aisles for Healthy Families Act.**

**Current Text:** Amended: 4/10/2019 [html](#) [pdf](#)

**Introduced:** 2/19/2019

**Last Amend:** 4/10/2019

**Status:** 4/26/2019-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/28/2019) (May be acted upon Jan 2020)

**Location:** 4/26/2019-A. 2 YEAR

**Summary:** Would enact the California Healthy Checkout Aisles for Healthy Families Act, and would require a store, as defined, to make available only specified beverages, including milk and natural fruit and vegetable juice, in the checkout areas of the store. The bill would require the department and the local health agency having jurisdiction over the store to administer and enforce the act. The bill would make a violation of its provisions an infraction, and would require the first violation to result in a notice of violation. The bill would make the 2nd and 3rd violations within a 5-year period punishable by fines of not more than \$250 and \$500, respectively.

**Position**

Support

**Subject**

Public Health

**AB 898** **(Wicks D) Early and Periodic Screening, Diagnostic, and Treatment services: behavioral health.**

**Current Text:** Amended: 6/13/2019 [html](#) [pdf](#)

**Introduced:** 2/20/2019

**Last Amend:** 6/13/2019

**Status:** 8/30/2019-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. SUSPENSE FILE on 6/24/2019)(May be acted upon Jan 2020)

**Location:** 8/30/2019-S. 2 YEAR

**Summary:** Would require the California Health and Human Services Agency, under the oversight of the Secretary of California Health and Human Services or their designee, to convene, by March 30, 2020, and monthly thereafter, the Children's Behavioral Health Action Team, which would consist of no fewer than 30 individuals, including the Director of Health Care Services, Director of Social Services, the Director of Managed Health Care, and representatives from community-based behavioral health agencies, to maximize the Medi-Cal program's investment in the social, emotional, and developmental health and well-being of children in California who receive health care through the Medi-Cal program.

**Position**

Support

**Subject**

Mental Health

**AB 1004** **(McCarty D) Developmental screening services.**

**Current Text:** Chaptered: 9/30/2019 [html](#) [pdf](#)

**Introduced:** 2/21/2019

**Last Amend:** 8/30/2019

**Status:** 9/30/2019-Approved by the Governor. Chaptered by Secretary of State - Chapter 387, Statutes of 2019.

**Location:** 9/30/2019-A. CHAPTERED

**Summary:** Would require, consistent with federal law, that screening services provided as an EPSDT benefit include developmental screening services for individuals zero to 3 years of age, inclusive, and would require Medi-Cal managed care plans to ensure that providers who contract with these plans render those services in conformity with specified standards. The bill would require the State Department of Health Care Services to ensure a Medi-Cal managed care plan's ability and readiness to perform these developmental screening services, and to adjust a Medi-Cal managed care plan's capitation rate.

**Position**

Support

**Subject**

Early Childhood

**[AB 1014](#) (O'Donnell D) Health facilities: notices.**

**Current Text:** Vetoed: 10/12/2019 [html](#) [pdf](#)

**Introduced:** 2/21/2019

**Last Amend:** 6/17/2019

**Status:** 10/12/2019-Vetoed by Governor.

**Location:** 10/12/2019-A. VETOED

**Summary:** Would require a hospital that provides emergency medical services to provide notice, as specified, at least 180 days before a planned reduction or elimination of the level of emergency medical services. The bill would require a health facility to provide at least 180 days notice, as specified, prior to closing the facility and at least 90 days prior to eliminating or relocating a supplemental service, except as specified.

**Position**

Oppose

**Subject**

Change of  
Ownership

**[AB 1404](#) (Santiago D) Nonprofit sponsors: reporting obligations.**

**Current Text:** Amended: 9/6/2019 [html](#) [pdf](#)

**Introduced:** 2/22/2019

**Last Amend:** 9/6/2019

**Status:** 9/15/2019-Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/14/2019)(May be acted upon Jan 2020)

**Location:** 9/15/2019-S. 2 YEAR

**Summary:** The Nonprofit Corporation Law regulates the organization and operation of nonprofit public benefit corporations, nonprofit mutual benefit corporations, and nonprofit religious corporations, including, but not limited to, health care service plans. That law requires a nonprofit public benefit corporation to furnish annually to its members a report that includes the assets and liabilities of the corporation, revenue or receipts of the corporation, and the expenses or disbursements of the corporation. This bill would require a nonprofit sponsor to make specified annual disclosures publicly available by posting those disclosures on the nonprofit sponsor's public internet website in the same location where it posts copies of its annual report.

**Position**

Oppose

**Subject**

**[AB 1611](#) (Chiu D) Emergency hospital services: costs.**

**Current Text:** Amended: 6/27/2019 [html](#) [pdf](#)

**Introduced:** 2/22/2019

**Last Amend:** 6/27/2019

**Status:** 7/10/2019-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/12/2019)(May be acted upon Jan 2020)

**Location:** 7/10/2019-S. 2 YEAR

**Summary:** Would require a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered services from a noncontracting hospital, the enrollee or insured is prohibited from paying more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracting hospital. The bill would require a health care service plan or insurer to pay a noncontracting hospital for emergency services rendered to an enrollee or insured pursuant to a specified formula, would require a noncontracting hospital to bill, collect, and make refunds in a specified manner, and would provide a dispute resolution procedure if any party is dissatisfied with payment.

**Position**

Oppose

**Subject**

Balance Billing

**[SB 39](#) (Hill D) Tobacco products.**

**Current Text:** Chaptered: 9/16/2019 [html](#) [pdf](#)

**Introduced:** 12/3/2018

**Last Amend:** 4/10/2019

**Status:** 9/16/2019-Approved by the Governor. Chaptered by Secretary of State. Chapter 295, Statutes of 2019.

**Location:** 9/16/2019-S. CHAPTERED

**Summary:** Would require sellers, distributors, and nonsale distributors to deliver tobacco products only in conspicuously marked containers, as specified, and to obtain the signature of a person 21 years of age or older before delivering a tobacco product. The bill would allow a person to designate an address for delivery that is different from the person's mailing or billing address, if the person's mailing or billing address has been verified in accordance with specified provisions.

**Position**  
Support

**Subject**  
Public Health,  
Tobacco  
Products

**SB 66**

**(Atkins D) Medi-Cal: federally qualified health center and rural health clinic services.**

**Current Text:** Amended: 3/21/2019 [html](#) [pdf](#)

**Introduced:** 1/8/2019

**Last Amend:** 3/21/2019

**Status:** 9/15/2019-Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/11/2019)(May be acted upon Jan 2020)

**Location:** 9/15/2019-A. 2 YEAR

**Summary:** Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.

**Position**  
Support

**Subject**  
Mental Health

**SB 207**

**(Hurtado D) Medi-Cal: asthma preventive services.**

**Current Text:** Amended: 8/15/2019 [html](#) [pdf](#)

**Introduced:** 2/4/2019

**Last Amend:** 8/15/2019

**Status:** 8/30/2019-Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/9/2019) (May be acted upon Jan 2020)

**Location:** 8/30/2019-A. 2 YEAR

**Summary:** Would include asthma preventive services, as defined, as a covered benefit under the Medi-Cal program, no later than July 1, 2021, if the Legislature appropriates funds for that purpose. The bill would require the State Department of Health Care Services, in consultation with external stakeholders, to approve 2 accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers, and would require the curricula to be consistent with specified federal and clinically appropriate guidelines.

**Position**  
Support

**Subject**  
Coverage  
Mandates

**SB 227**

**(Leyva D) Health and care facilities: inspections and penalties.**

**Current Text:** Chaptered: 10/12/2019 [html](#) [pdf](#)

**Introduced:** 2/7/2019

**Last Amend:** 8/30/2019

**Status:** 10/12/2019-Approved by the Governor. Chaptered by Secretary of State. Chapter 843, Statutes of 2019.

**Location:** 10/12/2019-S. CHAPTERED

**Summary:** Current law specifically requires the State Department of Public Health to adopt regulations that require a general acute care hospital, an acute psychiatric hospital, and a special hospital to meet minimum nurse-to-patient ratios and assign additional staff according to a documented patient classification system for determining nursing care requirements. Current law also generally requires the department to periodically inspect every health facility for which a license or special permit has been issued for compliance with state laws and regulations, and to ensure that those periodic inspections are not announced in advance of inspection. This bill would require the periodic inspections of these specified health facilities to include reviews of compliance with the nurse-to-patient ratios and staff assignment regulations described above.

**Position**  
Oppose

**Subject**  
Staff Ratios

**SB 276**

**(Pan D) Immunizations: medical exemptions.**

**Current Text:** Chaptered: 9/9/2019 [html](#) [pdf](#)

**Introduced:** 2/13/2019

**Last Amend:** 7/1/2019

**Status:** 9/9/2019-Approved by the Governor. Chaptered by Secretary of State. Chapter 278, Statutes

of 2019.

**Location:** 9/9/2019-S. CHAPTERED

**Summary:** Would require the State Department of Public Health, by January 1, 2021, to develop and make available for use by licensed physicians and surgeons an electronic, standardized, statewide medical exemption request that would be transmitted using the California Immunization Registry (CAIR), and which, commencing January 1, 2021, would be the only documentation of a medical exemption that a governing authority may accept. The bill would specify the information to be included in the medical exemption form, including a certification under penalty of perjury that the statements and information contained in the form are true, accurate, and complete.

**Position**  
Support

**Subject**  
Public Health

**SB 305 (Hueso D) Compassionate Access to Medical Cannabis Act or Ryan's Law.**

**Current Text:** Vetoed: 10/12/2019 [html](#) [pdf](#)

**Introduced:** 2/15/2019

**Last Amend:** 8/12/2019

**Status:** 10/12/2019-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

**Location:** 10/12/2019-S. VETOED

**Summary:** Current law, known as the Medical Marijuana Program, requires counties to administer an identification card program for qualified patients and provides immunity from arrest to qualified patients with a valid identification card or designated primary caregivers, within prescribed limits. This bill, the Compassionate Access to Medical Cannabis Act or Ryan's Law, would prohibit specified types of health care facilities from prohibiting or interfering with a terminally ill patient's use of medical cannabis within the health care facility, subject to certain restrictions. The bill would require a patient to provide the health care facility with a copy of their medical marijuana card or written documentation that the use of medical cannabis is recommended by a physician.

**Position**  
Oppose

**Subject**  
Cannabis

**SB 347 (Monning D) Sugar-sweetened beverages: safety warnings.**

**Current Text:** Amended: 6/12/2019 [html](#) [pdf](#)

**Introduced:** 2/19/2019

**Last Amend:** 6/12/2019

**Status:** 7/10/2019-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/6/2019) (May be acted upon Jan 2020)

**Location:** 7/10/2019-A. 2 YEAR

**Summary:** Would establish the Sugar-Sweetened Beverages Safety Warning Act, which would prohibit a person from distributing, selling, or offering for sale a sugar-sweetened beverage in a sealed beverage container, a multipack of sugar-sweetened beverages, or a concentrate, as those terms are defined, in this state unless the sealed beverage container, multipack, or packaging of the concentrate bears a safety warning. The bill also would require every person who owns, leases, or otherwise legally controls the premises where a vending machine or beverage dispensing machine is located, or where a sugar-sweetened beverage is sold in an unsealed container, to place a specified safety warning in certain locations, including on the exterior of any vending machine that includes a sugar-sweetened beverage for sale.

**Position**  
Support

**Subject**

**SB 428 (Pan D) Pupil health: school employee training: youth mental and behavioral health.**

**Current Text:** Vetoed: 10/13/2019 [html](#) [pdf](#)

**Introduced:** 2/21/2019

**Last Amend:** 7/5/2019

**Status:** 10/13/2019-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.

**Location:** 10/13/2019-S. VETOED

**Summary:** Current law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. This bill, contingent on an appropriation made for these purposes, would require the State Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils on youth mental and behavioral health, as specified.

**Position**  
Support

**Subject**  
Mental Health

**SB 567 (Caballero D) Workers' compensation: hospital employees.**

**Current Text:** Introduced: 2/22/2019 [html](#) [pdf](#)

**Introduced:** 2/22/2019

**Status:** 4/26/2019-Failed Deadline pursuant to Rule 61(a)(2). (Last location was L., P.E. & R. on 3/7/2019)(May be acted upon Jan 2020)

**Location:** 4/26/2019-S. 2 YEAR

**Summary:** Would define "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would create rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of the employment. The bill would extend these presumptions for specified time periods after the hospital employee's termination of employment. The bill would also make related findings and declarations.

**Position**

Oppose

**Subject**

**Total Measures: 23**

**Total Tracking Forms: 23**