

CCHA Bills w/ Positions

[AB 32](#)

(Aguiar-Curry D) Telehealth.

Current Text: Amended: 5/24/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 5/24/2021

Status: 7/8/2021-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 6/9/2021-S. HEALTH

Summary: Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans.

Attachments:

[Coalition Support Assembly Health](#)

Position	Priority	Subject
Support		Telehealth

[AB 114](#)

(Maienschein D) Medi-Cal benefits: rapid Whole Genome Sequencing.

Current Text: Amended: 5/24/2021 [html](#) [pdf](#)

Introduced: 12/17/2020

Last Amend: 5/24/2021

Status: 7/13/2021-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 6/16/2021-S. APPR.

Summary: Would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the State Department of Health Care Services to implement this provision by various means without taking regulatory action.

Attachments:

[CCHA Ltr Assembly Health](#)

Position	Priority	Subject
Support		CCS

[AB 226](#)

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

Current Text: Amended: 7/12/2021 [html](#) [pdf](#)

Introduced: 1/11/2021

Last Amend: 7/12/2021

Status: 7/12/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/6/2021-S. APPR.

Summary: Would reclassify children's crisis residential programs as children's crisis psychiatric residential treatment facilities, and would transfer responsibility for licensing these facilities to the State Department of Health Care Services, contingent upon an appropriation in the annual Budget Act for these purposes. The bill would define "children's crisis psychiatric residential treatment facility" to mean a licensed residential facility operated by a public agency or private organization that provides the psychiatric services, as prescribed under the Medicaid regulations, to individuals under 21 years of age, in an inpatient setting.

Attachments:

[CCHA Ltr Assembly Health](#)

Position	Priority	Subject
Support		Mental Health

[AB 234](#)

(Ramos D) Office of Suicide Prevention

Current Text: Introduced: 1/12/2021 [html](#) [pdf](#)

Introduced: 1/12/2021

Status: 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/14/2021)(May be acted upon Jan 2022)

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

Summary: Current law authorizes the State Department of Public Health to establish the Office of

Suicide Prevention within the department, and requires the office to perform specified duties, including providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and reporting on progress to reduce rates of suicide, and authorize the office to apply for and use federal, state, and foundation grants. This bill would remove the limitation that, should the office be established, all duties and responsibilities of the office be carried out using existing staff and resources.

Attachments:

[CCHA Ltr Assembly Health](#)

Position	Priority	Subject
Support		Mental Health

[AB 382](#) (Kamlager D) Whole Child Model program.

Current Text: Chaptered: 7/9/2021 [html](#) [pdf](#)

Introduced: 2/2/2021

Last Amend: 4/29/2021

Status: 7/9/2021-Approved by the Governor. Chaptered by Secretary of State - Chapter 51, Statutes of 2021.

Location: 7/9/2021-A. CHAPTERED

Summary: Current law authorizes the State Department of Health Care Services to establish a Whole Child Model (WCM) program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide CCS services to Medi-Cal eligible CCS children and youth. Current law requires the department to establish a statewide WCM program stakeholder advisory group that includes specified persons, such as CCS case managers and labor organizations, to consult with that advisory group on the implementation of the WCM, and to consider the advisory group's recommendations on prescribed matters. Current law terminates the advisory group on December 31, 2021. This bill would remove labor organizations from the stakeholder advisory group, and would instead include recognized exclusive representatives of CCS county providers. The bill would instead terminate the advisory group on December 31, 2023.

Attachments:

[CCHA Sponsor Ltr Assembly Health](#)

[CCHA Sponsor Ltr Assembly Appropriations](#)

Position	Priority	Subject
Sponsor		CCS

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

Current Text: Amended: 6/23/2021 [html](#) [pdf](#)

Introduced: 2/11/2021

Last Amend: 6/23/2021

Status: 6/23/2021-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on ED.

Location: 6/9/2021-S. ED.

Summary: Would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

Attachments:

[CCHA Ltr. Assembly Education](#)

Position	Priority	Subject
Support		Mental Health

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

Current Text: Amended: 6/1/2021 [html](#) [pdf](#)

Introduced: 2/12/2021

Last Amend: 6/1/2021

Status: 6/4/2021-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 6/3/2021)(May be acted upon Jan 2022)

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

Summary: The Healthy Workplaces, Healthy Families Act of 2014 requires employers to provide an employee, who works in California for 30 or more days within a year from the commencement of employment, with paid sick days for prescribed purposes, to be accrued at a rate of no less than one hour for every 30 hours worked. Existing law authorizes an employer to limit an employee's use of paid sick days to 24 hours or 3 days in each year of employment. Current law charges the Labor Commissioner, who is the Chief of the Division of Labor Standards Enforcement, with enforcement of

various labor laws. This bill, the Health Care Workers Recognition and Retention Act, would require a covered employer, as defined, to pay hazard pay retention bonuses in the prescribed amounts on January 1, 2022, April 1, 2022, July 1, 2022, and October 1, 2022, to each covered health care worker, as defined, that it employs.

Attachments:

[Coalition Letter Asm. Labor](#)

Position	Priority	Subject
Oppose		Labor & Employment

[AB 942](#) (Wood D) California Advancing and Innovating Medi-Cal initiative.

Current Text: Amended: 5/24/2021 [html](#) [pdf](#)

Introduced: 2/17/2021

Last Amend: 5/24/2021

Status: 6/4/2021-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 6/1/2021)(May be acted upon Jan 2022)

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

Summary: Current law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates with applying for a health insurance affordability program, as defined, consistent with federal requirements. Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process. The bill would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program.

Position	Priority	Subject
Support		Mental Health

[AB 1104](#) (Grayson D) Air ambulance services.

Current Text: Amended: 7/1/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 7/1/2021

Status: 7/14/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (July 13). Re-referred to Com. on APPR.

Location: 7/13/2021-S. APPR.

Summary: Current law imposes a penalty of \$4 until July 1, 2021, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2022, whichever occurs first. These provisions remain in effect until January 1, 2024, and are repealed effective January 1, 2025. This bill would extend the assessment of penalties pursuant to the above-described provisions until December 31, 2022, and would extend the collection and transfer of penalties until December 31, 2023.

Attachments:

[CCHA Ltr Assembly Health](#)

Position	Priority	Subject
Support		Miscellaneous

[AB 1117](#) (Wicks D) Pupil support services: Healthy Start: Toxic Stress and Trauma Resiliency for Children Program.

Current Text: Introduced: 2/18/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Status: 4/30/2021-Failed Deadline pursuant to Rule 61(a)(2). (Last location was ED. on 3/4/2021)(May be acted upon Jan 2022)

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

Summary: Would establish the Healthy Start: Toxic Stress and Trauma Resiliency for Children Program, under which the Superintendent would be required to award grants to qualifying entities, defined to include schools, local educational agencies, and other entities that meet specified criteria, to pay the costs of planning and operating programs that provide support services to pupils and their families, as prescribed. The bill would require grants to be awarded for no more than \$500,000 each and to be matched by the grantee with \$1 for each \$2 awarded, as specified.

Attachments:

[Coalition Ltr Assmebly Education](#)

Position	Priority	Subject
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[AB 1130](#) (Wood D) California Health Care Quality and Affordability Act.**Current Text:** Amended: 6/1/2021 [html](#) [pdf](#)**Introduced:** 2/18/2021**Last Amend:** 6/1/2021**Status:** 6/16/2021-Referred to Coms. on HEALTH and JUD.**Location:** 6/16/2021-S. HEALTH

Summary: Current law establishes the Office of Statewide Health Planning and Development (OSHPD) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. This bill would establish, within OSHPD, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers.

Attachments:[CCHA Ltr Assembly Health](#)**Position**

Oppose

Priority**Subject**

Affordability

[AB 1162](#) (Villapudua D) Health care coverage: claims payments.**Current Text:** Amended: 4/26/2021 [html](#) [pdf](#)**Introduced:** 2/18/2021**Last Amend:** 4/26/2021**Status:** 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2021)(May be acted upon Jan 2022)**Location:** 5/25/2021-A. 2 YEAR

Summary: Would require a health care service plan or disability insurer that provides hospital, medical, or surgical coverage to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency. The bill would allow the Department of Managed Health Care and the Department of Insurance to also suspend requirements for prior authorization during a state of emergency. The bill would authorize the respective departments to issue guidance to health care service plans and specified insurers regarding compliance with these provisions.

Position

Support

Priority**Subject**

COVID-19

[AB 1264](#) (Aguiar-Curry D) Project ECHO (registered trademark) Grant Program.**Current Text:** Amended: 3/16/2021 [html](#) [pdf](#)**Introduced:** 2/19/2021**Last Amend:** 3/16/2021**Status:** 5/25/2021-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2021)(May be acted upon Jan 2022)**Location:** 5/25/2021-A. 2 YEAR

Summary: Current law establishes within state government the Office of Statewide Health Planning and Development. Current law also establishes various public health programs, including grant programs, throughout the state for purposes of promoting maternal, child, and adolescent health. This bill would require the office, upon appropriation by the Legislature, to establish, develop, implement, and administer the Project ECHO (registered trademark) Grant Program. Under the grant program, the bill would require participating children's hospitals to establish yearlong pediatric behavioral health teleECHO (trademark) clinics for specified individuals, including primary care clinicians and educators, to help them develop expertise and tools to better serve the youth that they work with by addressing their mental health needs stemming from the coronavirus pandemic.

Attachments:[CCHA Sponsor Ltr Assembly Health](#)**Position**

Sponsor

Priority**Subject**

Mental Health

[AB 1331](#) (Irwin D) Mental health: Statewide Director of Crisis Services.**Current Text:** Amended: 6/22/2021 [html](#) [pdf](#)**Introduced:** 2/19/2021**Last Amend:** 6/22/2021**Status:** 7/14/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (July 13). Re-referred to Com. on APPR.**Location:** 7/14/2021-S. APPR.

Summary: The Lanterman-Petris-Short Act, authorizes, among other things, the involuntary commitment and treatment of persons with specified mental health disorders and the appointment of a conservator of the person, of the estate, or of both, for a person who is gravely disabled as a result of a mental health disorder. The act is administered by the Director of Health Care Services. This bill would require the director to appoint a full-time Statewide Director of Crisis Services. The bill would require the Statewide Director of Crisis Services to monitor, support, and coordinate with support providers, with the goal of having a comprehensive crisis care system, as specified, and coordinate with the Department of Managed Health Care, the Department of Insurance, and other departments, agencies, and entities, as necessary, to support and advocate for the creation and continued existence of a comprehensive, integrated, and reliable network of services.

Position	Priority	Subject
Support		Mental Health

SB 4 (Gonzalez D) Communications: California Advanced Services Fund: deaf and disabled telecommunications program: surcharges.

Current Text: Amended: 5/20/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 5/20/2021

Status: 7/8/2021-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 3.) (July 7). Re-referred to Com. on APPR.

Location: 7/7/2021-A. APPR.

Summary: Would require the Governor's Office of Business and Economic Development to coordinate with other relevant state and local agencies and national organizations to explore ways to facilitate streamlining of local land use approvals and construction permit processes for projects related to broadband infrastructure deployment and connectivity.

Attachments:

[Coalition Ltr. Senate Energy, Utilities and Communications](#)

Position	Priority	Subject
Support		Broadband

SB 65 (Skinner D) Maternal care and services.

Current Text: Amended: 6/14/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 6/14/2021

Status: 7/1/2021-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 1.) (June 30). Re-referred to Com. on APPR.

Location: 6/30/2021-A. APPR.

Summary: Would enact the Midwifery Workforce Training Act, under which the Office of Statewide Health Planning and Development would contract with programs that train certified nurse-midwives and programs that train licensed midwives to increase the number of students receiving quality education and training as a certified nurse-midwife or a licensed midwife, as specified. The bill would require the office to contract only with programs that include, or intend to include, a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and that are organized to prepare program graduates for service in those neighborhoods and communities.

Position	Priority	Subject
Support		Maternal Health

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

Current Text: Amended: 3/4/2021 [html](#) [pdf](#)

Introduced: 1/12/2021

Last Amend: 3/4/2021

Status: 6/4/2021-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 6/3/2021)(May be acted upon Jan 2022)

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

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

Attachments:

Position	Priority	Subject
Oppose		Worker's Comp

[SB 293](#)

([Limón D](#)) Medi-Cal specialty mental health services.

Current Text: Amended: 5/20/2021 [html](#) [pdf](#)

Introduced: 2/1/2021

Last Amend: 5/20/2021

Status: 7/7/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (July 6). Re-referred to Com. on APPR.

Location: 7/6/2021-A. APPR.

Summary: Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California.

Attachments:

[Co-Sponsor Ltr Senate Appropriations](#)

[Co-Sponsor Ltr Senate Health](#)

Position	Priority	Subject
Sponsor		Mental Health

[SB 316](#)

([Eggman D](#)) Medi-Cal: federally qualified health centers and rural health clinics.

Current Text: Introduced: 2/4/2021 [html](#) [pdf](#)

Introduced: 2/4/2021

Status: 6/23/2021-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 15. Noes 0.) (June 22). Re-referred to Com. on APPR.

Location: 2/4/2021-A. APPR.

Summary: Current law provides that FQHC and RHC services are 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. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

Attachments:

[CCHA Ltr Senate Appropriations](#)

Position	Priority	Subject
Support		Mental Health

[SB 365](#)

([Caballero D](#)) E-consult service.

Current Text: Amended: 5/4/2021 [html](#) [pdf](#)

Introduced: 2/10/2021

Last Amend: 5/4/2021

Status: 7/7/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (July 6). Re-referred to Com. on APPR.

Location: 7/6/2021-A. APPR.

Summary: Would make electronic consultation services reimbursable under the Medi-Cal program for enrolled providers, including FQHCs or RHCs. The bill would require the department to seek federal waivers and approvals to implement this provision, and would condition the implementation of the bill's provisions on the department obtaining necessary federal approval of federal matching funds. The bill would make related findings and declarations.

Position	Priority	Subject
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SB 371 (Caballero D) Health information technology.**Current Text:** Amended: 5/20/2021 [html](#) [pdf](#)**Introduced:** 2/10/2021**Last Amend:** 5/20/2021**Status:** 6/3/2021-Referred to Com. on HEALTH.**Location:** 6/3/2021-A. HEALTH

Summary: Would require any federal funds the California Health and Human Services Agency receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHHSA to use the fund to provide grants to health care providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers. The bill would require a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network. The bill would also require a health care provider, health system, health care service plan, or health insurer that engages in health information exchange to comply with specified federal standards.

Position
Support**Priority****Subject**
HIE**SB 428 (Hurtado D) Health care coverage: adverse childhood experiences screenings.****Current Text:** Amended: 7/8/2021 [html](#) [pdf](#)**Introduced:** 2/12/2021**Last Amend:** 7/8/2021**Status:** 7/8/2021-Read second time and amended. Re-referred to Com. on APPR.**Location:** 7/6/2021-A. APPR.

Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage for adverse childhood experiences screenings. The bill would authorize each department to adopt guidance to implement this provision. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Position
Support**Priority****Subject**
ACEs**SB 682 (Rubio D) Childhood chronic health conditions: racial disparities.****Current Text:** Amended: 7/6/2021 [html](#) [pdf](#)**Introduced:** 2/19/2021**Last Amend:** 7/6/2021**Status:** 7/14/2021-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 14. Noes 0.) (July 13). Re-referred to Com. on APPR.**Location:** 7/13/2021-A. APPR.

Summary: Current law establishes various public health programs for purposes of promoting child and adolescent health, including the Child Health and Disability Prevention Program, which provides for early and periodic health assessments to children in California. This bill would establish the End Racial Inequities in Children's Health in California Initiative (EnRICH CA Initiative). The bill would require the California Health and Human Services Agency, in collaboration with other specified groups and entities, to convene an advisory workgroup, as specified, to develop and implement a plan, as specified, that establishes targets to reduce racial disparities in health outcomes by at least 50% by December 31, 2030, in chronic conditions affecting children, including, but not limited to, asthma, diabetes, dental caries, depression, and vaping-related diseases.

Attachments:[CCHA Sponsor Ltr Senate Health](#)**Position**
Sponsor**Priority****Subject**
Health Equity**SB 717 (Dodd D) Complex Needs Patient Act.****Current Text:** Amended: 5/20/2021 [html](#) [pdf](#)**Introduced:** 2/19/2021**Last Amend:** 5/20/2021**Status:** 6/4/2021-Failed Deadline pursuant to Rule 61(a)(8). (Last location was INACTIVE FILE on 5/26/2021)(May be acted upon Jan 2022)**Location:** 6/4/2021-S. 2 YEAR

Summary: Current law requires a provider of custom rehabilitation equipment and custom rehabilitation technology services to have a qualified rehabilitation professional on staff, as specified, and requires a medical provider to conduct a physical examination of an individual before prescribing a motorized wheelchair or scooter for a Medi-Cal beneficiary. This bill would repeal and recast those

provisions to apply to complex rehabilitation technology (CRT), defined as items classified within the federal Medicare Program as of January 1, 2021, as durable medical equipment that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for basic activities of daily living and instrumental activities of daily living identified as medically necessary.

Attachments:

[Coalition Ltr Senate Health](#)

Position	Priority	Subject
Support		DME

[SB 742](#)

(Pan D) Vaccination sites: unlawful obstruction, intimidation, or harassing.

Current Text: Amended: 7/1/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 7/1/2021

Status: 7/1/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/29/2021-A. APPR.

Summary: Would make it unlawful, except upon private property, for a person to knowingly approach a person at a vaccination site, as specified, for the purpose of obstructing, injuring, harassing, intimidating, or interfering with, as defined, that person in connection with any vaccination services. The bill would define "vaccination services" as the medical service of administering to an individual a dose of vaccine or other immunizing agent, and would further define "vaccination site" as the physical location where vaccination services are provided, including, but not limited to, a hospital, physician's office, clinic, or any retail space or pop-up location made available for large-scale vaccination services.

Position	Priority	Subject
Support		COVID-19

Total Measures: 25

Total Tracking Forms: 25