

## Status Report

**[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:** 8/21/2020-Failed Deadline pursuant to Rule 61(b)(15). (Last location was S. 2 YEAR on 8/30/2019)  
**Location:** 8/21/2020-S. DEAD  
**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 910](#) (Wood D) Medi-Cal: dispute resolution.**  
**Current Text:** Amended: 1/14/2020 [html](#) [pdf](#)  
**Introduced:** 2/20/2019  
**Last Amend:** 1/14/2020  
**Status:** 8/18/2020-Failed Deadline pursuant to Rule 61(b)(13). (Last location was S. HEALTH on 6/23/2020)  
**Location:** 8/18/2020-S. DEAD  
**Summary:** Would require a county mental health plan and Medi-Cal managed care plan that are unable to resolve a dispute to submit a request for resolution to the State Department of Health Care Services. The bill would require the department to issue a written decision to the plans within 30 calendar days from receipt of the request by either the county mental health plan or the Medi-Cal plan. The bill would also prohibit the dispute from delaying the provision of medically necessary services, as specified.

**Position**  
Support

**Subject**  
Mental Health

**[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:** 8/31/2020-Failed Deadline pursuant to Rule 61(b)(18). (Last location was S. 2 YEAR on 9/15/2019)  
**Location:** 8/31/2020-S. DEAD  
**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**  
Governance

**[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:** 8/18/2020-Failed Deadline pursuant to Rule 61(b)(13). (Last location was HEALTH on 6/12/2019)  
**Location:** 8/18/2020-S. DEAD  
**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

**AB 1639** **(Gray D) Tobacco and cannabis products.**

**Current Text:** Amended: 7/27/2020 [html](#) [pdf](#)

**Introduced:** 2/22/2019

**Last Amend:** 7/27/2020

**Status:** 8/31/2020-Failed Deadline pursuant to Rule 61(b)(18). (Last location was S. HEALTH on 7/1/2020)

**Location:** 8/31/2020-S. DEAD

**Summary:** Would, among other things, require a person engaged in the retail sale of tobacco products to use age verification software or an age verification device to establish the age of a tobacco purchaser.

**Position**  
Support

**Subject**

**AB 2037** **(Wicks D) Health facilities: notices.**

**Current Text:** Enrolled: 9/1/2020 [html](#) [pdf](#)

**Introduced:** 2/3/2020

**Last Amend:** 8/20/2020

**Status:** 8/30/2020-Senate amendments concurred in. To Engrossing and Enrolling.

**Location:** 8/30/2020-A. ENROLLMENT

**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 120 days' notice, as specified, prior to closing the health facility and at least 90 days prior to eliminating or relocating a supplemental service, except as specified. The bill would require the mandatory public notice to include specific notifications, including, among others, a continuous notice posted in a conspicuous location within the internet website of a newspaper of general circulation serving the local geographical area in which the hospital or health facility is located.

**Position**  
Oppose

**Subject**  
Governance

**AB 2112** **(Ramos D) Suicide prevention.**

**Current Text:** Enrolled: 9/4/2020 [html](#) [pdf](#)

**Introduced:** 2/6/2020

**Last Amend:** 8/24/2020

**Status:** 8/31/2020-Senate amendments concurred in. To Engrossing and Enrolling.

**Location:** 8/31/2020-A. ENROLLMENT

**Summary:** Would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department, would require 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. The bill would require the office to consult with the Mental Health Services Oversight and Accountability Commission to implement suicide prevention efforts. The bill would require that the duties and responsibilities of the office be accomplished with existing staff and resources. The bill would make these provisions operative subject to an appropriation for these purposes in the annual Budget Act or another statute.

**Position**  
Support

**Subject**  
Mental Health

**AB 2450** **(Grayson D) Air ambulance services.**

**Current Text:** Enrollment: 8/31/2020 [html](#) [pdf](#)

**Introduced:** 2/19/2020

**Last Amend:** 6/10/2020

**Status:** 8/31/2020-Enrolled and presented to the Governor at 5 p.m.

**Location:** 8/31/2020-A. ENROLLED

**Summary:** Current law imposes a penalty of \$4 until July 1, 2020, 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, 2021, whichever occurs first. Current law repeals these provisions July 1, 2022. This bill would extend the imposition of the above-described penalty by 1 year and would instead make those provisions inoperative on July 1, 2024, and repeal them on January 1, 2025.

**Position**  
Support

**Subject**

**AB 2537 (Rodriguez D) Personal protective equipment: health care employees.**

**Current Text:** Enrolled: 9/1/2020 [html](#) [pdf](#)

**Introduced:** 2/19/2020

**Last Amend:** 8/25/2020

**Status:** 8/30/2020-Read third time. Passed. Ordered to the Assembly. (Ayes 31. Noes 7.). In Assembly. Concurrence in Senate amendments pending. Senate amendments concurred in. To Engrossing and Enrolling.

**Location:** 8/30/2020-A. ENROLLMENT

**Summary:** Current law requires an employer to furnish employment and a place of employment that is safe and healthful for the employees and to establish, implement, and maintain an effective injury prevention program, as prescribed. Regulations enacted by the Department of Industrial Relations regulate the nature and use personal protective equipment and regulate practices in health care facilities connected with aerosol transmissible diseases. This bill would require public and private employers of workers in a general acute care hospital, as defined, to supply those employees who provide direct patient care or provide services that directly support personal care with the personal protective equipment necessary to comply with the regulations described above, as specified. The bill would also require an employer to ensure that the employees use the personal protective equipment supplied to them.

**Position**  
Oppose

**Subject**

**AB 2604 (Carrillo D) Public health: pandemic protocols.**

**Current Text:** Amended: 5/6/2020 [html](#) [pdf](#)

**Introduced:** 2/20/2020

**Last Amend:** 5/6/2020

**Status:** 5/29/2020-Failed Deadline pursuant to Rule 61(b)(5). (Last location was L. & E. on 3/12/2020)

**Location:** 5/29/2020-A. DEAD

**Summary:** Current law requires a health facility to comply with specified infection control protocols, including reporting specified infections to the department and having a health facility infection control officer or their designee available 24 hours per day. A violation of the licensing requirements for health facilities is a crime. This bill would require a health facility to limit the possible introduction of the pathogen, infection, or illness that is the subject of a declared pandemic or health-related state of emergency or local emergency into the facility by indefinitely postponing routine medical appointments and prohibiting visitor access, as specified.

**Position**  
Oppose

**Subject**  
COVID-19

**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:** 8/31/2020-Failed Deadline pursuant to Rule 61(b)(18). (Last location was A. 2 YEAR on 9/15/2019)

**Location:** 8/31/2020-A. DEAD

**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 275](#)**

**(Pan D) Health Care and Essential Workers: personal protective equipment.**

**Current Text:** Enrolled: 9/4/2020 [html](#) [pdf](#)

**Introduced:** 2/13/2019

**Last Amend:** 8/30/2020

**Status:** 8/31/2020-Assembly Rule 69(d) suspended. Read third time. Passed. (Ayes 44. Noes 0.) Ordered to the Senate. In Senate. Concurrence in Assembly amendments pending. Assembly amendments concurred in. (Ayes 31. Noes 8.) Ordered to engrossing and enrolling.

**Location:** 8/31/2020-S. ENROLLMENT

**Summary:** Current law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and control of infectious diseases. This bill would require the State Department of Public Health and the Office of Emergency Services, in coordination with other state agencies, to, upon appropriation and as necessary, establish a personal protective equipment (PPE) stockpile. The bill would require the department to establish guidelines for the procurement, management, and distribution of PPE, taking into account, among other things, the amount of each type of PPE that would be required for all health care workers and essential workers in the state during a 90-day pandemic or other health emergency.

**Position**  
Oppose

**Subject**  
COVID-19

**[SB 793](#)**

**(Hill D) Flavored tobacco products.**

**Current Text:** Chaptered: 8/28/2020 [html](#) [pdf](#)

**Introduced:** 1/6/2020

**Last Amend:** 8/10/2020

**Status:** 8/28/2020-Chaptered by Secretary of State- Chapter 34, Statutes of 2020

**Location:** 8/28/2020-S. CHAPTERED

**Summary:** The Stop Tobacco Access to Kids Enforcement (STAKE) Act prohibits a person from selling or otherwise furnishing tobacco products, as defined, to a person under 21 years of age. Current law also prohibits the use of tobacco products in county offices of education, on charter school or school district property, or near a playground or youth sports event, as specified. This bill would prohibit a tobacco retailer, or any of the tobacco retailer's agents or employees, from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product or a tobacco product flavor enhancer, as those terms are defined, except as specified.

**Position**  
Support

**Subject**  
Tobacco  
Products

**[SB 855](#)**

**(Wiener D) Health coverage: mental health or substance use disorders.**

**Current Text:** Enrolled: 9/3/2020 [html](#) [pdf](#)

**Introduced:** 1/14/2020

**Last Amend:** 8/24/2020

**Status:** 8/30/2020-Assembly amendments concurred in. (Ayes 30. Noes 8.) Ordered to engrossing and enrolling. Motion to reconsider made by Senator Wiener. Reconsideration granted. (Ayes 39. Noes 0.) Assembly amendments concurred in. (Ayes 31. Noes 7.) Ordered to engrossing and enrolling.

**Location:** 8/30/2020-S. ENROLLMENT

**Summary:** The California Mental Health Parity Act requires every health care service plan contract or disability insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions.

**Position**  
Support

**Subject**  
Mental Health

**[SB 893](#)**

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

**Current Text:** Amended: 4/29/2020 [html](#) [pdf](#)

**Introduced:** 1/28/2020

**Last Amend:** 4/29/2020

**Status:** 5/29/2020-Failed Deadline pursuant to Rule 61(b)(5). (Last location was L., P.E. & R. on 2/6/2020)

**Location:** 5/29/2020-S. DEAD

**Summary:** Current law creates a rebuttable presumption that specified injuries sustained in the course of employment of a specified member of law enforcement or a specified first responder arose out of and in the course of employment. This bill would define "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, musculoskeletal injuries, and respiratory diseases, as defined. 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.

**Position**  
Oppose

**Subject**  
Worker's Comp

**SB 977**

**(Monning D) Health care system consolidation: Attorney General approval and enforcement.**

**Current Text:** Amended: 8/24/2020 [html](#) [pdf](#)

**Introduced:** 2/11/2020

**Last Amend:** 8/24/2020

**Status:** 8/31/2020-Failed Deadline pursuant to Rule 61(b)(18). (Last location was A. THIRD READING on 8/24/2020)

**Location:** 8/31/2020-A. DEAD

**Summary:** Current law requires any nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified. Current law authorizes the Attorney General to determine what information is required to be contained in the notice. This bill would require a health care system, as defined, private equity group, or hedge fund to provide written notice to, and obtain the written consent of, the Attorney General prior to a change of control, as defined, or an acquisition between the entity and a health care facility or provider, as those terms are defined, except as specified.

**Position**  
Oppose

**Subject**

**SB 1216**

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

**Current Text:** Introduced: 2/20/2020 [html](#) [pdf](#)

**Introduced:** 2/20/2020

**Status:** 6/5/2020-Failed Deadline pursuant to Rule 61(b)(6). (Last location was S. HEALTH on 3/5/2020)

**Location:** 6/5/2020-S. DEAD

**Summary:** 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 medicinal cannabis is recommended by a physician. The bill would authorize a health care facility to reasonably restrict the manner in which a patient stores and uses medicinal cannabis to ensure the safety of other patients, guests, and employees of the health care facility, compliance with other state laws, and the safe operations of the health care facility. The bill would prohibit the department that licenses the health care facility from enforcing these provisions, and compliance with the bill would not be a condition for obtaining, retaining, or renewing a license as a health care facility.

**Position**  
Oppose

**Subject**  
Cannabis

**Total Measures: 17**

**Total Tracking Forms: 17**