

CCHA Bills (No Watches)

Oppose

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

Current Text: Amended: 4/12/2021 [html](#) [pdf](#)

Introduced: 2/12/2021

Last Amend: 4/12/2021

Status: 4/13/2021-Re-referred to Com. on L. & E.

Location: 3/25/2021-A. L. & E.

Calendar: 4/22/2021 10:30 a.m. - State Capitol, Room 437 ASSEMBLY LABOR AND EMPLOYMENT, KALRA, Chair

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

Oppose

Priority

Subject

Labor &
Employment

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

Current Text: Amended: 4/13/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 4/13/2021

Status: 4/14/2021-Re-referred to Com. on APPR.

Location: 4/6/2021-A. APPR.

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 1132](#) **(Wood D) Medi-Cal.**

Current Text: Amended: 4/20/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 4/20/2021

Status: 4/21/2021-Re-referred to Com. on HEALTH.

Location: 3/4/2021-A. HEALTH

Calendar: 4/27/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair

Summary: The Medi-Cal 2020 Demonstration Project Act requires the State Department of Health Care Services to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. This bill would make specified portions of the CCI operative only through December 31, 2022, as specified, and would repeal its provisions on January 1, 2025.

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

Oppose

Priority**Subject**

Consolidation

[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:** 4/20/2021-April 19 hearing: Placed on APPR suspense file.**Location:** 4/20/2021-S. APPR. SUSPENSE FILE

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:[CCHA Ltr Senate Labor](#)[CCHA Ltr Senate Appropriations](#)**Position**

Oppose

Priority**Subject**

Worker's Comp

[SB 311](#)**(Hueso D) Compassionate Access to Medical Cannabis Act or Ryan's Law.****Current Text:** Amended: 3/1/2021 [html](#) [pdf](#)**Introduced:** 2/4/2021**Last Amend:** 3/1/2021**Status:** 3/22/2021-Read third time. Passed. (Ayes 36. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.**Location:** 3/22/2021-A. DESK

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 medicinal 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 medicinal cannabis is recommended by a physician.

Position

Oppose

Priority**Subject**

Tobacco/Vaping/Cannabis

Sponsor**[AB 382](#)****(Kamlager D) Whole Child Model program.****Current Text:** Introduced: 2/2/2021 [html](#) [pdf](#)**Introduced:** 2/2/2021**Status:** 4/15/2021-Read second time. Ordered to Consent Calendar.**Location:** 4/14/2021-A. CONSENT CALENDAR**Calendar:** 4/22/2021 #89 ASSEMBLY CONSENT CALENDAR 2ND DAY-ASSEMBLY BILLS

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, to consult with that advisory group on the implementation of the WCM, and to consider the advisory group's recommendations on prescribed matters. Existing law terminates the advisory group on December 31, 2021. This 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 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: 4/21/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/21/2021-A. APPR. SUSPENSE FILE

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	Priority	Subject
Sponsor		Mental Health

[SB 293](#) (Limón D) Medi-Cal specialty mental health services.

Current Text: Amended: 3/18/2021 [html](#) [pdf](#)

Introduced: 2/1/2021

Last Amend: 3/18/2021

Status: 4/21/2021-Set for hearing May 3.

Location: 3/17/2021-S. APPR.

Calendar: 5/3/2021 9 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

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 682](#) (Rubio D) Childhood chronic health conditions: racial disparities.

Current Text: Amended: 4/12/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 4/12/2021

Status: 4/21/2021-Set for hearing May 3.

Location: 4/12/2021-S. APPR.

Calendar: 5/3/2021 9 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would require California Health and Human Services Agency, in collaboration with the departments under its purview and other specified entities, to develop and implement a plan, as specified, that establishes targets to reduce racial disparities in health outcomes by 50% by December 31, 2030, in chronic conditions affecting children, including, but not limited to, asthma, diabetes, dental caries, depression, and vaping-related diseases. The bill would require the agency to submit the plan to the Legislature and post the plan on its internet website on or before January 1, 2023, and to commence implementation of the plan no later than June 30, 2023. The bill also makes related findings and declarations.

Attachments:

[CCHA Sponsor Ltr Senate Health](#)

Position
Sponsor

Priority

Subject
Health Equity

Support

AB 14

(Aguiar-Curry D) Communications: broadband services: California Advanced Services Fund.

Current Text: Introduced: 12/7/2020 [html](#) [pdf](#)

Introduced: 12/7/2020

Status: 4/15/2021-Coauthors revised. From committee: Do pass and re-refer to Com. on L. GOV. (Ayes 9. Noes 1.) (April 14). Re-referred to Com. on L. GOV.

Location: 4/15/2021-A. L. GOV.

Calendar: 4/28/2021 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY LOCAL GOVERNMENT, AGUIAR-CURRY, Chair

Summary: Current law establishes the State Department of Education in state government, and vests the department with specified powers and duties relating to the state's public school system. This bill would authorize local educational agencies to report to the department their pupils' estimated needs for computing devices and internet connectivity adequate for at-home learning. The bill would require the department, in consultation with the Public Utilities Commission, to compile that information and to annually post that compiled information on the department's internet website.

Attachments:

[Coalition Ltr Assembly Communications and Conveyance Committee](#)

Position
Support

Priority

Subject
Broadband

AB 32

(Aguiar-Curry D) Telehealth.

Current Text: Amended: 2/12/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 2/12/2021

Status: 4/15/2021-Coauthors revised.

Location: 1/11/2021-A. HEALTH

Calendar: 4/27/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair

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. The bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth.

Attachments:

[Coalition Support Assembly Health](#)

Position
Support

Priority

Subject
Telehealth

AB 114

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

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

Introduced: 12/17/2020

Last Amend: 4/5/2021

Status: 4/21/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/21/2021-A. APPR. SUSPENSE FILE

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
Support

Priority

Subject
CCS

[AB 226](#)

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

Current Text: Amended: 4/13/2021 [html](#) [pdf](#)

Introduced: 1/11/2021

Last Amend: 4/13/2021

Status: 4/21/2021-VOTE: Do pass and be re-referred to the Committee on [Appropriations] with recommendation: To Consent Calendar (PASS)

Location: 4/21/2021-A. 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: 4/14/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/14/2021-A. APPR. SUSPENSE FILE

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 586](#)

(O'Donnell D) Pupil health: health and mental health services: School Health Demonstration Project.

Current Text: Amended: 4/19/2021 [html](#) [pdf](#)

Introduced: 2/11/2021

Last Amend: 4/19/2021

Status: 4/20/2021-Re-referred to Com. on APPR.

Location: 4/13/2021-A. APPR.

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 942](#)

(Wood D) Specialty mental health services and substance use disorder treatment.

Current Text: Amended: 4/19/2021 [html](#) [pdf](#)

Introduced: 2/17/2021

Last Amend: 4/19/2021

Status: 4/20/2021-Re-referred to Com. on HEALTH.

Location: 2/25/2021-A. HEALTH

Calendar: 4/27/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair

Summary: Under current law, for individuals 21 years of age and older, a service is “medically necessary” if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Current law provides that for individuals under 21 years of age, “medically necessary” or “medical necessity” standards are governed by the definition in federal law.

This bill would provide that the above-specified medical necessity standards do not preclude coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service under specified circumstances, including before a provider renders their diagnosis. The bill would provide that the above-described medical necessity criteria for a Medi-Cal beneficiary under 21 years of age is applicable to the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system. For the 2022–23 and 2023–24 fiscal years, the bill would require the department to include as part of the Medi-Cal program assumptions and estimates certain information relating to Medi-Cal specialty mental health services, including changes to the department’s clinical auditing standards.

Position	Priority	Subject
Support		Mental Health

AB 1104 (Grayson D) Air ambulance services.

Current Text: Amended: 4/12/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 4/12/2021

Status: 4/13/2021-Re-referred to Com. on APPR.

Location: 4/6/2021-A. 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: 3/4/2021-Referred to Coms. on ED. and HEALTH.

Location: 3/4/2021-A. ED.

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
Support		Mental Health

AB 1162 (Villapudua D) Health care coverage: claims payments.

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

Introduced: 2/18/2021

Status: 4/20/2021-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations] (PASS)

Location: 4/20/2021-A. APPR.

Summary: Would require a health care service plan or health insurer 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 to also suspend requirements for prior authorization during a state of emergency.

Position	Priority	Subject
Support		COVID-19

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

Current Text: Amended: 4/19/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 4/19/2021

Status: 4/21/2021-Set for hearing May 3.

Location: 4/19/2021-S. APPR.

Calendar: 5/3/2021 9 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

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

Support

Priority

Subject

Broadband

[SB 17](#)

(Pan D) Office of Racial Equity.

Current Text: Amended: 4/15/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 4/15/2021

Status: 4/21/2021-Set for hearing May 3.

Location: 4/14/2021-S. APPR.

Calendar: 5/3/2021 9 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would, until January 1, 2029, establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office to develop a statewide Racial Equity Framework providing guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.

Position

Support

Priority

Subject

Health Equity

[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: 3/22/2021-March 22 hearing: Placed on APPR suspense file.

Location: 3/22/2021-S. APPR. SUSPENSE FILE

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

Support

Priority

Subject

Mental Health

[SB 428](#)

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

Current Text: Introduced: 2/12/2021 [html](#) [pdf](#)

Introduced: 2/12/2021

Status: 4/21/2021-VOTE: Do pass, but first be re-referred to the Committee on [Appropriations] (PASS)

Location: 4/21/2021-S. 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. 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	Priority	Subject
Support		ACEs

SB 717 (Dodd D) Complex Needs Patient Act.

Current Text: Amended: 3/15/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 3/15/2021

Status: 4/21/2021-Set for hearing May 3.

Location: 4/7/2021-S. APPR.

Calendar: 5/3/2021 9 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, PORTANTINO, Chair

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

Total Measures: 24

Total Tracking Forms: 24