

LEGISLATIVE UPDATE

Alliance



Week of April 4, 2022

of Catholic Health Care

State Issues

Policy Committee Hearings	<p>The Legislature recessed for its Spring break upon adjournment on Thursday, and will return Monday, April 18. Meantime, we expect much work on policy bills to be conducted by staff and advocates during this recess. The deadline for bills to move out of policy committees is Friday, April 29. This week, we saw action on a few key health bills.</p> <p>AB 2338 (Gipson) is designed to set up a hierarchy of decision makers for patients who are incapacitated. The measure passed out of Judiciary Committee last week, with the agreement of the author's office to accept some amendments offered by the Alliance, and a coalition of other stakeholders, including the California Hospital Association and the California Medical Association. This week, however, the bill got pulled from the agenda for the Assembly Health Committee to allow more time for the stakeholders to work out some differences with the Health Committee staff. The bill is set to be heard in Assembly Health on April 19.</p> <p>SB 958 (Limon), which regulates the insurance company practice of "white bagging" was heard in Senate Health Committee. The Chair, Dr. Richard Pan, asked the author to take some amendments to narrow the bill in an effort to reduce the opposition from the health plans. The key amendments do the following: allow a health plan/insurer to arrange for brown bagging when the treating provider and patient determines it is in the best interest of the patient; require treating provider to document determination in medical record; remove the automatic exemption for patients under 18; require treating provider to document patient consent and any delays or problems with the delivery of medication provided by way of white bagging in order to supply medications at provider's location; and, require a physician's office, clinic, infusion center or hospital outpatient department that supplies and administers an infused or injected medication to obtain enrollee consent and disclose a good faith estimate of cost sharing. The bill still is opposed by the health plans citing the need for white bagging as a method of cost savings. The bill will next be heard in Senate Appropriations.</p> <p>AB 1019 (Gonzalez) aims to reduce barriers to behavioral health services by requiring Medi-Cal managed care plan (MCMCP) to conduct annual outreach and education to its enrollees and primary care physicians regarding the mental health benefits covered by the plan. It also requires the Department of Health Care Services to annually assess enrollee experience with mental health benefits covered by MCMCPs. The Alliance supports this bill that passed out of Assembly Health Committee on a unanimous vote, and it will now move to the Appropriations Committee.</p> <p>AB 1878 (Wood) is designed to improve the affordability of health care purchased through Covered California. Specifically, the bill requires the California Health Benefit Exchange to implement options for providing health care</p>
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(more)

Policy Committee Hearings <i>(continued)</i>	<p>affordability assistance to reduce cost sharing, including copays, coinsurance, and maximum out-of-pocket (OOP) costs, and to eliminate deductibles for all benefits. Dr. Richard Pan has a companion bill (SB 944,) and both bills moved out of their respective policy committees.</p> <p>AB 1880 (Arambula) was approved by the Assembly Health Committee on a solid 13-0 vote. The bill builds on the work of Dr. Arambula last year in AB 347 and does the following: applies step therapy exceptions to Medi-Cal plans, where step therapy is allowed; requires reporting by health plans on their utilization management practices (such as how many prior authorization and step therapy requests, they deny and approve each plan year); requires health plans to use a clinical peer where someone of the same or similar specialty is reviewing the appeal of a step therapy exception request or prior authorization request (e.g., a rheumatologist is reviewing a rheumatologist and an oncologist is reviewing an oncologist). The bill is opposed by the insurance companies and will next be heard in Appropriations Committee.</p>
Alliance Legislative Summary and Status Report	<p>Attached is the Alliance's Legislative Summary and Status report on bills of interest to the Catholic health ministry.</p>
State Budget Action	<p>This week, the hospital community saw the submission of two budget requests into the Assembly Budget Subcommittee process that are aimed at supporting health equity in the Medi-Cal fee-for-services program and to support Graduate Medical Education.</p> <p>The Medi-Cal proposal would adjust the Fee-for-Service formula for reimbursing safety net hospitals, which does not account for the social complexities that are inherent in many of the Medi-Cal patients served. It is worth noting that the formula has not been adjusted since its inception in 2013. This lack of investment that has not kept pace with need has resulted in a tremendous gap between needs and resources. The proposal asks for \$830 million total, with \$330 million in State General Fund and \$500 million federal matching funds. Assembly Members who signed on to champion the ask include Assembly Members Bill Quirk, Jose Medina, Rudy Salas, Adam Gray, Christina Garcia, Lisa Calderon, Tasha Boerner-Horvath, Jim Patterson, Eloise Reyes, Blanca Rubio and Miguel Santiago.</p> <p>The proposal to support Graduate Medical Education includes a request for \$900 million total, with \$300 million in State General Fund and \$600 million federal funds annually. The funds will be used to expand Medi-Cal graduate medical education and make technical changes to the GME funding mechanism for public hospitals. Assembly Members signing onto support this proposal include Assembly Members Jose Medina, Adam Gray, Tim Grayson, Eloise Reyes, Tasha Boerner-Horvath and Tom Daly.</p>

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Alliance of Catholic Health Care Legislative Summary and Status 4/8/2022

Access

[AB 4](#)

([Arambula D](#)) Medi-Cal: eligibility.

Location: 8/27/2021-S. 2 YEAR

Summary: Would, effective January 1, 2022, extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health care provider or Medi-Cal managed care health plan, and would require the department to provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of these provisions

Position

Support

[AB 32](#)

([Aguiar-Curry D](#)) Telehealth.

Location: 7/14/2021-S. 2 YEAR

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.

Position

Support

[AB 1878](#)

([Wood D](#)) California Health Benefit Exchange: affordability assistance.

Location: 4/5/2022-A. APPR.

Summary: Current law requires the California Health Benefit Exchange, in consultation with stakeholders and the Legislature, to develop options for providing cost-sharing reduction subsidies to reduce cost sharing for low- and middle-income Californians, and requires the Exchange to report the developed options on or before January 1, 2022. Current law requires the options to include, among other things, options for all Covered California enrollees with income up to 400 percent of the federal poverty level to reduce cost sharing, including copays, deductibles, coinsurance, and maximum out-of-pocket costs. This bill would require the Exchange to implement those options for providing health care affordability assistance. The bill would require the affordability assistance to reduce cost sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. The bill would specify the actuarial value of cost-sharing assistance based on the income level of an enrollee, and would require the Exchange to adopt standard benefit designs consistent with these specifications.

Position

Support

[AB 2530](#)

([Wood D](#)) California Health Benefit Exchange: financial assistance.

Location: 4/5/2022-A. APPR.

Summary: This bill, upon appropriation by the Legislature, would require the California Health Benefit Exchange (Exchange) to administer a program of financial assistance to help Californians obtain and maintain health benefits through the Exchange if they lose employer-provided health care coverage as a result of a labor dispute. Under the bill, an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute would receive the same premium assistance and cost-sharing reductions as an individual with a household income of 133% of the federal poverty level, and would also not pay a deductible for any covered benefit.

Position

Support

[**SB 56**](#)

(Durazo D) Medi-Cal: eligibility.

Location: 8/27/2021-A. 2 YEAR

Summary: Current law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals with full-scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

Position

Support

[**SB 944**](#)

(Pan D) California Health Benefit Exchange: affordability assistance.

Location: 3/23/2022-S. APPR.

Calendar: 4/18/2022 9 a.m. - 1021 O Street, Room 1200 SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Current law requires the California Health Benefit Exchange, in consultation with stakeholders and the Legislature, to develop options for providing cost-sharing reduction subsidies to reduce cost sharing for low- and middle-income Californians, and requires the Exchange to report the developed options on or before January 1, 2022. Current law requires the options to include, among other things, options for all Covered California enrollees with income up to 400 percent of the federal poverty level to reduce cost sharing, including copays, deductibles, coinsurance, and maximum out-of-pocket costs. This bill would require the Exchange to implement those options for providing health care affordability assistance. The bill would require the affordability assistance to reduce cost-sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits.

Position

Support

COVID Related

[**AB 1105**](#)

(Rodriguez D) Hospital workers: COVID-19 testing.

Location: 8/27/2021-S. 2 YEAR

Summary: Current law sets forth safety and health requirements for employers and employees. Current law requires a public or private employer of workers in a general acute care hospital, as defined, to supply personal protective equipment, as defined, to employees who provide direct patient care or who provide services that directly support patient care. Current law provides that, except where another penalty is specifically provided, every employer and every officer, management official, or supervisor having direction, management, control, or custody of any employment, place of employment, or of any other employee, who repeatedly violates any standard, order, or special order, or any provision of specified employment safety laws so that such repeated violation creates a real and apparent hazard to employees is guilty of a misdemeanor. This bill would require the employer to supply personal protective equipment to an employee, regardless of whether or not the employee has received a vaccination for COVID-19. This bill would also require a public or private employer of workers in a general acute care hospital to develop and implement a program to offer weekly COVID-19 screening testing for health care personnel, as defined.

Position

Oppose Unless
Amend

[**SB 637**](#)

(Newman D) Health facility reporting: staffing.

Location: 9/10/2021-A. 2 YEAR

Summary: Current law provides for the licensure and regulation of certain health facilities, including general acute care hospitals, by the State Department of Public Health. This bill would require a general acute care hospital to report specified information to the department on a form and schedule determined by the department, and would require the department to publicly post the information on a weekly basis during any health-related state of emergency in California proclaimed by the President of the United States or by the Governor, and on a monthly basis at all other times. The bill would require that the reports contain information on staffing, including, until January 1, 2025, or the end of the declared COVID-19 emergency, whichever comes first, on matters relating to COVID-19 cases.

Position

Oppose Unless

SCR 5

(Melendez R) State of emergency: COVID-19: termination.

Location: 2/10/2021-S. G.O.

Summary: This measure, in accordance with specified law, would declare that the state of emergency proclaimed by the Governor on March 4, 2020, is at an end, thereby terminating the emergency powers granted to the Governor as a result of that proclamation.

Position

Oppose

End of Life/Palliative Care

AB 988

(Bauer-Kahan D) Mental health: 988 crisis hotline.

Location: 9/10/2021-S. 2 YEAR

Summary: Current law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits "911" to be the primary emergency telephone number within the system. Current federal law, the National Suicide Hotline Designation Act, designates the 3-digit telephone number "988" as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline maintained by the Assistant Secretary for Mental Health and Substance Abuse and the Veterans Crisis Line maintained by the Secretary of Veterans Affairs. This bill would require 988 centers, as defined, to, by July 16, 2022, provide a person experiencing a behavioral health crisis access to a trained counselor by call and, by January 1, 2027, provide access to a trained counselor by call, text, and chat.

Position

Watch

AB 1852

(Patterson R) Health facilities: automated drug delivery systems.

Location: 4/6/2022-A. CONSENT CALENDAR

Summary: Current law authorizes the use of automated drug delivery systems, as defined, for pharmacy services in nursing, skilled nursing, and intermediate care facilities. This bill would add licensed hospice facilities to the list of facilities authorized to use an automated drug delivery system, and would expressly include an automated unit dose system within the definition of an automated drug delivery system. By expanding the scope of a crime, this bill would impose a state-mandated local program.

Position

Watch

AB 1884

(Voepel R) Hospice care: standards.

Location: 2/18/2022-A. HEALTH

Summary: Under the California Hospice Licensure Act of 1990, a licensed hospice, at the State Department of Public Health's option, is subject to periodic inspection by a duly authorized representative of the department. The act requires that the reports of each inspection be prepared by the representative who conducted the inspection and be filed with the department. This bill would instead require that a licensed hospice be inspected by a representative every 3 years. The bill would require that results of an inspection be made available to the public to the extent consistent with federal and state privacy laws.

Position

Watch

AB 2288

(Choi R) Advance health care directives: mental health treatment.

Location: 3/22/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law authorizes a written advance health care directive to include the individual's nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration if protective proceedings for the individual's person or estate are thereafter commenced. Current law also authorizes an adult having capacity to execute a power of attorney for health care to authorize an agent to make health care decisions for the principal, and authorizes the power of attorney to include individual health care instructions. Current law authorizes the principal in a power of attorney for health care to grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, or hiring household employees. Current law defines "health care decision" and "health care" for these purposes to mean any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition. This bill would clarify that health care decisions under those provisions include mental health conditions. The bill would revise the statutory

advance health care directive form to clarify that a person may include instructions relating to mental health conditions.

Position

Watch

[AB 2338](#) (Gipson D) Health care decisions: decisionmakers and surrogates.

Location: 3/29/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would authorize legally recognized health care decisionmakers, in an order of priority, to make health care decisions on a patient's behalf if the patient lacks the capacity to make a health care decision. If a patient does not have a legally recognized health care decisionmaker, the bill would specify individuals, in an order of priority, who may be chosen as a surrogate if the patient lacks the capacity to make a health care decision.

Position

Oppose Unless

Amend

Health Care Reform

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

Location: 2/14/2022-S. HEALTH

Summary: Current law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Current law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. This bill would establish, within Department of Health Care Access and Information (HCAI), 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 and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers.

Position

Oppose Unless

Amend

Hospital Operations and Finance

[AB 1721](#) (Rodriguez D) California Emergency Services Act: emergency preparedness: mutual aid: seismic retrofitting soft story multifamily housing.

Location: 4/4/2022-A. APPR.

Summary: Would establish the Emergency Medical Services Mutual Aid Program, to be administered by the Office of Emergency Services (OES), to support local government efforts in responding to surges in demand for emergency medical services and provide effective mutual aid during disasters, as defined. The bill would, upon appropriation by the Legislature, require OES to provide noncompetitive grant funding to local governments, special districts, and tribes for the purpose of acquiring emergency medical services, as specified. The bill would also require OES to provide an annual report to the Legislature regarding the program, as specified. The bill would, upon appropriation by the Legislature, require the Controller to transfer \$50,000,000 to the Director of Emergency Services to effectuate these provisions.

Position

Support

[AB 1770](#) (Rodriguez D) Ambulance patient offload time.

Location: 4/4/2022-A. HEALTH

Calendar: 4/26/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law requires the Emergency Medical Services Authority to develop, using input from stakeholders and after approval by the Commission on Emergency Medical Services, and adopt a statewide standard methodology for the calculation and reporting by a local emergency medical services (EMS) agency of ambulance patient offload time (APOT). Current law defines APOT as the interval between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient. Current law requires the authority to report twice per year to the commission the APOT by local EMS agency jurisdiction and by each facility in that jurisdiction. This bill would instead require the authority to report the APOT data

to the commission every 6 months.

Position

Watch

AB 1882 (Rivas, Robert D) Hospitals: seismic safety.

Location: 2/18/2022-A. HEALTH

Calendar: 4/26/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 requires an owner of a general acute care inpatient hospital, no later than January 1, 2030, to either demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with the regulations and standards developed pursuant to the act, or seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with those regulations and standards. Current law requires, within 60 days following the department's approval of a report relating to a general acute care hospital owner's plan to comply with those regulations and standards, a general acute hospital building owner to take specified actions, including informing the local office of emergency services or the equivalent agency, the Office of Emergency Services, and the department, of each building's expected earthquake performance. This bill would instead require general acute hospital building owners, commencing July 1, 2023, to take those actions annually until each of the hospital buildings owned by that owner are compliant with those regulations and standards.

Position

Oppose Unless

Amend

AB 2080 (Wood D) Health Care Consolidation and Contracting Fairness Act of 2022.

Location: 2/24/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2022, would prohibit a contract issued, amended, or renewed on or after January 1, 2023, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's entrance into a contract that contains specified terms.

Position

Oppose

AB 2092 (Weber, Akilah D) Acute hospital care at home.

Location: 3/17/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: The federal Centers for Medicare and Medicaid Services (CMS) provides for a waiver program authorizing a hospital to establish an Acute Hospital Care at Home (AHCaH) program, as specified, if the hospital meets certain conditions, including receiving approval from CMS after submitting a waiver request. This bill would authorize a general acute care hospital to provide AHCaH services if the hospital (1) meets the requirements established by CMS for AHCaH services, as specified, (2) has received approval from CMS to operate an AHCaH program, and (3) has notified the department of the establishment of an AHCaH program, including certain information about the program. The bill would define AHCaH services as services provided by a general acute care hospital to qualified patients in their homes by using methods that include telehealth, remote monitoring, and regular in-person visits by nurses and other medical staff.

Position

Support

AB 2724 (Arambula D) Medi-Cal: alternate health care service plan.

Location: 3/24/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would authorize the State Department of Health Care Services to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP), as defined, to serve as a primary Medi-Cal managed care plan for specified eligible beneficiaries in geographic regions designated by the department. The bill would require the Health Care Options Program, which is an entity overseen by the department for Medi-Cal managed care education and enrollment, to disenroll any member of an AHCSP if the member meets any one of the reasons for disenrollment enumerated in specified regulations.

Position

Watch

[SB 371](#)**(Caballero D) Health information technology.****Location:** 7/14/2021-A. 2 YEAR

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

Watch

[SB 923](#)**(Wiener D) Gender-affirming care.****Location:** 4/6/2022-S. APPR.

Summary: Current law establishes the Transgender Wellness and Equity Fund, administered by the Office of Health Equity within the State Department of Public Health, for the purpose of grant funding focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex (TGI). This bill would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff and contracted providers to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as TGI. The bill would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments.

Position

Watch

[SB 958](#)**(Limón D) Medication and Patient Safety Act of 2022.****Location:** 4/7/2022-S. JUD.

Summary: Would prohibit a health care service plan or health insurer, or its designee, from arranging for or requiring a vendor to dispense an infused or injected medication directly to a patient with the intent that the patient will transport the medication to a health care provider for administration. The bill would prohibit a plan or insurer, or its designee, from requiring an infused or injected medication to be administered in an enrollee's or insured's home as a condition of coverage, unless the treating health care provider determines home administration is safe and appropriate. The bill would prohibit a plan or insurer, or its designee, from requiring an infused or injected medication to be supplied by a vendor specified by the plan or insurer, or its designee, as a condition of coverage, unless specified criteria are met.

Position

Support

[SB 988](#)**(Hueso D) Compassionate Access to Medical Cannabis Act or Ryan's Law.****Location:** 3/30/2022-S. APPR.

Calendar: 4/18/2022 9 a.m. - 1021 O Street, Room 1200 SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: The Compassionate Access to Medical Cannabis Act or Ryan's Law requires specified types of health care facilities to allow a terminally ill patient's use of medicinal cannabis within the health care facility, subject to certain restrictions. Current law requires 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. Current law requires 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. Existing law requires that health care facilities permitting patient use of medical cannabis comply with other drug and medication requirements, as specified, and makes those facilities subject to enforcement actions by the State Department of Public Health. This bill would repeal the requirement that health care facilities permitting patient use of medical cannabis comply with other drug and medication requirements, as specified, and the requirement that those facilities be subject to enforcement actions by the State Department of Public Health.

Position

Watch

Maternal Health

[**AB 2176**](#) **(Wood D) Live birth registration.**

Location: 3/31/2022-A. THIRD READING

Summary: Current law requires each live birth to be registered with the local registrar of births and deaths for the district in which the birth occurred within 10 days following the date of the event. This bill would instead require each live birth to be registered with the local registrar within 21 days following the date of the event.

Position
Support

[**AB 2199**](#) **(Wicks D) Birthing Justice for California Families Pilot Project.**

Location: 3/29/2022-A. APPR.

Summary: Would establish the Birthing Justice for California Families Pilot Project, which would include a 3-year grant program to provide grants to specified entities, including community-based doula groups, to provide full-spectrum doula care to members of communities with high rates of negative birth outcomes who are not eligible for Medi-Cal and incarcerated people. The bill would require the State Department of Public Health to take specified actions with regard to awarding grants, including awarding grants to selected entities on or before January 1, 2024. The bill would require a grant recipient to use grants funds to pay for the costs associated with providing full-spectrum doula care to eligible individuals and establishing, managing, or expanding doula services. The bill would require a grant recipient, in setting the payment rate for a doula being paid with grant funds, to comply with specified parameters, including that the payment rate not be less than the Medi-Cal reimbursement rate for doula or the median rate paid for doula care in existing local pilot projects providing doula care in California, whichever is higher.

Position
Watch

Mental and Behavioral Health

[**AB 2020**](#) **(Gallagher R) Mental health services: gravely disabled.**

Location: 2/24/2022-A. HEALTH

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Current law, for the purposes of involuntary commitment and conservatorship, defines "gravely disabled," among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the basic personal needs of food, clothing, or shelter. This bill would, if a county elects to use this meaning and subject to an appropriation of funds for these purposes, expand the definition of "gravely disabled" for these purposes to mean a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, their own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of essential needs that could result in bodily harm.

Position
Watch

[**AB 2242**](#) **(Santiago D) Mental health services.**

Location: 3/24/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: The Lanterman-Petris-Short Act (the Act), authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. The act also authorizes a conservator of the person, of the estate, or of both, to be appointed for a person who is gravely disabled as a result of a mental health disorder. This bill, on or before July 1, 2023, would require the State Department of State Hospitals to create a model discharge plan for counties and hospitals to follow when discharging those held under temporary holds or a conservatorship. The bill would require county mental health departments to collaborate with facilities and hospitals to develop, implement, and adhere to an adequate discharge plan that ensures continuity of services and care in the community for all individuals exiting holds or a conservatorship

and to implement that plan across the entire network of acute and subacute facilities on or before February 1, 2024. This bill contains other related provisions and other existing laws.

Position

Watch

AB 2275 (Wood D) Mental health: involuntary commitment.

Location: 4/5/2022-A. JUD.

Calendar: 4/19/2022 8 a.m. - State Capitol, Room 437 ASSEMBLY JUDICIARY, STONE, Chair

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then a 30-day maximum period of intensive treatment after the 14-day period. This bill would, among other things, specify that the 72-hour period of detention begins at the time when the person is first detained. The bill would, if a facility detaining a person on a 72-hour detention is not a county-designated facility for evaluation and treatment, require the facility staff, or other person designated by the county, to take all possible steps to release the detained person or transfer them to a designated facility within 72 hours of their detention, as specified. The bill would require that a certification review hearing be held within 7 days of the initial detention when a person is certified for 14-day or 30-day intensive treatment or has been placed on a sequence of 72-hour detentions while awaiting placement at a designated facility.

Position

Watch

SB 929 (Eggman D) Community mental health services: data collection.

Location: 3/23/2022-S. APPR.

Calendar: 4/18/2022 9 a.m. - 1021 O Street, Room 1200 SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Current law requires the State Department of Health Care Services to collect and publish annually quantitative information concerning the operation of various provisions relating to community mental health services, including the number of persons admitted for evaluation and treatment for certain periods, transferred to mental health facilities, or for whom certain conservatorships are established, as specified. Current law requires each local mental health director, and each facility providing services to persons under those provisions, to provide the department, upon its request, with any information, records, and reports that the department deems necessary for purposes of the data collection and publication. This bill would additionally require the department to collect and publish annually quantitative information relating to, among other things, the number of persons detained for 72-hour evaluation and treatment, clinical outcomes for individuals placed in each type of hold, services provided in each category, waiting periods, and needs for treatment beds, as specified.

Position

Watch

SB 965 (Eggman D) Conservatorships: gravely disabled persons.

Location: 3/23/2022-S. JUD.

Calendar: 4/26/2022 1:30 p.m. - 1021 O Street, Room 1200 SENATE JUDICIARY, UMBERG, Chair

Summary: The Lanterman-Petris-Short Act authorizes a conservator of the person, of the estate, or of the person and the estate to be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism. Current law requires the officer providing the conservatorship investigation, which may include a public guardian or a county mental health program, to investigate all available alternatives to conservatorship and to recommend conservatorship to the court only if no suitable alternatives are available. Current law requires the officer to render a written report of investigation to the court prior to the hearing that contains specified information, including all relevant aspects of the person's medical, psychological, financial, family, vocational, and social condition. Current law authorizes the court to receive the report in evidence and to read and consider the contents of the report in rendering its judgment. This bill would require, rather than authorize, the court to receive the report in evidence and to read and consider the contents of the report in rendering its judgment. The bill would also require the officer, if the officer determines that information about the historical course of the person's mental disorder and adherence to prior treatment plans has a reasonable bearing on the determination as to whether the person is gravely disabled as a result of the mental disorder, to include that information in the report and would require the court to consider the information.

Position

Watch

[**SB 1019**](#)

(Gonzalez D) Medi-Cal managed care plans: mental health benefits.

Location: 4/6/2022-S. APPR.

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. Current law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. This bill would require a Medi-Cal managed care plan to conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan, and to also develop annual outreach and education to inform primary care physicians regarding those mental health benefits.

Position

Support

[**SB 1154**](#)

(Eggman D) Facilities for mental health or substance use disorder crisis: database.

Location: 3/30/2022-S. APPR.

Calendar: 4/18/2022 9 a.m. - 1021 O Street, Room 1200 SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would require, by January 1, 2024, the State Department of Public Health, in consultation with the State Department of Health Care Services and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities in order to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental health or substance use disorder crisis. The bill would require the database to include a minimum of specific information, including the contact information for a facility's designated employee, and have the capacity to, among other things, enable searches to identify beds that are appropriate for the treatment of individuals in a mental health or substance use disorder crisis.

Position

Watch

[**SB 1207**](#)

(Portantino D) Health care coverage: maternal and pandemic-related mental health conditions.

Location: 3/23/2022-S. HEALTH

Summary: Current law requires health care service plans and health insurers to provide specified mental health and substance use disorder coverage, and requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Current law requires health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. This bill would make findings and declarations relating to the effect of the COVID-19 pandemic on mental health in California and the importance of outreach, education, and access to quality mental health treatment. The bill would extend the deadline for establishment of the maternal mental health program to July 1, 2023.

Position

Watch

[**SB 1238**](#)

(Eggman D) Behavioral health services: existing and projected needs.

Location: 3/2/2022-S. HEALTH

Calendar: 4/27/2022 1 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, Chair

Summary: This bill would require the State Department of Health Care Services, in consultation with each council of governments, to determine the existing and projected need for behavioral health services for each region in a specified manner and would require, as part of that process, councils of governments to provide the department-specified data. The bill would authorize a council of governments, within 30 days following notice of the determination from the department, to file with the department an objection to the department's determination of the region's existing and projected behavioral health need. The bill would require the department to make a final written determination of the region's existing and projected behavioral needs within 45 days of receiving an object. By adding to the duties of councils of governments, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

Social Determinants of Health

[**AB 1990**](#) ([Arambula D](#)) **Department of Fair Employment and Housing: Californians with disabilities: workgroup.**
Location: 4/5/2022-A. APPR.
Summary: Existing law sets forth the powers and duties of the Department of Fair Employment and Housing, which include receiving, investigating, conciliating, mediating, and prosecuting complaints alleging unlawful practices or violations of specified civil rights provisions, including those based on a mental or physical disability, as defined. This bill would require the department to convene a workgroup to make recommendations to the Legislature for the development of accessibility and antidiscrimination laws for people with disabilities, as defined. The bill would require membership of the workgroup to include interested parties and stakeholders that reflect the diversity of the state, including, among other groups, individuals who have personal experience with a disability.

Position

Watch

[**AB 2325**](#) ([Ramos D](#)) **Coordinated homelessness response: Office of the Interagency Council on Homelessness.**

Location: 3/3/2022-A. H. & C.D.

Calendar: 4/20/2022 9 a.m. - State Capitol, Room 126 ASSEMBLY HOUSING AND COMMUNITY DEVELOPMENT, WICKS, Chair

Summary: Current law requires the Governor to establish the California Interagency Council on Homelessness, formerly known as the Homeless Coordinating and Financing Council, and to appoint specified members of that coordinating council. Current law requires agencies and departments administering state programs created on or after July 1, 2017, to collaborate with the council to adopt guidelines and regulations to incorporate core components of Housing First, as defined. Current law establishes the goals of the council, which include identifying mainstream resources, benefits, and services that can be accessed to prevent and end homelessness in California. Existing law requires that the coordinating council be under the direction of an executive director, who is under the direction of the Business, Consumer Services, and Housing Agency, and staffed by employees of that agency. This bill would place the California Interagency Council on Homelessness under the jurisdiction of the Office of the Interagency Council on Homelessness. The bill would require the Office of the Interagency Council on Homelessness to be established within the Governor's office, under the control of a director, on or before September 30, 2023.

Position

Support

[**AB 2360**](#) ([Arambula D](#)) **Emergency response advisory working group.**

Location: 3/24/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: Current law establishes the Office of Health Equity in the State Department of Public Health for the purposes of aligning state resources, decision making, and programs to accomplish certain goals related to, among others, health equity and protecting vulnerable communities. Current law requires the office to perform certain functions in connection to multicultural health. Current law also requires the department to biennially prepare and submit a report to the Legislature on the status of these activities. This bill would, subject to an appropriation of funds, require the Office of Health Equity to convene an advisory working group, consisting of specified stakeholders, to develop tools and protocols for the future allocation of funds to reduce racial disparities in recovery, response, and repair efforts following state and local emergencies.

Position

Support

[**AB 2420**](#) ([Arambula D](#)) **Perinatal health: extreme heat.**

Location: 3/24/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would, subject to an appropriation of funds by the Legislature in the annual Budget Act or another statute for this purpose, require the State Department of Public Health, in consultation with subject matter experts, to review available literature on adverse effects of extreme heat on perinatal health, develop guidance for safe outdoor conditions for pregnant individuals, and provide guidance to the Legislature by submitting a report that includes recommendations on best practices for connecting perinatal patients with the appropriate health and well-being information relating to extreme heat.

Position

Watch

[**AB 2483**](#) ([Maienschein D](#)) **Housing for individuals experiencing homelessness.**

Location: 4/5/2022-A. APPR.

Summary: Would require the Department of Housing and Community Development, by December 31, 2023, to award incentives, as specified, to Multifamily Housing Program project applicants that agree

to set aside at least 25% of the project's units for individuals that are either experiencing homelessness or eligible to receive specified services, including, among others, those received under the Program of All-Inclusive Care for the Elderly. The bill would also require the department to partner with the State Department of Health Care Services to determine the most effective way to align qualifying services in housing projects funded by the Multifamily Housing Program. The bill would require the department to assess tenant outcomes and engage with an evaluator to identify specified information with respect to projects receiving incentives under these provisions, including the number and demographics, including age, race, or ethnicity, and presubsidy housing status, of people being served.

Position

Watch

AB 2500

(Arambula D) Farm to Hospital Grant Pilot Program.

Location: 4/6/2022-A. HEALTH

Summary: Would, upon appropriation and until January 1, 2031, establish the Farm to Hospital Grant Pilot Program, which the Office of Farm to Fork would administer, to award competitive grants to eligible applicants to provide hospital patients with meals prepared from California-sourced agricultural products and build direct relationships with California farmers and ranchers, as specified. The bill would require the office, in consultation with the State Department of Public Health, to develop grant criteria to evaluate proposals from eligible applicants. The bill would authorize grant recipients to use grant moneys only for specified purposes, and require them to report specified information to the office and State Department of Public Health. The bill would require the office, in consultation with the State Department of Public Health, on or before January 1, 2027, to submit to the Legislature a report on the pilot program.

Position

Support

AB 2547

(Nazarian D) Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities Act.

Location: 4/5/2022-A. AGING & L.T.C.

Calendar: 4/19/2022 3 p.m. - State Capitol, Room 127 ASSEMBLY AGING AND LONG TERM CARE, NAZARIAN, Chair

Summary: Would, upon appropriation by the Legislature, require the California Department of Aging, by December 31, 2023, to create and administer the Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities Program. The bill would require the department, in administering the program, to offer competitive grants to nonprofit community-based organizations, continuums of care, and public housing authorities to administer a housing subsidy program for older adults and persons with a disability that are experiencing homelessness or at risk of homelessness, as those terms are as defined. The bill would require the department, in establishing program guidelines, to prioritize communities where renters face high rates of poverty, displacement, gentrification, and homelessness.

Position

Support

AB 2548

(Nazarian D) Healthier Homes - Age in Place Nursing Program.

Location: 3/29/2022-A. APPR.

Summary: Current law establishes the California Department of Aging to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or the least restrictive homelike environments. Current law permits age restrictions in connection with housing and defines senior citizen housing developments for these purposes as a residential development for senior citizens that has at least 35 dwelling units. This bill would require the department to establish and administer the Healthier Homes - Age in Place Nursing Pilot Program in the Counties of Contra Costa, Fresno, Orange, Riverside, Sacramento, San Diego, Shasta, and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purposes of hiring one full-time registered nurse and one full-time community health worker to work at 3 senior citizen housing developments in each county to provide health education, navigation, coaching, and care to residents.

Position

Support

AB 2553

(Grayson D) Human trafficking Act: California Multidisciplinary Alliance to Stop Trafficking (California MAST).

Location: 3/10/2022-A. PUB. S.

Calendar: 4/26/2022 9 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair

Summary: Would establish the California Multidisciplinary Alliance to Stop Trafficking Act (California MAST) to examine collaborative models between governmental and nongovernmental organizations for

protecting victims and survivors of trafficking, among other related duties. The task force would be comprised of specified state officials or their designees and specified individuals who have expertise in human trafficking or providing services to victims of human trafficking, as specified. The bill would require the task force to hold its first meeting no later than July 1, 2023, and would require the task force to meet at least 4 times. The bill would require the task force to report its findings and recommendations to the Office of Emergency Services, the Governor, the Attorney General, and the Legislature by January 1, 2024. The bill would make related findings and declarations. This bill contains other related provisions.

Position

Watch

AB 2724 ([Arambula](#) D) Medi-Cal: alternate health care service plan.

Location: 3/24/2022-A. HEALTH

Calendar: 4/19/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would authorize the State Department of Health Care Services to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP), as defined, to serve as a primary Medi-Cal managed care plan for specified eligible beneficiaries in geographic regions designated by the department. The bill would require the Health Care Options Program, which is an entity overseen by the department for Medi-Cal managed care education and enrollment, to disenroll any member of an AHCSP if the member meets any one of the reasons for disenrollment enumerated in specified regulations.

Position

Watch

SB 17 ([Pan](#) D) Office of Racial Equity.

Location: 8/27/2021-A. 2 YEAR

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, in consultation with state agencies, departments, and public stakeholders, as appropriate, to develop a statewide Racial Equity Framework that includes a strategic plan with policy and inclusive practice recommendations, guidelines, goals, and benchmarks to reduce racial inequities, promote racial equity, and address individual, institutional, and structural racism.

Position

Support

SB 907 ([Pan](#) D) Electronic benefits transfer systems: farmers' markets.

Location: 3/29/2022-S. AGRI.

Calendar: 4/28/2022 9:30 a.m. or upon adjournment of Session - 1021 O Street, Room 2200 SENATE AGRICULTURE, BORGEAS, Chair

Summary: Current law establishes a statewide electronic benefits transfer (EBT) system, administered by the State Department of Social Services, for the purpose of providing financial and food assistance benefits, including CalFresh benefits. Current law authorizes, to the extent and manner allowed by federal law and regulation, an interested collective group or association of produce sellers that is United States Department of Agriculture's Food and Nutrition Service authorized and actively participating in produce sales in a farmers' market, flea market, or certified farmers' market to initiate and operate an electronic benefit transfer acceptance system on behalf of its members. This bill would establish the Local, Equitable Access to Food (LEAF) Program and would require, upon an appropriation by the Legislature for these purposes, the Department of Food and Agriculture, with support from the State Department of Social Services, to establish a noncompetitive grant program designed to expand the use of EBT acceptance systems at California certified farmers' markets and tribe-operated farmers' markets on Indian reservations. The bill would, as part of that grant program, require grants to be provided to certified farmers' market operators or farmers' markets operated by tribal governments.

Position

Support

SB 1145 ([Laird](#) D) California Global Warming Solutions Act of 2006: greenhouse gas emissions: dashboard.

Location: 3/28/2022-S. APPR.

Calendar: 4/18/2022 9 a.m. - 1021 O Street, Room 1200 SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: The California Global Warming Solutions Act of 2006 requires the State Air Resources Board to prepare and approve a scoping plan for achieving the maximum technologically feasible and cost-

effective reductions in greenhouse gas emissions and to update the scoping plan at least once every 5 years. This bill would require the state board to create and maintain on its internet website a greenhouse gas emissions dashboard that provides updated publicly available information regarding how the state is progressing toward meeting its statewide climate change goals.

Position

Watch

Workforce

[AB 1751](#) (Daly D) Workers' compensation: COVID-19: critical workers.

Location: 3/30/2022-A. APPR.

Summary: Current law defines "injury" for an employee to include illness or death resulting from the 2019 novel coronavirus disease (COVID-19) under specified circumstances, until January 1, 2023. Existing law creates a disputable presumption, as specified, that the injury arose out of and in the course of the employment and is compensable, for specified dates of injury. Current law requires an employee to exhaust their paid sick leave benefits and meet specified certification requirements before receiving any temporary disability benefits or, for police officers, firefighters, and other specified employees, a leave of absence. Existing law also makes a claim relating to a COVID-19 illness presumptively compensable, as described above, after 30 days or 45 days, rather than 90 days. Current law, until January 1, 2023, allows for a presumption of injury for all employees whose fellow employees at their place of employment experience specified levels of positive testing, and whose employer has 5 or more employees. This bill would extend the above-described provisions relating to COVID-19 until January 1, 2025.

Position

Watch

[SB 979](#) (Dodd D) Health emergencies.

Location: 2/23/2022-S. HEALTH

Calendar: 4/27/2022 1 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, Chair

Summary: Would authorize the State Department of Public Health to waive specified licensing requirements for health facilities during a state of emergency declared by the Governor or a health emergency declared by the State Public Health Officer.

Position

Support

[SB 1212](#) (Caballero D) Temporary services employers: health care personnel.

Location: 3/24/2022-S. JUD.

Summary: Would, on and after January 1, 2024, require a temporary services employer billing a hospital for services rendered by health care personnel to include in the request for payment the names of the health care personnel, the health care personnel's hourly rate paid by the temporary services employer, and the direct costs of employing the health care personnel, as specified. This bill would make a violation of this provision subject to a civil penalty of \$5,000 per violation.

Position

Support

Total Measures: 52

Total Tracking Forms: 52