

# LEGISLATIVE UPDATE



Week of June 20, 2022

## State Issues

Status of Key Legislation

Next week (July 1) is the deadline for bills to pass out of the policy committee in their second house. This week, there was a great deal of action on several of our key bills, and several bills are set to be heard next week in the last committee hearings before the deadline.

**AB 2080 (Wood): Health Care Consolidation and Contracting Fairness Act of 2022**, which would grant the Attorney General unprecedented power and authority over transactions in the health care field. The Alliance has been a part of a strong coalition in opposition to the bill. The bill was originally set to be heard in Senate Health Committee on Wednesday, but Dr. Wood pulled the bill from the hearing's agenda. Dr. Pan, chair of Senate Health, was insisting on amendments to the bill that would remove some of the sections of the bill that make fundamental changes to the managed care system and some other expansion of the policy that was included in SB 977 (Monning) from several years ago. It is unlikely that the amendments – had Dr. Wood taken them – would have removed any of the opposition to the bill. Regardless, Dr. Wood decided to remove his bill from consideration instead of amending it. While it is assumed the bill is dead for the year, Dr. Wood could still seek to move it until the July 1 deadline; and while it is not expected to move, we will continue to track this bill to be sure there are no surprises next week.

**SB 213 (Cortese) Workers' compensation: hospital employees** would have stated that hospital employees who provide direct patient care will have the automatic presumption that infectious disease, COVID-19, cancer, musculoskeletal injury, post-traumatic stress disorder or respiratory disease are presumed to be job related and, therefore, eligible for workers compensation benefits. The Chair of the Assembly Insurance Committee, Tom Daly, heard the bill as a courtesy to the author, but announced that he was not supporting the bill and encouraged the Committee members to vote no. The bill got no motion to move out of Committee and died. The California Nurses Association is the sponsor of the bill, and it is always possible the issue will resurface another time.

**SB 958 (Limon) Medication and Patient Safety Act of 2022.** This bill prohibits health plans from requiring patients and providers from using third party pharmacy vendors if the physician may need to make changes to the medication cocktail prior to the infusion of the medicine. The bill is currently set for hearing next week in Assembly Health, but there is strong opposition from the health plans. Further, Dr. Wood, chair of Assembly Health, has indicated he sides with the plans in opposition to the bill. The sponsors of the bill are working with the opposition to see if there are amendments that can be made to keep the integrity of the bill, while addressing the concerns that plans need to have white bagging policies to keep health care costs down.

*(more)*

<p>Status of Key Legislation <i>(continued)</i></p>	<p><b>AB 2338 (Gipson): Health care decisions: decisionmakers and surrogates.</b> The Alliance has been in coalition with others opposing this bill that in previous versions would have created a strict hierarchy on who had authority to provide direction on medical care when a patient lacks decision making capacity. The bill has been amended to ensure providers are able to use their judgement on who is chosen as a surrogate if the patient had not selected one previously. As amended, the Alliance has removed its opposition to the bill, and it will be heard in Senate Judiciary Committee next week.</p> <p><b>SB 2724 (Arambula) Medi-Cal: alternate health care service plan,</b> which is the policy bill that allows the Administration to enter into a sole source, Medi-Cal contract with Kaiser Permanente outside of the standard contracting procedures. The bill was heard in Senate Health this week, and the author agreed to take some amendments that are meant to provide some guardrails to the program. The amendments:</p> <ul style="list-style-type: none"> <li>▪ Clarify Kaiser will be able to serve wherever they <i>already</i> have an active commercial line of business. This provides some restrictions on growth but still allows them to provide services where they do not have a hospital.</li> <li>▪ Clarify that rates will be based on the acuity of the member mix. This will help ensure that Kaiser does not get special payments or get paid the same as those who are treating more acute patients.</li> <li>▪ Requires Kaiser to have MOUs with local health departments. This seems to be a condition aimed at ensuring Kaiser is listening to the system of care in the new locations they will be serving.</li> <li>▪ States that Kaiser will provide primary care services within its brick-and-mortar facilities. This will ensure Kaiser actually expands access to care in communities where they will be serving – as opposed to simply crowding out already busy community clinics.</li> <li>▪ Requires DHCS to conduct a network adequacy review for behavior health services prior to the contract going live. This is aimed at ensuring Kaiser will be held accountable and require a plan of correction for their traditional lack of mental health providers.</li> <li>▪ Requires DHCS to present a report on implementation outcomes at year three before there is any contract extension. This will allow the Legislature and stakeholders to review key data elements of this program and allow for some oversight of the plan.</li> </ul> <p>The bill made it out of Senate Health Committee, with some Legislators continuing to express concern. It is now awaiting action in the Senate Appropriations Committee.</p>
<p>Legislative Summary and Status Report</p>	<p>Attached is the Alliance’s Legislative Summary and Status report on bills of interest to the Catholic health ministry.</p>
<p>SCA 10: Right to Abortion and Contraceptives</p>	<p>In anticipation of today’s U.S. Supreme Court decision in <i>Dobbs v. Jackson Women’s Health Organization</i>, the California Legislature’s effort to enshrine the right to abortion and contraception in California’s constitution continues through the legislative process. SCA 10 (Atkins) requires a two-thirds majority vote of both the Senate and Assembly to place this constitutional amendment on the November 2022 ballot for California voters. Floor votes by both houses are needed by June 30 to qualify for the November ballot.</p>

*(more)*

<p>SCA 10: Right to Abortion and Contraceptives <i>(continued)</i></p>	<p>SCA 10 was introduced June 8, passed its two policy committees and one fiscal committee, and was approved in the Senate June 16 on a 25-9 vote. It was heard Thursday (June 23) in Assembly Judiciary Committee and was approved on a 7-2 vote. It will now go to Assembly Appropriations Committee and then voted on the Floor of the Assembly next week, where it is expected to pass (the Governor does not have to sign the bill for it to be put on the ballot).</p>
<p>State Budget Negotiations</p>	<p>Budget negotiations behind the scenes are ongoing. The only public discussion of the budget set for this week in Senate Budget Committee was cancelled, but we know discussions among the parties are ongoing.</p> <p>Chief among them are discussions around the language that would direct retention bonus payments to acute care hospital and skilled nursing facility staff. The California Hospital Association and SEIU are working closely together to settle the details – with both organizations wanting to ensure there is clarity in the implementation of the policy. There are some agreements on issues like liability protections for hospitals who must distribute the funds, but there is not a clear definition yet of who is covered and who is not. The Administration would like to get this resolved before the Legislature goes on their break July 1, which means Trailer Bill Language would need to be finalized and in print by next Monday (June 27). There are some concerns that if it is rushed, critical details will either be left out or mistakes will be made that require corrective legislative language in August.</p> <p>We also continue to hear that language around the Office of Health Care Affordability will be released shortly (something we’ve heard for the last few weeks). This is another item the Legislature would like addressed prior to the summer recess; therefore, language may be forthcoming over the weekend.</p> <p>Whatever does not get addressed this coming week will get delayed to August when the Legislature comes back from their summer break (July 1-August 1).</p>
<p>(Another) New Assembly Member</p>	<p>This week, the Assembly Speaker swore in new Assembly Member Tina McKinnor representing a diverse district that includes Inglewood, Hawthorne, Venice and Marina del Rey. This is the seat previously held by Autumn Burke who resigned earlier this year. She will complete the unexpired term ending in December 2022. She will again face Lawndale Mayor Robert Pullen-Miles in the November 8 General Election to be elected for a full two-year term in the newly redistricted Assembly District 61.</p> <p>Assembly Member McKinnor will prioritize California’s continued COVID-19 recovery, increase funding for public education, expand universal access to healthcare, address the state’s housing and homelessness crisis, reform the state’s broken criminal justice system, demand environmental justice for communities most impacted by the climate crisis and seek equity for communities of color in the cannabis industry.</p> <p>Prior to her election to the State Assembly, she served as Civic Engagement Director for the non-profit LAVoice and previously served as Operational Director for the California Democratic Party and Chief of Staff to several Members of the State Assembly.</p>

# Alliance of Catholic Health Care Legislative Summary and Status 6/24/2022

## 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:** 6/16/2022-S. HEALTH

**Calendar:** 6/29/2022 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, Chair

**Summary:** Under current law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Current law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. Current law defines "immediately following" for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances. Current law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. 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 generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This 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. The bill would authorize a provider to enroll or recertify an individual in specified Medi-Cal programs through telehealth and other forms of virtual communication, and would authorize a county eligibility worker to determine eligibility for, or recertify eligibility for, the Medi-Cal Minor Consent program remotely through virtual communication, as specified.

**Position**

Support

### [AB 1878](#) ([Wood D](#)) **California Health Benefit Exchange: affordability assistance.**

**Location:** 6/8/2022-S. HEALTH

**Calendar:** 6/29/2022 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, 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. 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:** 6/1/2022-S. HEALTH

**Calendar:** 6/29/2022 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, PAN, Chair

**Summary:** Current state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Under current regulations, an individual may enroll in a plan through the Exchange in a special enrollment period that is triggered if the individual loses other coverage due to termination of employment or reduction in the number of hours of employment. Current law requires the Exchange, until January 1, 2023, to administer a program to provide health care coverage financial assistance to California residents with household incomes at or below 600% of the federal poverty level. This bill, upon appropriation by the Legislature, would require the Exchange to administer a program of financial assistance beginning July 1, 2023, 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, beginning January 1, 2024, would also not pay a deductible for any covered benefit if the standard benefit design for a household income of 133% of the federal poverty level has zero deductibles.

**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:** 5/27/2022-A. HEALTH

**Calendar:** 6/28/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, 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  
Amend

**End of Life/Palliative Care**

**AB 1852 (Patterson R) Health facilities: automated drug delivery systems.**

**Location:** 6/20/2022-S. CONSENT CALENDAR

**Calendar:** 6/27/2022 #136 SENATE CONSENT CALENDAR SECOND LEGISLATIVE DAY

**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 2288 (Choi R) Advance health care directives: mental health treatment.**

**Location:** 6/16/2022-A. CHAPTERED

**Summary:** The Health Care Decisions Law, authorizes an adult having capacity to give an individual health care instruction. Current law authorizes the individual instruction to be limited to take effect only if a specified condition arises. 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.

**Position**

Watch

**AB 2338 (Gipson D) Health care decisions: decisionmakers and surrogates.**

**Location:** 6/1/2022-S. JUD.

**Calendar:** 6/28/2022 10 a.m. - 1021 O Street, Room 2100 SENATE JUDICIARY, UMBERG, Chair

**Summary:** Current law authorizes an adult having capacity to give an individual health care instruction and to designate a health care decisionmaker, including an agent designated in a power of attorney to make health care decisions on the person's behalf. Current law also authorizes a patient to designate an adult as a surrogate to make health care decisions by personally informing the supervising health care provider. Existing law authorizes a patient to disqualify a person, including a family member, from acting as the patient's surrogate. This bill would authorize the patient to designate an adult as a surrogate to make health care decisions by also personally informing a designee of the health care facility caring for the patient. The bill 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 who may be chosen by a health care provider or a designee of the health care facility caring for the patient as a surrogate if the patient lacks the capacity to make a health care decision.

**Position**

Neutral

## 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 35](#) (Reyes D) Civil damages: medical malpractice.**

**Location:** 5/23/2022-A. CHAPTERED

**Summary:** Current law, referred to as the Medical Injury Compensation Reform Act of 1975 (MICRA), prohibits an attorney from contracting for or collecting a contingency fee for representing any person seeking damages in connection with an action for injury or damage against a health care provider based upon alleged professional negligence in excess of specified limits. This bill would recast those provisions and base the amount of contingency fee that may be contracted for upon whether recovery is pursuant to settlement agreement and release of all claims executed before a civil complaint or demand for arbitration is filed, or pursuant to settlement, arbitration, or judgment after a civil complaint or demand for arbitration is filed, as specified. The bill would add and revise definitions for these purposes.

**Position**

Support

**[AB 1882](#) (Rivas, Robert D) Hospitals: seismic safety.**

**Location:** 6/8/2022-S. APPR.

**Calendar:** 6/27/2022 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, PORTANTINO, 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 include all pertinent information regarding the building's expected earthquake performance in emergency training, response, and recovery plans, and in capital outlay plans. 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 is compliant with those regulations and standards.

**Position**

Oppose Unless  
Amend

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

**Location:** 6/8/2022-S. HEALTH

**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 or health facility's entrance into a contract that contains specified terms.

**Position**

Oppose

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

**Location:** 6/8/2022-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 managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSPP), as defined, to serve as a primary Medi-Cal managed care plan for certain eligible beneficiaries in geographic regions designated by the department, as specified. The bill would authorize the department to contract with an AHCSPP as a Medi-Cal managed care plan in any geographic region of the state for which federal approval is available, for which the AHCSPP maintains appropriate licensure or an approved exemption from the Department of Managed Health Care, and in which the AHCSPP already provides commercial coverage in the individual, small group, or large group market. The bill would, among other things, prohibit the AHCSPP from denying enrollment to any of those eligible beneficiaries, unless the department or the Department of Managed Health Care has ordered the AHCSPP to cease enrollment in an applicable service area.

**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:** 6/21/2022-A. APPR.

**Summary:** 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 to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as transgender, gender diverse, or intersex (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. The bill would require an individual to complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary.

**Position**

Watch

**[SB 958](#) (Limón D) Medication and Patient Safety Act of 2022.**

**Location:** 5/27/2022-A. HEALTH

**Calendar:** 6/28/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

**Summary:** Would prohibit a health care service plan or health insurer, or its designee, from 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



authorize a plan or insurer, or its designee, to arrange for an infused or injected medication to be administered in an enrollee's or insured's home when the treating health care provider and patient determine home administration is in the best interest of the patient. 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:** 6/16/2022-A. APPR.

**Calendar:** 6/29/2022 9 a.m. - 1021 O Street, Room 1100 ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

**Summary:** Current law requires a health care facility to, among other requirements regarding medicinal cannabis, 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. Current 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. The bill would require a health facility to require a patient or a primary caregiver, as defined, to be responsible for acquiring, retrieving, administering, and removing medicinal cannabis and would require medicinal cannabis to be stored securely at all times. The bill would require the patient or the patient's primary caregiver to, upon discharge, remove all remaining medicinal cannabis and, if a patient cannot remove the medicinal cannabis and does not have a primary caregiver, would require the storage of the product in a locked container until it is disposed of, as specified.

**Position**  
Watch

**[SB 1339](#) (Pan D) Hospitals.**

**Location:** 6/2/2022-A. HEALTH

**Calendar:** 6/28/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, Chair

**Summary:** Current law requires, by January 1, 2030, owners of all acute care inpatient hospitals to either seismically retrofit all acute care inpatient hospitals, or demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with regulations and standards developed by the department in accordance with the act, as specified. This bill would require an acute care hospital in a building with a specified rating to submit to the Department of Health Care Access and Information the estimated cost for the hospital to comply with the 2030 seismic requirements. The bill would require the department to provide the Legislature with a report containing specified information that would provide, among other things, the Legislature with an assessment of projected costs to retrofit each hospital building in order to meet the 2030 seismic requirements. The bill would authorize the department to rely on the cost estimates submitted by the hospitals, and if the department relies on the estimates, the bill would require the department to clearly state in the report that the information was provided by the hospital and not verified by the department.

**Position**  
Support if  
Amended

## Maternal Health

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

**Location:** 6/21/2022-A. CHAPTERED

**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:** 6/15/2022-S. APPR.

**Calendar:** 6/27/2022 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, PORTANTINO, Chair

**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 doulas or the median rate paid for doula care in existing local pilot projects providing doula care in California, whichever is higher. The bill would require the department to utilize a portion of the funds allocated for administrative purposes to arrange for or provide, at no cost to the participants, training on the core competencies for doulas to people who want to become doulas, and community-based doulas in need of additional training to maintain competence, and who are from communities experiencing the highest burden of birth disparities in the state.

**Position**

Watch

## Mental and Behavioral Health

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

**Location:** 6/23/2022-S. JUD.

**Calendar:**

6/28/2022 10 a.m. - 1021 O Street, Room 2100 SENATE JUDICIARY, UMBERG, Chair

6/27/2022 #7 SENATE ASSEMBLY BILLS - SECOND READING FILE

**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 Health Care Services to convene a stakeholder group of entities, including the County Behavioral Health Directors Association of California and the California Hospital Association, among others, to create a model care coordination plan to be followed when discharging those held under temporary holds or a conservatorship. The bill would require the model care coordination plan and process to outline who would be on the care team and how the communication would occur to coordinate care.

**Position**

Watch

**[AB 2275](#) (Wood D) Mental health: involuntary commitment.**

**Location:** 6/23/2022-S. JUD.

**Calendar:** 6/28/2022 10 a.m. - 1021 O Street, Room 2100 SENATE JUDICIARY, UMBERG, Chair

**Summary:** Under the Lanterman-Petris-Short 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. Current law requires a certification review hearing to be held when a person is certified for a 14-day or 30-day intensive treatment detention, except as specified, and requires it to be within 4 days of the date on which the person is certified. Existing law, after the involuntary detention has begun, prohibits the total period of detention, including intervening periods of voluntary treatment, from exceeding the total maximum period during which the person could have been detained, if the person had been detained continuously on an involuntary basis, from the time of initial involuntary detention. This bill would, among other things, specify that the 72-hour period of detention begins at the time when the person is first detained.

**Position**

Watch

**[SB 929](#) (Eggman D) Community mental health services: data collection.**

**Location:** 6/2/2022-A. HEALTH

**Calendar:** 6/28/2022 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, WOOD, 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 report to the Legislature, on or before May 1 of each year, 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 prior to receiving an evaluation or care, demographic data of those receiving care, and an assessment of all contracted beds. The bill would specify that the information be from each county for some of those data.

**Position**  
Watch

**[SB 965](#) (Eggman D) Conservatorships: medical record: hearsay rule.**

**Location:** 5/19/2022-A. JUD.

**Summary:** The Lanterman-Petris-Short Act authorizes the appointment of a conservator, in the County of Los Angeles, the County of San Diego, or the City and County of San Francisco, for a person who is incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder. Current law establishes the hearsay rule, under which evidence of a statement is generally inadmissible if it was made other than by a witness while testifying at a hearing and is offered to prove the truth of the matter stated. Current law sets forth exceptions to the hearsay rule to permit the admission of specified kinds of evidence. Under this bill, for purposes of an expert witness in any proceeding relating to the appointment or reappointment of a conservator pursuant to the above-described provisions, the statements of specified health practitioners or a licensed clinical social worker included in the medical record would not be hearsay. The bill would authorize the court to grant a reasonable continuance if an expert witness in a proceeding relied on the medical record and the medical record has not been provided to the parties or their counsel upon request within a reasonable time before the proceeding.

**Position**  
Watch

**[SB 1019](#) (Gonzalez D) Medi-Cal managed care plans: mental health benefits.**

**Location:** 6/21/2022-A. APPR.

**Summary:** Would require a Medi-Cal managed care plan to conduct annual outreach and education for its enrollees, based on an annual plan that the Medi-Cal managed care plan develops and submits to the State Department of Health Care Services, regarding the mental health benefits that are covered by the Medi-Cal managed care plan, and to also develop an annual outreach and education plan to inform primary care providers regarding those mental health benefits.

**Position**  
Support

**[SB 1154](#) (Eggman D) Facilities for mental health or substance use disorder crisis: database.**

**Location:** 6/21/2022-A. APPR.

**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:** 6/21/2022-A. APPR.

**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:** 6/21/2022-A. APPR.

**Summary:** Current law authorizes the State Department of Health Care Services to award competitive grants to expand the community continuum of behavioral health treatment resources. This bill would require the department, commencing January 1, 2024, and at least every 5 years thereafter, to conduct a review of, and produce a report regarding, the current and projected behavioral health care infrastructure and service needs in each region of the state. The bill would require the department to consult with the council of governments, cities, counties, and cities and counties regarding the assumptions and methodology to be used by the department, and would require local governments to provide specified data for the region. The bill would require the department to share this data and its report with the Mental Health Services Oversight and Accountability Commission.

**Position**

Watch

**[SB 1416](#) (Eggman D) Mental health services: gravely disabled persons.**

**Location:** 6/21/2022-A. JUD.

**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 also include under the definition of "gravely disabled" a condition in which a person, as a result of a mental health disorder, is unable to provide for the basic personal needs of medical care, as specified.

**Position**

Watch

## Social Determinants of Health

**[AB 1816](#) (Bryan D) Reentry Housing and Workforce Development Program.**

**Location:** 6/20/2022-S. APPR. SUSPENSE FILE

**Summary:** Current law establishes the Department of Housing and Community Development in the Business, Consumer Services, and Housing Agency and makes the department responsible for administering various housing programs throughout the state, including, among others, the Multifamily Housing Program, the Housing for a Healthy California Program, and the California Emergency Solutions Grants Program. Upon appropriation by the Legislature for this express purpose, this bill would require the department to create the Reentry Housing and Workforce Development Program, and would require the department to take specified actions to provide grants to applicants, as defined, for innovative or evidence-based housing, housing-based services, and employment interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed.

**Position**

Support

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

**Location:** 6/15/2022-S. APPR.

**Calendar:** 6/27/2022 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, PORTANTINO, Chair

**Summary:** 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. Additionally, the bill would require the advisory working group to submit a report with its findings and recommendations to the Legislature on or before January 1, 2025, and make that report available to the public by posting it on the State Department of Public Health's internet website. The bill would require the advisory working group in preparing the report to evaluate the unmet needs among various communities during the COVID-19 pandemic and with respect to up to

five other recent emergency funding allocations stratified by local health jurisdiction, county, and Senate and Assembly legislative district. These provisions would be repealed on January 1, 2029.

**Position**

Support

**[AB 2419](#) (Bryan D) Environmental justice: federal Infrastructure Investment and Jobs Act: Justice40 Advisory Committee.**

**Location:** 6/22/2022-S. G.O.

**Calendar:** 6/28/2022 9 a.m. - 1021 O Street, Room 1200 SENATE GOVERNMENTAL ORGANIZATION, DODD, Chair

**Summary:** The federal Infrastructure Investment and Jobs Act (IIJA) provides additional federal funds to rebuild the nation's infrastructures. Executive orders issued by President Biden established the federal Justice40 Initiative with the goal that 40% of the overall federal benefits flow to disadvantaged communities and stating that the implementation of the IIJA should prioritize investing public dollars equitably, including through the Justice40 Initiative. This bill would require a minimum of 40% of funds received by the state under the IIJA and certain other federal funds to be allocated to projects that provide direct benefits to disadvantaged communities and disadvantaged unincorporated communities and, except as specified, a minimum of an additional 10% be allocated for projects that provide direct benefits to low-income households and low-income communities, as provided. The bill would require state agencies administering those federal funds to perform specified tasks related to the expenditure of those federal funds.

**Position**

Support

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

**Location:** 6/20/2022-S. APPR. SUSPENSE FILE

**Summary:** Would, subject to an appropriation of funds by the Legislature in the annual Budget Act or another statute for this purpose, require the 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 conditions and health considerations for pregnant individuals and infant children, and provide guidance to the Legislature by submitting a report that includes legislative or policy 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:** 6/14/2022-S. HUM. S.

**Calendar:** 6/27/2022 3 p.m. or upon adjournment of Session - 1021 O Street, Room 2200 SENATE HUMAN SERVICES, HURTADO, Chair

**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 2548](#) (Nazarian D) California Kids Investment and Development Savings Program.**

**Location:** 6/16/2022-S. ED.

**Calendar:** 6/30/2022 Upon adjournment of Session - 1021 O Street, Room 2100 SENATE EDUCATION, LEYVA, Chair

**Summary:** Current law, upon appropriation by the Legislature, requires the Scholarshare Investment Board to establish one or more Scholarshare 529 accounts and make a seed deposit of moneys from the fund into a Scholarshare 529 account established under the KIDS Program in an amount of at least \$25, as determined by the board. Specifically, those moneys are deposited in KIDS Accounts, one designated for each California resident child born on or after July 1, 2022. Existing law requires the board to provide awards from these KIDS Accounts, as specified, for each recipient child's qualified higher education expenses at an eligible institution of higher education. This bill, commencing with the 2023-24 fiscal year, would increase the amount of seed deposits in KIDS Accounts to at least \$100.

**Position**  
Support

**[AB 2553](#) (Grayson D) Human trafficking Act: California Multidisciplinary Alliance to Stop Trafficking (California MAST).**  
**Location:** 6/8/2022-S. PUB. S.  
**Calendar:** 6/28/2022 9 a.m. - State Capitol, Room 112 SENATE PUBLIC SAFETY, BRADFORD, Chair  
**Summary:** Would, upon appropriation by the Legislature, establish the California Multidisciplinary Alliance to Stop Trafficking Act (California MAST) to review 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, 2025. The bill would make related findings and declarations.

**Position**  
Watch

**[AB 2724](#) (Arambula D) Medi-Cal: alternate health care service plan.**  
**Location:** 6/8/2022-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 managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department 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 certain eligible beneficiaries in geographic regions designated by the department, as specified. The bill would authorize the department to contract with an AHCSP as a Medi-Cal managed care plan in any geographic region of the state for which federal approval is available, for which the AHCSP maintains appropriate licensure or an approved exemption from the Department of Managed Health Care, and in which the AHCSP already provides commercial coverage in the individual, small group, or large group market. The bill would, among other things, prohibit the AHCSP from denying enrollment to any of those eligible beneficiaries, unless the department or the Department of Managed Health Care has ordered the AHCSP to cease enrollment in an applicable service area.

**Position**  
Watch

**[AB 2790](#) (Wicks D) Reporting of crimes: mandated reporters.**  
**Location:** 6/8/2022-S. PUB. S.  
**Calendar:** 6/28/2022 9 a.m. - State Capitol, Room 112 SENATE PUBLIC SAFETY, BRADFORD, Chair  
**Summary:** Current law requires a health practitioner, as defined, to make a report to law enforcement when they suspect a patient has suffered physical injury that is either self-inflicted, caused by a firearm, or caused by assaultive or abusive conduct, including elder abuse, sexual assault, or torture. A violation of these provisions is punishable as a misdemeanor. This bill would, on and after January 1, 2024, remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct.

**Position**  
Watch

**[AB 2817](#) (Reyes D) House California Challenge Program.**  
**Location:** 6/22/2022-S. HUM. S.  
**Calendar:** 6/27/2022 3 p.m. or upon adjournment of Session - 1021 O Street, Room 2200 SENATE HUMAN SERVICES, HURTADO, Chair  
**Summary:** Would, upon appropriation of funds by the Legislature, establish the House California Challenge Program, to be administered by the Department of Housing and Community Development, in partnership with the California Health and Human Services Agency, for the purpose of providing direct rental assistance to help persons who are experiencing homelessness obtain housing. The bill would require the department, upon appropriation of those funds by the Legislature, to allocate \$1,000,000,000 for purposes of the program each fiscal year for 5 years, beginning with the 2022–23 fiscal year. The bill would require 10% of the funds to be awarded as grants to recipients, as defined, for the purpose of helping participants locate and obtain permanent housing and would require 80% of the funds to be allocated by the department for specified uses, including long-term rental assistance, master leasing of units, and short-term funds for prevention, self-resolution, and diversion services, as specified. The bill would authorize up to 10% of the funds to be used for administrative costs. Under

the bill, and to the extent allowable under federal law, any assistance, services, or supports received pursuant to the program would not be considered income of the participant for purposes of determining eligibility for, or benefits pursuant to, any public assistance program.

**Position**

Support

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

**Location:** 6/24/2022-A. APPR.

**Calendar:** 6/29/2022 9 a.m. - 1021 O Street, Room 1100 ASSEMBLY APPROPRIATIONS, HOLDEN, Chair

**Summary:** Would, until January 1, 2029, would 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:** 6/14/2022-A. AGRI.

**Calendar:** 6/29/2022 1:30 p.m. - State Capitol, Room 126 ASSEMBLY AGRICULTURE, RIVAS, ROBERT, Chair

**Summary:** 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. The bill would limit the use of grant funds for specified activities relating to expanding the use of EBT acceptance systems at farmers' markets, including, among others, scaling and improving EBT processes at existing certified farmers' markets. The bill would create certain additional requirements for certified farmers' markets that use grant funds to hire an individual, or to contract with a third party, to operate an EBT acceptance system, including a requirement that the person operating the EBT acceptance system be available at all times the certified farmers' market is open to the public.

**Position**

Support

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

**Location:** 6/20/2022-A. APPR.

**Calendar:** 6/29/2022 9 a.m. - 1021 O Street, Room 1100 ASSEMBLY APPROPRIATIONS, HOLDEN, 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:** 6/8/2022-S. L., P.E. & R.

**Calendar:** 6/29/2022 9 a.m. - State Capitol, Room 112 SENATE LABOR, PUBLIC EMPLOYMENT AND RETIREMENT, CORTESE, Chair

**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 create 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 make 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 213** **(Cortese D) Workers' compensation: hospital employees.**  
**Location:** 5/5/2022-A. INS.

**Summary:** Current law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of employment. 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. 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 include the novel coronavirus 2019 (COVID-19), among other conditions, in the definitions of infectious and respiratory diseases.

**Position**  
Watch

**SB 979** **(Dodd D) Health emergencies.**  
**Location:** 6/21/2022-A. APPR.

**Summary:** When the Governor declares a state of emergency, existing law requires a health care service plan and a health insurer to provide an enrollee or insured who has been displaced or has the immediate potential to be displaced by that emergency access to medically necessary health care services. Current law requires health care service plans and health insurers operating in a county included in a declaration of emergency to notify the Department of Managed Health Care and the Department of Insurance whether the plan has experienced or expects to experience a disruption to its operation, among other things. Current law provides for health care service plans and health insurers to take specified actions, including relaxing time limits for prior authorization, precertification, or referrals. This bill would revise those provisions to specifically apply to a declaration by the Governor of a state of emergency, or a health emergency declared by the State Public Health Officer, that displaces, or has the immediate potential to displace, enrollees, insureds, or health care providers, that otherwise affects the health of enrollees or insureds, or that otherwise affects or that may affect health care providers. The bill would authorize the Director of the Department of Managed Care and the Insurance Commissioner to issue guidance to health care service plans and health insurers regarding compliance with the bill's requirements during the first 3 years following the declaration of emergency, or until the emergency is terminated, as specified.

**Position**  
Support

**Total Measures: 48**  
**Total Tracking Forms: 48**