

LEGISLATIVE UPDATE

Alliance



of Catholic Health Care

Week of August 15, 2022

State Issues

Nearing the End of Session	<p>We are just 12 days away from the end of the 2022 legislative session. With the November elections coming up, Legislators are anxious to key policy wins before returning to their district to continue campaigning.</p> <p>Last minute deals are still being negotiated on a number of issues, including an ongoing effort to address hospital seismic mandates. Other outstanding issues include Care Courts, climate change and work to secure some funding to support the public health emergency related to addressing Monkey Pox.</p> <p>Amended bills must be presented to the Legislature by August 24 in the Assembly, and August 25 in the Senate, to be considered for the year – but rule waivers could be granted to stretch those deadlines if there's an agreement and Legislative Leadership approval. However, all bills without exception are subject to the 72-hour rule, which means all bills must be in print by midnight on Sunday, August 28 if they want to be taken up this year.</p> <p>The Legislative Session ends at midnight on August 31, 2022.</p>
Legislative Summary and Status Report	Attached is the Alliance's Legislative Summary and Status report on bills of interest to the Catholic health ministry.

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Alliance of Catholic Health Care Legislative Summary and Status 8/19/2022

Access

AB 32 ([Aguiar-Curry D](#)) Telehealth.

Location: 8/11/2022-S. THIRD READING

Calendar: 8/22/2022 #306 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: 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 2530 ([Wood D](#)) California Health Benefit Exchange: financial assistance.

Location: 8/18/2022-S. SECOND READING

Calendar: 8/22/2022 #14 SENATE ASSEMBLY BILLS - SECOND READING FILE

Summary: Current law requires the California Health Benefit Exchange (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, if specified eligibility requirements are met, 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 138.1% 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 138.1% of the federal poverty level has zero deductibles.

Position

Support

SB 944 ([Pan D](#)) California Health Benefit Exchange: affordability assistance.

Location: 8/15/2022-A. THIRD READING

Calendar: 8/22/2022 #161 ASSEMBLY THIRD READING FILE - SENATE BILLS

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

End of Life/Palliative Care

AB 1852 ([Patterson R](#)) Health facilities: automated drug delivery systems.

Location: 7/19/2022-A. CHARTERED

Summary: Current law authorizes the use of automated drug delivery systems, as defined, for pharmacy services in nursing, skilled nursing, and intermediate care facilities. Current law requires the pharmacy at these facilities to be responsible for the drugs contained within, and the operation and maintenance of, the automated drug delivery system. Current law makes a violation of these provisions a crime. 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.

Position

Watch

[**AB 2288**](#)

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

Location: 6/16/2022-A. CHARTERED

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: 8/18/2022-A. CONCURRENCE

Calendar: 8/22/2022 #33 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS

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

Hospital Operations and Finance

[**AB 35**](#)

(Reyes D) Civil damages: medical malpractice.

Location: 5/23/2022-A. CHARTERED

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: 8/8/2022-S. THIRD READING

Calendar: 8/22/2022 #198 SENATE ASSEMBLY BILLS - THIRD READING FILE

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 2724**](#)

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

Location: 6/30/2022-A. CHARTERED

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.

Position

Watch

[**SB 923**](#)

(Wiener D) Gender-affirming care.

Location: 8/15/2022-A. THIRD READING

Calendar: 8/22/2022 #158 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, and delegated entities, 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 988**](#)

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

Location: 8/16/2022-S. ENROLLMENT

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, 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.

Maternal Health

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

Location: 6/21/2022-A. CHARTERED

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.

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

Location: 8/11/2022-S. THIRD READING

Calendar: 8/22/2022 #375 SENATE ASSEMBLY BILLS - THIRD READING FILE

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.

Mental and Behavioral Health

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

Location: 8/15/2022-S. THIRD READING

Calendar: 8/22/2022 #492 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Would, on or before July 1, 2023, 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. Among other components, the bill would require the model care coordination plan to require that an individual exiting a temporary hold or a conservatorship be provided with a detailed plan that includes a scheduled first appointment with a behavioral health professional. The bill would declare the intent of the Legislature that counties and hospitals implement the care coordination plan by February 1, 2024.

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

Location: 8/15/2022-S. THIRD READING

Calendar: 8/22/2022 #499 SENATE ASSEMBLY BILLS - THIRD READING FILE

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. Current 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. 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 72-hour hold and remains detained.

Position

Watch

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

Location: 8/15/2022-A. THIRD READING

Calendar: 8/22/2022 #159 ASSEMBLY THIRD READING FILE - SENATE BILLS

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 1019 (Gonzalez D) Medi-Cal managed care plans: mental health benefits.

Location: 8/16/2022-A. THIRD READING

Calendar: 8/22/2022 #287 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Would require a Medi-Cal managed care plan, no later than January 1, 2024, to conduct annual outreach and education for its enrollees, based on a plan that the Medi-Cal managed care plan develops and submits to the department, as specified, regarding the mental health benefits that are covered by the Medi-Cal managed care plan. The bill would require a Medi-Cal managed care plan to also conduct annual outreach and education, based on a plan that it develops, to inform primary care providers regarding those mental health benefits.

Position

Support

SB 1207 (Portantino D) Health care coverage: maternal and pandemic-related mental health conditions.

Location: 8/4/2022-A. THIRD READING

Calendar: 8/22/2022 #102 ASSEMBLY THIRD READING FILE - SENATE BILLS

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: 8/18/2022-S. ENROLLMENT

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

Social Determinants of Health

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

Location: 8/11/2022-S. THIRD READING

Calendar: 8/22/2022 #338 SENATE ASSEMBLY BILLS - THIRD READING 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 2420**](#) ([Arambula D](#)) Perinatal and infant children health: extreme heat.

Location: 8/18/2022-S. SECOND READING

Calendar: 8/22/2022 #2 SENATE ASSEMBLY BILLS - SECOND READING 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 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 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: 8/15/2022-S. THIRD READING

Calendar: 8/22/2022 #516 SENATE ASSEMBLY BILLS - THIRD READING FILE

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 20% of the project's units, or no more than 50% of the projects units if the project includes more than 100 units, for individuals that are either experiencing homelessness, as defined, 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 pre-subsidy housing status, of people being served.

Position

Watch

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

Location: 8/15/2022-S. THIRD READING

Calendar: 8/22/2022 #522 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Current law establishes the California Kids Investment and Development Savings Program Fund in the State Treasury to serve as the initial repository of all moneys received from state and private sources for the KIDS Program, and continuously appropriates moneys in the fund to the board for the KIDS Program. Current law, upon appropriation by the Legislature, requires the 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. Current 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 2024–25 fiscal year, and upon appropriation by the Legislature, would increase the amount of seed deposits in KIDS Accounts to at least \$100.

Position

Support

AB 2724

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

Location: 6/30/2022-A. CHARTERED

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.

Position

Watch

AB 2817

(Reyes D) House California Challenge Program.

Location: 8/11/2022-S. THIRD READING

Calendar: 8/22/2022 #303 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Would, upon appropriation of funds by the Legislature, establish the House California Challenge Program, to be administered by the department, 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 or a resource of the participant for purposes of determining eligibility for, or benefits pursuant to, any public assistance program.

Position

Support

SB 17

(Pan D) Racial Equity Advisory and Accountability Commission.

Location: 8/16/2022-A. THIRD READING

Calendar: 8/22/2022 #237 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Would, until January 1, 2030, establish in state government a Racial Equity Advisory and Accountability Commission. The bill would authorize the commission, among other things, to hire administrative, technical, and other personnel as may be necessary for the performance of its duties, including an executive director to organize, administer, and manage the operations of the commission. The bill would task the commission 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 commission, 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, theory of change, 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: 8/18/2022-S. CONCURRENCE

Calendar: 8/22/2022 #71 SENATE UNFINISHED BUSINESS

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: 8/18/2022-S. ENROLLMENT

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: 8/11/2022-S. THIRD READING

Calendar: 8/22/2022 #257 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Current law creates a disputable 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 the employment. Current law governs the procedures for filing a claim for workers' compensation, including filing a claim form, and provides that an injury is presumed compensable if liability is not rejected within 90 days after the claim form is filed, as specified. Current case law provides for how certain presumptions may be rebutted. Existing 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. Current 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 979 ([Dodd](#) D) Health emergencies.

Location: 8/8/2022-A. THIRD READING

Calendar: 8/22/2022 #112 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: When the Governor declares a state of emergency, current 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.

Position

Support

Total Measures: 30

Total Tracking Forms: 30