

LEGISLATIVE UPDATE



Week of August 22, 2022

State Issues	
End of Session Next Wednesday	<p>When Legislators return to the Capitol next Monday, they have only three (3) days to complete all of their business. The 2022 Legislative session ends at midnight on Wednesday, August 31. The Assembly is set to come back at 1:00 pm on Monday with 340 bills left to vote on. The Senate begins its work at 2:00 pm and has 604 bills on its agenda.</p> <p>Attached is the Alliance Summary and Status of remaining bills of interest to the Catholic health ministry.</p>
Seismic Mandate and Minimum Wage	<p>This week, the most impactful news for hospitals was the collapse of the proposed legislation from the California Hospital Association and SEIU to address two critical issues – 2030 seismic mandate reform and an approach to increasing wages for health care workers. The proposal was not able to advance this year due to several factors including high stakes, a short timeline, CHA’s commitment not to agree to changes that would erode the protections the proposed bill included, and other groups of organized labor and dialysis clinics in opposition.</p> <p>Going forward, these challenges will remain: the more than \$100 billion seismic mandate remains in place, and there will be a proposed across-the-board \$25 minimum wage on the 2024 state ballot.</p>
State Budget Update	<p>On Monday at 9:00 am, the Assembly Budget Committee will hear 19 budget trailer bills. Most of those have yet to be amended to include the new language that will be heard. We expect one or more bills will address health care policy. The issues expected to be covered include some clean up language on the Office of Health Care Affordability (OHCA). This new language is expected to clarify that employee wages need to be considered by the OHCA Commission when analyzing health care cost targets.</p> <p>Language also should be released providing funding and clarity on the Governor Newsom’s CARE Court proposal, which addresses a framework for persons with mental health and substance use disorder. Some of this new language has been amended into the policy bill (SB 1388 Umberg and Eggman) and other language is expected to be in budget trailer bill. Funding for planning purposes is expected to be provided to counties who are the first to agree to implement the CARE Court program. As outlined in the policy bill, these counties include Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne, and the City and County of San Francisco. Whatever additional language comes out next week, there is an expectation that a great deal of detail has not yet been worked through to implement CARE Courts, and additional negotiations and guidance will be worked on by stakeholders over the fall, with new funding and new policy provided in the Governor’s January 2023 Budget proposal and subsequent trailer bill language in 2023.</p>

(more)

New Caucus Leadership Named	<p>This week, both the Legislative Women’s Caucus and the California Legislative Black Caucus (CLBC) announced new leadership.</p> <p>The CLBC announced that they have elected newcomer Assembly Member Lori Wilson (D-Suisun City) as Chair of the Caucus and Senator Steven Bradford (D-Gardena) as Vice Chair. Assembly Member Dr. Akilah Weber (D-San Diego) and Assembly Member Isaac Bryan (D-Los Angeles) will be Secretary and Treasurer, respectively. Their two-year terms will begin in December, when the Legislature comes back to Sacramento for their organizing session. Upon receiving the nod from her colleagues, Assembly Member Wilson stated, “I look forward to working with my colleagues to uplift over two million Black residents living in California. From access to healthcare to housing and homelessness to criminal justice reform and creating economic opportunity, the CLBC has a long history of legislative accomplishments.”</p> <p>The Legislative Women’s Caucus announced that Senator Nancy Skinner (D-Berkeley) and Assembly Member Cecelia Aguiar-Curry (D- Winters) have been named the Chair and Vice Chair of the caucus. Their two-year term will also begin on December 5, 2022. After thanking the outgoing chair, Assembly Member Christina Garcia (D-Bell Gardens), Skinner stated, “...I’m committed to pushing forward with the important work we’ve done to improve the lives of all California women and families, and to ensure that our state is a national haven for reproductive freedom and abortion rights and services.”</p>
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Alliance of Catholic Health Care Legislative Summary and Status 8/26/2022

Access

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

Location: 8/25/2022-S. THIRD READING

Calendar: 8/29/2022 #204 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Under existing 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. Under existing law, federally qualified health center (FQHC) services and rural health clinic (RHC) services are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is available, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between an FQHC or RHC patient and any of specified health care professionals. Under existing law, "visit" also includes an encounter between an FQHC or RHC patient and specified medical professionals when services delivered through that interaction meet the applicable standard of care. Current law prohibits an FQHC or RHC from establishing a new patient relationship using an audio-only synchronous interaction and authorizes the department to provide specific exceptions to that prohibition, developed in consultation with affected stakeholders and published in departmental guidance. This bill would authorize the department to authorize an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and authorize an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video.

Position

Support

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

Location: 8/25/2022-A. ENROLLMENT

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: 8/29/2022 #68 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Would require the California Health Benefit 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, if specified enhanced federal premium subsidies are made available for the 2023 and 2024 calendar years, and to eliminate deductibles for all benefits to the extent feasible. The bill would require the Exchange to adopt standard benefit designs consistent with these specifications.

Position

Support

End of Life/Palliative Care

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

Location: 7/19/2022-A. CHAPTERED

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. 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: 8/22/2022-A. ENROLLMENT

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.

Position

Neutral

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: 8/25/2022-A. ENROLLMENT

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. CHAPTERED

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 (AHCS), 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 AHCS as a Medi-Cal managed care plan in any geographic region of the state for which federal approval is available, for which the AHCS maintains appropriate licensure or an approved exemption from the Department of Managed Health Care, and in which the AHCS already provides commercial coverage in the individual, small group, or large group market.

Position

Watch

[SB 923](#) (Wiener D) Gender-affirming care.

Location: 8/25/2022-S. ENROLLMENT

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: 8/23/2022-S. ENROLLED

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.

Position

Watch

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: 8/11/2022-S. THIRD READING

Calendar: 8/29/2022 #278 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. 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 July 1, 2024. The bill would require a grant recipient to use grant funds to pay for the costs associated with providing doula care to eligible individuals and to establish, manage, support, or expand doula services, including technical assistance to nascent doulas or doula groups. 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, on or before January 1, 2029, to submit a report to the appropriate policy and fiscal committees of the Legislature on the expenditure of funds and relevant outcome data for the pilot project. The bill would repeal these provisions on January 1, 2029.

Position
Watch

Mental and Behavioral Health

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

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

Calendar: 8/29/2022 #249 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: (1)Existing law, 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 December 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. 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 the health plan, the mental health plan, a primary care provider, or another appropriate provider to whom the person has been referred. The bill would require facilities designated by the counties for evaluation and treatment of involuntarily committed patients to implement the care coordination plan by August 1, 2024. This bill contains other related provisions and other existing laws.

Position
Watch

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

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

Calendar: 8/29/2022 #261 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then a 30-day maximum period of intensive treatment after the 14-day period. Existing 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, but allows for a postponement for 48 hours or until the next regularly scheduled hearing date in specified smaller counties. 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 remove the provisions for postponement of the certification review hearing. The bill, when a person has not been certified for 14-day intensive treatment and remains detained on a 72-hour hold, would require a certification review hearing to be held within 7 days of the date the person was initially detained and would require the person in charge of the facility where the person is detained to notify the detained person of specified rights. Because the bill would expand the population of persons who are entitled to a certification review hearing, it would create a state-mandated local program. This bill contains other related provisions and other existing laws.

Position

Watch

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

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

Calendar: 8/29/2022 #67 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Existing 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. Existing law requires each local mental health director, and each facility providing services to persons under those provisions, to provide the department, upon its request, with any information, records, and reports that the department deems necessary for purposes of the data collection and publication. This bill would additionally require the department to collect data quarterly and publish, on or before May 1 of each year, a report including quantitative, deidentified information relating to, among other things, the number of persons in designated and approved facilities admitted or detained for 72-hour evaluation and treatment, clinical outcomes and services for certain individuals, waiting periods prior to receiving an evaluation or treatment services in a designated and approved facility, demographic data of those receiving care, the number of all county-contracted beds, and an assessment of the disproportionate use of detentions and conservatorships on various groups. The bill would specify that the information be from each county for some of those data. The bill would require the Judicial Council to provide the department, by October 1 of each year, with data from each superior court to complete the report, including, among other things, the number and outcomes of certification review hearings, petitions for writs of habeas corpus, and judicial review hearings. The bill would, beginning with the report due May 1, 2025, require the report to also include the progress that has been made on implementing recommendations from prior reports. The bill would require the department to make the report publicly available on the department's internet website. The bill would require each county behavioral health director or other entity involved in implementing the provisions relating to detention, assessment, evaluation, or treatment for up to 72 hours to provide data as prescribed by the department. The bill would authorize the department to impose a plan of correction against a facility or county that fails to submit data timely or as required. The bill would authorize the department to implement these provisions through information notices or other similar written instructions. The bill would exempt contracts entered into by the department for purposes of these provisions from certain contract-related requirements. This bill contains other related provisions and other existing laws.

Position

Watch

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

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

Calendar: 8/29/2022 #139 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Would require a Medi-Cal managed care plan, no later than January 1, 2025, 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: 8/29/2022 #37 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. The bill would revise the requirements of the program to include quality measures to encourage screening, diagnosis, treatment, and referral. The bill also would encourage health care service plans and health insurers to improve screening, treatment, and referral to maternal mental health services, include coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program.

Position
Watch

[SB 1238](#) (Eggman D) Behavioral health services: existing and projected needs.

Location: 8/18/2022-S. ENROLLMENT

Summary: The Children and Youth Behavioral Health Initiative Act requires the State Department of Health Care Services to procure and oversee a vendor to establish and maintain a behavioral health services and supports virtual platform that integrates behavioral health screenings, application-based supports, and direct behavioral health services to children and youth 25 years of age and younger, regardless of payer. Current law authorizes the department 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.

Position
Watch

Social Determinants of Health

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

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

Calendar: 8/29/2022 #104 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: 8/25/2022-A. ENROLLMENT

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: 8/24/2022-A. ENROLLMENT

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: 8/25/2022-A. ENROLLMENT

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. CHAPTERED

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.

Position

Watch

[AB 2817](#) (Reyes D) House California Challenge Program.

Location: 8/24/2022-A. ENROLLMENT

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: 8/29/2022 #108 ASSEMBLY THIRD READING FILE - SENATE BILLS

Summary: Current law requires the Office of Health Equity to work with the Health in All Policies Task Force to assist state agencies and departments in developing policies, systems, programs, and environmental change strategies that have population health impacts by, among other things, prioritizing building cross-sectoral partnerships within and across departments and agencies to change policies and practices to advance health equity. This bill, until January 1, 2030, would 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: 8/22/2022-S. ENROLLMENT

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.

Position

Support

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

Location: 8/18/2022-S. ENROLLMENT

Summary: Would require the State Air Resources 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: 8/29/2022 #287 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: 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. 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. Current law creates a disputable presumption, as specified, that the injury arose out of and in the course of the employment and is compensable, for specified dates of injury. Current law requires an employee to exhaust their paid sick leave benefits and meet specified certification requirements before receiving any temporary disability benefits or, for police officers, firefighters, and other specified employees, a leave of absence. Current law also makes a claim relating to a COVID-19 illness presumptively compensable, as described above, after 30 days or 45 days, rather than 90 days.

Current law, until January 1, 2023, allows for a presumption of injury for all employees whose fellow employees at their place of employment experience specified levels of positive testing, and whose employer has 5 or more employees. This bill would extend the above-described provisions relating to COVID-19 until January 1, 2024.

Position

Watch

SB 979 **(Dodd D) Health emergencies.**

Location: 8/23/2022-S. ENROLLMENT

Summary: Existing law authorizes the Governor to declare a state of emergency, as specified, and the State Public Health Officer to declare a health emergency under certain circumstances, such as the imminent or proximate threat of the introduction of an infectious or communicable disease. 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. This bill contains other existing laws.

Position

Support

Total Measures: 30

Total Tracking Forms: 30