

Session 70:
OT Issues Around the Country:
The National Perspective and
the View from Sacramento

October 27, 2018



Occupational Therapy Association of California

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Political Climate from Sacramento

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Political Climate – CA Legislature


- Legislative climate more progressive
- Longer term legislators
- Democratic super-majority
- Recent turmoil – departures
- New leadership



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CA Legislature – Progressive Stats


- Democrat supermajority
 - Senate – 26 (Need 27)
 - Assembly – 55 (57 in November?)
- 12 year term limits
- Loss of Moderate Democrats
- Decrease in Republican seats



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Legislative Turmoil and Changes


- Assembly
 - 3 new legislators – Kamlager-Dove, Carillo, Gabriel
 - 1 return – C. Garcia
- Senate
 - 1 exit & Neman Recall
 - Ling Ling Chang elected



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CA Legislative Agenda

- #MeToo Movement – pushed reforms & legislator exits
- Anti-Trump on immigration, data protection, climate change, health care
- Labor Agenda - Employee protections, state/county job protections (Janus decision), private sector contracting (AB 1250), Dynamex decision



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New Leadership


- Senate Pro Tem Toni Atkins
 - Succeeding term out Senate Pro Tem Kevin de Leon, who is running against Diane Feinstein for U.S. Senate



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CA 2018 Elections - Legislature

- **Key Open Senate Seats**
 - SD 32 – (Mendoza/Delgado-D) Archuleta (D) vs. Topalian (R)
 - SD 22 –(Hernandez –D) Eng (D) vs. Rubio (D)
 - SD 12 - (Cannella-R) Caballero (D) vs. Poythress
- **Key Open Assembly Seats**
 - AD 40 (Steinorth) Ramos (D) vs. Nickel (R)
 - AD 76 (Chavez) Warren (D) vs. Boerner-Horvath (D)



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CA Elections – Governor’s Race



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Newsom Policy Agenda





- Healthcare for All & Expanded Access to Mental Health Treatment
- Defend California's Immigrant Communities
- Support #MeToo Movement and Women's Workplace Rights
- Support LGBT Community
- Reform Criminal Justice System
- Gun Control
- Meet the Needs of Military Veterans and Families
- Protect Against Predatory Lending Practices

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Cox Policy Agenda

- Affordability – Taxes and Fees Reduction (Gas Tax)
- Environment and Energy – Balance Environmental Protections with Costs of Implementation
 - Supports ZEV's and Prohibition Against Offshore Drilling
- Opposes Government Run Healthcare
- Homelessness – More Housing & Mental Healthcare
- Housing Affordability
- "Smart" Immigration
- Transportation
- Water & Agriculture



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Statewide Elections

- Lieutenant Governor's Race
Eleni Kounalakis (D) vs. Ed Hernandez (D)
- Secretary of State
Alex Padilla (D) vs. Meuser (R)
- Treasurer
Ma (D) vs. Conlon (R)



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Statewide Elections


- Controller
Yee vs. Roditis
- Insurance Commissioner
Lara vs. Poizner
- Superintendent of Public Instruction
Thurmond vs. Tuck




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2018 Initiatives

- **Proposition 1:** Affordable Housing Bond Act of 2018
- **Proposition 2:** No Place Like Home Act of 2018 – \$2 billion to address homelessness
- **Proposition 3:** Water Bonds - \$9 billion
- **Proposition 4:** Children's Hospital Bond
- **Proposition 5:** Property Tax Cut for Seniors
- **Proposition 6:** Gas tax repeal




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2018 Initiatives



- **Proposition 7:** Daylight Savings Time Repeal or Maintain
- **Proposition 8:** Dialysis Clinics
- **Proposition 10:** Rent Control
- **Proposition 11:** Private ambulance employees remaining on call during meal and rest breaks
- **Proposition 12:** Confinement of Farm Animals

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California 2019

- New Political Dynamic – Legislature & Governor
- Expanded Social Agenda
- Universal Health Care Agenda
- Federal Pressure Continues
- Labor Influence



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AOTA State Affairs and Health Policy Group

State Affairs

- Lead AOTA's state legislative and regulatory advocacy initiatives
 - State regulation/licensure
 - Scope of practice
 - State payment issues
- Liaison to state occupational therapy associations
- Liaison to state regulatory boards/state agencies

Health Policy

- Lead AOTA's advocacy efforts at the state and federal level related to health care reform.
- Focus on coverage for OT services by insurance plans on the small group and individual markets.
- Key issue: habilitation and rehabilitation must include OT.



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ACA Timeline

- 2010 – Enactment + early provisions go into effect (e.g., ban on lifetime limits in individual and job-based insurance, dependent coverage for adult children up to age 26)
- 2012 – Supreme Court upholds Marketplaces while making Medicaid expansion optional
- 2014 – Major provisions go live: Medicaid expansion, subsidized Marketplaces
- 2017 – Individual Mandate repealed (effective January 2019)



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Summary of Benefits and Coverage

Summary of Benefits and Coverage: What This Plan Covers & What You Pay For Covered Services
 Coverage Period: 01/01/2018 - 12/31/2018
 Insurance Company: F Plan Option 1
 Coverage for: Family / Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, please contact your broker. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.psoand.com or call 1-800-898-5555 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$500/individual or \$1,000/family	Generally, you must pay all of the costs from providers up to the deductible amount before the plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Copayable care and primary care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount, but a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.psoand.com .
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage and \$200 for occupational therapy services.	You must pay all of the costs for these services up to the specific deductible amount before the plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For network providers: \$2,500 individual / \$5,000 family, for out-of-network providers: \$4,000 individual / \$8,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members on this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Copayments for certain services, premiums, balance-billing charges, and health care that switches cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.



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OT in the SBC

Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Exclusions, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% of the total cost of the service.
	Outpatient services	\$30 copay/visit and 20% coinsurance for other outpatient services	40% coinsurance	None
If you are pregnant	Inpatient services	20% coinsurance	40% coinsurance	
	Obstetric/delivery professional services	20% coinsurance	40% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include fees and services described elsewhere in the SBC (i.e. ultrasound).
	Obstetric/delivery facility services	20% coinsurance	40% coinsurance	
	Maternity health care	20% coinsurance	40% coinsurance	\$0 out-of-pocket
If you need help recovering or have other special health needs	Rehabilitation services	20% coinsurance	40% coinsurance	\$0 out-of-pocket. Includes physical therapy, speech therapy, and occupational therapy.
	Skilled nursing care	20% coinsurance	40% coinsurance	\$0 out-of-pocket/year
	Durable medical equipment	20% coinsurance	40% coinsurance	Excludes vehicle modifications, home modifications, services, and bathroom equipment.
If your child needs dental or eye care	Hospice services	20% coinsurance	40% coinsurance	Prescription drug required. If you don't get prescription, benefits could be reduced by 50% of the total cost of the service.
	Children's eye exams	\$30 copay/visit	Not covered	Coverage limited to one exam/year.
	Children's glasses	20% coinsurance	Not covered	Coverage limited to one pair of glasses/year.
	Children's dental check-up	No charge	Not covered	None



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SBC and Uniform Glossary

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.


Source of images: <http://www.cms.gov/CIOO/Resources/Files/Downloads/uniform-glossary-final.pdf>



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ACA Open Enrollment 2018

- 11.9 M signed up or were automatically re-enrolled, down about 4% from 2017
- 83% had premiums reduced by tax credits
- Average monthly premium after tax credits: \$89 (down from \$106 last year)
- Premiums rose ~30% for unsubsidized enrollees
- 90% of enrollees polled by the Kaiser Family Foundation said they would stick around even without the individual mandate

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The Individual Market: Exploding, Imploding, or Stabilizing?

- The ACA is still the law of the land – including (until 2019) the individual mandate
- Open enrollment shortened by half in most states
- Millions of people got a better deal this year because of how their states handled the CSRs*
- But people who didn't get subsidies bore the brunt of premium increases
- It was harder to find consumer assistance this year
- Yet, enrollment was down only 4%

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ACA marketplace enrollment data, first quarter of 2018

- About 28.3 M uninsured – “not significantly different from 2017,” according to CDC’s [Natl. Health Interview Survey](#), Jan-March 2018
- 20.3 M fewer uninsured than in 2010
- About 9.7 M people under age 65 are enrolled in private plans obtained from the ACA marketplaces
 - Down from 10.8 M in the first quarter of 2017

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ACA Update – Policy Changes

- Repeal and replace + Medicaid changes (failed)
- 1332 and 1115 Waivers
- Cut open enrollment period and outreach
- Ended funding for cost sharing reductions
- Repealed individual mandated
- Association health plans
- Short term plans
- EHB Benchmark process

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Expanding non-ACA-compliant plans

Association health plans (AHPs)

- Arrangements allowing small businesses and self-employed in the same line of work or geographic area to join together to offer health insurance
- New rules treat them like large-employer coverage, which doesn't have to follow ACA market requirements
- Can't cherry pick healthy patients, but could ignore EHBs


Short-term, limited duration insurance

- Health coverage with an initial contract term of 364 days or less that can be renewed for up to 36 months
- Pre-existing condition nondiscrimination, ban on annual and lifetime caps, EHBs, and all other ACA market rules don't apply

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STLDI – Short-Term Limited-Duration Insurance– State Actions

State	Limits	Implemented before or after the TA proposal?
California (governor poised to sign)	Ban sale of plans in the state	After
Hawaii	Plans cannot be sold to people who qualify for marketplace coverage	After
Maryland	3-month limit and nonrenewable	After
Massachusetts	Effectively banned by applying broad consumer protections	Before
New Jersey	Effectively banned	Before
New York	Effectively banned	Before
Oregon	3-month limit and nonrenewable	Before
Vermont	3-month limit and nonrenewable	After

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What are Sec. 1115 Waivers?

SOCIAL SECURITY ACT
 [P.L. 74-271, approved August 14, 1955, 49 Stat. 620]
 [As Amended Through P.L. 115-123, Enacted February 09, 2018]
TITLE XI—GENERAL PROVISIONS, FEE REVIEW, AND ADMINISTRATIVE SIMPLIFICATION

TABLE OF CONTENTS OF TITLE XI
Part A—General Provisions
 Sec. 1101. Definitions.
 Sec. 1102. Rules and regulations.
 Sec. 1103. Separability.
 Sec. 1104. Reservation of power.
 Sec. 1105. Short title.
 Sec. 1106. Disclosure of information to possession of agency.
 Sec. 1107. Penalty for fraud.
 Sec. 1108. Additional grants to Puerto Rico, the Virgin Islands, Guam, and American Samoa. Limitation on total payments.
 Sec. 1109. Amounts disregarded not to be taken into account in determining eligibility of other individuals.
 Sec. 1110. Cooperative research or demonstration projects.
 Sec. 1111. Public assistance payments to legal representatives.
 Sec. 1112. Medical care guides and reports for public assistance and medical assistance.
 Sec. 1113. Assistance for United States citizens returned from foreign countries.
 Sec. 1114. Appointment of Advisory Council and other advisory groups.
 Sec. 1115. Demonstration projects.

- Experimental/pilot/demonstration projects
- Demonstration waivers for human services programs since 1962
- Used mostly for “experimental” Medicaid expansions since 2012 (to expand coverage)
- Now applying concepts from expansion waivers to the whole program (to roll back coverage)



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Medicaid - What Might be Next

- Enrollment in Marketplace instead of Medicaid
- Limited/disease-specific expansions
- Move older children out of EPSDT
- Narrow networks
- Shift adults into plans with more limited coverage
- Lifetime limits (CMS has said no)



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Opportunities for OT



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Challenges Still Exist



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Regulatory Affairs Updates

- Home Health PPS
- Skilled Nursing Facility PPS
- Inpatient Rehabilitation Facility PPS
- Physician Fee Schedule Updates
- Quality Payment Program (QPP)
- On Monday, September 17th a large opioids bill passed the Senate by a 99 to 1 vote. The bill opens up opportunities to highlight the role of OT in pain management and funds efforts at NIH and FDA, among other agencies.



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Home Health

Major Concerns:

Patient Driven Groupings Model may inappropriately limit therapy to two clinical groups (musculoskeletal rehabilitation and neuro/stroke rehabilitation).

- Therapy visits no longer contribute to payment as of **Jan 1, 2020**

CMS’ proposal would change the unit of payment under the HH PPS from 60 day episodes of care to 30 day periods of care, to be implemented in a budget neutral manner on January 1, 2020.



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Skilled Nursing Facilities

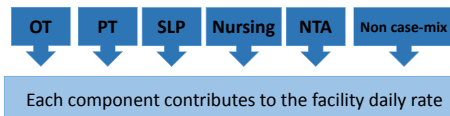
- CMS new Medicare Part A SNF PPS payment model, the *Patient-Driven Payment Model (PDPM)*
- Successes
 - Separate Occupational Therapy Case-Mix Classification
 - Combined 25% Limit for Group and Concurrent Therapy
 - Tracking utilization of skilled therapy
- Ongoing Challenges
 - No inclusion of cognition or comorbidities in the OT or PT components
 - CMS did not recognize OT's role in swallowing disorders



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What is PDPM?

- 6 Components for Medicare Part A SNF Payment



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Inpatient Rehab Facilities

- QRP Self-care Measures based on Section GG
- CMS finalizes removal of the Functional Independence Measure (FIM™)
- Section GG items will be used for CMG



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Proposed Changes for Part B

- Functional Limitation Reporting (FLR) Discontinued!
- OTA and PTA Modifier proposed for use in 2020
- Repeal of Therapy caps Includes Continued Use of KX Modifier
- Codes and payment changes
- Updates to the Quality Payment Program (QPP)



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Occupational Therapy Assistants

- AOTA staff met with CMS to discuss proposed regulations (Aug. 15).
- Submitted comments to CMS on NPRM (Sept. 10)
- Working with Congress to get a study examining restrictions on therapy access for beneficiaries
- Staff work group has been convened to discuss policy issues, practice issues, and implement strategies for Member engagement



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Quality Payment Program

OTs /PTs have been added to the list of eligible professionals who will participate in the Merit- Based Incentive Payment System

- Low Volume Threshold mandated vs. opt-in
- Quality and Improvement Activities
 - Cost and Promoting Interoperability

	Bene > 200	Allowed > \$90,000	Services > 200(u)	Mandated	Opt-In
OT	86	552	4,454	59	4,395
PT	2,664	9,778	45,376	2,285	43,092



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QPP Notes

- 4 Categories.
In 2019, OT will likely only be scored on 2 (*)
 - **Quality***: Report 6 measures (of which 1 must be outcome or high priority). Scored based on performance.
 - **Improvement Activities***: Attest to completing 90-days of quality improvement using selected activities
 - **Cost**: Compares the cost of services to peers
 - **Promoting Interoperability**: Measures based on the use of certified EHR technology
- Facility based Part B services are not included... **yet**.



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Alternative Payment Models (APMs)

- Incentive payments to providers in exchange for high-quality, cost-efficient care
- APMs can apply to a specific clinical condition, a care episode (CJR), or a population
- OT services are more likely to be included and paid for by APM if services demonstrate quality and produce cost-efficient outcomes

In a bundled payment world, occupation-based practice differentiates OT and demonstrates distinct value.



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AOTA Meeting with CMMI

- In March 2018, AOTA, ASHA, and APTA spoke with the Center for Medicare and Medicaid Innovation (CMMI) about concerns and opportunities related to the inclusion of therapy services in APMs.
- AOTA provided recommendations for CMMI to consider as they create innovative health delivery initiatives in the future, at both the state and federal level.



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The Physician Focused Payment Model Technical Advisory Committee (PTAC)

- The PTAC has been reviewing Advanced APM proposals since December 2016. AOTA is monitoring this process closely and has to date commented on the following models:
 - CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients
 - Advanced Care Model (ACM) Service Delivery and Advanced Alternative Payment Model
 - Intensive Care Management in Skilled Nursing Facility Alternative Payment Model



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What is AOTPAC?

AOTPAC is a voluntary, nonprofit, nonpartisan, unincorporated committee of members of AOTA. The purpose of AOTPAC is to further the legislative aims of the Association by influencing or attempting to influence the selection, nomination, election, or appointment of any individual to any Federal public office, and of any occupational therapist, occupational therapy assistant, or occupational therapy student member of AOTA seeking election to public office at any level.



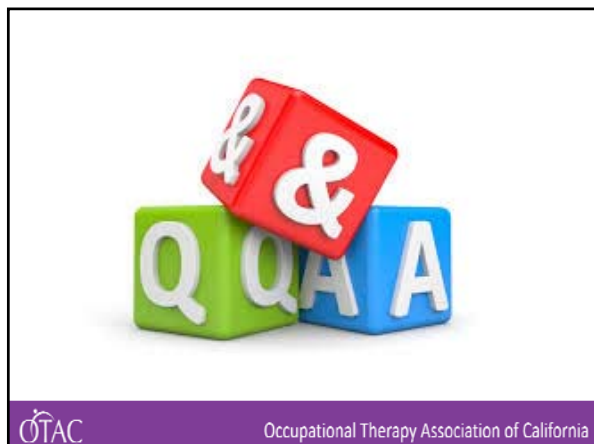
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What is OTAC PAC?

- The PAC is a voluntary nonprofit committee that is not affiliated with any political party. The purpose of the OTAC PAC is to provide a voice for occupational therapy practitioners in the State of California political arena. The OTAC PAC accomplishes this purpose by providing financial support to California legislative and constitutional officeholders and candidates that benefit the public by improving and protecting issues related to occupational therapy. The OTAC PAC assists occupational therapy practitioners organizing themselves for more effective political action in the State of California.
- **Why Is It Important to Support the PAC?**
 - California officeholders, candidates, and legislators respond to the needs that are brought before them. The profession of occupational therapy and current and potential clients who need occupational therapy require a voice to present concerns to California officeholders, candidates, and legislators. The OTAC PAC provides a means to let policymakers know what we do and who we serve.
- **What Can You Do?**
 - Respond to OTAC government alerts, contact your legislator regularly, and donate to the OTAC PAC.



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OTAC
End of Session Update 10/2/2018

1(a)

[AB 1808](#) (Committee on Budget) Education finance: education omnibus trailer bill.

Introduced: 1/10/2018

Location: 6/27/2018-A. CHAPTERED

Summary: (1)Existing law requires the governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, to, before the beginning of the 2017–18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups. Existing law requires the policy to address any training to be provided to teachers of pupils in grades 7 to 12, inclusive, on suicide awareness and prevention. This bill would require the State Department of Education to identify one or more evidence-based online training programs that a local educational agency, as defined, can use to train school staff and pupils as part of the local educational agency’s policy on pupil suicide prevention. The bill would require the department to provide a grant to a county office of education to acquire a training program identified by the department and disseminate that training program to local educational agencies at no cost. By requiring county offices of education to acquire and disseminate those training programs, the bill would impose a state-mandated local program. The bill would make these requirements contingent on funds being appropriated in the annual Budget Act or another statute for these purposes. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	1(a)

[AB 2221](#) (Bloom D) Occupational therapy.

Introduced: 2/12/2018

Location: 9/18/2018-A. CHAPTERED

Summary: Existing law, the Occupational Therapy Practice Act, provides for the licensure and regulation of the practice of occupational therapy by the California Board of Occupational Therapy. Existing law defines the “practice of occupational therapy” and specifies that occupational therapy services encompass occupation therapy, assessment, treatment, education, and consultation with individuals referred for those services after diagnosis of a disease or disorder. Existing law prohibits a person from practicing occupational therapy without being licensed under the act and makes a violation of that prohibition a crime. This bill would instead define “occupational therapy” for purposes of the act, and would make conforming changes. The bill would also eliminate the reference to a referral after diagnosis in the description of occupational therapy services. By expanding the scope of a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority
Sponsor/Support w/ letter	1(a)

[AB 2386](#) (Rubio D) Services credentialing: services credential with a specialization in occupational therapy or physical therapy services.

Introduced: 2/14/2018

Location: 5/25/2018-A. DEAD

Summary: Existing law requires the Commission on Teacher Credentialing to, among other things, establish professional standards, assessments, and examinations for entry and advancement in the education profession and to establish standards for the issuance and renewal of credentials, certificates, and permits. Existing law sets forth the minimum requirements for a services credential with a specialization in health and excludes services as an occupational therapist or physical therapist from the health services the holder of a services credential with a specialization in health is authorized to perform. This bill would require the commission to convene a workgroup, as provided, to consider whether the development of a services credential with a specialization in occupational therapy or physical therapy services is warranted and, if so warranted, to consider specified requirements for the credential. The bill would require the workgroup to provide a report on its findings to the Legislature, the Governor, and the Superintendent of Public Instruction on or before January 1, 2020.

Position	Priority
Sponsor/Support w/ letter	1(a)

[AB 3087](#) (Kalra D) California Health Care Cost, Quality, and Equity Commission.

Introduced: 2/16/2018

Location: 5/25/2018-A. DEAD

Summary: Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacted various health care coverage market reforms that took effect January 1, 2014. PPACA required each state, by January 1, 2014, to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. This bill would create the California Health Care Cost, Quality, and Equity Commission, an independent state agency, to control in-state health care costs and set the amounts accepted as payment by health plans, hospitals, physicians, physician groups, and other health care providers, among other things. The bill would provide that funding for the commission would be provided from the Managed Care Fund and the Insurance Fund, subject to appropriation by the Legislature. The bill would provide that the commission would have 11 paid members, including the Secretary of California Health and Human Services or his or her designee, a CalPERS representative, and 9 members with specified experience appointed to staggered 6-year terms by the Governor, Senate Committee on Rules, and Speaker of the Assembly, as specified. The bill would require the commission to convene an advisory committee to meet at least quarterly with 19 volunteer members, including, but not limited to, a representative of a licensed health facility and a representative of CalPERS. This bill contains other related provisions and other existing laws.

Position	Priority
Oppose	1(a)

AB 3110 (Mullin D) Athletic trainers.

Introduced: 2/16/2018

Location: 8/17/2018-S. DEAD

Summary: Existing law provides for the licensure and regulation of various professions and vocations. This bill would enact the Athletic Training Practice Act, which would establish the Athletic Trainer Board, until January 1, 2025, within the Department of Consumer Affairs to exercise licensing, regulatory, and disciplinary functions under the act. On or after January 1, 2021, the bill would prohibit a person from practicing as an athletic trainer or using certain titles or terms without being registered with the board. The bill would define the practice of athletic training, and would specify requirements for registration as an athletic trainer, including graduating from a professional degree program in athletic training, and would require a registrant to render athletic training services only under the supervision of a physician and surgeon or osteopathic physician and surgeon. The bill would provide that a registration to practice as an athletic trainer would be valid for 2 years and subject to renewal, would authorize the board to deny, suspend, or revoke a registration for specified reasons, and would establish procedures for the referral of complaints. The bill would specify acts that constitute unprofessional conduct and would make it a misdemeanor for any person to violate the act. This bill contains other related provisions and other existing laws.

Position	Priority
Oppose w/ Letter	1(a)

1(b)

AB 827 (Rubio D) Department of Consumer Affairs: task force: foreign-trained professionals.

Introduced: 2/16/2017

Location: 8/17/2018-S. DEAD

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law establishes the Bagley-Keene Open Meeting Act, which requires state boards, commissions, and similar state-created multimember bodies to give public notice of meetings and conduct their meetings in public unless authorized to meet in closed session. This bill, the California Opportunity Act of 2017, would require the Department of Consumer Affairs to create a task force, as specified, to study and write a report of its findings and recommendations regarding the licensing of foreign-trained professionals with the goal of integrating foreign-trained professionals into the state's workforce, as specified. The bill would authorize the task force to hold hearings and invite testimony from experts and the public to gather information. The bill would require the task force to submit the report to the Legislature no later than January 1, 2019, as specified. This bill contains other related provisions.

Position	Priority
Watch	1(b)

SB 399 (Portantino D) Health care coverage: pervasive developmental disorder or autism.

Introduced: 2/15/2017

Location: 9/30/2018-S. VETOED

Summary: Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes, to include, among other things, autism. This bill, among other things, would expand the definition of a "qualified autism service professional" to include behavioral service providers who meet specified educational and professional or work experience qualifications. The bill would revise the definition of a "qualified autism service paraprofessional" by deleting the reference to an unlicensed and uncertified individual and by requiring the individual to comply with revised educational and training, or professional, requirements. The bill would also revise the definitions of both a qualified autism service professional and a qualified autism service paraprofessional to include the requirement that these individuals complete a background check. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	1(b)

SB 562 **(Lara D) The Healthy California Act.**

Introduced: 2/17/2017

Location: 6/29/2018-S. DEAD

Summary: Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacted various health care coverage reforms that took effect January 1, 2014. PPACA required each state, by January 1, 2014, to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. This bill, the Healthy California Act, would create the Healthy California program to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that the program cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including, but not limited to, the state's Children's Health Insurance Program (CHIP), Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to the Healthy California program, which would then assume responsibility for all benefits and services previously paid for with those funds. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	1(b)

2

AB 254 **(Thurmond D) Local Educational Agency Behavioral Health Integration Pilot Program.**

Introduced: 1/31/2017

Location: 8/31/2018-S. DEAD

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. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law provides that specified services provided by local educational agencies (LEAs) are covered Medi-Cal benefits, including, but not limited to, mental health evaluations, mental health education, and mental health and counseling services. Existing law provides that an LEA may be reimbursed for the provision of those benefits on a fee-for-service basis through the Medi-Cal billing option for LEAs. This bill would require the department to establish the Local Educational Agency Behavioral Health Integration Pilot Program for the purpose of improving the behavioral health outcomes of students by improving the delivery of direct behavioral health services, as defined. The bill would require the department to encourage eligible participants to participate in the program, to provide technical assistance to eligible participants, to develop a request for a proposals process to determine funding allocation, and to formulate any necessary Medi-Cal State Plan amendments, and award grants pursuant to these provisions. The bill would require an LEA receiving funding through the program to use funds received to undertake specified activities in support of the program, including, among others, providing, or building capacity for the provision of, direct behavioral health services to all students with a demonstrated need, with a concerted effort toward improving the delivery of underutilized services to students enrolled in the Medi-Cal program. The bill would authorize an LEA to provide direct behavioral health services through direct employment of health care providers, or by contracting, as specified, with health care providers or school health centers, as defined. The bill would provide for implementation of the program to the extent that any necessary federal approvals have

been obtained. The bill would require the department, upon termination of the program and depletion of appropriated funds, to report to the Legislature, as specified, on the outcomes of the program and the need for funding school-based health services and their connection to early behavioral health outcomes. This bill contains other existing laws.

Position	Priority
Watch	2

AB 279 **(Holden D) Developmental disabilities: regional centers.**

Introduced: 2/2/2017

Location: 8/17/2018-S. DEAD

Summary: Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is responsible for providing various services and supports to persons with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. Existing law authorizes the department to contract with regional centers to provide these services and supports. Existing law sets forth the department's and the regional center's authority to establish provider rates. Existing law prohibits certain provider rate increases, but authorizes increases to those rates as necessary to adjust employee wages to meet the state minimum wage law. Existing law further requires the department to adopt regulations that specify rates, calculated on the basis of a cost model, including, among other things, changes in the state or federal minimum wage, for community care facilities serving persons with developmental disabilities, as specified. Existing law authorizes the department to approve rate adjustments for a work activity program that demonstrates to the department that the adjustment is necessary, as specified. Existing law authorizes community-based day program and in-home respite services agency providers with temporary payment rates set by the department to seek unanticipated rate adjustments from the department, as specified. This bill would require the cost model described above to also include changes in local minimum wage. The bill would additionally authorize adjustment of prescribed provider rates if the adjustment is necessary in order to pay employees no less than the minimum wage required to comply with an ordinance that increases the minimum wage, as specified. The bill would provide that these provisions become operative on July 1, 2018.

Position	Priority
Watch	2

AB 834 **(O'Donnell D) School-based health programs.**

Introduced: 2/16/2017

Location: 8/17/2018-S. DEAD

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. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Existing law also provides that specified services provided by LEAs are covered Medi-Cal benefits and are reimbursable on a fee-for-service basis under the LEA Medi-Cal billing option. Existing law requires the State Department of Health Care Services to engage in specified activities relating to the LEA Medi-Cal billing option, such as amending the Medicaid state plan to ensure that schools shall be reimbursed for all eligible services and examining methodologies for increasing school participation in the LEA Medi-Cal billing option. Existing law requires that these activities be funded and staffed by proportionately reducing federal Medicaid payments allocable to LEAs for the provision of benefits funded by federal Medicaid program payments under the LEA Medi-Cal billing option in an amount not to exceed \$1,500,000 annually. This bill would require the State Department of Education to, no later than July 1, 2018, establish an Office of School-Based Health Programs for the purpose of, among other things, administering health-related programs under the purview of the State Department of Education and advising on issues related to the delivery of school-based Medi-Cal services in the state. The bill would authorize the office to form additional advisory groups, as specified, and would require the State Department of Education to make available to the office any information on other school-based dental, health, and mental health programs. The bill would require the office to be supported through an interagency agreement with the State Department of Health Care Services, by federal matching funds available through the Administrative Claiming process for eligible staff time, and would authorize the office to receive additional funds from grants and other sources. The bill would increase the annual funding limit for the activities of the State Department of Health Care Services that support the LEA Medi-Cal billing option to \$2,000,000, and require that \$500,000 of that amount be available for transfer to the State Department of Education to support the office pursuant to that interagency agreement.

Position	Priority
Watch	2

AB 839 **(Garcia, Eduardo D) Medi-Cal: targeted case management.**

Introduced: 2/16/2017

Location: 8/17/2018-S. DEAD

Summary: Existing law establishes 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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the Targeted Case Management Program under the Medi-Cal program, under which targeted case management (TCM) services are provided by local governmental agencies to eligible Medi-Cal beneficiaries in defined target populations to assist those beneficiaries to gain access to needed medical, social, educational, and other services. Existing law authorizes a local governmental agency to contract with the department to provide TCM services, and requires a local governmental agency that elects to provide TCM services to submit an annual cost report certifying, among other things, the expenditure of 100% of the costs incurred for the provision of TCM services from the local governmental agency's general fund or from any other funds allowed under federal law and regulation. Existing law defines a local governmental agency to mean a county or chartered city. This bill would expand the definition of a local governmental agency for purposes of the TCM Program to include a California Native American Indian organization funded by Public Law 93-638 that manages a statewide Medi-Cal administrative activities program. The bill would authorize the department to contract with no more than one local governmental agency that is a California Native American Indian organization funded by Public Law 93-638 that manages a statewide Medi-Cal administrative activities program. The bill would make conforming changes.

Position	Priority
Watch	2

[AB 1380](#) (Santiago D) Developmental services: regional center services.

Introduced: 2/17/2017

Location: 8/17/2018-S. DEAD

Summary: Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to enter into contracts with private nonprofit corporations to operate regional centers for the provision of community services and supports for persons with developmental disabilities and their families. Existing law sets forth the duties of the regional centers, including, but not limited to, development of individual program plans, the purchase of needed services to implement the plan, and monitoring of the delivery of those services. This bill would require all regional center contracts to include provisions requiring the regional center to develop a process by which all vendor contracts are reviewed at least once every 2 years and to require that the regional center take appropriate action to ensure that vendors comply with the contracts, up to and including terminating the vendorization if necessary. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

[AB 1435](#) (Gonzalez Fletcher D) The College Athlete Protection Act.

Introduced: 2/17/2017

Location: 6/29/2018-S. DEAD

Summary: Existing law provides for a system of postsecondary education in this state. This system includes the University of California, administered by the Regents of the University of California, the California State University, administered by the Trustees of the California State University, the California Community Colleges, administered by the Board of Governors of the California Community Colleges, and independent institutions of higher education. Existing law further provides a Student Athlete Bill of Rights. This bill would establish the College Athlete Protection Program, until January 1, 2023, under the administration of a panel, which would be established by the bill, for the protection of college or university athletes participating in intercollegiate athletic programs offered by institutions of higher education located in California. The bill would require the State Department of Education to hire and set compensation for a director of the College Athlete Protection Program and hire additional staff to assist in the implementation of the program. The act would charge the panel with specified duties related to the protection of these athletes and would subject institutions of higher education and their personnel who commit violations of the act to penalties, which may include civil penalties or a temporary or permanent prohibition from employment at institutions of higher education, pursuant to regulations to be adopted by the panel. The bill would make the provisions of the College Athlete Protection Act severable. This bill contains other related provisions.

Position	Priority
Watch	2

[AB 1659](#) (Low D) Healing arts boards: inactive licenses.

Introduced: 2/17/2017

Location: 9/5/2018-A. CHAPTERED

Summary: Existing law establishes healing arts boards in the Department of Consumer Affairs to ensure private businesses and professions deemed to engage in activities which have potential impact

upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law requires each healing arts board to issue inactive licenses to holders of active licenses whose license is not punitively restricted by that board. Existing law prohibits the holder of an inactive license from engaging in any activity for which an active license is required. Existing law requires the renewal fee for an active license to apply to an inactive license. This bill would prohibit the holder of an inactive license from representing that he or she has an active license. The bill would also authorize a healing arts board to establish a lower inactive license renewal fee.

Position	Priority
Watch	2

AB 1810 (Committee on Budget) Health.

Introduced: 1/10/2018

Location: 6/27/2018-A. CHAPTERED

Summary: (1) 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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law creates the continuously appropriated Medical Providers Interim Payment Fund for the purposes of paying Medi-Cal providers, providers of drug treatment services for persons infected with HIV, and providers of services for the developmentally disabled, during a fiscal year for which a budget has not yet been enacted or there is a deficiency in the Medi-Cal budget. During a fiscal year in which these payments are necessary, existing law requires the Controller to transfer up to \$1,000,000,000 from the General Fund in the form of loans to the continuously appropriated Medical Providers Interim Payment Fund, and appropriates \$1,000,000,000 from the Federal Trust Fund to that fund. Existing law requires those loans to be repaid by debiting the appropriate Budget Act item following a procedure prescribed by the Department of Finance. Upon the enactment of the annual Budget Act or a deficiency bill, existing law requires the Controller to transfer expenditures and unexpended funds in the Medical Providers Interim Payment Fund to the appropriate Budget Act item. This bill would require the Controller to make those loan transfers upon order of the Department of Finance. The bill would increase the maximum amount of loan transfers annually from the General Fund to the continuously appropriated Medical Providers Interim Payment Fund to \$2,000,000,000, would require the Department of Finance to notify the Legislature within 10 days of authorizing a transfer, and would increase the appropriation from the Federal Trust Fund to the Medical Providers Interim Payment Fund to \$2,000,000,000 during a fiscal year for which a budget has not yet been enacted or when there is a deficiency in the Medi-Cal budget. By increasing the amounts paid into a continuously appropriated fund, the bill would make an appropriation. The bill would require a loan to be repaid either in the same fiscal year in which it was made or in the subsequent fiscal year, as specified, by debiting the appropriate Budget Act item or using the proceeds of a supplemental appropriations bill, as determined by the State Department of Health Care Services, in consultation with the Department of Finance, and inform the Controller within 30 days of enactment of the Budget Act or a supplemental appropriations bill. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 1973 (Quirk D) Reporting crimes.

Introduced: 1/31/2018

Location: 8/20/2018-A. CHAPTERED

Summary: Existing law requires specified health practitioners who have knowledge of or observe a patient who the practitioner knows or reasonably suspects has suffered from a wound or injury inflicted by specified types of conduct to report to a law enforcement agency, as specified. A violation of these provisions is a crime. This bill would extend those reporting duties to health practitioners, as defined, employed by local government agencies, including, among others, emergency medical technicians and paramedics, as specified, and to employees of entities under contract with local government agencies to provide medical services. By expanding the scope of an existing crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 1990 (Mathis R) California Integrated Community Living Program.

Introduced: 2/1/2018

Location: 8/31/2018-A. DEAD

Summary: Existing law, the Lanterman Developmental Disabilities Services Act (Lanterman Act), establishes the State Department of Developmental Services, which is responsible for providing various services and supports to persons with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. The Lanterman Act requires the department to enter into contracts with private nonprofit corporations to operate regional centers, which are required to provide, or arrange for the provision of, services and supports for persons with

developmental disabilities. Under existing law, the state is responsible for developing and implementing a statewide program encouraging the establishment of sufficient numbers and types of living arrangements, both in communities and state hospitals, as necessary, to meet the needs of persons with disabilities. This bill would establish the California Integrated Community Living Program in the State Department of Developmental Services. The program would provide deferred payment loans to finance capital and other specified costs for permanent, supportive housing for individuals who are regional center clients in order to maximize affordable integrated community living opportunities within communities for people with intellectual and developmental disabilities. The bill would require the department and the DHCD to enter into an interagency agreement to administer the Integrated Community Living Program Fund, which would be created by, and continuously appropriated to the department for, the purposes described in the bill. The bill would prescribe the moneys to be deposited into the fund, including all moneys received by the department through the sale, lease, or other revenue-generating agreement for any state developmental center property, with specified exclusions. The bill would specify that moneys in the fund would not be used to supplant or backfill any existing program budget within either department. By creating a continuously appropriated fund, the bill would make an appropriation. The bill would require the department to convene an advisory committee to advise and assist in establishing funding priorities, with an emphasis on funding priorities for this program, as specified. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 2018 (Maienschein R) Mental health workforce planning: loan forgiveness, loan repayment, and scholarship programs.

Introduced: 2/5/2018

Location: 8/31/2018-S. DEAD

Summary: Existing law establishes the Steven M. Thompson Physician Corps Loan Repayment Program (program) in the California Physician Corps Program within the Health Professions Education Foundation, which provides financial incentives, including repayment of educational loans, to a physician and surgeon who practices in a medically underserved area, as defined. Existing law establishes the Medically Underserved Account for Physicians, a continuously appropriated account, within the Health Professions Education Fund, to primarily provide funding for the ongoing operations of the program. This bill also would define "practice setting" to include a program or facility operated by, or contracted to, a county mental health plan. By expanding the group of persons eligible for financial incentives payable from a continuously appropriated fund, this bill would make an appropriation. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 2022 (Chu D) Pupil mental health services: school notification.

Introduced: 2/5/2018

Location: 9/18/2018-A. CHAPTERED

Summary: Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. This bill would require a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. By imposing an additional requirement on schools of school districts and county offices of education and charter schools, the bill would impose a state-mandated local program. The bill would authorize a county to use funds from the MHSA to provide a grant to a school district or county office of education, or to a charter school, within the county, for purposes of funding those notification requirements, and would authorize a school district or county office of education, or a charter school, to apply to its respective county for a grant for those purposes. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 2078 (Daly D) Sex offenses: professional services.

Introduced: 2/7/2018

Location: 8/17/2018-S. DEAD

Summary: Under existing law, a person who touches an intimate part of another person for the purpose of sexual arousal, sexual gratification, or sexual abuse, and the victim is at the time unconscious of the nature of the act because the perpetrator fraudulently represented that the touching served a professional purpose, is guilty of sexual battery punishable by imprisonment in a county jail for not more than one year or in the state prison for 2, 3, or 4 years, and a fine not to exceed \$10,000. Under existing law, the crimes of rape, sodomy, oral copulation, and sexual penetration, when the victim was not aware, knowing, perceiving, or cognizant of the essential characteristics of the act due to the perpetrator's fraudulent representation that the sexual

penetration or oral copulation served a professional purpose, are punishable by imprisonment in the state prison for 3, 6, or 8 years. This bill would expand the crime of sexual battery to apply to a person who performs professional services that entail having access to another person's body and who touches an intimate part of that person's body while performing those services, and the touching was against the person's will and for the purpose of sexual arousal, sexual gratification, or sexual abuse. The bill would expand the definitions of each of the crimes of rape, sodomy, oral copulation, and sexual penetration to include any of those crimes performed against a victim's will by a professional whose services entail having access to the victim's body, if the conduct is performed by the professional while performing those services. By expanding the scope of these crimes, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 2088 (Santiago D) Patient records: addenda.

Introduced: 2/7/2018

Location: 9/6/2018-A. CHAPTERED

Summary: Existing law requires a health care provider to allow an adult patient who inspects his or her patient records to provide to the health care provider a written addendum with respect to any item or statement in his or her records that the patient believes to be incomplete or incorrect. Existing law authorizes any minor patient authorized by law to consent to a medical treatment to inspect his or her patient records, as specified. A violation of these provisions is punishable as a crime. This bill would require a health care provider to allow a patient, regardless of his or her age, who inspects his or her patient records to provide to the health care provider a written addendum with respect to any item or statement in his or her records that the patient believes to be incomplete or incorrect. By increasing the scope of a crime, this bill would create a state-mandated local program. The bill would additionally correct an erroneous cross reference. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 2112 (Santiago D) Federal 21st Century Cures Act: community-based crisis response plan: grant.

Introduced: 2/8/2018

Location: 9/10/2018-A. CHAPTERED

Summary: Existing law establishes the State Department of Health Care Services within the California Health and Human Services Agency and sets forth the powers and duties of the department with regard to the administration and state oversight of mental health and substance use disorder functions and programs in this state, and the Medi-Cal program. Existing law authorizes the department to enter into exclusive or nonexclusive contracts, or to amend existing contracts, on a bid or negotiated basis for the purpose of administering or implementing any federal grant awarded pursuant to the federal 21st Century Cures Act. This bill would require the department to develop and submit an application to solicit a grant under the federal authority described above to develop a community-based crisis response plan and would require the grant application to include, at a minimum, and consistent with federal grant application requirements, a plan for specified objectives. The bill would require the department to confer with specified stakeholders in developing its grant proposal and application. The bill would require the department, if awarded a grant, to submit to the United States Secretary of Health and Human Services, at the time and in the manner, and containing the information, as the secretary may reasonably require, a report, including an evaluation of the effect of that grant on, among other things, local crisis response services and measures for individuals receiving crisis planning and early intervention supports. The bill would also require the department to submit a copy of this report to the Legislature. The bill would only become operative if Congress appropriates funds for purposes of the competitive grants. This bill contains other existing laws.

Position	Priority
Watch	2

AB 2138 (Chiu D) Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.

Introduced: 2/12/2018

Location: 9/30/2018-A. CHAPTERED

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny, suspend, or revoke a license or take disciplinary action against a licensee on the grounds that the applicant or licensee has, among other things, been convicted of a crime, as specified. Existing law provides that a person shall not be denied a license solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation or that the person has been convicted of a misdemeanor if he or she has met applicable requirements of rehabilitation developed by the board, as specified. Existing law also prohibits a person from being denied a license solely on the basis of a conviction that has been dismissed, as specified. Existing law requires a board to develop criteria to aid it when considering the denial, suspension, or revocation of a license to determine whether a crime is substantially related to the qualifications, functions, or duties of the

business or profession the board regulates and requires a board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license. This bill would revise and recast those provisions to instead authorize a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime only if the applicant or licensee has been convicted of a crime within the preceding 7 years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or if the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding 7 years, except as specified. The bill would prohibit a board from denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction, as defined, for a crime, if the conviction has been dismissed or expunged, if the person has provided evidence of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

[AB 2203](#) (Gray D) Medi-Cal: primary care services.

Introduced: 2/12/2018

Location: 5/25/2018-A. DEAD

Summary: Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing federal law requires the state to provide payment for primary care services furnished in the 2013 and 2014 calendar years by Medi-Cal providers with specified primary specialty designations at a rate not less than 100% of the payment rate that applies to those services and physicians under the federal Medicare Program. Under state law, this requirement was implemented for both Medi-Cal fee-for-service and managed care plans, only to the extent that the federal medical assistance percentage was equal to 100%, until January 1, 2015. This bill would, beginning July 1, 2019, require that the basic Medi-Cal rate for primary care services provided by a primary care service provider be not less than 100% of the payment rate that applies to those services as established by the Medicare Program, as specified. The bill would make the payment increases inapplicable to provider rates for specified program services provided to individuals who are not eligible for the Medi-Cal program or the Family Planning, Access, Care, and Treatment (Family PACT) Program. The bill would also make the payments exempt from specified provider payment reductions. The bill would require the Director of Health Care Services to prepare appropriate amendments in the state plan and waiver requests, as necessary, for the implementation of these provisions. This bill would require the department to implement its provisions by provider bulletins or similar instructions until regulations are adopted.

Position	Priority
Watch	2

[AB 2264](#) (Brough R) Professions and vocations: fees.

Introduced: 2/13/2018

Location: 4/27/2018-A. DEAD

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the Department of Consumer Affairs and each board in the department to charge a \$2 fee for the certification of a record, document, or paper in its custody or for the certification of a document evidencing the content of that record, document, or paper, except as otherwise provided by law. This bill would instead authorize the department and boards to charge a fee of not more than \$2 for these certifications, except as otherwise provided by law. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

[AB 2315](#) (Quirk-Silva D) Pupil health: mental and behavioral health services: telehealth technology: guidelines.

Introduced: 2/13/2018

Location: 9/26/2018-A. CHAPTERED

Summary: Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. This bill would require the State Department of Education, in consultation with the State Department of Health Care Services and appropriate stakeholders, to, on or before July 1, 2020, develop guidelines, as provided, for the use of telehealth technology in public schools, including charter schools, to provide mental health and behavioral health services to pupils on school campuses. The bill would require the State Department of Education to

post the guidelines on its Internet Web site on or before July 1, 2020. The bill would provide that it shall only be implemented if sufficient funds are made available to the State Department of Education pursuant to an appropriation in the annual Budget Act or another statute for that purpose.

Position	Priority
Watch	2

AB 2316 (Eggman D) Mental health: county patients' rights advocates: training materials.

Introduced: 2/13/2018

Location: 8/28/2018-A. CHAPTERED

Summary: Existing law requires the State Department of State Hospitals and the State Department of Health Care Services to contract with a single nonprofit entity to provide for protection and advocacy services to persons with mental disabilities, as specified. Existing law requires each local mental health director to appoint, or contract for the services of, one or more county patients' rights advocates. Existing law requires these advocates to, among other things, monitor mental health facilities, services, and programs, as defined, for compliance with statutory and regulatory patients' rights provisions, and receive and investigate certain complaints from or concerning recipients of mental health services residing in licensed health or community care facilities. This bill additionally would require the contracted entity to make patients' rights advocacy training materials readily accessible to all county patients' rights advocates online and would require the training materials to include specified topics. The bill would require a county to verify that its patients' rights advocates review the training materials within 90 days of employment. The bill would also require the county to keep a record of the verification and send a copy to a specified entity. The bill would exempt county patients' rights advocates who have been employed for at least a year on or after January 1, 2019, from the requirement to review the training materials. By requiring counties to perform new duties, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 2325 (Irwin D) County mental health services: veterans.

Introduced: 2/13/2018

Location: 7/18/2018-A. CHAPTERED

Summary: Existing law contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. Existing law further provides that, to the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve specified target populations, including, among others, California veterans in need of mental health services who meet specified eligibility requirements. Existing law prohibits a county from denying county mental health services to an eligible veteran based solely on his or her status as a veteran. Existing law requires a county to refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or any other federal health care provider. This bill would prevent a county from denying an eligible veteran county mental or behavioral health services while the veteran is waiting for a determination of eligibility for, and availability of, mental or behavioral health services provided by the United States Department of Veterans Affairs. The bill would make specific findings and declarations about the county's duty to provide mental and behavioral health services to veterans.

Position	Priority
Watch	2

AB 2331 (Weber D) Medi-Cal: redetermination: developmental disability.

Introduced: 2/13/2018

Location: 5/25/2018-A. DEAD

Summary: Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services (department) to contract with regional centers to provide services and supports to individuals with developmental disabilities, or consumers, as defined, and their families. Existing law requires an individual to disclose to a regional center during an assessment whether he or she is eligible to receive health benefits, including under Medi-Cal. Existing law requires the department to maintain the confidentiality of information and records obtained in the course of providing intake, assessment, and services, as specified. This bill would instead require a consumer of services provided by a regional center to disclose during the initial intake whether he or she is enrolled in the Medi-Cal program. The bill would authorize the department to disclose to the county or DHCS information for the purposes of enabling the county or DHCS to perform determinations or redeterminations of eligibility for Medi-Cal beneficiaries. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

AB 2333 (Wood D) Office of Emergency Services: behavioral health response.

Introduced: 2/13/2018

Location: 8/17/2018-S. DEAD

Summary: The California Emergency Services Act establishes the Office of Emergency Services within the Governor's office under the supervision of the Director of Emergency Services and makes the office responsible for the state's emergency and disaster response services for natural, technological, or manmade disasters and emergencies. Existing law authorizes the Governor, or the director when the governor is inaccessible, to proclaim a state of emergency under specified circumstances. This bill would establish a behavioral health deputy director within the Office of Emergency Services to ensure individuals have access to necessary mental and behavioral health services and supports in the aftermath of a natural disaster or declaration of a state of emergency and would require the deputy director to collaborate with the Director of Health Care Services to coordinate the delivery of trauma-related support to individuals affected by a natural disaster or state of emergency. The bill would require the Director of Health Care Services, in collaboration with the Office of Emergency Services, to immediately request necessary federal waivers to ensure the provision of health care services, as specified, during a natural disaster or declared state of emergency.

Position	Priority
Watch	2

AB 2393 (Committee on Health) Mental health.

Introduced: 2/14/2018

Location: 7/9/2018-A. CHAPTERED

Summary: Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing law provides that specialty mental health services are covered under the Medi-Cal program for eligible Medi-Cal beneficiaries and coverage for those services is provided through mental health managed care plans. This bill would instead prohibit a county from charging fees for Medi-Cal specialty mental health services to Medi-Cal beneficiaries who do not have a share of cost and Medi-Cal beneficiaries who have met their share of cost, and would authorize a county to charge fees to individuals who are not Medi-Cal beneficiaries and Medi-Cal beneficiaries who have a share of cost that has not been met, in accordance with the patient's ability to pay for community mental health services rendered, but not in excess of actual costs. The bill would also specify that these provisions shall not be construed to waive a county's responsibility to screen for eligibility for Medi-Cal, any other insurance affordability program, or a county health program. This bill contains other existing laws.

Position	Priority
Watch	2

AB 2409 (Kiley R) Professions and vocations: occupational regulations.

Introduced: 2/14/2018

Location: 4/27/2018-A. DEAD

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and provides that those boards are established for the purpose of ensuring that those private businesses and professions deemed to engage in activities that have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law authorizes a board to deny a license if an applicant has been convicted of a crime, done any act involving dishonesty, fraud, or deceit with intent to substantially benefit himself or herself or another or substantially injure another, or does any act that, if done by a licentiate of the business or profession, would be grounds for suspension or revocation. This bill would establish that a person has a right to engage in a lawful profession or vocation without being subject to an occupational regulation, as defined, that imposes a substantial burden on that right, and would require each occupational regulation to be limited to what is demonstrably necessary and narrowly tailored to fulfill a legitimate public health, safety, or welfare objective. The bill would include within this the right of a person with a criminal record to not have the person's criminal record used by a board as an automatic or mandatory permanent bar to engaging in a lawful profession or vocation, except as specified, and the right of a person who is behind on his or her taxes or student loan payments to not have a board use that fact as an automatic or mandatory permanent bar to engaging in a lawful profession or vocation. This bill contains other related provisions.

Position	Priority
Watch	2

AB 2416 (Wood D) Health care coverage.

Introduced: 2/14/2018

Location: 5/25/2018-A. DEAD

Summary: Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacted various health care coverage market reforms that took effect on January 1, 2014. PPACA

required each state, by January 1, 2014, to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. This bill, commencing January 1, 2020, would require a health care service plan that has a contract with the State Department of Health Care Services to offer Medi-Cal managed care plans or prepaid health plans to negotiate with Covered California regarding offering individual products on the Exchange in approved service areas that overlap with counties where there are 2 or fewer health care service plans offering products on the Exchange, as specified. Because a willful violation of the bill's requirements would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws.

Position	Priority
Watch	2

[AB 2423](#) (Holden D) Physical therapists: direct access to services: plan of care approval.

Introduced: 2/14/2018

Location: 9/26/2018-A. CHAPTERED

Summary: The Physical Therapy Practice Act creates the Physical Therapy Board of California and makes it responsible for the licensure and regulation of physical therapists. The act makes it a crime to violate any of its provisions. The act authorizes a patient to access physical therapy treatment directly from a licensed physical therapist if the treatment is within the scope of practice of physical therapists and prescribed conditions are met, including a treatment limit prohibiting the physical therapist from continuing treatment beyond 45 calendar days or 12 visits, whichever occurs first, without receiving specified doctor approval of the physical therapist's plan of care. The act exempts from that plan of care approval condition for continuing treatment the provision of certain wellness physical therapy services to a patient. This bill would also exempt from that condition the provision of physical therapy services as part of an individualized family service plan or an individualized education plan pursuant to specified state statutes and the federal Individuals with Disabilities Education Act to an individual who does not have a medical diagnosis.

Position	Priority
Watch	2

[AB 2502](#) (Wood D) Health care payments database.

Introduced: 2/14/2018

Location: 6/29/2018-S. DEAD

Summary: Existing law establishes health care coverage programs to provide health care to segments of the population meeting specified criteria who are otherwise unable to afford health care coverage and provides for the licensure and regulation of health insurers and health care service plans. This bill would state the intent of the Legislature to establish a system to collect information regarding the cost of health care. The bill would require the Secretary of California Health and Human Services, no later than January 1, 2020, to establish, implement, and administer the California Health Care Payments Database, among other duties. The bill would require certain health care entities, including health care service plans, to provide specified information to the secretary. The bill would authorize the secretary to report a health care entity that fails to comply with that requirement to the health care entity's regulating agency, and would authorize the regulating agency to enforce that requirement using its existing enforcement procedures, as specified. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

[AB 2517](#) (Wood D) Health care coverage.

Introduced: 2/14/2018

Location: 6/29/2018-S. DEAD

Summary: Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms that took effect January 1, 2014. Among other things, PPACA requires each state, by January 1, 2014, to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers. Existing state law establishes the California Health Benefit Exchange, also known as Covered California, within state government for the purpose of facilitating the enrollment of qualified individuals and qualified small employers in qualified health plans. This bill would establish the Advisory Panel on Health Care Delivery Systems and Universal Coverage in the California Health and Human Services Agency and would require the advisory panel to develop a plan to achieve universal coverage and a unified publicly financed health care system. The bill would require the Secretary of California Health and Human Services to appoint members to the advisory panel, as provided, and would require the advisory panel to convene public meetings at least quarterly, beginning on or before March 1, 2019. This bill contains other related provisions.

Position	Priority
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[AB 2597](#) (Arambula D) Programs in Medical Education.

Introduced: 2/15/2018

Location: 8/31/2018-S. DEAD

Summary: Existing provisions of the California Constitution establish the University of California as a public trust under the administration of the Regents of the University of California. The University of California system includes 10 campuses, which are located in Berkeley, Davis, Irvine, Los Angeles, Merced, Riverside, San Diego, San Francisco, Santa Barbara, and Santa Cruz. This bill would appropriate \$9,350,000 from the General Fund to the Regents of the University of California for allocation to the University of California to support Programs in Medical Education (PRIME) and would request the university to submit, on or before January 1, 2020, a report to the Legislature that assesses the feasibility of future full-time student enrollment growth in PRIME.

Position	Priority
Watch	2

[AB 2653](#) (Allen, Travis R) Health care coverage: prescriptions.

Introduced: 2/15/2018

Location: 4/27/2018-A. DEAD

Summary: Existing 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, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that covers outpatient prescription drug benefits to provide coverage for specified prescription drugs and to post its drug formularies on its Internet Web site. This bill would require a specified health care service plan contract or individual or small group health insurance policy that covers outpatient prescription drug benefits with coverage for naltrexone or acamprosate to provide coverage for those 2 drugs if prescribed by a licensed health care professional. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws.

Position	Priority
Watch	2

[AB 2840](#) (Rubio D) Employment opportunities: persons with autism.

Introduced: 2/16/2018

Location: 5/25/2018-A. DEAD

Summary: Existing law establishes various programs for job training and employment development, including, among others, establishing the California Workforce Development Board as the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California's workforce investment. This bill would create a 3-year pilot program in the counties of Sacramento and Los Angeles for the purposes of increasing long-term employment opportunities for young adults with autism and other intellectual and developmental disabilities. The bill would provide that the pilot program be administered by the California Workforce Development Board and accomplish specified goals. The bill would require the board to submit a report to the Legislature on or before December 31, 2021, regarding information on the success of the program in accomplishing specified goals. This bill contains other related provisions.

Position	Priority
Watch	2

[AB 2843](#) (Gloria D) Mental Health Services Fund.

Introduced: 2/16/2018

Location: 8/31/2018-A. DEAD

Summary: Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters by Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on annual incomes above \$1,000,000. The MHSA requires funds allocated to a county that have not been spent within a specified time to revert to the Mental Health Services Fund and to be reallocated to other counties for the purposes for which the unspent funds were initially allocated to the original county. The MHSA permits amendment by the Legislature by a 2/3 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA. This bill would additionally require those funds subject to reversion to be reallocated to cities, special districts, school districts, or other public entities for the provision of mental health services consistent with the intent of the MHSA. The bill would find and declare that its provisions are consistent with and further the intent of the MHSA. By allocating moneys in the Mental Health Services Fund for new purposes, this bill would make an appropriation.

Position	Priority
Watch	2

AB 2904 (Carrillo D) Pupil health: mobile vision care services: schoolsites.

Introduced: 2/16/2018

Location: 8/31/2018-S. DEAD

Summary: Existing law requires the governing board of a school district to provide for the adequate testing of the sight and hearing of each pupil enrolled in the schools of the school district to be given only by specified persons. Existing law requires a school nurse or other authorized person to appraise the vision of a pupil during kindergarten, or upon first enrollment or entry of that pupil in a California school district at an elementary school, and in grades 2, 5, and 8, as specified. This bill would authorize a public school to enter into a memorandum of understanding with a nonprofit mobile vision care services provider to provide noninvasive vision care services consisting of providing vision examinations and eyeglasses to pupils at the schoolsite of the public school. The bill would require vision screenings provided pursuant to the bill's provisions to be supplemental to, and to not replace, the above-referenced vision appraisals or screenings provided pursuant to existing law. The bill would require a public school to provide parents and guardians with an opportunity to opt out of his or her child receiving these vision care services, as provided.

Position	Priority
Watch	2

AB 3051 (Nazarian D) Mental health services.

Introduced: 2/16/2018

Location: 5/11/2018-A. DEAD

Summary: Existing law establishes the State Department of Public Health, to be headed by the State Public Health Officer and sets forth its powers and duties. Existing law authorizes the department to maintain a mental health service for advising and assisting local departments of health and education in the establishment of mental health services, particularly in connection with maternal and child health conferences and in the schools of the state. This bill would make nonsubstantive changes to that provision.

Position	Priority
Watch	2

SB 192 (Beall D) Mental Health Services Fund.

Introduced: 1/30/2017

Location: 9/10/2018-S. CHAPTERED

Summary: Existing law, the Mental Health Services Act (the MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on incomes above \$1,000,000. Existing law requires the State Department of Health Care Services, among other things, to implement specified mental health services through contracts with county mental health programs or counties acting jointly. The MHSA establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified. This bill would clarify that the value of a prudent reserve for a Local Mental Health Services Fund shall not exceed 33% of the average community services and support revenue received for the fund, in the preceding 5 years. The bill would require the county to reassess the maximum amount of the prudent reserve every 5 years and to certify the reassessment as part of its 3-year program and expenditure plan required by the MHSA. By requiring a new assessment and certification to be made by the counties, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

SB 199 (Hernandez D) The California Health Care Cost, Quality, and Equity Atlas.

Introduced: 1/30/2017

Location: 8/17/2018-S. DEAD

Summary: Existing law requires the California Health and Human Services Agency to research the options for developing a cost, quality, and equity data atlas. Existing law requires the research to include certain topics, including, among others, identification of key data submitters, a comparative analysis of potential models used in other states, and an assessment of types of governance structures that incorporate representatives of health care stakeholders and experts. Existing law requires the agency to have made the results of the above-described research available to the public no later than March 1, 2017, by submitting a report to the Assembly and Senate Committees on Health. This bill would require the Secretary of California Health and Human Services, in furtherance of the goal of creating the California Health Care Cost, Quality, and Equity Atlas, to convene an advisory committee composed of a broad spectrum of health care stakeholders and experts, as specified. The bill would require the secretary to charge the advisory committee with identifying the type of data, purpose of use, and entities and individuals that are required to report to, or that may have access to, a health care cost, quality, and equity atlas, and with developing a set of recommendations based on

specified findings of the March 1, 2017, report.

Position	Priority
Watch	2

[SB 398](#) (Monning D) Acquired brain trauma.

Introduced: 2/15/2017

Location: 9/14/2018-S. CHAPTERED

Summary: (1)Existing law requires the Department of Rehabilitation to administer a program of services for persons with acquired traumatic brain injury. Under that program, service providers develop and utilize an individual service plan to identify the needs of consumers and deliver, either directly or by arrangement, coordinated services designed to meet those needs. Existing law authorizes the department to make grants from the funds in the Traumatic Brain Injury Fund to service providers for the purpose of carrying out the program and requires the department to pursue all sources of federal financial participation. Existing law makes these provisions inoperative on July 1, 2019. This bill would instead make that program operative until July 1, 2024. The bill would also make various changes to the program, including requiring the department to pursue all available sources of funding. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

[SB 409](#) (Nguyen R) Veterans' homes: services: complex mental and behavioral health needs.

Introduced: 2/15/2017

Location: 8/17/2018-S. DEAD

Summary: Existing law provides for the establishment and operation of veterans' homes at various sites, and provides for an administrator of each home, as specified. Existing law establishes the duties of the Department of Veterans Affairs with regard to the establishment and regulation of veterans' homes. This bill would require the Department of Veterans Affairs to conduct a survey to assess the ability of veterans' homes to assist veterans with complex mental and behavioral health needs, and develop a plan to accommodate that population, as prescribed. The bill would require the department to submit the plan and any recommendations for future legislation necessary to achieve its objectives to the Legislature by January 1, 2019.

Position	Priority
Watch	2

[SB 617](#) (Bradford D) Workers' compensation: providers.

Introduced: 2/17/2017

Location: 7/6/2018-S. DEAD

Summary: Existing 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 his or her employment. Existing law makes an employer liable only for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment. Existing law also requires that apportionment of permanent disability be based on causation and requires a physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury to address in that report the issue of causation of the permanent disability. This bill would require that heredity and genetics be excluded as bases of causation for purposes of determining the apportionment of permanent disability.

Position	Priority
Watch	2

[SB 716](#) (Hernandez D) California State Board of Pharmacy: pharmacy technician member.

Introduced: 2/17/2017

Location: 8/17/2018-S. DEAD

Summary: The Pharmacy Law establishes the California State Board of Pharmacy within the Department of Consumer Affairs for the licensure and regulation of pharmacists and pharmacies. Under that law, the board is comprised of 13 members, including 7 competent pharmacists appointed by the Governor and 6 public members appointed as specified. This bill would increase the number of members of the board to 15 by adding one pharmacy technician appointed by the Governor and one additional public member appointed by the Governor. The bill would require the pharmacy technician board member to have at least 5 years of experience and to continue to work in California as a pharmacy technician. The bill would require the pharmacy technician board member to have specified work experience as a pharmacy technician and to have documented work experience in a variety of pharmacy procedures and practices, as specified.

Position	Priority
Watch	2

[SB 762](#) (Hernandez D) Optometry: administration of immunizations.

Introduced: 2/17/2017

Location: 9/10/2018-S. CHAPTERED

Summary: The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by the State Board of Optometry in the Department of Consumer Affairs. The act requires an optometrist who has been certified to use therapeutic pharmaceutical agents to be certified for the administration of immunizations by complying with specified requirements, including completing an immunization training program endorsed by the federal Centers for Disease Control and Prevention. This bill would instead require the training program to be endorsed by the federal Centers for Disease Control and Prevention or the Accreditation Council for Pharmacy Education. The bill would also make nonsubstantive changes, including correcting erroneous cross-references. This bill contains other related provisions.

Position	Priority
Watch	2

[SB 906](#) ([Beall D](#)) **Mental health services and substance use disorder treatment: peer support specialist certification.**

Introduced: 1/17/2018

Location: 9/30/2018-S. VETOED

Summary: Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for a schedule of benefits under the Medi-Cal program and provides for various services, including various behavioral and mental health services. This bill would require the State Department of Health Care Services to establish, no later than July 1, 2020, a peer support specialist certification to support the ongoing provision of services to individuals experiencing mental health care needs, substance use disorder needs, or both by certified peer support specialists. The certification components would include, among others, curriculum and core competencies, training and continuing education requirements, a code of ethics, and a process for the investigation of complaints and corrective action. The bill would require an applicant for the certification as a peer support specialist to meet specified requirements, including successful completion of the curriculum and training requirements. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

[SB 984](#) ([Skinner D](#)) **State boards and commissions: representation: appointments.**

Introduced: 2/5/2018

Location: 8/17/2018-S. DEAD

Summary: Existing law establishes various boards and commissions within state government. Under existing law, it is the policy of the State of California that the composition of these state boards and commissions broadly reflect the general public, including ethnic minorities and women. Under existing law, the Governor and other appointing authorities are responsible for nominating to these boards and commissions persons of different backgrounds, abilities, interests, and opinions. This bill, on and after January 1, 2024, would require the composition of each appointed state board and commission to have a specified minimum number of women board members or commissioners based on the total number of board members or commissioners on that board. The bill would also require the office of the Governor to collect and release, annually, at a minimum, aggregated demographic data provided by state board and commission applicants, nominees, and appointees.

Position	Priority
Watch	2

[SB 1004](#) ([Wiener D](#)) **Mental Health Services Act: prevention and early intervention.**

Introduced: 2/6/2018

Location: 9/27/2018-S. CHAPTERED

Summary: Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters by Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on annual incomes above \$1,000,000. The MHSA establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified. Under the MHSA, funds are distributed to counties to be expended pursuant to a local plan for specified purposes, including, but not limited to, prevention and early intervention. Existing law specifies that prevention and early intervention services include outreach, access, and linkage to medically necessary care, reduction in stigma, and reduction in discrimination. The MHSA permits amendment by the Legislature by a 2/3 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA. This bill would require the commission, on or before January 1, 2020, to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for

assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The bill would require the commission to establish a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives, metrics, data collection, and reporting strategy. The bill would amend the Mental Health Services Act by requiring the portion of the funds in the county plan relating to prevention and early intervention to focus on the priorities established by the commission. The bill would authorize a county to include other priorities, as determined through the stakeholder process, either in place of, or in addition to, the established priorities. If the county chooses to include other programs, the bill would require the plan to include a description of why those programs are included and metrics by which the effectiveness of those programs are to be measured. The bill would authorize counties to act jointly to meet specified requirements. The bill would require the commission to review the plans and approve them if they meet specified requirements. This bill would declare that its provisions further the intent of the MHSAs. This bill contains other related provisions and other existing laws.

Position	Priority
Watch	2

SB 1019 (Beall D) Youth mental health and substance use disorder services.

Introduced: 2/7/2018

Location: 9/30/2018-S. VETOED

Summary: Existing law establishes the Investment in Mental Health Wellness Act of 2013. Existing law provides that funds appropriated by the Legislature to the California Health Facilities Financing Authority and the Mental Health Services Oversight and Accountability Commission for the purposes of the act be made available to selected counties or counties acting jointly, except as otherwise provided, and used to provide, among other things, a complete continuum of crisis services for children and youth 21 years of age and under regardless of where they live in the state. The act requires the commission to allocate funds to triage personnel, as specified. This bill would require the commission, when making these funds available on and after July 1, 2021, to allocate at least 1/2 of those funds to local educational agency and mental health partnerships, as specified. The bill would require this funding to be made available to support prevention, early intervention, and direct services, as determined by the commission. The bill would require the commission, in consultation with the Superintendent of Public Instruction, to consider specified criteria when determining grant recipients. The bill would require the commission to provide a status report to the fiscal and policy committees of the Legislature, as specified, no later than March 1, 2022.

Position	Priority
Watch	2

SB 1047 (Nielsen R) Medi-Cal: reimbursement rates: rural counties.

Introduced: 2/8/2018

Location: 8/31/2018-S. DEAD

Summary: Existing 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 fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. This bill would state the intent of the Legislature to enact legislation that would increase the Medi-Cal reimbursement rates for services provided by qualified providers in counties with both a population density under 300 persons per square mile and a total population under 500,000 persons.

Position	Priority
Watch	2

SB 1101 (Pan D) Mental health.

Introduced: 2/13/2018

Location: 8/31/2018-S. DEAD

Summary: Existing law, the Mental Health Services Act (MHSAs), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee the administration of various parts of the act. The MHSAs permits amendment by the Legislature by a 2/3 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSAs. The bill, beginning January 1, 2021, would require all counties to annually submit a report to the commission and the Legislature, by the end of each fiscal year, that documents its progress toward the statewide objectives, or, if the county does not have all the data necessary to produce the report, to provide the commission with data requested by the commission, as specified. The bill would amend the MHSAs by authorizing a county to use MHSAs funds to comply with these requirements. By requiring counties to submit annual reports or provide specified data, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position **Priority**
Watch 2

SB 1238 (Roth D) Patient records: maintenance and storage.

Introduced: 2/15/2018

Location: 8/17/2018-S. DEAD

Summary: Existing law establishes procedures for providing access to various types of health care records, including patient records, as defined, by patients and persons having responsibility for decisions respecting the health care of others. Existing law gives health care providers, as defined, various responsibilities in connection with providing access to these records. This bill would require certain health care providers, no later than the date of the first service delivery, or as soon as reasonably practicable after an emergency treatment situation, to provide a statement to the patient, or the patient's representative, that sets forth the patient's rights and the intended retention period for the records. The bill would require those health care providers that plan to destroy patient records to notify the patient at least 60 days before a patient's records are to be destroyed, as provided. The bill would require a health care provider to provide a patient with his or her original medical records that the provider plans to destroy if the patient makes a request for the records to the provider before the date of the proposed destruction of the records. The bill would authorize a health care provider to charge a patient for the actual costs of copying, mailing, or shipping the patient's records under that provision. The bill would authorize the issuance of citations and the assessment of administrative penalties for violations. Under the bill, if a group practice or clinic comprised of health care providers subject to the bill is the custodian of patient records for those health care providers, the group practice or clinic, rather than the individual health care provider, would be required to comply with the bill's provisions.

Position **Priority**
Watch 2

SB 1371 (Morrell R) Occupational licensing: list.

Introduced: 2/16/2018

Location: 4/27/2018-S. DEAD

Summary: Existing law provides for the licensure and regulation of various professions and vocations by state entities, including, but not limited to, the boards, bureaus, and committees in the Department of Consumer Affairs. This bill would provide a list of certain occupational licenses and would state that it is the purpose of this provision to establish and maintain a complete list of all occupational licenses required by the State of California. The bill would state the intent of the Legislature to continue to update and complete the list of occupational licenses in this section. The bill would require that the list be kept updated by an unspecified entity.

Position **Priority**
Watch 2

SCR 110 (Wiener D) Sex characteristics.

Introduced: 2/27/2018

Location: 8/28/2018-S. CHAPTERED

Summary: This measure would, among other things, call upon stakeholders in the health professions to foster the well-being of children born with variations of sex characteristics through the enactment of policies and procedures that ensure individualized, multidisciplinary care, as provided.

Position **Priority**
Watch 2

Total Measures: 59
Total Tracking Forms: 59