



SIGNIFICANT NEW CALIFORNIA LAWS OF INTEREST TO PHYSICIANS FOR 2018

The California Legislature had an active year, passing many new laws affecting health care. In particular, there was a strong focus on health care coverage, drug prescribing, public health, and workers’ compensation issues. Below is a list of the most significant new health laws of interest to physicians.

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ALLIED HEALTH PROFESSIONALS

AB 89 (Levine) – Psychologists: suicide prevention training

Requires, effective January 1, 2020, an applicant for licensure as a psychologist to complete a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified. Also requires an applicant for renewal to complete a one-time requirement of a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention.

(Adds Business and Professions Code §2915.4)

AB 191 (Wood) – Mental health: involuntary treatment

Existing law, the Lanterman-Petris-Short Act, allows for a person to be taken into custody or placed in a facility for up to 72 hours for evaluation and treatment as specified. Following an evaluation, a person may be certified for an additional period of intensive treatment not to exceed 30 days. Adds licensed marriage and family therapists and licensed professional clinical counselors to those health providers who are authorized to be the second signatory on a notice of certification, as specified, when a patient is certified as needing additional intensive treatment .

(Welfare and Institutions Code §§5251, 5261, and 5270.20)

AB 422 (Arambula) – California State University: Doctor of Nursing Practice Degree Program

Repeals the Doctor of Nursing Practice Degree Pilot Program as of July 1, 2018 and authorizes the California State University to establish Doctor of Nursing degree programs that offer Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements.

(Education Code §§89280 et seq. (Article 9, Chapter 2, Part 55, Division 8 of Title 3))

AB 443 (Salas) – Optometry: scope of practice

CMA Position: Neutral

Revises the scope of the practice of optometry by, among other things, providing that the practice of optometry includes the provision of habilitative optometric services. Additionally authorizes an optometrist who is certified to use therapeutic pharmaceutical agents to perform skin testing to diagnose ocular allergies, to perform intravenous injection for the purpose of performing ocular angiography under specified circumstances, and to treat and diagnose hypotrichosis and blepharitis. Authorizes an optometrist certified to use therapeutic pharmaceutical agents to administer immunizations if the optometrist meets certain requirements, including that the optometrist is certified in basic life support. Requires an optometrist to consult with and, if necessary, refer to a physician and surgeon or other appropriate health care provider when a situation or condition occurs that is beyond the optometrist's scope of practice and document all consultations, referrals, and notifications.

(Business and Professions Code §§1209, 3041, 3041.1, 3041.2, 3041.3, 3056, 3057, 3110, and 3152)

AB 602 (Bonta) – Pharmacy: non-prescription diabetes test devices

Authorizes the Board of Pharmacy to embargo any non-prescription diabetes test device that was not purchased directly from the manufacturer or manufacturer's authorized distributor. Makes it

unprofessional conduct for a pharmacist to acquire a non-prescription diabetes test device from a person that the pharmacist knew or should of knows is not an authorized manufacturer or distributor. Manufacturers of nonprescription diabetes test devices are required to make available on their website and to the Board, the names of authorized distributors, and to update both within 30 days of making changes. Requires pharmacies to retain records of acquisition and sale for three years.

(Business and Professions Code §§4057, 4081, and 4301; Adds Business and Professions Code §§4025.2, 4084.1, and 4160.5)

AB 1153 (Low) – Podiatry

Authorizes a doctor of podiatric medicine with training or experience in wound care to treat ulcers resulting from local and systemic etiologies on the leg no further proximal than the tibial tubercle.

(Business and Professions Code §2472)

AB 1229 (Low) – Healing arts: Board of Vocational Nursing and Psychiatric Technicians

Extends the operation of the Board of Vocational Nursing and Psychiatric Technicians and its authority to license and regulate vocational nurses and psychiatric technicians until January 1, 2021.

(Business and Professions Code §§2841, 2847.1, 2847.3, 2867.5, 2847.7, 2847.8, 2894, 4501, and 4503; Adds Business and Professions Code §§2841.2, 2841.3, 2847.6, 4501.2, and 4503.1)

AB 1456 (Low) – Professional licensure

Extends from three years to five years from the commencement of employment in the State the ability of the Department of Health Care Services (DHCS) and the Department of Public Health to waive the licensure requirements for psychologists who are gaining qualifying experience for licensure in this state and are working in settings defined as "exempt" (state settings) and makes conforming licensure provisions for psychologists and clinical social workers working in the state correctional system. This bill took effect on July 31, 2017 as an urgency statute.

(Health and Safety Code §1277; Penal Code §5068.5; Welfare and Institutions Code §5751.2)

AB 1706 (Committee on Business and Professions) – Healing arts

Extends the operation and review of the Speech-Language Pathology Audiology and Hearing Aid Dispensers Board (SLPAHADB), Physical Therapy Board of California (PTBC) and California Board of Occupational Therapy (CBOT) until 2022. Requires legislative review of the Board of Chiropractic Examiners (BCE) before January 1, 2022. Makes changes to the entities' practice acts intended to improve their efficiency and effectiveness.

(Business and Professions Code §§146, 1000, 2531, 2531.75, 2533.1, 2533.4, 2534, 2538.10, 2538.19, 2538.28, 2538.29, 2538.30, 2538.34, 2538.35, 2538.38, 2570.18, 2570.19, 2602, 2607.5, 2648.7, 2653, 2682, 2688, and 2689; Repeals Business and Professions Code §2688.5)

AB 1708 (Low) – State Board of Optometry

Extends the sunset date for the California Board of Optometry to January 1, 2022 and makes various changes to statute to improve the state's oversight of the optometry profession and related eye health professions under the Optometry Practice Act.

(Business and Professions Code §§3006, 3010.5, 3014.6, 3030, 3057, and 3145; Adds Business and Professions Code §§2553.7 and 3047; Repeals Business and Professions Code §3057.5)

SB 449 (Monning) – Skilled nursing and intermediate care facilities

Requires that at least two of the 60 hours of classroom training that is required as part of the training program adopted by a skilled nursing or intermediate care facility for certified nurse assistants to address the special needs of persons with Alzheimer’s disease and related dementias.

(Health and Safety Code §1337.1)

SB 490 (Bradford) – Barbering and Cosmetology Act: Commission Wages

Requires commission wages paid to any employee who is licensed under the Barbering and Cosmetology Act to be due and payable at least twice during each calendar month on a day designated in advance by the employer as the regular payday and authorizes the employee and employer to agree to a commission in addition to the base hourly rate. Provides for additional requirements, as specified, to payments of commission wages and rates of pay for rest and recovery periods.

(Adds Labor Code §204.11)

SB 554 (Stone) – Nurse practitioners: physician assistants: buprenorphine

Prohibits construing the Nursing Practice Act, the Physician Assistant Practice Act, or any provision of state law from prohibiting a nurse practitioner or physician assistant from furnishing or ordering buprenorphine to a patient when done in compliance with the provisions of the federal Comprehensive Addiction Recovery Act, as specified.

(Adds Business and Professions Code §§2836.4 and 3502.1.5)

SB 611 (Hill) – Vehicles (Podiatrists)

Reforms the Department of Motor Vehicles’ (DMV) disabled person parking placard and license plate program and makes technical cleanup changes relating to the ignition interlock device program. Includes licensed podiatrists on the list of medical professionals authorized to provide disability certification.

(Vehicle Code §§1825, 5007, 13352, 13352.1, 13352.4, 13353.3, 13353.5, 13353.6, 13353.75, 13386, 13390, 22511.55, 22511.59, 23247, 23573, 23575, 23575.3, 23576, 23597, and 23646)

SB 796 (Hill) – Uniform Standards: Naturopathic Doctors Act: Respiratory Care Practice Act

Extends the sunset dates of the Naturopathic Medicine Committee (NMC) and Respiratory Care Board of California (RCB) until January 1, 2022, makes various changes to the Naturopathic Doctors Act and Respiratory Care Practice Act, and requires the Department of Consumer Affairs (DCA) to review the existing criteria establishing substance abuse testing schedules.

(Business and Professions Code §§315, 2450.3, 3621, 3623, 3630, 3635, 3644, 3645, 3660, 3680, 3686, 3710, 3716, and 3772; Adds Business and Professions Code §§3635.1 and 3635.2)

SB 799 (Hill) – Nursing

Extends the sunset date on the Board of Registered Nursing (BRN) to January 1, 2022 and makes other statutory changes to improve the effectiveness and efficiency of this regulatory and licensing entity.

(Business and Professions Code §§801, 2701, 2708, 2770.7, 2811.5, and 2814; Adds Business and Professions Code §2761.5; Repeals Business and Professions Code §2718)

ANCILLARY SERVICES

AB 126 (Committee on Budget) – Health and human services

Allows a regional center to grant an exemption to the purchase limits of 21 days in a fiscal year for out-of-home respite, and 90 hours of in-home respite per quarter under specified circumstances. Authorizes a provider of in-home supportive services or waiver personal care services who is granted an exemption to the existing 66-hour workweek limit to work up to a total of 12 hours per day, and up to 360 hours per month, as specified. Appropriates \$100,000 from the Federal Trust Fund to the Department of Developmental Services for community respite services.

(Welfare and Institutions Code §§4686.5 and 14132.99)

AB 1021 (Baker) – In-home supportive services: application

Requires each county to accept applications for benefits under the county-administered In-Home Supportive Services program by telephone, facsimile, or in person, or, if the county is capable of accepting online applications or applications via email for benefits under the program, by email or other electronic means. Provides that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

(Adds Welfare and Institutions Code §12301.17)

SB 512 (Hernandez) – Health care practitioners: stem cell therapy

Requires a licensed health care practitioner who performs a stem cell therapy that is not approved by the United States Food and Drug Administration (FDA) to communicate to his or her patient seeking stem cell therapy specified information regarding the provision of stem cell therapies on a specified notice in a prominent display in an area visible to patients in his or her office, posted conspicuously in the entrance of his or her office, and provided in writing to the patient prior to providing the initial stem cell therapy. Does not apply to a health care practitioner who has obtained approval for an investigational new drug or device from the FDA for the use of human cells, tissues, or cellular or tissue-based products. Authorizes the licensing board having jurisdiction of the health care practitioner to cite and fine the health care practitioner, not to exceed \$1,000 per violation, as specified. Requires the Medical Board of California to indicate specific enforcement information in its annual report, commencing with the 2018–19 annual report, with regard to its licensees who provide stem cell therapies.

(Adds Business and Professions Code §684)

BUDGET

AB 97 (Ting) – Budget Act of 2017

Budget bill to make appropriations for the support of state government for the 2017–18 fiscal year, including those related to CalHEERS, CALOHII, Health Insurance Counseling and Advocacy Program, Mental Health Wellness Grants, HIPAA and Medi-Cal. Appropriates Prop. 56 funds.

AB 98 (Committee on Budget) – Budget Act of 2016: augmentation

Budget bill appropriating \$1,156,921,693 from the General Fund in augmentation of specified appropriations in the Budget Act of 2016 for unexpected state costs, including various Medi-Cal Fiscal Intermediaries costs and Medi-Cal benefits costs.

AB 109 (Ting) – Budget Act of 2017

Budget bill to make appropriations for the support of state government for the 2017–18 fiscal year and amend the Budget Act of 2017 by amending and adding items of appropriation, including to DHCS for Children’s Medical Services and Primary, Rural and Indian Health.

(Budget Act of 2017 (Chapter 14 of the Statutes of 2017) Items 0650-001-3228, 3340-001-0318, 3900-001-3228, 3900-001-3237, 3900-002-3237, 3900-101-0115, 3900-101-3119, 3960-101-0001, 4260-111-0001, 6100-101-3309, 6100-194-0001, and 6100-196-0001 of, adding Items 0540-101-3228, 0650-101-3228, 0690-101-3228, 2740-302-0044, 3340-001-3228, 3360-101-3228, 3540-001-3228, 3540-002-3228, 3600-101-3228, 3640-101-3228, 3760-101-3228, 3900-101-3117, 3970-101-3228, 4700-101-3228, 6100-301-0660, and 8570-101-3228 (\$2.00), and §39.00; Repeals Budget Act of 2017 (Chapter 14 of the Statutes of 2017) Items 0860-001-3063, 3340-001-3063, and 3540-001-3063; Adds Budget Act of 2017 (Chapter 14 of the Statutes of 2017) §15.14)

AB 120 (Ting) – Budget Act of 2017

Budget bill to make to make appropriations for the support of Department of Health Care Services for the 2017–18 fiscal year, including allocating Prop. 56 funds for supplemental provider payments to physicians and dentists.

(Budget Act of 2017 (Chapter 14 of the Statutes of 2017) Items 4260-101-0001 and 4260-101-0890; Adds Budget Act of 2017 (Chapter 14 of the Statutes of 2017) Item 4260-101-3305 (\$2.00))

AB 129 (Committee on Budget) – Education finance

Repeals the provision included in the education omnibus trailer bill (AB 99) requiring Proposition 56 funds provided for tobacco and nicotine prevention programs for young people to be allocated pursuant to legislation. Repealing this provision will allow for the funding to be allocated pursuant to the existing Tobacco Use Prevention Education (TUPE) program.

(Education Code §§8263.1, 8273, 8447, 48307, 66010.99, 70023, 88912, and 92965; Repeals Education Code §8273.2; Government Code §§99102, 99104 and 99109; Repeals Government Code §§99103, 99105, and 99107; Public Resources Code §§26205.5, 26227.2, and 26235; Add Revenue and Taxation Code §19548.3; Repeals Section 78, Chapter 15 of the Statutes of 2017)

AB 130 (Committee on Budget) – Health and human services

Makes technical and clarifying changes to health and human services budget trailer bills. Under current law, a county board of supervisors may elect to contract with a nonprofit consortium to provide for the delivery of in-home supportive services (IHSS), or establish, by ordinance, a public authority to provide for the delivery of IHSS. This bill would clarify that the specified mediation process is required if a public authority or nonprofit consortium and the employee organization have not reached an agreement on a bargaining contract with IHSS workers by January 1, 2018. Requires the State Controller to annually post on its website the total amount of unfunded caseload growth by county for IHSS. Clarifies that, for fiscal years 2017-18 and 2018-19, skilled nursing facilities may continue to participate in the supplemental payment program if they meet the nursing hours patient per day requirements that were in statute prior to the adoption of SB 97 (2017) (establishing min. of 3.5 hours per patient day). Clarifies that for 2019-20, SNF may continue to participate if they are granted a waiver from the new hours requirement. Appropriates \$20 million (General Fund) to DSS for use in the 2017-18 fiscal year for payment to existing entities providing immigration services on behalf of DACA clients.

(Welfare and Institutions Code §§12301.61, 12306.16, 13303, 14126.022, 17605, 17605.07, and 17606.10)

SB 88 (Committee on Budget and Fiscal Review) – State government

Exempts from the California Public Records Act specified information regarding persons paid by the state to provide in-home supportive services. Requires copies of personal email address in addition to copies of names, addresses, home telephone numbers, and personal cellular telephone numbers of those persons to be made available, upon request, to an exclusive bargaining agent and to any labor organization seeking representation rights, as specified.

(Government Code §6253.2; Adds Government Code §14678.7)

SB 89 (Committee on Budget and Fiscal Review) – Human services

Allows counties to offer mental health and substance abuse services to children of Cal Works recipients. Requires Department of Social Services and Department of Health Care Services, and others, to evaluate the current process by which adult and child recipients of CalWORKS benefits are referred to and receive services through the county behavioral health system. Codifies exemptions to the Fair Labor Standards Act overtime provisions for IHSS and establishes related notice requirements.

(Education Code §8212; Family Code §7706; Add Government Code §12087.6; Health and Safety Code §§ 1522, 1522.41, 1529.2, and 1596.871; Welfare and Institutions Code §§304.7, 10830, 11212, 11253.4, 11253.45, 11325.5, 11325.7, 11325.8, 11403, 11461.3, 11461.4, 11464, 11465, 12300.4, 13303, 13304, 13305, 14132.99, 16206, 16501.1, 16519.5, 16521.5, 17601.75, 18901.25, 18926, and 10830 et seq. (Chapter 4.6 heading, Part 1, Division 9); Add Welfare and Institutions Code §§369.6, 739.6, 10072.2, 10831, 11325.15, 11340 et seq. (Article 3.7, Chapter 2, Part 3, Division 9), 11461.6, 11523, 13307, 13308, 15204.35, 18926.1, and 18926.2; Repeal Welfare and Institutions Code §14124.93)

SB 90 (Committee on Budget and Fiscal Review) – Public social services: 1991 Realignment Legislation and IHSS Maintenance of Effort and collective bargaining

Eliminates the existing County IHSS Maintenance of Effort (MOE) as it was structured under the Coordinated Care initiative (CCI) and instead implements a new cost-sharing arrangement between the

state and counties, as specified. Establishes a statewide total County IHSS MOE base for these purposes and a process for determining each county's share of that amount. Appropriates moneys from the General Fund to offset a portion of IHSS costs incurred by the counties.

(Government Code §6253.2; Repeal Government Code § 6531.5, §§110000 et seq. (Title 23); Revenue and Taxation Code §§6051.15, 6051.2, 6201.15, 6201.2, and 7102; Welfare and Institutions Code §§5912, 10101.1, 12301.61, 12306, 12306.1, 12306.15, 17600.15, 17600.50, 17604, 17605, 17606.20, 17612.1, 17612.2, 17613.1, and 17613.2; Add Welfare and Institutions Code §§ 12306.16, 12306.17, 12306.18, and 17600.70; Repeal Welfare and Institutions Code §§12300.5, 12300.6, 12300.7, 12302.21, and 12302.25)

SB 97 (Committee on Budget and Fiscal Review) – Health

Provides budget authority of \$20 million to the California Health Facilities Financing Authority to provide grants for the operational costs of non-profit, small, or rural health centers in critical service areas or at risk of losing federal funding. Clarifies the PrEP Assistance Program will provide PrEP medication to uninsured clients. Allows Medi-Cal reimbursement for deliveries in alternative birthing centers. Allows DHCS to seek federal approval to designate Newly Qualified Immigrants coverage as MEC. Continues the Cal MediConnect duals demonstration project and the mandatory enrollment of individuals, except for In-Home Supportive Services. Authorizes DHCS to implement a graduate medical education (GME) program for Medi-Cal for designated public hospitals. Other provisions related to Medi-Cal.

(Government Code §15438.11; Health and Safety Code §§1276.5, 1276.65, 1341.45, 1348.9, 100235, 101315, 101315.2, 101317, 101317.2, 103870 et seq. (Part 2, Division 102), 104151, 120955, 120956, 120970, and 121025; Health and Safety Code §§101314 et seq. (Article 6, Chapter 3, Part 3, Division 101); Add Health and Safety Code §§ 120972 (Chapter 6.1, Part 4, Division 105); Welfare and Institutions Code §§14005.30, 14042.1, 14105.45, 14102, 14105.456, 14124.70, 14124.71, 14124.72, 14124.73, 14124.74, 14124.785, 14124.81, 14124.82, 14124.83, 14124.86, 14126.022, 14131.10, 14132.99, 14132.100, 14132.275, 14132.276, 14132.277, 14148.8, 14154, 14166.61, 14182.16, 14182.17, 14182.18, 14186, 14186.1, 14186.2, 14186.3, 14186.4, 14301.2, 15893, 15894; 12302.6, 14132.24, 14183.6, 14186.35, 14301.1, and 14593; Add Welfare and Institutions Code §§ 14043.1, 14105.29, 14124.13, and 14132.991, 14149.9 et seq. (Article 4.11, Chapter 7, Part 3, Division 9); Repeal Welfare and Institutions Code §§12330, 14124.80, 14124.85, 14124.88, 14148.65, 14148.67, 14186.11, 14186.36, 15893.5, and 15895.5)

SB 113 (Committee on Budget and Fiscal Review) – Budget Act of 2017

Budget bill to make appropriations for the support of state government for the 2017–18 fiscal year, including augmenting DHCS's budget by \$2.5 million General Fund to implement a third-party liability and recovery debt collection system.

SB 131 (Committee on Budget and Fiscal Review) – State public employment: memorandum of understanding: approval

Approves provisions requiring the expenditure of funds in the memorandum of understanding entered into between the state employer and State Bargaining Unit 16, physicians, dentists, and podiatrists including a 2% special salary adjustment.

(Government Code §§19829.9845, 19829.9846, 19829.9847, 22871.3, 22879, and 22944.5; Adds Government Code §§20683.4, 20683.5, 22874.5, and 22958.1.5)

CONFIDENTIAL INFORMATION

AB 210 (Santiago) – Homeless multidisciplinary personnel team

CMA Position: Support

Authorizes counties to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies, including those providing health, mental health, and substance abuse services to share confidential information, as specified, for the purpose of coordinating housing and supportive services to ensure continuity of care.

(Adds Welfare and Institutions Code §§18999.8 et seq. (Chapter 18, Part 6, Division 9))

AB 413 (Eggman) – Confidential communications: domestic violence

CMA Position: Neutral

Expands exception to prohibition of recording of confidential communications without the consent of all parties and allows a party to record the communication for the purpose of obtaining evidence reasonably believed to relate to domestic violence, as specified, and the evidence so obtained would not be rendered inadmissible in a prosecution against the perpetrator for domestic violence. Authorizes a victim of domestic violence who is seeking a domestic violence restraining order from a court to record specified communications made by the perpetrator for the exclusive purpose and use of providing the evidence to the court.

(Penal Code §§633.5 and 633.6)

AB 1119 (Limón) – Developmental and mental health services: confidentiality

CMA Position: Support

Existing law requires all information and records obtained in the course of providing specified developmental and mental services to be confidential and authorizes disclosure only in specified cases. This bill additionally authorizes, during the provision of emergency services and care, the communication of patient information and records between specified individuals, including physicians and surgeons.

(Welfare and Institutions Code §5328)

AB 1726 (Committee on Health) – Vital records: confidentiality

Authorizes access to the confidential portion of any certificate of live birth or fetal death, the electronic file of birth information, and the birth mother linkage information to the State Department of Public Health, the State Department of Health Care Services, and the Department of Finance, if those departments agree to maintain confidentiality and request the information for official government business purposes as deemed appropriate by the State Registrar and to the birth hospital responsible for preparing and submitting a record of the birth or fetal death for purposes of reviewing and correcting birth or fetal death records.

(Health and Safety Code §102430)

SB 241 (Monning) – Medical records: access

CMA Position: Support

Revises provisions of law governing the right of patients to access and copy their medical records by conforming these requirements to federal Health Information Portability and Accountability Act of 1996 (HIPAA) requirements, including conforming state law regarding charges for clerical costs and requiring health care providers to provide the records in an electronic format if they are maintained electronically and if the patient requests the records in an electronic format.

(Health and Safety Code §§123105 and 123110; Welfare and Institutions Code §5328)

SB 575 (Leyva) – Patient access to health records

Expands a provision of law that entitles a patient to a copy, at no charge, of the relevant portion of the patient's records that are needed to support an appeal regarding eligibility for certain public benefit programs, by including initial applications in addition to appeals, and by expanding the list of public benefit programs to include In-Home Supportive Services, the California Work Opportunity and Responsibility to Kids program, CalFresh, and certain veterans related benefits.

(Health and Safety Code §123110)

DRUG PRESCRIBING AND DISPENSING

AB 40 (Santiago) – CURES database: health information technology system

CMA Position: Support

Requires the California Department of Justice (DOJ) to make electronic prescription drug records contained in its Controlled Substance Utilization Review and Evaluation System (CURES) accessible through integration with a health information technology system no later than October 1, 2018, if that system meets certain information security and patient privacy requirements.

(Health and Safety Code §11165.1)

AB 265 (Wood) – Prescription drugs: prohibition on price discount

CMA Position: Support

Prohibits, with specified exceptions, a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with his or her health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved.

(Adds Health and Safety Code §§132000 et seq. (Division 114))

AB 401 (Aguiar-Curry) – Pharmacy: remote dispensing site pharmacy: telepharmacy

Requires the California Board of Pharmacy to issue a remote dispensing site pharmacy license to a supervising pharmacy of a remote dispensing site pharmacy, as defined, if all the requirements for licensure are met for the purpose of increasing access to dispensing or pharmaceutical care services using telepharmacy in the medically underserved geographic area in which the remote dispensing site

pharmacy is located. Also authorizes the Board of Pharmacy to issue specified licenses to two independently owned clinics that share a clinic office space, as specified, until January 1, 2021.

(Business and Professions Code §§4059.5, 4107, 4180.5; Adds Business and Professions Code §§4044.3, 4044.6, 4044.7, 4169.1, 4130 et seq. (Article 8, Chapter 9, Division 2); Adds Health and Safety Code §1211)

AB 720 (Eggman) – Inmates: psychiatric medication: informed consent

CMA Position: Support

Extends to an inmate confined in a county jail the protection from being administered any psychiatric medication without his or her prior informed consent, with certain exceptions. Imposes additional criteria that must be satisfied before a county department of mental health or other designated county department may administer involuntary medication. Requires any court-ordered psychiatric medication to be administered in consultation with a psychiatrist who is not involved in the treatment of the inmate at the jail, if one is available. Requires a county that administers involuntary psychiatric medication to file a report with prescribed information to certain committees of the Legislature, as specified.

Provisions of this bill will sunset on January 1, 2022.

(Penal Code §2603)

AB 1048 (Arambula) – Health care: pain management and Schedule II drug prescriptions

CMA Position: Sponsor

Beginning July 1, 2018, authorizes a pharmacist to dispense a Schedule II controlled substance as a partial fill if requested by the patient or the prescriber. Requires the pharmacy to retain the original prescription, with a notation of how much of the prescription has been filled, the date and amount of each partial fill, and the initials of the pharmacist dispensing each partial fill, until the prescription has been fully dispensed. Authorizes a pharmacist to charge a professional dispensing fee to cover the actual supply and labor costs associated with dispensing each partial fill associated with the original prescription.

(Adds Business and Professions Code §4052.10; Health and Safety Code §§1254.7 and 1371.1; Adds Health and Safety Code §1367.43; Insurance Code §10123.145; Adds Insurance Code §10123.203)

SB 17 (Hernandez) – Health care: prescription drug costs.

CMA Position: Support

Requires health plans and insurers that report rate information through the existing large and small group rate review process to also report specified information related to prescription drug pricing to Department of Managed Health Care (DMHC) and California Department of Insurance (CDI). Requires DMHC and CDI to compile specified information into a consumer-friendly report that demonstrates the overall impact of drug costs on health care premiums. Requires drug manufacturers to notify specified purchasers, in writing at least 90 days prior to the planned effective date, if it is increasing the wholesale acquisition cost (WAC) of a prescription drug by specified amounts. Requires drug manufacturers to notify Office of Statewide Health Planning and Development (OSHPD) three days after federal Food and Drug Administration (FDA) approval when introducing a new drug to market at a WAC that exceeds the Medicare Part D specialty drug threshold. Requires drug manufacturers to provide specified information to OSHPD related to the drug's price.

(Health and Safety Code §§1385.045 and 127280; Adds Health and Safety Code §1367.243, 127675 et seq. (Chapter 9, Part 2, Division 107); Repeals Health and Safety Code §127686; Insurance Code §10181.45; Adds Insurance Code §10123.205)

SB 443 (Hernandez) – Pharmacy: emergency medical services automated drug delivery system

Allows a pharmacy or licensed wholesaler that is an emergency medical services (EMS) provider agency to restock drugs to an EMS automated drug delivery system (EMSADDS) located within an EMS provider agency, subject to specified conditions.

(Business and Professions Code §4119; Adds Business and Professions Code §§4034.5, 4119.01, and 4202.5)

SB 510 (Stone) – Pharmacies: compounding

Under the Pharmacy Law, the California State Board of Pharmacy licenses and regulates the practice of pharmacy by pharmacists and pharmacy corporations in this state. That law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. That law requires a pharmacy to compound sterile products from one or more non-sterile ingredients in prescribed environments. This bill repeals the compounding environment provision and makes conforming renumbering changes to other provisions.

(Business and Professions Code §§4127.8 and 4127.9; Repeals Business and Professions Code §4127.7)

SB 752 (Stone) – Pharmacy: designated representative-reverse distributors

Authorizes a wholesaler that only acts as a reverse distributor to operate under the supervision of a designated representative-reverse distributor, as an alternative to operating under the supervision of a designated representative or pharmacist, and would provide for the separate licensure of individuals as designated representative-reverse distributors upon application, payment of an application fee, and completion of certain requirements.

(Business and Professions Code §§4022.5, 4040.5, 4059.5, 4100, 4160, 4200.4, 4331, and 4400; Adds Business and Professions Code §§4022.6 and 4053.2)

END-OF-LIFE ISSUES

AB 242 (Arambula) – Certificates of death: veterans

CMA Position: Support

Requires a person completing certificate of death to indicate whether the deceased person was ever in the Armed Forces of the United States. Requires the Department of Public Health to access data in the electronic death registration system to compile data on veteran suicides and to provide an annual report to the Legislature and the Department of Veterans Affairs.

(Health and Safety Code §102875; Adds Health and Safety Code §102791)

SB 294 (Hernandez) – Hospice: services to seriously ill patients

CMA Position: Support

Authorizes, until January 1, 2022, a licensee under the California Hospice Licensure Act of 1990 to provide any of the authorized interdisciplinary hospice services, including palliative care, to a patient who has a serious illness. Requires a licensee that elects to provide palliative care pursuant to this temporary authorization to provide certain additional documentation and to report additional specified information to the State Department of Public Health, including the number of patients receiving palliative care.

(Health and Safety Code §1747.3)

HEALTH CARE COVERAGE

AB 156 (Wood) – Individual market: enrollment periods

Deletes certain references to the federal transitional reinsurance program. Establishes an annual enrollment period for policy years beginning on or after January 1, 2019, from October 15 of the preceding calendar year to January 15 of the benefit year for individual health benefit plans offered outside of the Exchange. Establishes an annual enrollment period for policy years beginning on or after January 1, 2019, from November 1 to December 15 of the preceding calendar year and allows for special enrollment periods from October 15 to October 31 and December 16 to January 15 for products offered through the Exchange. Specifies that an application for a health benefit plan submitted during the special enrollment periods will be treated the same as an application submitted during the annual open enrollment period. Provides that the effective date of coverage for plan selections made between October 13 and October 31 will be January 1 of the benefit year, and for plan selections made from December 16 to January 15 will be no later than February 1 of the benefit year. Sets the rate filing date as one hundred days before October 15 of the preceding policy year and regulator to issue a rate filing determination no later than 15 days before October 15 of the preceding policy year for all non-grandfathered individual health care service plans or insurers.

(Health and Safety Code §§1357.503, 1385.03, 1399.849, and 1399.859; Insurance Code §§10181.3, 10753.05, 10965.3, and 10965.13)

AB 938 (Cooley) – Reinsurance

Authorizes the Insurance Commissioner to adopt regulations applicable to reinsurance arrangements for certain life insurance policies, long-term care insurance policies, and annuities, as specified. With regard to credit for reinsurance, authorizes the commissioner to adopt by regulation, pursuant to specified provisions, specific additional requirements relating to or setting forth the valuation of assets or reserve credits, the amount and forms of security supporting reinsurance arrangements for certain life insurance policies, long-term care insurance policies, and annuities as well as the circumstances pursuant to which a credit described above would be reduced or eliminated. Requires that any regulations adopted by the Department of Insurance in accordance with this act be based upon, and consistent with, the current version of the model regulations adopted by the National Association of Insurance Commissioners, as provided. This is an urgency statute that is effective September 1, 2017.

(Insurance Code §§922.4, 922.5, and 922.85)

AB 1074 (Maienschein) – Health care coverage: pervasive developmental disorder or autism

Expands who may provide qualified autism services pursuant to a health care service plan contract or health insurance policy to include qualified autism service paraprofessionals supervised and employed by a qualified autism service providers. Authorizes qualified autism service providers, as specified, to supervise a qualified autism paraprofessional. Revises the definition of a qualified autism service professional to, among other things, specify that the behavioral health treatment provided by the qualified autism service professional may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider. Revises the definition of behavioral health treatment for purposes of the Medi-Cal program to be those services administered by the Department of Health Care Services as described in the state plan approved by the Centers for Medicare and Medicaid Services.

(Health and Safety Code §1374.73 of the Code; Insurance Code §10144.51; Welfare and Institutions Code §14132.56)

AB 1696 (Committee on Insurance) – Insurance omnibus: developmental services

Insurance omnibus bill that clarifies and amends various provisions of the Insurance Code. Clarifies that an insurer and an insured may agree to use an alternate plan of care even if there is no provision in the long-term care insurance policy that specifically authorizes one, that neither an insurer nor an insured is obligated to negotiate an alternate plan of care, and that if an insurer does not accept an extra-contractual request for an alternate plan of care, the rejection is not a denial of a claim. Authorizes, in specified circumstances, the disclosure to authorized employees of the Employment Development Department of information and records obtained in the course of providing intake, assessment, and services to persons with developmental disabilities.

(Corporations Code §201.6; Insurance Code §§396, 481, 663, 678, 678.1, 730, 1063.7, 1560.12, 1628, 1656, 1661, 1662, 1682, 1708, 1712.5, 1725, 1725.5, 4097.13, 10083, 10087, 10089.19, 10089.27, 10164.2, 10231.3, 10509.7, 11542.2, and 12340.6; Unemployment Insurance Code §1095; Welfare and Institutions Code §4514)

AB 1699 (Committee on Insurance) – Insurance: fees and charges

Updates and codifies various fees charged by the Department of Insurance on insurers, including, but not limited to, application, licensing, renewal, and filing fees. Requires the Department of Insurance to notify the Assembly and Senate Insurance Committees, rather than both houses of the Legislature, when making specified changes to fees on insurers.

(Insurance Code §§132, 134, 705, 705.1, 709.5, 714, 717.5, 742.39, 857, 859, 881, 882, 884, 900.5, 924, 949, 1011.5, 1076, 1091, 1101, 1104.9, 1107.1, 1113, 1140.5, 1192.8, 1194.85, 1215.2, 1215.5, 1401.5, 1589, 1590, 1599, 1601, 1750, 1751, 1751.1, 1751.3, 1751.6, 1755, 1757.2, 1758.62, 1758.7, 1758.81, 1758.92, 1765, 1765.2, 1781.3, 1811, 1842, 4030, 4060, 4093, 5051, 7015.5, 7042, 7045, 9098, 10113.2, 10479.5, 10493, 10506.1, 10506.2, 10507.1, 11019, 11090, 11401, 11520.5, 11620, 11691, 11751, 11751.25, 12105, 12161, 12162, 12166, 12168, 12280.2, 12389, 12416, 12418.1, 12418.3, 12640.10, 12815, 12972, 12973, 12973.5, 12973.6, 12975, 12978, 14042, and 14097)

SB 133 (Hernandez) – Health care coverage: continuity of care

Requires a health care service plan to include notice of the process to obtain continuity of care in any evidence of coverage issued after January 1, 2018. Requires a health plan to provide a written copy of this information to its contracting providers and provider groups, and a copy to its enrollees upon request. Extends existing continuity of care protections in the Health & Safety Code and Insurance Code to health plan enrollees and insureds whose prior coverage was terminated because the health plan or insurer withdrew from any portion of a market. Requires a health plan or insurer to include notice of the availability of the right to request completion of covered services as part of, to accompany, or to be sent simultaneously with any termination of coverage notice sent under specified circumstances.

(Health and Safety Code §1373.96; Insurance Code §10133.56)

SB 223 (Atkins) – Health care language assistance services

Requires a health care service plan and a health insurer to notify enrollees or insureds upon initial enrollment and in the annual renewal materials of the availability of language assistance services and of certain nondiscrimination protections, and would require this information to be included in the evidence of coverage, on other materials disseminated to enrollees or insureds, and to be posted on the plan or insurer's website. Requires this written notice to be made available in the top 15 languages spoken by limited-English-proficient (LEP) individuals in California as determined by the State Department of Health Care Services (DHCS). Establishes minimum qualifications for an interpreters providing interpretation services to enrollees and insureds and prohibits the plan or health insurer from requiring an LEP enrollee or insured to provide his or her own interpreter or rely on a staff member who is not a qualified interpreter to communicate directly with the enrollee or insured. Applies to Medi-Cal managed care plans, mental health plans, DHCS in addition to health care service plans and insurers.

(Health and Safety Code §1367.04; Adds Health and Safety Code §1367.042; Insurance Code §10133.8; Adds Insurance Code §10133.11; Welfare and Institutions Code §14029.91; Adds Welfare and Institutions Code §§14029.92 and 14727)

SB 374 (Newman) – Health insurance: discriminatory practices: mental health

CMA Position: Neutral

Requires large group, individual, and small group health insurance policies to provide all covered mental health and substance use disorder benefits in compliance with those provisions of federal law governing mental health parity.

(Adds Insurance Code §10144.4)

HEALTH CARE FACILITIES AND FINANCING

AB 275 (Wood) – Long-term care facilities: requirements for changes resulting in the inability of the facility to care for its residents

Requires a long-term care facility to provide 60 days' written notice to the affected residents or their guardians, the State Long-Term Care Ombudsman; the State Department of Health Care Services; and any health plan of an affected resident before any change in the status of the license or in the operation of the facility that results in its inability to care for its residents. . Requires facilities to take reasonable measures to ensure the safe transfer of residents including conducting medical and social

assessments by a physician and a licensed MFT, clinical social worker, psychologist, psychiatrist, or professional clinical counselor. Authorizes the State Department of Public Health to require the facility, as part of the proposed relocation plan required when 10 or more residents are likely to be transferred, to provide additional information, including information on the number of residents affected by the proposed closure and an attestation that each resident will undergo a medical assessment, as specified, before being relocated.

(Health and Safety Code §§1336, 1336.1, 1336.2, and 1336.3)

AB 395 (Bocanegra) – Substance use treatment providers

CMA Position: Support If Amended

Adds the use of medication-assisted treatment as an authorized service by narcotic treatment programs licensed by the State Department of Health Care Services, and, in that regard, makes legislative findings and declarations that it is in the best interest of the health and welfare of the people of this state to also coordinate medication-assisted treatments for substance use disorders. Authorizes methadone, LAAM, buprenorphine, or any other medication approved by the FDA for the purpose of medication-assisted treatment to be used by a licensed narcotic treatment program. Authorizes the department to implement, interpret, or make specific this provision by means of plan or provider bulletins, or similar instructions and require the department to adopt regulations no later than January 1, 2021. Authorize a physician to treat a number of patients specified under the DEA registration instead of a maximum of 20. Specifies that bills for services under Drug Medi-Cal must be submitted within six months.

(Health and Safety Code §§11220, 11839.1, 11839.2, 11839.3, 11839.5, and 11839.6; Welfare and Institutions Code §14021.6)

AB 545 (Bigelow) – Joint powers agreements: County of El Dorado: nonprofit hospitals

Authorizes a private, nonprofit hospital in the County of El Dorado to enter into a joint powers agreement with a public agency. Prohibits nonprofit hospitals and public agencies participating in the agreement from reducing or eliminating any emergency services following the creation of the joint powers authority without a public hearing, as provided.

(Adds Government Code §6523.10)

AB 651 (Muratsuchi) – Nonprofit health facilities: sale of assets: Attorney General approval

Extends the time frame the Attorney General has to approve or reject the proposed sale of a nonprofit health facility from 60 to 90 days. Requires the public notice of a hearing regarding the proposed sale be provided in English, the primary languages spoken at the facility, and the threshold languages for Medi-Cal as determined by the Department of Health Care Services for the county in which the facility is located. Requires the AG to consider whether the sale will have a significant effect on the availability and accessibility of cultural interests provided by the facility in the affected community. Requires a nonprofit corporation that controls a health facility to comply with these requirements regardless of whether it is currently operating or providing health care services or has a suspended license.

(Corporations Code §§5914, 5915, 5916, 5917, 5920, 5921, 5922, and 5923; Adds Corporations Code §5926)

AB 658 (Waldron) – Clinical laboratories

CMA Position: Support

Directs the California Department of Public Health to temporarily suspend the annual renewal fee for clinical laboratory licenses until January 1, 2020.

(Business and Professions Code §1300.1)

AB 908 (Dababneh) – Hospitals: seismic safety

Authorizes Providence Tarzana Medical Center (PTMC) in Los Angeles to request an additional extension, until October 1, 2022, of the seismic safety requirement that hospital buildings must be rebuilt or retrofitted in order to be capable of withstanding an earthquake. Sets a timeline for compliance.

(Health and Safety §130060)

AB 940 (Weber) – Long-term health care facilities: notice

Requires a long-term health care facility to notify the local long-term care ombudsman if a resident is notified in writing of a facility-initiated transfer or discharge from the facility, as specified. Provides that a failure to timely provide a copy of that notice constitutes a class B violation for purposes of a department-issued citation.

(Adds Health and Safety Code §1439.6)

AB 994 (Muratsuchi) – Health care districts: design-build

Authorizes, until January 1, 2023, the Beach Cities Health District to use the design-build process for the construction of facilities or other buildings in that district, as specified. Expands the application of the procurement process to additional design-build entities, and therefore expands the crime of perjury.

(Health and Safety Code §32132.9)

AB 1014 (Cooper) – Diesel backup generators: health facility

Requires a health facility to test and maintain each of its diesel backup generators in conformance with the National Fire Protection Association standard adopted by the Centers for Medicare and Medicaid Services (CMS).

(Adds Health and Safety Code §41514.1)

AB 1102 (Rodriguez) – Health facilities: whistleblower protections

Increases the maximum criminal fine, from \$20,000 to \$75,000, for violations of whistleblower protection laws that apply to patients, employees and other health care workers of hospitals.

(Health and Safety Code §1278.5)

AB 1387 (Arambula) – Home medical device retail facility business: licensing: inspection

Modifies, until January 1, 2023, the requirement for the Department of Public Health to inspect a licensed home medical device retail facility business if it is accredited, as specified, by an accreditation organization approved by the federal Centers for Medicare and Medicaid Services. Authorizes the

department to conduct an inspection only upon a complaint made to the department regarding the licensee If a licensed home medical device retail facility business is accredited.

(Health and Safety Code §111656.1)

AB 1411 (Garcia, Cristina) – Health care facilities: rehabilitation innovation centers

Establishes the Preserving Rehabilitation Innovation Centers Act of 2017 which defines a "rehabilitation innovation center" as a not-for-profit or government-owned rehabilitation facility holds at least one federal rehabilitation research and training designation for research projects on traumatic brain injury, spinal cord injury, or stroke rehabilitation research and has at least 200 Medi-Cal discharges per year.

(Adds Health and Safety Code §§1797.8 et seq. (Chapter 14, Division 2))

AB 1538 (Bonta) – Alameda Health System Hospital Authority: physician services

Prohibits the Alameda Health System Hospital Authority, before January 1, 2024, from privatizing services performed by an employed physician or surgeon without clear and convincing evidence that the needed medical care can only be delivered cost-effectively by that other person nor entity.

Removes requirements that physicians be in a recognized collective bargaining unit as of March 31, 2013.

(Health and Safety Code §101850)

AB 1728 (Committee on Local Government) – Health care districts: board of directors

Requires the board of directors of a health care district to adopt an annual budget in a public meeting, on or before September 1 of each year, that conforms to generally accepted accounting and budgeting procedures for special districts. Requires the board of directors to establish and maintain an Internet Web site that lists contact information for the district and other specified information. Requires the board of directors to adopt annual policies for providing assistance or grant funding, if the district provides assistance or grants.

(Adds Health and Safety Code §32139)

SB 54 (De León) – Law enforcement: sharing data

CMA Position: Support

Limits the involvement of state and local law enforcement agencies in federal immigration enforcement. States that the Attorney General shall publish model policies limiting assistance with immigration enforcement to the fullest extent possible consistent with federal and state law at public schools, public libraries, health facilities operated by the state or a political subdivision of the state, courthouses, Division of Labor Standards Enforcement facilities, the Division of Workers Compensation, and shelters, and ensuring that they remain safe and accessible to all California residents, regardless of immigration status. Requires all public schools, health facilities operated by the state or a political subdivision of the state, and courthouses to implement the model policy, or an equivalent policy. Encourages other entities that provide services related to physical or mental health to adopt the model policy.

(Government Code §§7282 and 7282.5; Adds §§7284 et seq. (Chapter 17.25, Division 7, Title 1); Repeals Health and Safety Code §11369)

SB 219 (Wiener) – Long-term care facilities: rights of residents

CMA Position: Neutral

Enacts the Lesbian, Gay, Bisexual and Transgender (LGBT) Long-Term Care Facility Residents' Bill of Rights and makes it unlawful for any long-term care facility, as defined, to take specified actions on the basis of a person's actual or perceived sexual orientation, gender identity, gender expression, or human immunodeficiency virus (HIV) status. Prohibited actions include denying admission to a facility, refusing to make room assignments based on a transgender resident's gender identity, failing to use a resident's preferred name or pronouns, and denying or restricting appropriate medical or nonmedical care. Requires each facility to post a nondiscrimination notice.

(Adds Health and Safety Code §1569.318, 1439.50 et seq. (Chapter 2.45, Division 2); Health and Safety Code §1338.4)

SB 351 (Roth) – Hospital satellite compounding pharmacy: license: requirements

Defines "hospital satellite compounding pharmacy" (HSCP) as an area licensed by the Board of Pharmacy to perform sterile compounding that is separately licensed by the Board and is located outside of the hospital in another physical plant that is regulated as a general acute care hospital. Establishes a license for a hospital satellite compounding pharmacy and allows a general acute care hospital without a consolidated license to obtain multiple site licenses from the Board of Pharmacy. Limits a HSCP to compounding sterile drug products for administration only to registered hospital patients who are on the premises of the same physical plant in which the HSCP is located, and the services provided shall be directly related to the services or treatment plan administered in the physical plant.

(Business and Professions Code §§4029 and 4400; Adds Business and Professions Code §4127.15)

SB 413 (Morrell) – Dementia: major neurocognitive disorder

Replaces references to the term "dementia" with the term "major neurocognitive disorders" in existing law with regard to licensure and operation of residential care facilities for the elderly and conservatorships.

(Health and Safety Code §§1569.698, 1569.699, and 1569.7; Probate Code §§1981 and 2356.5)

SB 432 (Pan) – Emergency medical services

Requires a health facility to immediately and directly notify an emergency medical services (EMS) provider's designated officer upon determining that a person to whom emergency medical services were provided is diagnosed with a reportable communicable disease if the disease has an urgency reporting requirement or if exposure included direct contact with infected blood, in addition to the existing requirement that provides notification to the county health officer who in turn notifies the EMS provider. Requires the facility to contact the EMS person directly if they believe they may have been exposed and have provided the facility's infection control officer with their name and number. Requires an EMS or health facility employer that maintains a website to post the number of the infection control officer in a conspicuous location.

(Health and Safety Code §1797.188)

AB 205 (Wood) – Medi-Cal: Medi-Cal managed care plans

CMA Position: Support

Requires Medi-Cal managed care (MCMC) plans, as defined, to maintain a network of providers that meet specified time and distance standards, specific to county and provider type. Requires MCMC plans that cannot meet the standards to submit a request for alternative access standards. Permits the use of clinically appropriate telecommunications technology as a means of determining annual compliance with the time and distance standards or in approving alternative access to care. Sunsets these requirements on January 1, 2022. Implements changes required by the federal Medicaid managed care rule related to state fair hearings involving MCMC beneficiaries as well as to beneficiary grievances and appeals to MCMC plans.

(Welfare and Institutions Code §§10950, 10951, 10952, and 10959; Adds Welfare and Institutions Code §10951.5, 14197 et seq. (Article 6.3, Chapter 7, Part 3, Division 9); Repeals Welfare and Institutions Code §14197)

AB 340 (Arambula) – EPSDT Program: trauma screening

CMA Position: Support

Requires the State Department of Health Care Services (DHCS), in consultation with the State Department of Social Services and others, to convene, by May 1, 2018, an advisory working group to update, amend, or develop tools and protocols for screening children for trauma as defined, within the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) benefit, as specified. Requires this group to report its findings and recommendations, as well as any appropriations necessary for implementation to DHCS and to the Legislature's budget subcommittees on health and human services no later than May 1, 2019. Requires review of the protocols for the screening of trauma in children at least once every 5 years, or upon the request of the department. Authorizes DHCS to implement, interpret, or make specific these provisions by means of all-county letters, plan letters, or plan or provider bulletins.

(Adds Welfare and Institutions Code §14132.19)

AB 470 (Arambula) – Medi-Cal: specialty mental health services: performance outcome reports

CMA Position: Neutral

Requires the Department of Health Care Services (DHCS) to consult with specified stakeholders to inform the updates to the performance outcomes system reports for specialty mental health services developed for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and under the Special Terms and Conditions (STCs) of the Medi-Cal Specialty Mental Health Services Waiver. Requires publication of the performance outcomes reports on DHCS's website.

(Adds Welfare and Institutions Code §14707.7)

AB 659 (Ridley-Thomas) – Medi-Cal: reimbursement rates

Beginning in 2019, makes changes regarding the frequency by which clinical laboratory or laboratory service providers are required to submit data reports to the Department of Health Care Services

(DHCS) for purposes of developing reimbursement rates. Requires the reimbursement rates developed pursuant to these provisions to become effective July 1, 2020, and July 1 of every third year thereafter. (*Welfare and Institutions Code §14105.22*)

AB 1688 (Committee on Health) – Community health services

Extends the time period for which Medi-Cal providers must retain specified records to 10 years. Changes reporting period for specified reports from the Department of Health Care Services (DHCS). Repeals specified provisions related to an Alameda County pilot program. Makes changes to implement provisions of federal Medicaid managed care regulations related to health plan penalties, external quality review programs, and health plan accreditation. Renames the California Mental Health Planning Council (CMHPC) as the California Behavioral Health Planning Council (CBHPC) and makes specified changes to its membership composition and duties.

(*Health and Safety Code §128456; Welfare and Institutions Code §§4033, 5400, 5514, 5604.2, 5610, 5614.5, 5664, 5701.1, 5750, 5771, 5771.1, 5771.3, 5771.5, 5772, 5814, 5820, 5821, 5845, 5848, 5892, 5897, 14094.18, 14102.5, 14124.1, 14149.8, 14304, 14459.5, 14459.6, and 14682.1; Repeals Welfare and Institutions Code §§14133.5 and 14133.51*)

SB 4 (Mendoza) – Medi-Cal: county organized health system: County of Orange

CMA Position: Support

Specifies the membership composition, which must include a practicing licensed physician, and governance of the CalOptima (the county organized health system serving Orange County) board of directors. Specifies the duties of board members, and their terms. Sunsets these provisions January 1, 2023. This is an urgency statute that is effective October 4, 2017.

(*Welfare and Institutions Code §14087.59*)

SB 171 (Hernandez) – Medi-Cal: Medi-Cal managed care plans

CMA Position: Support

Implements federal Medicaid managed care regulations. Commencing July 1, 2019, requires a Medi-Cal managed care plan to comply with a minimum 85% Medical Loss Ratio (MLR) and to report the MLR for each MLR reporting year as specified. Requires, effective for contract rating periods commencing on or after July 1, 2023, a Medi-Cal managed care plan to provide a remittance to the state if the MLR does not meet the minimum ratio of 85% for that reporting year, as specified, and specifies how any remittance will be transferred. Requires the Department of Health Care Services (DHCS) to ensure that call covered mental health and substance use disorder benefits comply with federal regulations. Directs DHCS to require Medi-Cal managed care plans to increase certain payments to designated public hospitals, as specified, and to establish a program under which such hospitals may earn performance-based quality incentive payments.

(*Health and Safety Code §128555; Adds Welfare and Institutions Code §§14197.1, 14197.2, and 14197.4*)

SB 218 (Dodd) – The Qualified ABLE Program: tax-advantaged savings accounts

Allows balance transfers from federal Achieving a Better Life Experience Act of 2014 (ABLE) accounts to other eligible beneficiaries, and prohibits the state from seeking recovery under the Medi-Cal estate recovery provisions from an ABLE account upon the designated beneficiary's death.

(Adds Welfare and Institutions Code §4885)

SB 220 (Pan) – Medi-Cal Children’s Health Advisory Panel

Limits the terms of members of the Medi-Cal Children's Health Advisory Panel (MCHAP), permits the Department of Health Care Services (DHCS) greater flexibility in appointing and removing pane members to MCHAP.

(Welfare and Institutions Code §14005.271)

SB 323 (Mitchell) – Medi-Cal: FQHCs and rural health centers: Drug Medi-Cal and specialty mental health services

To the extent permitted by federal law, authorizes federally qualified health centers (FQHCs) and rural health clinics (RHCs) to receive reimbursement from county specialty mental health plans and through Drug Medi-Cal outside of the existing Medi-Cal reimbursement structure for FQHCs and RHCs.

(Welfare and Institutions Code §14132.100)

SB 523 (Hernandez) – Medi-Cal: emergency medical transport providers: quality assurance fee

Imposes a quality assurance fee on each transport provided by an emergency medical transport (EMT) provider in accordance with a prescribed methodology. Places the resulting revenue in a continuously appropriated fund to be used to provide an add-on increase to the Medi-Cal fee-for-service EMT rate for three emergency transport reimbursement codes, to pay for state administrative costs, and to provide funding for health care coverage for Californians.

(Welfare and Institutions Code §§14129 et seq. (Article 3.91, Chapter 7, Part 3, Division 9))

SB 743 (Hernandez) – Medi-Cal: family planning providers

Prohibits Medi-Cal managed care plan, as defined, from restricting the choice of the qualified provider, as defined, from whom a Medi-Cal beneficiary enrolled in the plan may receive family planning services. Requires a Medi-Cal managed care plan to reimburse an out-of-plan or out-of-network qualified provider at the applicable fee-for-service rate. Implemented only to the extent that federal approval is obtained if federal approval is required to implement these provisions.

(Adds Welfare and Institutions Code §14132.07)

MEDICAL CANNABIS

AB 133 (Committee on Budget) – Cannabis Regulation

Makes changes to the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) and repeals prohibition limiting medicinal cannabis manufacturers to only manufactures medicinal cannabis products for sale by a medicinal cannabis retailer. Provides of an exception to the prohibition by an adult use cannabis licensee from allowing persons under 21 years of age on its premises if the licensee holds a medicinal license, as specified. Allows for the sale of medicinal cannabis products to the primary caregiver of a person who possesses a valid recommendation. Makes additional changes to MAUCRSA related to commercial adult-use cannabis cultivation and activity.

(Business and Professions Code §§26001, 26040, 26053, 26055, 26060.1, 26069, 26070, 26090, 26104, 26130, 26140, and 26227.9; Government Code §§11553 and 11553.5; Health and Safety Code §11357; Revenue and Taxation Code §§34010, 34011, 34012, 34012.5, and 55044)

AB 1159 (Chiu) – Cannabis: legal services

Under current law a contract that is contrary to an express provision of law, contrary to the policy of express law, or that is otherwise contrary to good morals is not lawful. Provides that commercial activity relating to medicinal cannabis or adult-use cannabis activity conducted in compliance with state law and any applicable local standards and regulations is a lawful object of a contract, is not contrary to an express policy or provision of law or to good morals, and is not against public policy. Provides that an exception for attorney-client privilege related to communications sought or obtained to aid anyone to commit a crime does not apply to legal services rendered in compliance with state or local laws on medicinal or adult-use cannabis.

(Evidence Code §956; Adds Civil Code §1550.5)

SB 65 (Hill) – Vehicles: alcohol and marijuana: penalties

CMA Position: Support

Makes drinking an alcoholic beverage or smoking or ingesting marijuana or any marijuana product while driving, or while riding as a passenger in, a motor vehicle being driven upon a highway or upon specified lands punishable as an infraction.

(Vehicle Code §§23220 and 23221)

SB 94 (Committee on Budget and Fiscal Review) – Cannabis: medicinal and adult use

CMA Position: Support

Establishes a single system of administration for cannabis laws in California. Contains changes to the Budget Act of 2017 that are necessary for state licensing entities to implement a regulatory framework pursuant to the Medical Cannabis Regulation and Safety Act (MCRSA) and the Adult Use of Marijuana Act (AUMA) of 2016 (Proposition 64). Conforms MCRSA and AUMA into a single system that prioritizing consumer safety, public safety and tax compliance. Creates agricultural cooperatives, a method for collecting and remitting taxes, a process for testing and packaging, and a process for collecting data related to driving under the influence.

(Vehicle Code §23222; Revenue and Taxation Code §§34010, 34011, 34012, 34013, 34014, 34015, 34016, 34018, 34019, and 34021.5; Heading of Revenue and Taxation Code §§34010 et seq. (Part 14.5, Division 2); Water Code §§ 1831, 1847, and 13276; Business and Professions Code §§26000, 26001, 26010, 26011, 26012, 26013, 26014, 26030, 26031, 26032, 26033, 26034,, 26038, 26040, 26043, 26044, 26045, 26050, 26051, 26052, 26053, 26054, 26054.2, 26050.1, 26055, 26057, 26058, 26060, 26061, 26062, 26063, 26065, 26066, 26070, 26070.5, 26080, 26090, 26102, 26104, 26106, 26110, 26120, 26130, 26140, 26150, 26151, 26152, 26153, 26154, 26155, 26160, 26161, 26180, 26181, 26190, 26191, 26101, 26200, 26202, 26210, and 26211, Heading of §§26100 et seq. (Chapter 10, Division 10), 26130 et seq. (Chapter 13, Division 10), 26000 et seq. (Division 10); Food and Agricultural Code §§ 37104, 54036, and 81010; Health and Safety Code §§11006.5, 11014.5, 11018, 11018.1, 11018.2, 11018.5, 11032, 11054, 11357, 11358, 11359, 11360, 11361, 11361.1, 11361.5, 11362.1, 11362.2, 11362.3, 11362.4, 11362.45, 11362.7, 11362.71, 11362.715, 11362.765, 11362.768, 11362.77, 11362.775, 11362.78, 11362.785, 11362.79, 11362.795, 11362.8, 11362.81, 11362.83, 11362.85, 11362.9, 11364.5, 11470, 11478, 11479, 11479.2, 11480, 11485, 11532, 11553,

and 109925; Heading of Health and Safety Code §§11357 et seq. (Article 2, Chapter 6, Division 10); Fish and Game Code §§1602 and 1617; Adds Business and Professions Code §§26010.5, 26011.5, 26013.5, 26046, 26047, 26051.5, 26060.1, 26062.5, 26070.1, 26121, 26131, 26132, 26133, 26134, 26135, 26156, 26162, 26162.5, 26180.5, 26190.5, 26210.5, 26067 et seq. (Chapter 6.5, Division 10), 26220 et seq. (Chapter 22, Division 10); Repeals Business and Professions Code §§26054.1, 26056, 26056.5, 26064, 26067, 26100, and 26103, 19300 et seq. (Chapter 3.5, Division 8), 26170 et seq. (Chapter 17, Division 10); Repeals Health and Safety Code §11362.777; Adds Revenue and Taxation Code §34012.5; Adds Vehicle Code §2429.7)

MEDICAL PRACTICE AND ETHICS

AB 289 (Gray) – Office of Emergency Services: State Emergency Plan: update

CMA Position: Support

Requires the Office of Emergency Services to update the State Emergency Plan on or before January 1, 2019, and every 5 years thereafter.

(Adds Government Code §8570.4)

SB 33 (Dodd) – Arbitration agreements

CMA Position: Neutral

Adds an additional determination to the list of exclusions from compelled arbitration. Provides arbitration is not compelled when the court determines that a petitioner is a specified financial institution that seeks to apply a written agreement to arbitrate, contained in a contract consented to by a consumer, to a purported contractual relationship with that consumer created fraudulently by the petitioner without the consumer's consent and by unlawfully using the consumer's personal identifying information.

(Code of Civil Procedure §1281.2)

SB 40 (Roth) – Domestic violence

Requires additional written notice to be furnished to victims at the scene of a domestic violence incident informing the victim that strangulation may cause internal injuries and encouraging the victim to seek medical attention. Requires law enforcement agencies and the Attorney General to include the number of domestic violence incidents involving strangulation or suffocation in addition to their existing reporting requirements.

(Penal Code §§13701 and 13730)

MENTAL HEALTH

AB 462 (Thurmond) – Mental Health Services Oversight and Accountability Commission: wage information data access

Authorizes the Director of Employment Development Department (EDD), to the extent permitted by applicable federal statute and regulation, to share information with the Mental Health Services Oversight and Accountability Commission to enable the commission to receive quarterly wage data of

mental health consumers served by the California public mental health system for the purpose of monitoring and evaluating employment outcomes to determine the effectiveness of those services.

(Adds Unemployment Insurance Code §1095.5)

AB 501 (Ridley-Thomas) – Mental health: community care facilities

Authorizes the State Department of Social Services to, no later than January 1, 2019, and contingent upon an appropriation in the annual Budget Act for these purposes, license a short-term residential therapeutic program operating as a children’s crisis residential program, as defined, and requires the department to regulate those programs, as specified.

(Health and Safety Code §1502; Adds Health and Safety Code §§1562.02 and 1562.03; Welfare and Institutions Code §§5848.5 and 11462.01; Adds Welfare and Institutions Code §11462.011)

AB 974 (Quirk-Silva) – Mental Health Services Act: reporting veterans spending

Requires counties to report their Mental Health Services Act (MHSA) expenditures spent on mental health services for veterans to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission.

(Welfare and Institutions Code §5899)

AB 1006 (Maienschein) – Foster youth

Requires the provision of specified mental health treatment information to a prospective adoptive family or the guardian or guardians in any case in which the court has ordered a dependent child or a ward of the juvenile court placed for adoption or has appointed a relative or non-relative legal guardian.

(Welfare and Institutions Code §§16119, 16206, 16501, and 16501.1; Adds Welfare and Institutions Code §371)

AB 1134 (Gloria) – Mental Health Services Oversight and Accountability Commission: fellowship program

Authorizes the Mental Health Services Oversight and Accountability Commission (Commission) to establish a fellowship program, as specified, for the purpose of providing an experiential learning opportunity for a mental health consumer and a mental health professional.

(Adds Welfare and Institutions Code §5845.5)

AB 1315 (Mullin) – Mental health: early psychosis and mood disorder detection and intervention

Establishes the Early Psychosis Intervention Competitive Selection Process Plus Program and an advisory committee to the Mental Health Services Oversight and Accountability Commission to expand the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention. Establishes the Early Psychosis Detection and Intervention Fund and provides that moneys in the fund shall be available, upon appropriation by the Legislature, to the commission for the purposes of the bill as specified.

(Adds Welfare and Institutions Code §§5835 et seq. (Part 3.4, Division 5))

SB 565 (Portantino) – Mental health: involuntary commitment

Requires mental health facilities, upon a patient’s completion of a 14-day period of intensive treatment for mental disorder or impairment by chronic alcoholism, to make reasonable attempts to notify family members or any other person designated by the patient at least 36 hours prior to any certification review hearing for an additional 30 days of treatment, except as specified.

(Welfare and Institutions Code §§5260 and 5270.15)

SB 684 (Bates) – Incompetence to stand trial: conservatorship: treatment

Expands the bases upon which conservatorship proceedings may be initiated regarding a mentally incompetent defendant, who has returned to the committing court after his or her maximum period of commitment.

(Penal Code §§1368.1 and 1370; Welfare and Institutions Code §5008)

SB 755 (Beall) – Civil discovery: mental examination

Adds to existing law regarding the mental examination of a party as part of civil discovery. Provides that in any action involving allegations of sexual abuse of a minor, a mental examination of a child less than 15 years of age must be conducted by a licensed physician or clinical psychologist with expertise in child abuse and trauma and that the examination be limited as specified.

(Code of Civil Procedure §2032.020; Adds Code of Civil Procedure §2032.340)

PROFESSIONAL LICENSING AND DISCIPLINE

AB 508 (Santiago) – Health care practitioners: student loans

CMA Position: Support

Repeals provisions of law authorizing boards to cite and fine, or deny licensure or licensure renewal, to a health care practitioner if he or she is in default on a United States Department of Health and Human Services education loan.

(Repeals Business and Professions Code §685)

AB 1340 (Maienschein) – Continuing medical education: mental and physical health care integration

Requires the Medical Board of California to consider including in its continuing education requirements a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues and exposure to trauma in children and young adults and their appropriate care and treatment.

(Adds Business and Professions Code §2191.5)

SB 798 (Hill) – Healing arts: boards

CMA Position: Oppose Unless Amended

Extends the operation of the Medical Board of California (MBC) until 2022 and makes various changes to the Medical Practice Act. Includes, among other provisions, elimination of the MBC’s authority to approve ABMS equivalent boards, establishes a post-graduate training license for physicians, requires

additional residency training, makes the Board of Podiatric Medicine independent of the MBC, changes the adverse event reporting requirements for outpatient surgery settings, changes the requirements for use of an expert witness in disciplinary cases, extends the authorization for the Osteopathic Medical Board, and makes changes to continuing medical education for OMBC-licensed physicians.

(Civil Code §§43.7 and 43.8; Corporations Code §§13401 and 13401.5; Evidence Code §1157; Government Code §§11529 and 12529.6; Health and Safety Code §§11362.7 and 128335; Business and Professions Code §§115.6, 144, 146, 328, 651, 656, 683, 800, 803.1, 805, 805.01, 805.1, 805.5, 805.6, 810, 2001, 2008, 2020, 2054, 2066, 2064, 2065, 2067, 2072, 2073, 2082, 2084, 2084.5, 2085, 2087, 2089, 2089.5, 2089.7, 2090, 2091, 2091.1, 2091.2, 2096, 2100, 2102, 2103, 2104, 2104.5, 2105, 2110, 2111, 2112, 2113, 2115, 2135, 2135.5, 2135.7, 2143, 2168.4, 2191, 2216.3, 2220.05, 2221, 2232, 2334, 2415, 2421, 2423, 2435, 2435.2, 2445, 2450, 2454.5, 2460, 2461, 2472, 2475, 2479, 2486, 2488, 2492, 2499, 2525.2, 2529, 2529.1, 2529.5, 2529.64170, and 4175; Adds Business and Professions Code §§2026, 2064.5, 2064.7, 2064.8, 2499.7, and 2566.2; Repeals Business and Professions Code §§2052.5, 2420, and 2422; repeals heading of Business and Professions Code §§2529 et seq. (Chapter 5.1, Division 2))

PUBLIC HEALTH

AB 114 (Committee on Budget) – Public health

Budget bill to make various statutory changes to extend the provision of various programs including the Umbilical Cord Blood Collection Program and the California Health Benefit Review Program of the University of California. Amends the Mental Health Services Act related to the reallocation of specified funds.

(Health and Safety Code §§1627, 1630, 102247, 103605, 103625, 127662, and 127665; Adds Health and Safety Code §1629.5; Welfare and Institutions Code §§5892 and 5899; Adds Welfare and Institutions Code §§5892.1 and 5899.1)

AB 384 (Irwin) – The Qualified ABLE Program: tax-advantaged savings accounts

CMA Position: Support

Expands the California Achieving a Better Life Experience (CalABLE) Act to non-California residents, and clarifies the application of existing provisions of law that exclude specified ABLE account funds from income when determining eligibility for certain federal means-tested programs (Medi-Cal).

(Welfare and Institutions Code §§4879, 4880, and 4884)

AB 643 (Frazier) – Pupil instruction: abusive relationships

Amends the California Healthy Youth Act to require school districts to include information about the early warning signs of adolescent relationship abuse and intimate partner violence in its comprehensive sexual health education and HIV prevention education for all pupils in grades 7 to 12.

(Education Cod §51934)

AB 841 (Weber) – Pupil nutrition: food and beverages: advertising

CMA Position: Support

Prohibits, except as provided, a school, school district, or charter school from advertising food or beverages during the school day, and from participating in a corporate incentive program that rewards

pupils with free or discounted foods or beverages that do not comply with specified nutritional standards when the pupils reach certain academic goals. Provides that it is the intent of the Legislature that the governing board or body of a school district and a charter school annually review their compliance with these provisions.

(Adds Education Code §49431.9)

AB 1200 (Cervantes) – Aging and Disability Resource Connection program

Establishes the Aging and Disability Resource Connection (ADRC) program to be administered by the California Department of Aging contingent upon the appropriation of funds for that purpose by the Legislature. The ADRC program will provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. Specifies the services offered by, and responsibilities of, an ADRC program, including providing short-term service coordination and transition services.

(Adds Welfare and Institutions Code §§ 9120 et seq. (Article 4, Chapter 2, Division 8.5))

AB 1221 (Gonzalez Fletcher) – Responsible Beverage Service Training Program Act of 2017

CMA Position: Sponsor

Establishes the Responsible Beverage Service (RBS) Training Program Act of 2017, and requires the Department of Alcoholic Beverage Control, on or before January 1 2020, to develop, implement, and administer a curriculum for an RBS training program, as specified. Beginning July 1, 2021, requires an alcohol server, as defined, to successfully complete an RBS training course offered or authorized by the department. Authorizes the department to charge a fee, not to exceed \$15, for any RBS training course provided by the department and require the fee to be deposited in the Alcohol Beverage Control Fund.

(Adds Business and Professions Code §§25680 et seq. (Chapter 16, Division 9))

AB 1312 (Gonzalez Fletcher) – Sexual assault victims: rights

CMA Position: Neutral

Requires a law enforcement authority or district attorney to also notify a sexual assault victim that he or she has the right to request to have a person of the same gender or opposite gender as the victim present in the room during any interview with authorities, as specified. Requires that emergency contraception be provided to the victim for free and that law enforcement develop and provide, and for medical personnel to provide, if available, a card with information on the rights of sexual assault victims. Makes additional provisions.

(Penal Code §§264.2, 679.04, 680, 13823.11, and 13823.95; Add Penal Code §680.2)

AB 1316 (Quirk) – Public health: childhood lead poisoning: prevention

CMA Position: Neutral

Expand the definition of “lead poisoning” under the Childhood Lead Poisoning Prevention Act of 1991 (CLPPA) to include concentrations of lead in arterial or cord blood. Requires regulations establishing the assessment of risks for the purposes of evaluating a child’s risk for lead exposure to consider the most significant risk factors for childhood lead exposure, including, but not limited to, a child’s time

spent in a home, school, or building built before 1978, a child's proximity to a former lead or steel smelter or an industrial facility that historically emitted or currently emits lead, a child's proximity to a freeway or heavily travelled roadway, potential risk factors for lead exposure, and known sources of lead contamination. Makes several technical and clarifying changes to the CLPPA.

(Health and Safety Code §§1367.3, 105280, 105285, 105290, 105310, 124125, 124130, and 124150; Adds Health and Safety Code §124151; Insurance Code §§10123.5 and 10123.55)

AB 1583 (Chau) – Proposition 65: enforcement: certificate of merit: factual basis

Requires the Attorney General, after reviewing the certificate of merit, filed under an action under Proposition 65, if, after reviewing the certificate of merit, she or he finds that there is not merit to the action, to serve a letter to the noticing party and the alleged violator that the Attorney General believes there is not merit to the action. Requires the Governor's Office of Business and Economic Development to post on its internet website information relating to a business's obligations under Proposition 65.

(Health and Safety Code §25249.7; Adds Health and Safety Code §25249.14)

SB 239 (Wiener) – HIV and AIDS: criminal penalties

CMA Position: Support

Modifies criminal penalties related specifically to human immunodeficiency virus (HIV) that imposed stricter criminal penalties to individuals infected with HIV in comparison to other communicable diseases. Repeals provisions making the intentional exposure to another person by a person who has tested positive for HIV a felony. Eliminates criminal penalties specific to HIV-infected individuals and instead makes the intentional transmission of an infectious or communicable disease a misdemeanor if specified circumstances apply.

(Health and Safety Code §§120290, 1603.3, and 1644.5; Repeals Health and Safety Code §§1621.5, 120291, and 120292; Penal Code §§1001, 1001.1, 1202.1, 1202.6; Adds Penal Code §§1170.21 and 1170.22; Repeals Penal Code §§647f, 1001.10, 1001.11, and 1463.23)

SB 536 (Pan) – Firearm Violence Research Center: gun violence restraining orders

CMA Position: Support

Requires the state Department of Justice (DOJ) to make information related to gun-violence restraining orders that is maintained in the California Restraining Order and Protective Order System or any similar database maintained by DOJ available to researchers affiliated with the University of California's Firearm Violence Research Center, or, at the discretion of DOJ, any other entity that is concerned with the study and prevention of violence, for academic and research purposes.

(Adds Penal Code §14231.5)

REPORTING REQUIREMENTS

AB 575 (Jones-Sawyer) – Elder and dependent adult abuse: mandated reporters: substance use disorder counselors

Expands the definition of health practitioner, for purposes of the mandated elder and dependent adult abuse reporter law, to include substance use disorder counselor. Defines "substance use disorder

counselor" as a person providing counseling services in an alcoholism or drug abuse recovery and treatment program, as specified.

(Welfare and Institutions Code §15610.37)

REPRODUCTIVE ISSUES

AB 1386 (Waldron) – Genomic cancer testing information

Requires the Department of Health Care Services (DHCS) to include information relating to breast cancer susceptibility gene mutations (BRCA) in the next revision of a brochure that is provided to cancer patients in order to increase genetic counseling and screening rates consistent with evidence based recommendations.

(Adds Health and Safety Code §109276)

AB 1396 (Burke) – Surrogacy

Eliminates the requirement that any parental rights of a surrogate and the surrogate's spouse or partner be terminated when establishing the parental rights of the intended parents and intends to clarify that a surrogate has no parental rights when a surrogacy agreement has been signed. .

(Family Code §7962)

WORKERS' COMPENSATION

AB 44 (Reyes) – Workers' compensation: terrorist attacks: workplace violence

CMA Position: Neutral

Requires employers to provide a nurse case manager to employees injured in the course of employment by an act of domestic terrorism, as defined, to assist claimants to obtain medically necessary medical treatments, as specified. Requires employer to provide a specified notice to claimants. Provisions applicable only if the Governor declares a state of emergency, as defined, in connection with the act of domestic terrorism.

(Adds Labor Code §4600.05)

AB 1422 (Daly) – Workers' compensation insurance: fraud

Expands the applicability of existing fraud-related automatic lien stay provisions to include the liens of an entity controlled by a physician, practitioner, or provider who has been charged with specified crimes involving the federal Medicare or Medicaid programs, the Medi-Cal program, or the workers' compensation system in addition to the liens of a physician, practitioner, or provider similarly charged. Provides that upon conviction for those specified crimes, the automatic stay would remain in effect for any liens not dismissed until the commencement of lien consolidation procedures, as provided. Provides that an entity is subject to suspension from participation in the workers' compensation system if it is controlled by an individual convicted of specified crimes.

(Labor Code §§139.21, 4603.2, and 4615)

SB 189 (Bradford) – Workers' compensation: definition of employee

CMA Position: Sponsor

Provides clarification to AB 2883 (Insurance Committee, 2016) which allowed shareholder employees with at least a 15 percent ownership stake in a corporation to exempt themselves from workers' compensation coverage. This bill reduces the ownership threshold for an officer or member of the board of directors who wishes to waive workers' compensation coverage to 10 percent. Expands the grounds for waiving workers' compensation coverage to include owners of a professional corporation if the owner is a practitioner of the professional services for which the professional corporation was created and the owner is covered by a health insurance policy or health care service plan. Expands the grounds for waiving workers' compensation coverage to board members of worker-owned cooperatives and to closely-held family businesses.

(Labor Code §§3364, 3351, 3352, 3706.5, and 4156)

SB 489 (Bradford) – Workers' compensation: change of physician

CMA Position: Support

Extends the timeline for submitting claims related to emergency medical treatment to the employer, or its insurer or claims administrator in workers' compensation system 30 days to 180 days from the date the service was provided to the injured worker.

(Labor Code §4610)

WORKFORCE & OFFICE SAFETY ISSUES

AB 46 (Cooper) – Employers: wage discrimination

Extends existing employee protection provisions of the Equal Pay Act within the Labor Code to public sector employers. Specifies that a misdemeanor for violations of the Equal Pay Act, as specified, does not apply to a public employer.

(Labor Code §1197.5)

AB 168 (Eggman) – Employers: salary information

Prohibits an employer from relying on an applicant's salary history as a factor in determining whether to offer employment or in determining salary. Requires an employer, upon reasonable request, to provide the pay scale for a position to an applicant. Allows an applicant to voluntarily disclose salary history information, but prohibits an employer from considering or relying on that information in determining salary, as specified.

(Adds Labor Code §432.3)

AB 450 (Chiu) – Employment regulation: immigration worksite enforcement actions

Except as required by federal law, prohibits a public or private employer from providing access to a federal government immigration enforcement agent to any non-public areas of a place of labor if the agent does not have a warrant as specified. Except as required by federal law, prohibits an employer from providing voluntary consent to an immigration enforcement agent to access, review, or obtain the employer's employee records without a subpoena or court order, subject to a specified exception. Requires employers to provide specified notices regarding inspection of I-9 Employment Eligibility Verification forms and other employment records.

(Adds Government Code §§7285.1, 7285.2, and 7285.3; Adds Labor Code §§90.2 and 1019.2)

AB 461 (Muratsuchi) – Personal income taxes: exclusion: forgiven student loan debt

CMA Position: Support

Excludes from gross income, for taxable years beginning on or after January 1, 2017, and before January 1, 2022, student loan debt, which may include a medical school loan, that is cancelled under specified repayment plans for public service and other employees administered by the United States Secretary of Education.

(Revenue and Taxation Code §17132.11)

et seq. (Chapter 1.7, Part 65, Division 14, Title 3); Unemployment Insurance Code §14012)

AB 1008 (McCarty) – Employment discrimination: conviction history

Repeals existing prohibition on a state or local agency from asking an applicant for employment to disclose information regarding a criminal conviction, as specified. Makes it an unlawful employment practice for an employer with 5 or more employees to include on any application for employment any question that seeks the disclosure of an applicant’s conviction history, to inquire into or consider the conviction history of an applicant until that applicant has received a conditional offer, and, when conducting a conviction history background check, to consider, distribute, or disseminate information related to specified prior arrests, diversions, and convictions. Requires an employer to make specified notifications to an applicant if the employer intends to deny an applicant a position of employment solely or in part because of the applicant’s conviction history and provides the applicant an opportunity to dispute the accuracy of the conviction history.

(Adds Government Code §12952; Repeals Labor Code §432.9)

AB 1188 (Nazarian) – Health professions development: loan repayment

Adds, after July 1, 2018, licensed professional clinical counselors and associate professional clinical counselors to those licensed mental health service providers eligible for grants to reimburse educational loans.

(Business and Professions Code §§2987.2, 4984.75, and 4996.65; Adds Business and Professions Code §4999.121; Health and Safety Code §128454)

AB 1615 (Garcia, Eduardo) – Gender discrimination: civil actions

Enacts the Small Business Gender Discrimination in Services Compliance Act, and defines a “gender discrimination in pricing services claim.” Requires an attorney alleging gender discrimination in pricing services, to provide the defendant or potential defendant with a copy of certain informational materials pertaining to the prohibition against discrimination in pricing of services that explain the business’ rights and obligations under the Gender Tax Repeal Act of 1995.

(Adds Civil Code §§55.61 et seq. (Part 2.55, Division 1))

SB 63 (Jackson) – Unlawful employment practice: parental leave

CMA Position: Support

Requires specified employers to allow specified employees to take up to 12 weeks of parental leave within one year of a child’s birth, adoption, or foster care placement. Prohibits an employer from refusing to maintain and pay for coverage under a group health plan for an employee who takes this

leave. Does not apply to employees subject to both state and federal laws regarding family and medical leave.

(Government Code §12945.6)

SB 179 (Atkins) – Gender identity: female, male, or nonbinary

Provides for a third gender option on the state driver's license, identification card, and birth certificate. Restructures the process for individuals to change their name to conform with their gender identity, and amends procedures for an individual to secure a court-ordered change of gender. The provisions of this bill are effective September 1, 2018.

(Code of Civil Procedure §§1277, 1278; Health and Safety Code §§ 103425, 103426, 103420, 103440, and the heading of 103425 et seq. (Article 7, Chapter 11, Part 1, Division 102); Vehicle Code §§13005, 12800; Adds Code of Civil Procedure §1277.5)

SB 306 (Hertzberg) – Retaliation actions: complaints: administrative review

Authorizes the Division of Labor Standards Enforcement to investigate an employer, with or without a complaint being filed, when specified retaliation or discrimination is suspected during the course of a wage claim or other specified investigation being conducted by the Labor Commissioner. Grants the Labor Commissioner authority to seek an immediate and temporary injunction when workers face retaliation for reporting violations of the law. Gives the Labor Commissioner authority to issue citations and penalties directly to enforce retaliation claims, rather than exclusively through the courts.

(Labor Code §98.7; Adds Labor Code §§98.74, 1102.61, and 1102.62)

SB 396 (Lara) – Employment: gender identity, gender expression, and sexual orientation

Requires specified employers to include, as a part of existing required sexual harassment training, training on harassment based on gender identity, gender expression, and sexual orientation. Requires employers to post a poster developed by the Department of Fair Employment and Housing regarding transgender rights in a prominent and accessible location in the workplace.

(Government Code §§12950 and 12950.1; Unemployment Insurance Code §§14005 and 14012)