

Status Report (Bills w/ Positions)

- [AB 1136](#) (Eggman D) Health facilities: residential mental health or substance use disorder treatment.**
Current Text: Amended: 6/18/2018 [html](#) [pdf](#)
Introduced: 2/17/2017
Last Amend: 6/18/2018
Status: 6/28/2018-From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (June 27).
Is Urgency: N
Is Fiscal: Y
Location: 6/27/2018-S. APPR.
Calendar: 7/2/2018 #5 SENATE SEN SECOND READING FILE - ASSEMBLY BILLS
Summary: Would require the State Department of Public Health, in consultation with specified entities, to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about the availability of beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities for treatment purposes.
- | Position | Subject |
|----------|-----------|
| Oppose | Reporting |
- [AB 1250](#) (Jones-Sawyer D) Counties: contracts for personal services.**
Current Text: Amended: 9/5/2017 [html](#) [pdf](#)
Introduced: 2/17/2017
Last Amend: 9/5/2017
Status: 9/5/2017-Read second time and amended. Re-referred to Com. on RLS.
Is Urgency: N
Is Fiscal: Y
Location: 9/5/2017-S. RLS.
Summary: Would establish specific standards for the use of personal services contracts by counties. The bill would allow a county or county agency to contract for personal services currently or customarily performed by employees, as applicable, when specified conditions are met. The bill would exempt certain types of contracts from its provisions, and would exempt a city and county from its provisions. By placing new duties on local government agencies, the bill would impose a state-mandated local program. The bill also would provide that its provisions are severable.
- | Position | Subject |
|----------|---------|
| Oppose | CCS |
- [AB 1766](#) (Maienschein R) Swimming pools: public safety.**
Current Text: Amended: 2/21/2018 [html](#) [pdf](#)
Introduced: 1/4/2018
Last Amend: 2/21/2018
Status: 6/20/2018-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (June 19). Re-referred to Com. on APPR.
Is Urgency: N
Is Fiscal: Y
Location: 6/20/2018-S. APPR.
Summary: Would require public swimming pools, as defined, that are required to provide lifeguard services and that charge a direct fee to additionally provide an Automated External Defibrillator (AED) during pool operations, as specified. Because the failure to comply with these provisions would be a crime, the bill would create a state-mandated local program. The bill would also require the State Department of Education, in consultation with the State Department of Public Health, to issue best practices guidelines related to pool safety at K-12 schools, as specified.
- | Position | Subject |
|----------|---------|
| Support | |
- [AB 1871](#) (Bonta D) Charter schools: free and reduced-price meals.**
Current Text: Amended: 5/25/2018 [html](#) [pdf](#)
Introduced: 1/16/2018
Last Amend: 5/25/2018
Status: 6/25/2018-In committee: Referred to APPR. suspense file.
Is Urgency: N
Is Fiscal: Y
Location: 6/25/2018-S. APPR. SUSPENSE FILE

Summary: Would, commencing with 2019–20 school year, require a charter school to provide each needy pupil, as defined, with one nutritionally adequate free or reduced-price meal during each schoolday, except as provided for a charter school that offers nonclassroom-based instruction. For a charter school that becomes operational on or after July 1, 2019, the bill would require the charter school to implement these requirements no later than July 1 of the school year after becoming operational, and to provide written notice, as specified, of the period of time that the charter school will not provide those meals.

Position
Support

Subject
Miscellaneous

AB 2109 (O'Donnell D) Pupils: pupils with a temporary disability: individual instruction: pupils who are terminally ill: honorary diplomas.

Current Text: Amended: 5/25/2018 [html](#) [pdf](#)

Introduced: 2/8/2018

Last Amend: 5/25/2018

Status: 6/26/2018-Read second time. Ordered to Consent Calendar.

Is Urgency: N

Is Fiscal: Y

Location: 6/26/2018-S. CONSENT CALENDAR

Calendar: 7/2/2018 #258 SENATE SEN CONSENT CALENDAR SECOND LEGISLATIVE DAY

Summary: Would require a pupil with a temporary disability to receive either individual instruction at home provided by the school district in which the pupil is deemed to reside, or individual instruction in a hospital or other residential health facility, excluding state hospitals, provided by the school district in which the hospital or other residential health facility is located. The bill would authorize a school district or charter school to continue to enroll a pupil with a temporary disability who is receiving individual instruction in a hospital or other residential health facility in order to facilitate the timely reentry of the pupil in his or her prior school after the hospitalization has ended, or in order to provide a partial week of instruction to the pupil, as provided.

Position
Support

Subject
Miscellaneous

AB 2186 (Thurmond D) Education finance: Golden State Science, Technology, Engineering, and Mathematics (STEM) Teacher Grant Program.

Current Text: Amended: 6/27/2018 [html](#) [pdf](#)

Introduced: 2/12/2018

Last Amend: 6/27/2018

Status: 6/27/2018-Read second time and amended. Re-referred to Com. on APPR.

Is Urgency: N

Is Fiscal: Y

Location: 6/27/2018-S. APPR.

Summary: Would, upon appropriation by the Legislature, require the Commission on Teacher Credentialing to establish the Golden State STEM Science, Technology, Engineering, and Mathematics (STEM) Teacher Grant Program. The bill would require the commission to select a county office of education to administer the program to provide specified grants to each student enrolled in an approved teacher credentialing program who commits to working in a STEM field, at a school district, county office of education, or charter school, for 4 years after he or she receives a preliminary teaching credential, and when or she has completed 2 and 4 years of the teaching obligation, as provided.

Position
Support

Subject
Workforce

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

Current Text: Amended: 4/16/2018 [html](#) [pdf](#)

Introduced: 2/13/2018

Last Amend: 4/16/2018

Status: 6/21/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (June 20). Re-referred to Com. on APPR.

Is Urgency: N

Is Fiscal: Y

Location: 6/20/2018-S. APPR.

Summary: Would require the State Department of Education, in consultation with the State Department of Health Care Services and appropriate stakeholders, to, on or before December 31, 2019, develop guidelines, as provided, for the use of telehealth technology in public schools, including charter schools, to provide mental health and behavioral health services to pupils on school campuses. The bill would require the department to post the guidelines on its Internet Web site on or before

December 31, 2019.

Position
Support

Subject
School Based
Health
Programs,
Telehealth

AB 2593 **(Grayson D) Air ambulance services.**

Current Text: Amended: 6/18/2018 [html](#) [pdf](#)

Introduced: 2/15/2018

Last Amend: 6/18/2018

Status: 6/27/2018-VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations]

Is Urgency: N

Is Fiscal: Y

Location: 6/27/2018-S. APPR.

Summary: Current law requires that health care service plans and health insurance policies, as specified, provide coverage for certain services and treatments, including emergency medical transportation services. This bill would provide that an enrollee, subscriber, or insured shall not be liable for the cost of emergency transportation by an air ambulance service, except for applicable cost-sharing amounts, including, but not limited to, a copayment, coinsurance, or a deductible.

Position
Support

Subject
EMS

AB 2874 **(Thurmond D) Health facilities: notice: Attorney General.**

Current Text: Amended: 4/18/2018 [html](#) [pdf](#)

Introduced: 2/16/2018

Last Amend: 4/18/2018

Status: 6/1/2018-Failed Deadline pursuant to Rule 61(b)(11). (Last location was A. THIRD READING on 5/25/2018)

Is Urgency: N

Is Fiscal: Y

Location: 6/1/2018-A. DEAD

Summary: Current law requires a hospital that provides emergency medical services to, as soon as possible, but not later than 90 days prior to a planned reduction or elimination of the level of emergency medical services, provide notice of the intended change to the department, other specified entities, and the public. Current law requires a health facility implementing a downgrade or change to make reasonable efforts to ensure that the community it serves is informed of the downgrade or closure. Current law also requires a health facility to provide public notice, as specified, not less than 30 days prior to closing the facility, eliminating a supplemental service, as defined, or relocating the provision of supplemental services to a different campus. This bill would require a hospital that provides emergency medical services or a health facility to provide notice, as specified, at least 180 days before making the changes described above.

Position
Oppose

Subject

AB 3067 **(Chau D) Internet: marketing: minors: cannabis.**

Current Text: Introduced: 2/16/2018 [html](#) [pdf](#)

Introduced: 2/16/2018

Status: 6/11/2018-From committee: Do pass and re-refer to Com. on JUD. (Ayes 8. Noes 0.) (June 11). Re-referred to Com. on JUD.

Is Urgency: N

Is Fiscal: N

Location: 6/11/2018-S. JUD.

Calendar: 7/3/2018 1:30 p.m. - Room 112 SENATE JUDICIARY, JACKSON, Chair

Summary: Would prohibit an operator of an Internet Web site, online service, online application, or mobile application directed to minors, or an advertising service that is notified by an operator that the site, service, or application is directed to minors, from marketing or advertising any cannabis, cannabis product, cannabis business, or cannabis-related instrument or paraphernalia on the Internet Web site, online service, online application, or mobile application.

Position
Support

Subject
Cannabis

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

Current Text: Amended: 5/2/2018 [html](#) [pdf](#)

Introduced: 2/16/2018

Last Amend: 5/2/2018

Status: 5/25/2018-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2018)

Is Urgency: N

Is Fiscal: Y

Location: 5/25/2018-A. DEAD

Summary: Would create the California Health Care Cost, Quality, and Equity Commission, an independent state agency, to control in-state health care costs and set the amounts accepted as payment by health plans, hospitals, physicians, physician groups, and other health care providers, among other things. The bill would provide that funding for the commission would be provided from the Managed Care Fund and the Insurance Fund, subject to appropriation by the Legislature.

Position

Oppose

Subject

Affordability

AB 3175

(Rubio D) Child life specialist services.

Current Text: Amended: 4/19/2018 [html](#) [pdf](#)

Introduced: 2/16/2018

Last Amend: 4/19/2018

Status: 5/25/2018-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/16/2018)

Is Urgency: N

Is Fiscal: Y

Location: 5/25/2018-A. DEAD

Summary: Current law establishes various programs and services for the promotion of child health, administered by the State Department of Public Health or the State Department of Health Care Services. Current law provides for the regulation of health facilities by the State Department of Public Health. This bill would require specified health practice settings to offer child life specialist services, as defined, and to meet certain conditions relating to the availability of child life specialists in those settings.

Position

Oppose

Subject

Staff Ratios

SB 349

(Lara D) Chronic dialysis clinics: staffing requirements.

Current Text: Amended: 8/22/2017 [html](#) [pdf](#)

Introduced: 2/14/2017

Last Amend: 8/22/2017

Status: 9/12/2017-Ordered to inactive file on request of Assembly Member Calderon.

Is Urgency: N

Is Fiscal: Y

Location: 9/12/2017-A. INACTIVE FILE

Summary: Would establish minimum staffing requirements for chronic dialysis clinics and establish a minimum transition time between patients receiving dialysis services at a treatment station. The bill would require chronic dialysis clinics to maintain certain information relating to the minimum staffing and minimum transition time requirements and provide that information, certified by the chief executive officer or administrator, to the department on a schedule and in a format specified by the department, but no less frequently than 4 times per year.

Position

Oppose

Subject

Chronic Dialysis Clinics

Notes 1: CHA Opposed, but based on secondary impact, not a direct one.

Notes 2: Would establish staffing ratios in dialysis clinics for nurses, technicians and social workers, as well as a 45-minute minimum transition time between patients.

SB 538

(Monning D) Hospital contracts.

Current Text: Amended: 6/11/2018 [html](#) [pdf](#)

Introduced: 2/16/2017

Last Amend: 6/11/2018

Status: 6/26/2018-June 26 hearing postponed by committee.

Is Urgency: N

Is Fiscal: Y

Location: 6/11/2018-A. HEALTH

Summary: This bill, the Health Care Market Fairness Act of 2018, would prohibit contracts between hospitals, as defined, and contracting agents, health care service plans, or health insurers from

containing certain provisions, including, but not limited to, setting payment rates or other terms for nonparticipating affiliates of the hospital, and requiring the contracting agent, plan, or insurer to keep the contract's payment rates confidential from any payor, as defined, that is or may become financially responsible for the payment. The bill would make any prohibited contract provision void and unenforceable. The bill would define "contracting agent" and "hospital" for those purposes.

Position

Oppose

Subject

Contracts

Notes 1: CHA - Follow, Hot

Notes 2: Intends to address the implications of the court decision in UFCW & Employers Benefit Trust v. Sutter Health, which concluded that a third-party payer may obtain the benefits of a leased network's discounted rates, but is not required to comply with other provisions of the underlying contract between the health plan and network providers.

SB 1125 (Atkins D) Federally qualified health center and rural health clinic services.

Current Text: Amended: 5/25/2018 [html](#) [pdf](#)

Introduced: 2/13/2018

Last Amend: 5/25/2018

Status: 6/27/2018-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 15. Noes 0.) (June 26). Re-referred to Com. on APPR.

Is Urgency: N

Is Fiscal: Y

Location: 6/26/2018-A. APPR.

Summary: Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.

Position

Support

Subject

FQHCs, Mental Health

SB 1287 (Hernandez D) Medi-Cal: medically necessary services.

Current Text: Amended: 6/20/2018 [html](#) [pdf](#)

Introduced: 2/16/2018

Last Amend: 6/20/2018

Status: 6/27/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (June 26). Re-referred to Com. on APPR.

Is Urgency: N

Is Fiscal: Y

Location: 6/26/2018-A. APPR.

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive medically necessary health care services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for an individual under 21 years of age who is covered under the Medi-Cal program, subject to utilization controls, and consistent with federal requirements. Under current state law, a service is "medically necessary" if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. This bill would revise the Medi-Cal definition of "medically necessary" for purposes of an individual under 21 years of age to incorporate the existing description of necessary EPSDT services under federal law.

Position

Support

Subject

Medi-Cal

Total Measures: 16

Total Tracking Forms: 16