

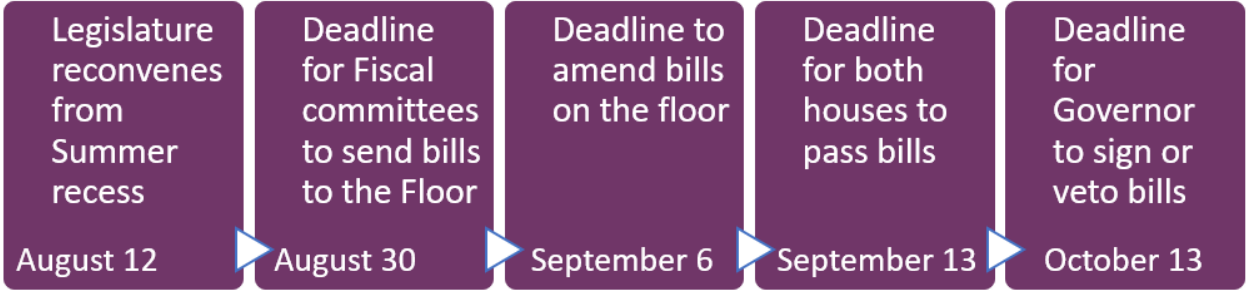


» *Legislative Update*

**Bills Pending as the CA Legislature Winds Down**

On Monday, August 12, the California legislature reconvened after a summer recess for the final stretch of the first year of the 2019-20 legislative session. The budget, passed on June 27, 2019, included many provisions originally introduced as legislation in January, including a minimum health coverage requirement and penalty (individual mandate) and Medi-Cal expansion for young undocumented adults ages 19-25. Pending Bills remain focused on further coverage expansions, managed care, behavioral health, health care workforce and other health issues. This *ITUP Legislative Update* highlights the remaining deadlines in the legislative session that ends September 13 and the bills still moving through the process.

Figure 1. End of Session Timeline



**Pending Bills by Location and Status**

**Fiscal Committee Bills**

This section includes bills still pending in the Assembly or Senate Appropriations Committees (fiscal committees). Many bills still in the Appropriations committees are currently on the Suspense File. The fiscal committees send bills to the Suspense File meeting a threshold fiscal impact (\$50,000 state General Fund / \$150,000 Special Fund in the Senate; \$150,000 any fund in the Assembly). The committees generally consider and make decisions on the entire Suspense File both on the same day. The committees pass some bills as drafted, amend others moved to reduce or eliminate funding, and old others in committee.

Figure 2. Bills in Fiscal Committee

Bill	Author	Topic Area	Action
<a href="#">AB 480</a>	Salas	Behavioral Health	Establishes an Older Adult Mental Health Services Administrator position within the State Department of Health Care Services (DHCS) to assess services for older adults, monitor quality, and guide improvements.
<a href="#">AB 512</a>	Ting	Behavioral Health	Requires county mental health plans to develop a cultural competency assessment plan that addresses disparities in access, utilization, and outcomes by race, ethnicity,

Figure 2. Bills in Fiscal Committee

Bill	Author	Topic Area	Action
			immigration status, primary language, sexual orientation, gender identity, age, disability status, and income level.
<a href="#">AB 744</a>	Aguiar-Curry	Access	Requires health plans to reimburse telehealth services at the same rate and subject to the same deductible and annual or lifetime dollar maximums as in-person health services.
<a href="#">AB 763</a>	Gray	Behavioral Health	Requires DHCS to convene a stakeholder working group to review and standardize the forms used by county mental health plan contractors to determine eligibility and reimbursement.
<a href="#">AB 1246</a>	Limón	Managed Care	Requires large group health insurance policies regulated by the California Department of Insurance (serving an estimated 318,000 Californians) to cover medically necessary basic health care services, not subject to annual or lifetime dollar caps. This requirement currently applies to health plans regulated by the Department of Managed Health Care.
<a href="#">AB 1287</a>	Nazarian	Access	As part of the Master Plan on Aging, the California Department of Aging, in conjunction with other departments, will develop a plan for implementation of the No Wrong Door System, which will help older adults, people with disabilities, and caregivers receive accurate information and timely referrals about community services and supports.
<a href="#">SB 10</a>	Beall	Behavioral Health	Establishes a state certification process for behavioral health peer support specialists. <sup>1</sup> Requires DHCS to define peer support specialists' responsibilities, practice guidelines, and supervision standards.
<a href="#">SB 29</a>	Durazo	Access	Expands access to Medi-Cal, California's Medicaid program, to income-eligible adults above age 65, regardless of their immigration status.
<a href="#">SB 66</a>	Atkins	Access	Authorizes reimbursement at a Federally Qualified Health Center or Rural Health Center for two visits at the same location on the same day, such as a medical appointment followed by a mental health or dental appointment. This bill also covers visits with an acupuncturist.
<a href="#">SB 260</a>	Hurtado	Access	Requires Covered California, the state's ACA marketplace, to enroll eligible individuals in the lowest cost silver plan upon receiving the individuals' electronic account information from another insurance program. See the <a href="#">ITUP Essentials on Covered California</a> to learn about coverage levels and eligibility.

### Bills on the Floor

The following bills are eligible for action on the floor of the Senate or Assembly. These bills typically do not have a big price tag for the state and therefore are not placed in the suspense file. Many of these bills may be amended in the second house and must return to their house of origin to settle the differences.

Figure 3. Bills Pending on the Senate or Assembly Floor

Bill	Author	Topic Area	Action
<a href="#">AB 993</a>	Nazarian	Workforce	Requires health plan contracts after January 1, 2020 to allow HIV specialists to be eligible primary care providers unless the health plan does not require a referral to visit a specialist provider.
<a href="#">AB 1063</a>	Petrie-Norris	Protecting the Affordable Care Act (ACA)	This bill prohibits a state innovation waiver pursuant to the federal Affordable Care Act from being requested from the federal United States Department of Health and Human Services without express statutory authority.
<a href="#">AB 1309</a>	Bauer-Kahan	Protecting the Affordable Care Act	Requires health benefit plans offered within and outside of Covered California to extend the open enrollment period from January 15 to January 31. Existing federal law establishes an open enrollment period of November 1 to December 15.
<a href="#">SB 227</a>	Leyva	Workforce	Requires periodic, unannounced inspections of health care facilities for minimum nurse-to-patient ratios and sets penalties for any violation of the standards.

Legislation passed by both houses moves to the Governor who can sign, veto, or let a bill become law without his signature.

### Bills signed by Governor Newsom

Below are some of the 2019 bills signed by the governor and chaptered into law.

Figure 4. Bills signed by the governor

Bill	Author	Topic Area	Action
<a href="#">AB 239</a>	Salas	Workforce	Extends to 2025 community college registered nursing program admissions guidelines that are set to expire January 2020. Existing law authorizes community colleges to use multicriteria screening measures if the number of applicants to the program exceed its capacity.
<a href="#">AB 453</a>	Chau	Behavioral Health	Requires the Emergency Medical Services Authority to provide, as part of basic training for Emergency Medical Technicians (EMTs), information on how to interact effectively with persons with dementia and their caregivers.
<a href="#">AB 781</a>	Maienschein	Access	Specifies that Medi-Cal pediatric day health care services may be provided any time of day and any day of the week as long as the total number of authorized hours is not exceeded. The services may also be covered for up to 23 hours per day.
<a href="#">SB 784</a>	Committee on Health	Medicare Supplemental Coverage	Starting January 1, 2020, conforms California law to federal changes in Medicare supplement contracts and policies, in compliance with the federal Medicare Access and CHIP Reauthorization Act.

Look for the ITUP end of session wrap-up once the Legislature adjourns!

<sup>1</sup> Peer support specialists are people with lived experience with the process of recovery from mental illness and/or substance use disorder and can help guide their clients.