

2020 Enrolled and Chaptered Aging and Disability-Related Legislation

September 24, 2020

[AB 685](#)

(Reves D) COVID-19: imminent hazard to employees: exposure: notification: serious violations.

Current Text: Chaptered: 9/17/2020 [html](#) [pdf](#)

Status: 9/17/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 84, Statutes of 2020.

Location: 9/17/2020-A. CHAPTERED

Summary: (1)Existing law, the California Occupational Safety and Health Act of 1973 (OSHA), requires the Division of Occupational Safety and Health, when, in its opinion, a place of employment, machine, device, apparatus, or equipment or any part thereof is in a dangerous condition, is not properly guarded, or is dangerously placed so as to constitute an imminent hazard to employees, to prohibit entry or use, as applicable, and to attach a conspicuous notice of that condition, as specified. OSHA requires that this prohibition be limited to the immediate area in which the imminent hazard exists. OSHA prohibits this notice from being removed except by an authorized representative of the division under certain conditions. OSHA makes a violation of this provision regarding dangerous conditions a crime. This bill would authorize the division, when, in its opinion, a place of employment, operation, or process, or any part thereof, exposes workers to the risk of infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, also known as COVID-19), so as to constitute an imminent hazard to employees, to prohibit the performance of that operation or process, or entry into that place of employment. The bill would require the division to provide a notice thereof to the employer, to be posted in a conspicuous place at the place of employment. The bill would require such a prohibition to be limited to the immediate area in which the imminent hazard exists, as specified. The bill would require such a prohibition to be issued in a manner so as not to materially interrupt the performance of critical governmental functions essential to ensuring public health and safety functions or the delivery of electrical power or water. By expanding the scope of a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 1544](#)

(Gipson D) Community Paramedicine or Triage to Alternate Destination Act.

Current Text: Enrollment: 9/8/2020 [html](#) [pdf](#)

Status: 9/8/2020-Enrolled and presented to the Governor at 4:30 p.m.

Location: 9/8/2020-A. ENROLLED

Summary: (1)Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The existing act establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of EMS systems. Among other duties, existing law requires the authority to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor. This bill would establish within the act until January 1, 2024, the Community Paramedicine or Triage to Alternate Destination Act of 2020. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop, and after approval by the Commission on Emergency Medical Services, adopt regulations and establish minimum standards for the development of those programs. The bill would require the director of the authority, on or before March 1, 2021, to establish a community paramedicine and triage to alternate destination oversight advisory committee to advise the authority on the development and oversight of specialties for those programs. The bill would require the authority to review a local EMS agency's proposed program and approve or deny the proposed program no later than 6 months after it is submitted by the local EMS agency. The bill would require a local EMS agency that opts to develop a program to perform specified duties that include, among others, integrating the proposed program into the local EMS agency's EMS plan. The bill would require the Emergency Medical Services Authority to submit an annual report on the community paramedicine or triage to alternate destination programs operating in California to the Legislature, as specified. The bill would also require the authority to contract with an independent 3rd party to prepare a final report on the results of the community paramedicine or triage to alternate destination programs on or before April 1, 2023, as specified. This bill contains other related provisions and other existing laws.

[AB 1710](#)

(Wood D) Pharmacy practice: vaccines.

Current Text: Enrollment: 9/8/2020 [html](#) [pdf](#)

Status: 9/8/2020-Enrolled and presented to the Governor at 4:30 p.m.

Location: 9/8/2020-A. ENROLLED

Summary: Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. A violation of the Pharmacy Law is a crime. Existing law authorizes a pharmacist to independently initiate and administer vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP) in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons 3 years of age or older. This bill would also authorize a pharmacist to independently initiate and administer any COVID-19 vaccines approved or authorized by the federal Food and Drug Administration (FDA) under the circumstances described above. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 1766](#)

(Bloom D) Licensed adult residential facilities and residential care facilities for the elderly: data collection: residents with a serious mental disorder.

Current Text: Enrollment: 9/8/2020 [html](#) [pdf](#)

Status: 9/8/2020-Enrolled and presented to the Governor at 4:30 p.m.

Location: 9/8/2020-A. ENROLLED

Summary: The California Community Care Facilities Act provides for the licensure and regulation of community care facilities by the State Department of Social Services, including various adult residential facilities, as described. The act includes legislative findings and declarations that there is an urgent need to establish a coordinated and comprehensive statewide service of quality community care for the mentally ill, the developmentally and physically disabled, and children and adults who require care or services. A person who violates the California Community Care Facilities Act is guilty of a misdemeanor. Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly, as defined, by the department and expresses the intent of the Legislature to require that those facilities be licensed as a separate category within the existing licensing structure of the department. This bill would require the department to collect information and send a report to each county's department of mental health or behavioral health, beginning May 1, 2021, and annually thereafter, of all licensed adult residential facilities and residential care facilities for the elderly, as described, that accept a specified federal rate and accept residents with a serious mental disorder, as defined, and the number of licensed beds at each facility. The bill would require the department, beginning May 1, 2021, and quarterly thereafter, to send to those county departments a report of licensed adult residential facilities and residential care facilities for the elderly that closed permanently in the prior quarter, as specified. The bill would require the department to notify the county mental or behavioral health department within 3 business days upon receiving notice that a licensed adult residential facility or residential care facility for the elderly intends to close permanently. This bill contains other related provisions and other existing laws.

[AB 1845](#)

(Rivas, Luz D) Homelessness: Office to End Homelessness.

Current Text: Enrollment: 9/15/2020 [html](#) [pdf](#)

Status: 9/15/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/15/2020-A. ENROLLED

Summary: (1) Existing law establishes various offices within the Governor's office with specified duties and responsibilities. This bill would create, within the Governor's office, the Office to End Homelessness, which would be administered by the Secretary on Homelessness appointed by the Governor. The bill would require that the office serve the Governor as the lead entity for ending homelessness in California and would task the office with coordinating homeless programs, services, data, and policies between federal, state, and local agencies, among other responsibilities. The bill would require the office to exercise various powers and duties, including, among others, making recommendations to the Governor and the Legislature regarding new state policies, programs, and actions on homelessness. The bill would require the office to be comprised of specified employees serving within the state civil service and to oversee and carry out the existing mandates of the Homeless Coordinating and Financing Council, as defined and described below. This bill contains other related provisions and other existing laws.

[AB 1993](#)

(Kamlager D) Unemployment and disability insurance: benefits: in-home supportive services and waiver personal care services.

Current Text: Enrollment: 9/10/2020 [html](#) [pdf](#)

Status: 9/10/2020-Enrolled and presented to the Governor at 2:30 p.m.

Location: 9/10/2020-A. ENROLLED

Summary: Existing law provides for the payment of unemployment compensation benefits and extended benefits to eligible individuals who meet specified requirements. Existing law provides definitions for "employment" for purposes of these provisions. Existing federal and state law excludes services performed by a child in the employ of a parent, a parent in the employ of their child, or a person in the employ of their spouse, from the definition of "employment" for purposes of unemployment taxes and unemployment insurance benefit eligibility, as specified. This bill would provide

that the definition of “employment” for the purposes of unemployment insurance coverage includes services performed by an individual in the employ of their parent, child, or spouse if that individual is providing services through the In-Home Supportive Services program or the Waiver Personal Care Services program. This bill contains other related provisions and other existing laws.

[AB 2037](#)

(Wicks D) Health facilities: notices.

Current Text: Chaptered: 9/18/2020 [html](#) [pdf](#)

Status: 9/18/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 95, Statutes of 2020.

Location: 9/18/2020-A. CHAPTERED

Summary: (1) Existing law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified. Existing 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. Existing law also requires a health facility to provide public notice, as specified, not less than 30 days prior to closing the health 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 to provide notice, as specified, at least 180 days before a planned reduction or elimination of the level of emergency medical services. The bill would require a health facility to provide at least 120 days’ notice, as specified, prior to closing the health facility and at least 90 days prior to eliminating or relocating a supplemental service, except as specified. The bill would require the mandatory public notice to include specific notifications, including, among others, a continuous notice posted in a conspicuous location within the internet website of a newspaper of general circulation serving the local geographical area in which the hospital or health facility is located. This bill contains other related provisions and other existing laws.

[AB 2112](#)

(Ramos D) Suicide prevention.

Current Text: Enrollment: 9/15/2020 [html](#) [pdf](#)

Status: 9/15/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/15/2020-A. ENROLLED

Summary: Existing law establishes the State Department of Public Health within the California Health and Human Services Agency. This bill would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department, would require the office to perform specified duties, including providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and reporting on progress to reduce rates of suicide, and authorize the office to apply for and use federal, state, and foundation grants. The bill would require the office to consult with the Mental Health Services Oversight and Accountability Commission to implement suicide prevention efforts. The bill would require that the duties and responsibilities of the office be accomplished with existing staff and resources. The bill would make these provisions operative subject to an appropriation for these purposes in the annual Budget Act or another statute.

[AB 2164](#)

(Rivas, Robert D) Telehealth.

Current Text: Enrollment: 9/10/2020 [html](#) [pdf](#)

Status: 9/10/2020-Enrolled and presented to the Governor at 2:30 p.m.

Location: 9/10/2020-A. ENROLLED

Summary: Existing law provides for the Medi-Cal program, which is administered by the department, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a “visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers. This bill would provide that an FQHC or RHC “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous interaction or asynchronous store and forward. The bill would specify that an FQHC or RHC is not precluded from establishing a patient who is located within the FQHC’s or RHC’s federal designated service area through synchronous interaction or asynchronous store and forward as of the date of service if specified requirements are met. The bill would require the department to adopt regulations, as specified, and to provide a status report to the Legislature on a semiannual basis until those regulations have been adopted. The bill would make these provisions inoperative 180 days after the state of emergency for the COVID-19 pandemic has been terminated, as specified. This bill contains other existing laws.

[AB 2265](#)

(Quirk-Silva D) Mental Health Services Act: use of funds for substance use disorder treatment.

Current Text: Enrollment: 9/10/2020 [html](#) [pdf](#)

Status: 9/10/2020-Enrolled and presented to the Governor at 2:30 p.m.

Location: 9/10/2020-A. ENROLLED

Summary: Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. This bill would authorize the services for adults, older adults, and children, as well as innovative programs and prevention and early intervention programs that are provided by counties as part of the MHSA to include substance use disorder treatment for children, adults, and older adults with cooccurring mental health and substance use disorders who are eligible to receive mental health services pursuant to those programs. The bill would also authorize the use of MHSA funds to assess whether a person has cooccurring mental health and substance use disorders and to treat a person who is preliminarily assessed to have cooccurring mental health and substance use disorders, even when the person is later determined not to be eligible for services provided with MHSA funds. The bill would require a person being treated for cooccurring mental health and substance use disorders who is determined to not need the mental health services that are eligible for funding pursuant to the act, to be referred to substance use disorder treatment services in a timely manner. By authorizing the use of continuously appropriated funds for a new purpose, this bill would make an appropriation. This bill contains other related provisions and other existing laws.

AB 2360

(Maienschein D) Telehealth: mental health.

Current Text: Enrollment: 9/11/2020 [html](#) [pdf](#)

Status: 9/11/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/11/2020-A. ENROLLED

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. Existing law also requires health care service plans and health insurers, by July 1, 2019, to develop maternal mental health programs, as specified. This bill would require health care service plans and health insurers, by July 1, 2021, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to monitor data pertaining to the utilization of the program to facilitate ongoing quality improvements, as necessary, and to provide a description of the program to the appropriate department. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 2377

(Chiu D) Residential facilities.

Current Text: Enrollment: 9/11/2020 [html](#) [pdf](#)

Status: 9/11/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/11/2020-A. ENROLLED

Summary: Existing law, the California Community Care Facilities Act, provides for the licensing and regulation by the State Department of Social Services of community care facilities. Under existing law, community care facilities include, among others, various types of adult residential facilities. Existing law also provides for the regulation by the department of residential care facilities for persons with chronic life-threatening illness. This bill would require an applicant or licensee of an adult community care facility or a residential care facility for persons with chronic life-threatening illness to maintain an email address of record with the department and notify the department in writing of the email address and any change to that address, as specified. This bill contains other related provisions and other existing laws.

AB 2387

(Grayson D) In-home supportive services: needs assessment.

Current Text: Enrollment: 9/11/2020 [html](#) [pdf](#)

Status: 9/11/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/11/2020-A. ENROLLED

Summary: Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes. Existing law requires the county welfare department to

assess each recipient's continuing monthly need for in-home supportive services at varying intervals as necessary, but at least once every 12 months, except as specified. This bill would authorize counties to perform the needs reassessment using telehealth, including video conference or telephone, if certain conditions are met, including that the recipient has had at least one in-person assessment since the initial program intake and the recipient has had at least one in-person assessment in the past 12 months. The bill would require the county to notify recipients within 30 days of a proposed assessment by video conference or telephone and to provide the recipient with the option of having an in-person assessment instead.

[AB 2405](#)

(Burke D) Right to safe, decent, and affordable housing.

Current Text: Enrollment: 9/11/2020 [html](#) [pdf](#)

Status: 9/11/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/11/2020-A. ENROLLED

Summary: Existing law establishes the Department of Housing and Community Development in the Business, Consumer Services, and Housing Agency, and requires the department to administer various housing programs throughout the state, including programs that address the needs of homeless individuals and families, and to review local ordinances for the design, development, and operation of homeless shelters in cities and counties that have declared a shelter crisis. This bill would declare that it is the policy of the state that every individual has the right to safe, decent, and affordable housing, and would require the policy to consider homelessness prevention, emergency accommodations, and permanent housing, as specified. The bill would, among other things, require all relevant state agencies and departments, including, but not limited to, the Department of Housing and Community Development, the State Department of Social Services, and the Office of Emergency Services to consider that state policy when revising, adopting, or establishing policies, regulations, and grant criteria when those policies, regulations, and criteria are pertinent to advancing the guidelines listed as core components of Housing First. The bill would make these provisions operative on January 1, 2026, and would make implementation of these provisions subject to an appropriation of funds in the annual Budget Act for these purposes. This bill contains other existing laws.

[AB 2520](#)

(Chiu D) Access to medical records.

Current Text: Chaptered: 9/18/2020 [html](#) [pdf](#)

Status: 9/18/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 101, Statutes of 2020.

Location: 9/18/2020-A. CHAPTERED

Summary: Existing law governs a patient's access to their health records. Existing law requires a health care provider, as defined, to provide a patient or the patient's representative with all or any part of the patient's medical records that the patient has a right to inspect, subject to the payment of clerical costs incurred in locating and making the records available, following a written request from the patient. Existing law requires the health care provider to provide one copy of the relevant portion of the patient's record at no charge if the patient or patient's representative presents proof to the provider that the records are needed to support an appeal regarding eligibility for a public benefit program, as defined. Existing law makes a willful violation of these provisions by specified health care providers an infraction. This bill would require a health care provider to provide an employee of a nonprofit legal services entity representing the patient a copy of the medical records at no charge under those conditions, and would include speech-language pathologists, audiologists, physician assistants, and nurse practitioners within the definition of a health care provider. The bill would expand the definition of a public benefit program for these purposes to include the Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, and a government-funded housing subsidy or tenant-based housing assistance program. The bill additionally would require a health care provider to provide the records at no charge upon proof that the records are needed for a petition for U nonimmigrant status under the Victims of Trafficking and Violence Protection Act or a self-petition for lawful permanent residency under the Violence Against Women Act. By expanding the requirements on health care providers and thereby expanding a crime, this bill would create a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 2644](#)

(Wood D) Skilled nursing facilities: deaths: reporting.

Current Text: Enrollment: 8/31/2020 [html](#) [pdf](#)

Status: 8/31/2020-Enrolled and presented to the Governor at 5 p.m.

Location: 8/31/2020-A. ENROLLED

Summary: Existing law provides for the licensure and regulation of health facilities, defined to include skilled nursing facilities, by the State Department of Public Health. Under existing law, a violation of the provisions governing health facilities constitutes a crime. Existing law requires all skilled nursing facilities to adopt and implement an antimicrobial stewardship policy that is consistent with the antimicrobial stewardship guidelines developed by the federal Centers for Disease Control and Prevention, the federal Centers for Medicare and Medicaid Services, or specified professional organizations. Existing law requires a health facility, as defined to exclude a skilled nursing facility, to report an adverse event to the department within 24 hours of detecting the event, including, among other things, specified patient

deaths. This bill would also require a skilled nursing facility to have a full-time dedicated Infection Preventionist staff member, as specified, who is either a registered nurse or a licensed vocational nurse. The bill would require a skilled nursing facility to have a plan in place for infection prevention quality control. The bill would require a skilled nursing facility to ensure all health care personnel receive infection prevention and control training on an annual basis. This bill contains other related provisions and other existing laws.

[AB 2658](#)

(Burke D) Occupational safety and health: hazards.

Current Text: Enrollment: 9/15/2020 [html](#) [pdf](#)

Status: 9/15/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/15/2020-A. ENROLLED

Summary: Existing law prohibits an employee from being laid off or discharged for refusing to perform work in violation of prescribed safety standards, where the violation would create a real and apparent hazard to the employee or fellow employees. Existing law creates a cause of action for wages for the time an employee laid off or discharged for such a refusal is without work as a result. Existing law defines the term “employment” for these and other purposes to exclude household domestic service. This bill, notwithstanding that definition or any other provision, for purposes of the hazard provisions, would define the term “employee” to include a domestic work employee, except for a person who performs household domestic service that is publicly funded, including publicly funded household domestic service provided to a recipient, client, or beneficiary with a share of cost in that service. This bill contains other related provisions and other existing laws.

[AB 2821](#)

(Nazarian D) Richard Paul Hemann Parkinson’s Disease Program.

Current Text: Chaptered: 9/18/2020 [html](#) [pdf](#)

Status: 9/18/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 103, Statutes of 2020.

Location: 9/18/2020-A. CHAPTERED

Summary: Existing law establishes the Richard Paul Hemann Parkinson’s Disease Program, which, among other things, requires the State Department of Public Health to collect data on the incidence of Parkinson’s disease in California, as specified. Existing law requires a hospital, facility, physician and surgeon, or other health care provider diagnosing or providing treatment to Parkinson’s disease patients to report each case of Parkinson’s disease to the department, as prescribed. Existing law conditions the implementation of the program on the availability of funds and repeals the program on January 1, 2021. This bill would extend the program until January 1, 2022.

[AB 3073](#)

(Wicks D) CalFresh: preenrollment.

Current Text: Enrollment: 9/11/2020 [html](#) [pdf](#)

Status: 9/11/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/11/2020-A. ENROLLED

Summary: Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county, and generally prohibits a resident of an institution, including the state prison or a county jail, from receiving these benefits. Existing law also authorizes counties to participate in the CalFresh Employment and Training program, established by federal law, to provide work experience or training and job search training to CalFresh recipients. This bill would require the State Department of Social Services, no later than September 1, 2022, to issue an all-county letter containing recommendations and suggested methods for county human services agencies to partner with the Department of Corrections and Rehabilitation and county jails to enroll otherwise eligible applicants for the CalFresh program to ensure that an applicant’s benefits may begin as soon as possible upon reentry of the applicant into the community from the state prison or a county jail. The bill would require the all-county letter to include specified information on the benefits of enrolling formerly incarcerated individuals into the CalFresh program, the acceptable forms of identification needed to apply for CalFresh benefits, and information on how to connect individuals released from the state prison with employment or employment and training opportunities. The bill would also require the all-county letter to encourage counties to require county eligibility workers to regularly enter any state prison or county jail in the county to conduct interviews and assist individuals that are within 45 days of release with completing a CalFresh benefits application. The bill would require the department to submit a waiver to the federal government to allow for preenrollment of applicants prior to their release from the state prison or county jail if the department deems it necessary to maximize CalFresh enrollment outcomes or employment placement success rates for those individuals.

[AB 3242](#)

(Irwin D) Mental health: involuntary commitment.

Current Text: Enrollment: 9/15/2020 [html](#) [pdf](#)

Status: 9/15/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/15/2020-A. ENROLLED

Summary: Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment. Existing law requires persons providing the evaluation services to be properly qualified professionals, and authorizes those professionals to provide telehealth evaluation services. Existing law requires, prior to admitting a person for evaluation and treatment for a period of 72 hours, the professional person in charge of the facility or a designee to assess the individual in person to determine the appropriateness of the involuntary detention. This bill would authorize an examination, assessment, or evaluation specified, required, or authorized by the above-mentioned provisions to be conducted using telehealth. This bill contains other existing laws.

AB 3336

(Carrillo D) Third-party food delivery platforms: food safety.

Current Text: Chaptered: 9/18/2020 [html](#) [pdf](#)

Status: 9/18/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 105, Statutes of 2020.

Location: 9/18/2020-A. CHAPTERED

Summary: Existing law, the California Retail Food Code, establishes uniform health and sanitation standards for, and provides for regulation by the State Department of Public Health of, retail food facilities, as defined, and requires local health agencies to enforce these provisions. Existing law provides specified standards for the transportation of food, including, among others, the requirement for all food to be transported so as to be pure and free from adulteration and spoilage, and the requirement for potentially hazardous food to be maintained at the required holding temperatures, except as specified. A person who violates any provision of the code is guilty of a misdemeanor, except as otherwise provided. This bill would require ready-to-eat food delivered through a third-party food delivery platform, as defined, to be transported in a manner in which the ready-to-eat food is protected from contamination, as specified, and would require all bags or containers in which ready-to-eat foods are being transported or delivered from a food facility to a customer through a third-party food delivery platform to be closed by the food facility with a tamper-evident method prior to the food deliverer taking possession of the food. The bill would authorize enforcement officers to recover reasonable costs in enforcing those requirements. The bill would exempt from the bag or container requirement food transported as part of a charitable feeding program and food that is being donated to a food bank. By imposing duties on local officials and creating a new crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 3371

(Committee on Veterans Affairs) Veteran suicides: report.

Current Text: Chaptered: 9/11/2020 [html](#) [pdf](#)

Status: 9/11/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 77, Statutes of 2020.

Location: 9/11/2020-A. CHAPTERED

Summary: Existing law requires the State Department of Public Health to implement an electronic death registration system and to access data within the system to compile a report on veteran suicide in California that includes information on the veterans' ages, sexes, races or ethnicities, and methods of suicide. Existing law requires the department to provide that report annually to the Legislature and the Department of Veterans Affairs. This bill would require that report to include information on the counties of residence of the veterans, and would authorize the report to include additional information. The bill would also require the report to include a cross-tabulation of that data and to compare the data to the data from the previous year. The bill would require the report to be submitted on or before March 15 of each year.

SB 214

(Dodd D) Medi-Cal: California Community Transitions program.

Current Text: Enrollment: 9/9/2020 [html](#) [pdf](#)

Status: 9/9/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/9/2020-S. ENROLLED

Summary: Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required, among other qualifications, to have resided in an inpatient facility for at least 90 consecutive days. This bill would require the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 consecutive days. A Medi-Cal beneficiary who has resided in an inpatient facility for at least 90 consecutive days would be ineligible for services under the bill, except as specified. The bill would authorize the department to implement, interpret, or make specific the bill by means of letters, provider bulletins, or similar instructions, without taking regulatory action. Services would not be provided pursuant to

the bill during any period that the department has obtained any necessary federal approvals under the Money Follows the Person Rebalancing Demonstration to not apply the 90-day residence eligibility requirement. The bill would require the department to cease to enroll beneficiaries pursuant to the bill commencing January 1, 2023, and to cease to provide services pursuant to the bill commencing January 1, 2024. The bill would repeal these provisions on January 1, 2025. This bill contains other related provisions.

[SB 369](#)

(Hertzberg D) Prisoners: California Reentry Commission.

Current Text: Enrollment: 9/8/2020 [html](#) [pdf](#)

Status: 9/8/2020-Enrolled and presented to the Governor at 2 p.m.

Location: 9/8/2020-S. ENROLLED

Summary: Existing law requires the Department of Corrections and Rehabilitation to establish parole reentry and assessment programs for inmates in state prison, in order to assess the inmate prior to release and to assist with the inmate's reentry into the community while on parole. Existing law establishes the California Reentry and Enrichment Grant Program to provide grants to community-based programs that provide rehabilitative services to incarcerated individuals. This bill would, subject to an appropriation by the Legislature for these purposes, establish the California Reentry Commission within the department, to be cochaired by the Secretary of the Department of Corrections and Rehabilitation and a formerly incarcerated individual to be appointed to the commission by the Governor. The bill would specify the members of the commission and require the commission to meet once every 2 months. The bill would require the commission to prepare and develop a new health and safety agenda for those returning home from prison or jail, coordinate with the Department of Corrections and Rehabilitation and the Board of State and Community Corrections to develop a grant program to provide grants to reentry service providers, conduct a review of reentry barriers, review current state criminal justice policies, and report to the Legislature on the impact of COVID-19 on the reentry population, among other duties.

[SB 596](#)

(Stern D) In-home supportive services: additional higher energy allowance.

Current Text: Enrollment: 9/4/2020 [html](#) [pdf](#)

Status: 9/4/2020-Enrolled and presented to the Governor at 4:30 p.m.

Location: 9/4/2020-S. ENROLLED

Summary: Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes. This bill would authorize a county welfare department to use materials provided by an electrical corporation that is serving the county to inform each applicant or recipient of benefits under the IHSS program that the applicant or recipient may be eligible to receive that higher energy allowance and any advanced notifications that are provided by a public utility when the public utility plans to deenergize portions of the electrical distribution system or in an emergency. The bill would also require the department to issue an all-county information notice informing counties of the importance of the dissemination of this information. This bill contains other existing laws.

[SB 852](#)

(Pan D) Health care: prescription drugs.

Current Text: Enrollment: 9/8/2020 [html](#) [pdf](#)

Status: 9/8/2020-Enrolled and presented to the Governor at 2 p.m.

Location: 9/8/2020-S. ENROLLED

Summary: Existing law authorizes the Department of General Services to enter into exclusive or nonexclusive contracts on a bid or negotiated basis with manufacturers and suppliers of single-source or multisource drugs. Existing law authorizes the department to obtain from those manufacturers and suppliers discounts, rebates, or refunds based on quantities purchased, as permissible under federal law. Existing law authorizes those contracts to include price discounts, rebates, refunds, or other strategies aimed at managing escalating prescription drug prices. Existing law requires certain state agencies to participate in that prescription drug bulk purchasing program, including the State Department of State Hospitals and the State Department of Developmental Services. Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. This bill would require the California Health and Human Services Agency (CHHSA) to enter into partnerships, in consultation with other state departments as necessary to, among other things, increase patient access to affordable drugs. The bill would require CHHSA to enter into partnerships to produce or distribute generic prescription drugs and at least one form of insulin, provided that a viable pathway for manufacturing a more affordable form of insulin exists at a price that results in savings. The bill would, subject to appropriation by the Legislature, require CHHSA to submit a report to the Legislature on or before July 1, 2023, that, among other things, assesses the feasibility and advantages of directly manufacturing generic prescription drugs and selling generic prescription drugs at a fair price. The bill would require CHHSA to report to the Legislature on or before July 1, 2022, a description of the status of the drugs targeted for manufacture and an analysis of how CHHSA's activities have impacted competition, access, and costs for those drugs.

The bill would exempt all nonpublic information and documents relating to this program from disclosure under the California Public Records Act in order to protect proprietary, confidential information regarding manufacturer or distribution costs and drug pricing, utilization, and rebates. The bill would state that its provisions are severable. This bill contains other related provisions and other existing laws.

SB 855

(Wiener D) Health coverage: mental health or substance use disorders.

Current Text: Enrollment: 9/9/2020 [html](#) [pdf](#)

Status: 9/9/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/9/2020-S. ENROLLED

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of disability insurers by the Department of Insurance. This bill would revise and recast those provisions, and would instead require a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. The bill would prohibit a health care service plan or disability insurer from limiting benefits or coverage for mental health and substance use disorders to short-term or acute treatment. The bill would revise the covered benefits to include basic health care services, as defined, intermediate services, and prescription drugs. This bill contains other related provisions and other existing laws.

SB 932

(Wiener D) Communicable diseases: data collection.

Current Text: Enrollment: 9/8/2020 [html](#) [pdf](#)

Status: 9/8/2020-Enrolled and presented to the Governor at 2 p.m.

Location: 9/8/2020-S. ENROLLED

Summary: (1) Existing law requires the State Department of Public Health to establish a list of reportable communicable and noncommunicable diseases and conditions and to specify the requirements for a health officer, as defined, to report each listed disease and condition. Existing law requires a health officer to report the listed diseases and conditions and to take other specified measures to prevent the spread of disease. A violation of these requirements imposed on a health officer is a crime. This bill would require any electronic tool used by a health officer, as defined, for the purpose of reporting cases of communicable diseases to the department, as specified, to include the capacity to collect and report data relating to sexual orientation and gender identity, thereby imposing a state-mandated local program. The bill would also require a health care provider, as defined, that knows of or is in attendance on a case or suspected case of specified communicable diseases to report to the health officer for the jurisdiction in which the patient resides the patient's sexual orientation and gender identity, if known. Because a violation of these requirements by a health care provider or a health officer would be a crime, this bill would impose a state-mandated-local program. This bill contains other related provisions and other existing laws.

SB 1123

(Chang R) Elder and dependent adult abuse.

Current Text: Enrollment: 9/9/2020 [html](#) [pdf](#)

Status: 9/9/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/9/2020-S. ENROLLED

Summary: Existing law authorizes county adult protective services agencies and local long-term care ombudsman programs to investigate elder and dependent adult abuse, but grants law enforcement agencies the exclusive responsibility for criminal investigations. Existing law requires local law enforcement agencies to revise or include in their policy manuals, if a policy manual exists, specified information regarding elder and dependent adult abuse, including, among other things, the definition of elder and dependent adult abuse provided by the Department of Justice in its March 2015 policy and procedures manual. This bill would define the term "elder and dependent adult abuse" for the purposes of those provisions and instead require that definition to be included in a law enforcement agency's policy manual, if that policy manual exists.

SB 1207

(Jackson D) Skilled nursing facilities: backup power system.

Current Text: Enrollment: 9/8/2020 [html](#) [pdf](#)

Status: 9/8/2020-Enrolled and presented to the Governor at 2 p.m.

Location: 9/8/2020-S. ENROLLED

Summary: The Long-Term Care, Health, Safety, and Security Act of 1973 generally requires the State Department of Public Health to license, inspect, and regulate long-term health care facilities, defined to include a skilled nursing facility. Existing regulations require a skilled nursing facility to have emergency planning, including an emergency lighting and power system. Under existing law, the department is required to enforce the requirements of the act and regulations promulgated under the act through citations and civil penalties. This bill would require a skilled nursing

facility to have an alternative source of power to protect resident health and safety for no less than 96 hours during any type of power outage that complies with specified federal requirements, as provided.

[SB 1264](#)

(Committee on Human Services) Human services.

Current Text: Enrollment: 9/10/2020 [html](#) [pdf](#)

Status: 9/10/2020-Enrolled and presented to the Governor at 3 p.m.

Location: 9/10/2020-S. ENROLLED

Summary: (1)Existing law, the California Community Care Facilities Act, provides for the licensure and regulation of community care facilities by the State Department of Social Services, including, among others, adult day programs, group homes, enhanced behavioral support homes, and crisis nurseries. A violation of the act is a misdemeanor. This bill would make the emergency and disaster preparedness provisions that are applicable to a residential care facility for the elderly, as described above, applicable to adult residential facilities and certain types of a children's residential facility licensed under the California Community Care Facilities Act and to a residential care facility for persons with chronic life-threatening illness. The bill would also require an adult day program licensed under the California Community Care Facilities Act to have an emergency and disaster plan with specified components including, among others, the location of all utility shut-off valves and instructions for use. By expanding the scope of crimes under these various licensing acts, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[SB 1383](#)

(Jackson D) Unlawful employment practice: California Family Rights Act.

Current Text: Chaptered: 9/17/2020 [html](#) [pdf](#)

Status: 9/17/2020-Approved by the Governor. Chaptered by Secretary of State. Chapter 86, Statutes of 2020.

Location: 9/17/2020-S. CHAPTERED

Summary: Existing law, the Moore-Brown-Roberti Family Rights Act, commonly known as the California Family Rights Act, makes it an unlawful employment practice for a government employer or any employer with 50 or more employees, as specified, to refuse to grant a request by an employee, who has at least 1,250 hours of service with the employer during the previous 12-month period, to take up to 12 workweeks of unpaid protected leave during any 12-month period to bond with a new child of the employee or to care for themselves, a child, a parent, or a spouse, as specified. Existing law authorizes an employer to refuse to grant the request if the employer employs less than 50 employees within 75 miles of the worksite where the employee is employed or if the employee is a salaried employee who is among the highest paid 10% of the employer's employees, as provided. Existing law, if both parents of a child are employed by the same employer, authorizes the employer to only grant both employees a total of 12 workweeks of unpaid protected leave during the 12-month period. This bill would expand the California Family Rights Act to make it an unlawful employment practice for any employer with 5 or more employees to refuse to grant a request by an employee to take up to 12 workweeks of unpaid protected leave during any 12-month period to bond with a new child of the employee or to care for themselves or a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner, as specified. The bill would require an employer who employs both parents of a child to grant leave to each employee. The bill would also make it an unlawful employment practice for any employer to refuse to grant a request by an employee to take up to 12 workweeks of unpaid protected leave during any 12-month period due to a qualifying exigency related to the covered active duty or call to covered active duty of an employee's spouse, domestic partner, child, or parent in the Armed Forces of the United States. The bill would define employee for these purposes as an individual who has at least 1,250 hours of service with the employer during the previous 12-month period, unless otherwise provided. This bill contains other existing laws.

Total Measures: 32