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 mental health issues. Below is a list of the most significant new health laws of interest to physicians.

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AB 3002 (Grayson) – Disability access requirements
Requires local jurisdictions to make available, when issuing building permits for commercial construction or business licenses, a notice regarding disability access laws in addition to specified information currently required under the law regarding compliance with state and federal disability access laws, and available resources from state agencies. Also requires a local agency to provide the informational notice to applicants for building permits for commercial construction or business licenses. Makes additional changes regarding the state-mandated local program requiring this informational notice.
(Adds Government Code §4469.5)

ALLIED HEALTH PROFESSIONALS

AB 93 (Medina) Healing arts: marriage and family therapists: clinical social workers: professional clinical counselors: required experience and supervision
Revises supervised experience requirements for the licensure and regulation of marriage and family therapists, clinical social workers, and professional clinical counselors.
(Amends Business and Professions Code §728, 2290.5, 4980.01, 4980.03, 4980.35, 4980.397, 4980.399, 4980.40, 4980.42, 4980.43, 4980.44, 4980.50, 4980.78, 4980.79, 4982, 4982.15, 4984.01, 4984.7, 4992.05, 4992.09, 4992.3, 4996.17, 4996.18, 4996.23, 4999.12, 4999.36, 4999.42, 4999.46, 4999.50, 4999.51, 4999.52, 4999.55, 4999.62, 4999.63, and 4999.90; Amends and Renumber Business and Professions Code §4980.45; Adds Business and Professions Code §4980.43.1, 4980.43.2, 4980.43.3, 4980.43.5, 4986.20, 4996.21, 4996.23.1, 4996.23.2, 4996.23.3, 4999.46.1, 4999.46.2, 4999.46.3, 4999.46.4, and 4999.46.5; Repeals Business and Professions Code §4996.24, 4999.34, 4999.44, 4999.45, 4999.455, and 4999.47; Amends Health and Safety Code §124260)

AB 456 (Thurmond) – Healing arts: clinical social workers
Revises educational and experience requirements regarding licensure and regulation of clinical social workers, including provisions related to required supervised experience.
(Amends Business and Professions Code §4996.18 and §4996.23)

AB 2117 (Arambula) – Marriage and family therapists: clinical social workers: professional clinical counselors
Revises licensure, registration, and renewal requirements for marriage and family therapists, associate marriage and family therapists, clinical social workers, associate clinical social workers, professional clinical counselors, and associate professional clinical counselors by the Board of Behavioral Sciences.
(Amends Business and Professions Code §4980.72, 4984.01, 4996.17, 4996.28, 4999.60, and 4999.100)

AB 2221 (Bloom) – Occupational therapy
Redefines “occupational therapy” for purposes of the Occupational Therapy Practice Act and makes conforming changes.
(Amends Business and Professions Code §§2570.2, 2570.3, 2570.6, 2570.7, 2570.10, 2570.14, 2570.18, 2570.185, 2570.20, 2570.28, 2570.29, and 2571)

AB 2281 (Irwin) – Clinical laboratories: licensed medical laboratory technicians
CMA Position: Support
Exempts blood smear reviews other than manual leukocyte differentials, microscopic urinalysis, and blood typing of moderate complexity such as automated ABO/Rh testing and antibody screen testing from the prohibition of licensed medical laboratory technicians from performing microscopic analysis or immunohematology procedures.
(Amends Business and Professions Code §1260.3)

**AB 2296 (Waldron) – Licensed professional clinical counselors: licensed clinical social workers**
Lists licensed professional clinical counselors as one of recognized professional groups not prohibited from doing psychological work and includes a licensed professional clinical counselor as a healing arts licensee allowed to render services in a psychological corporation.
(Amends Business and Professions Code §§2908, 2995, 4507, 4999.32, 4999.33, 4999.62, and 4999.63; Amends Civil Code §56.105; Amends Education Code §35160.5; Amends Evidence Code §1010; Amends Family Code §§93110.5, 7663, 7827, 7850, 7851, 8502, and 9001; Amends Labor Code §3209.8; Amends Welfare and Institutions Code §§18951 and 18961.7)

**AB 2423 (Holden) – Physical therapists: direct access to services**
CMA Position: Neutral
Provides physical therapists with an exemption from the provision in the Physical Therapy Practice Act that prohibits the physical therapist from continuing treatment beyond 45 calendar days or 12 visits, whichever occurs first, without receiving specified doctor approval of the physical therapist’s plan of care to enable them to provide services within their scope of practice under the federal Individuals with Disabilities Act (IDEA) under a school-developed Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP).
(Amends Business and Professions Code §2620.1)

**AB 2457 (Irwin) – Podiatry: Podiatric Medical Board of California**
Changes the name of the California Board of Podiatric Medicine to the Podiatric Medical Board of California and the name of the Board of Podiatric Medicine Fund to the Podiatric Medical Board Fund on and after July 1, 2019.
(Amends Business and Professions §§92460 and 2499; Amends, Repeals and Adds Business and Professions §2461)

**AB 2589 (Bigelow) – Controlled substances: human chorionic gonadotropin**
Current law lists human chorionic gonadotropin (hCG) as a Schedule III controlled substance under the California Uniform Controlled Substances Act. This bill exempts hCG from being subject to the reagent regulations of the Controlled Substances Act when possessed by, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian’s designated agent, exclusively for veterinary use.
(Amends Health and Safety Code §11056)

**AB 2850 (Rubio) – Nurse assistant training programs: online or distance learning**
Authorizes certified nurse assistant training programs at a skilling nursing or intermediate care facility to offer the 60 hours of required classroom training through online or distance learning classes approved by
the State Department of Public Health. Also authorizes an experienced licensed or registered nurse to provide instruction as part of a certified nurse assistant training program without holding a teaching credential to provide that instruction.
(Amends Healthy and Safety Code §§1337.1 and 1337.3; Adds Health and Safety Code §§1337.15 and 1337.16)

**AB 3142 (Low) – Acupuncture Licensure Act: Acupuncture Board**

Extends the operation of the Acupuncture Board and the authority to appoint an executive officer to January 1, 2023. Requires an approved educational and training program to be granted pre-accreditation status, rather than candidacy status, by the Accreditation Commission for Acupuncture and Oriental Medicine.
(Amends Business and Professions Code §§4927.5, 4928, 4934, 4935, 4938, 4955, and 4961)

**SB 501 (Glazer) – Dentistry: anesthesia and sedation**

Requires, on or before January 1, 2022, and upon appropriation from the Legislature, the Office of Oral Health in the State Department of Public Health to provide to the Legislature a report analyzing the effects on access to care for pediatric dental patients, as specified and requires the Dental Board of California to review all available data on all adverse events related to general anesthesia and sedation care in dentistry. Beginning January 1, 2022, establishes new provisions governing the use of deep sedation and general anesthesia for dental patients, repeals existing provision relating to the use of conscious sedation, authorizes a dentist to administer or order administration of moderate sedation on an outpatient basis if the dentist meets specified licensing criteria, and establishes new requirements for administering and ordering the administration of minimal sedation.
(Amends Business and Professions Code §§1601.4 and 2827; Amends, Repeals and Adds Business and Professions Code §§1682, 1724, and 1750.5; Adds Business and Professions Code §§1601.8, 1646.10, 1647.9.5, and 1647.17.5; Adds Business and Professions Code §§1646 et seq. (Article 2.75, Chapter 4, Division 2); Adds Business and Professions Code §§1647 et seq. (Article 2.84, Chapter 4, Division 2); Adds Business and Professions Code §§1647.30 et seq. (Article 2.87, Chapter 4, Division 2); Adds and Repeals Business and Professions Code §§1601.7; Repeals Business and Professions Code §§1646 et seq. (Article 2.7, Chapter 4, Division 2); Repeals Business and Professions Code §§1647.10 et seq. (Article 2.85); Repeals Business and Professions Code §§1647 et seq. (Article 2.8, Chapter 4, Division 2))

**SB 695 (Lara) – Professions and vocations: applications and renewals: individual tax identification number**

Requires, among other provisions governing other professions and vocations, the State Department of Public Health, to require an applicant for licensures of various clinical laboratory personnel and health care professionals to provide either the individual taxpayer identification number or social security number for purposes of applying for a certificate or renewal of a certificate and prohibits the department from requiring the applicant to disclose citizenship status or immigration status for purposes of licensure or denying licensure based solely on his or her citizenship or immigration status.
(Amends Business and Professions Code §§930 and 1247.61; Adds Education Code §44339.5; Amends Family Code §§4014, 17506, and 17520; Amends Health and Safety Code §§1337.2, 1736.1, 1797.170, 1797.171, 1797.172, 106995, and 114870)

**SB 762 (Hernandez) – Optometry: administration of immunizations**
Requires training programs for certification of optometrists to administer immunizations to be endorsed by the Accreditation Council for Pharmacy Education in addition to the federal Centers for Disease Control and Prevention.
(Amends Business and Professions Code §3041)

**SB 1003 (Roth) – Respiratory therapy**

**CMA Position: Neutral**

Prohibits any state agency, as defined, except for the Respiratory Care Board of California, from defining or interpreting respiratory care for those licensed under the Respiratory Care Practice Act, or from developing standardized procedures or protocols, unless authorized by these provisions or specifically required by state or federal statute.
(Amends Business and Professions Code §3704; Adds Business and Professions Code §3702.5)

**SB 1386 (McGuire) – Optometry**

Removes the exemption provided to a licensed optometrist who holds a branch office license from the requirement to obtain a statement of licensure to practice at that branch office. Removes existing provisions related to jointly having offices and licensure of branch offices and prohibits an optometrist, or two or more optometrists jointly, from having more than eleven offices.
(Amends Business and Professions Code §93070 and 3077)

**SB 1482 (Hill) – Dental Hygiene Board of California**

Removes the Dental Hygiene Committee from the jurisdiction of the Dental Board of California and continue the Dental Hygiene Committee of California by creating the Dental Hygiene Board of California within the Department of Consumer Affairs. Makes additional changes to requirements for dental hygienist licensure, training, and education.

**SB 1491 (Committee on Business, Professions and Economic Development)**

**Healing arts**

Makes changes to authority of the Dental Board of California, California State Board of Optometry (formerly the State Board of Optometry), Respiratory Care Board of California, Veterinary Medical Board, and Board of Behavioral Sciences related to licensing requirements.
(Amends Business and Professions Code §8927, 865, 1607, 1611, 1611.3, 1611.5, 1612, 1614, 1615, 1621, 1645, 1680, 1750, 1750.2, 1750.4, 1751, 1753.7, 2290.5, 2556, 3004, 3040, 3146, 3735, 3751, 4848, 4980.37, 4980.39, 4980.41, 4980.72, 4980.78, 4980.79, 4990.30, 4992, 4996.17, 4999.14, 4999.22, 4999.32, 4999.48, 4999.60, 4999.62, 4999.63, and 4999.100; Repeals Business and Professions Code §§650.4, 1601.5, and 1601.6; Amends Family Code §6924)

**BUDGET**

**AB 1810 (Committee on Budget) – Health**
Budget bill to requires the Exchange, in consultation with stakeholders and the Legislature, to develop options for providing financial assistance to help low and middle-income Californians access health care coverage and requires the Exchange to report those developed options to the Legislature, Governor, and Council on Health Care Delivery Systems on or before February 1, 2019. Establishes the Council on Health Care Delivery Systems as an independent body to develop a plan that includes options for advancing progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system for all Californians. On or before October 1, 2021, requires the Council to submit to the Legislature and Governor a plan with options that include a timeline of the benchmarks and steps necessary to implement health care delivery system changes, and requires the plan to be posted on the California Health and Human Services Agency’s Internet Web site. Establishes a Health Care Cost Transparency Database to collect information regarding the cost of health care; OSHPD must convene a review committee to advise on its implementation. Extends the needle exchange program allowing CDPH to authorize exchanges indefinitely. Deletes the limitation on coverage of 18 to 24 months under the Every Woman Counts program for breast and cervical cancer screening and treatment. Authorizes DHCS when recouping Medi-Cal funds to allow for modification in the amounts withheld from an applicable provider payment or the timing of repayments upon request of an individual provider and demonstration of hardship.

(Amends Government Code §16531.1; Adds Government Code §100503.3; Amends Health and Safety Code §§1225, 1266, 1275.3, 11364.7, 104161, 104161.1, 104162.1, and 120972; Amends and Repeals Health and Safety Code §121349, 121349.1, 121349.2, and 121349.3; Adds Health and Safety Code §105250.1, 123259, 123260 and §127671 et seq. (Chapter 8.5, Part 2, Division 107); Adds and Repeals Health and Safety Code §§10000 et seq. (Part 4, Division 1); Amends Penal Code §§1370, 1370.01, and 1372; Adds Penal Code §§1001.35 et seq. (Chapter 2.8A, Title 6, Part 2); Amends Welfare and Institutions Code §§4094 and 14149.9; Adds Welfare and Institutions Code §14197.5; Adds Welfare and Institutions Code §§4361 et seq. (Chapter 6.5, Part 3, Division 4); Repeals Welfare and Institutions Code §14105.965)

AB 1811 (Committee on Budget) – Human services omnibus

Establishes the CalWORKs Home Visiting Initiative as a voluntary program, including case management and evidence-based home visiting, for the purpose of supporting positive health, development, and well-being outcomes for eligible pregnant and parenting women, families, and infants born into poverty. Requires DSS, DHCS, the Office of Systems Integration, the SAWS consortia, and the counties to meet with advocates, clients, and other stakeholders no less than quarterly to review the development status of the California Automated Consortium Eligibility System (CalACES) and California Statewide Automated Welfare System (CalSAWS) projects.

(Amends Education Code §69519; Adds and Repeals Family Code §17705; Amends Government Code §6253.2; Adds and Repeals Health and Safety Code §§1531.6 and 1538.75; Amends Labor Code §9246; Amends Welfare and Institutions Code §§9719.5, 1055.1, 11325.23, 11364, 11387, 11405, 11450, 11462.04, 12301.6, 14132.97, 16121, and 18941; Adds Welfare and Institutions Code §§10823.1, 10823.2, 11450.021, 11450.022, 11450.026, 11453.01, 11461.36, 12201.01, 14132.971, 16521.7, 18900.5, 1900.6, and 1900.7; Adds Welfare and Institutions Code §§11330.6 et seq. (Article 3.4, Chapter 2.3, Division 9); Adds Welfare and Institutions Code §§11577 et seq. (Chapter 14.3, Division 9); Adds and Repeals Welfare and Institutions Code §10072.3; Repeals Welfare and Institutions Code §12200.5; Repeals and Adds Welfare and Institutions Code §10626)

AB 1817 (Committee on Budget) – State government
Requires DOJ to transmit fingerprint information to the FBI to obtain a federal criminal background checks for license applicants under the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA).

(Amends Business and Professions Code §919636 and 26051.5; Amends Food and Agricultural Code §93857, 4101, 4101.2, 4101.3, 4102, 4103, 4103.5, 4104, 4105, 4106, and 4108; Amends Government Code §911270, 12805, 13293, 13332.10, 13405, 15600, 16310, 10000, 100002, 100004, 100008, 100012, 100014, 100016, 100032, 100034, 100046, and 100049; Adds Government Code §812012.96, 13070.5, 13293.1, 13293.3, 13293.5, 13920, and 15570.31; Adds and Repeals Government Code §912100.60 et seq. (Article 7, Chapter 1.6.2, Division 3, Title 2); Amends Health and Safety Code §950675.10 and 53561; Adds Health and Safety Code §950406.8 and 53566; Amends Insurance Code §12905; Adds Military and Veterans Code §987.010; Amends Public Contract Code §93502, 3503, 12100, and 12102.2; Adds and Repeals Public Contract Code §93503.5 and 5303.7; Adds Public Resource Code §75218; Amends Revenue and Taxation Code §990.50, 214, 215.1, 254.5, 254.6, 480.1, 480.2, and 6377.1; Adds Revenue and Taxation Code §95.50; Amends Unemployment Insurance Code §1088.9; Amends Welfare and Institutions Code §12302.2)

**AB 1827 (Committee on Budget) – No Place Like Home Act of 2018**

Enacts the No Place Like Home Act (NPLH) of 2018 and provide for submission of that act to the voters at the November 6, 2018, statewide general election. Amends the previously enacted NPLH and Mental Health Services Act to permit the Legislature to appropriate funds from the Mental Health Services Fund for supportive housing and specifies what transfers are allowable.

(Amends Welfare and Institutions Code §95849.35, 5849.4, and 5890; Adds Welfare and Institutions Code §95849.15)

**SB 840 (Mitchell) – Budget Act of 2018**

Appropriates $60 million to Department of Finance (DOF) and the Department of Technology to implement the Health Care Payments Database. Appropriates funds to DHCS to allocate to counties with a high incidence of homeless individuals with serious mental illness, including but not limited to those with Whole Person Care pilots. Appropriates funds to DPH to support the All Children Thrive pilot program to address childhood trauma. Allows DOF to augment funds appropriated to the CA-MMIS modernization effort; requires DHCS to provide quarterly updates to the Legislature and State Auditor on the project status. Appropriates Prop. 56 funds for supplemental provider payments in Medi-Cal. Appropriates $2 million to OSPHD for the Song-Brown Workforce Training Act, including funds for new and existing primary care residency slots.

(An act making appropriations for the support of the government of the State of California and for several public purposes in accordance with the provisions of Section 12 of Article IV of the Constitution of the State of California)

**SB 856 (Committee on Budget and Fiscal Review) – Budget Act of 2018**

Appropriates money to OSHPD from the Mental Health Services fund for health care workforce programs, including scholarships for primary care and ER physicians receiving Primary Care Clinician Psychiatry Fellowships form UC Davis or Irvine. Appropriates funds for the California Health Interview Survey, including a pilot on data collection on children and youth. Appropriates funds for Prop. 56 supplemental provider payments and the physician loan repayment program.

AB 375 (Chau) – California Consumer Privacy Act of 2018
Enacts the California Consumer Privacy Act of 2018 regarding the collection, use, disclosure, maintenance, and destruction of consumer information by California businesses. Beginning January 1, 2020, grants a consumer various rights with regard to personal information related to that consumer that is collected by businesses, including the right to request a business to disclose the categories and specific pieces of personal information that it collects about the consumer, the categories of sources from which that information is collected, the business purposes for collecting or selling information, and the categories of 3rd parties with which the information is shared. 
(Adds Civil Code §1798.100 (Part 4, Division 3, Title 1.85.5))

SB 1121 (Dodd) – California Consumer Privacy Act of 2018
CMA Position: Support
Amends the California Consumer Privacy Act of 2018 (AB 375 (Chau)), which beginning January 1, 2020, provides consumers with certain rights over their personal information collected by businesses. The changes it makes include properly exempting medical providers from AB 375 provisions. Specifically, those amendments exclude: 1) providers governed by the Confidentiality of Medical Information Act (CMIA), Health Insurance Portability and Accountability Act of 1996 (HIPAA) covered providers and entities; 2) information that is collected and treated as private medical information and; 3) information collected pursuant to clinical trials from application of AB 375.
(Amends Civil Code §91798.100, 1798.105, 1798.110, 1798.115, 1798.120, 1798.125, 1798.130, 1798.135, 1798.140, 1798.145, 1798.150, 1798.155, 1798.185, 1798.192, 1798.196, and 1798.198; Adds Civil Code §91798.199)

CONSENT

AB 3189 (Cooper) – Consent by minors to treatment for intimate partner violence
Authorizes a minor who is 12 years of age or older and who states he or she is injured as a result of intimate partner violence, as defined, to consent to medical care related to the diagnosis or treatment of the injury and the collection of medical evidence with regard to the alleged intimate partner violence.
(Adds Family Code §6930)

DEATH AND ORGAN DONATION

AB 2096 (Frazier) – Personal income taxes: voluntary contributions: Organ and Tissue Donor Registry Voluntary Tax Contribution Fund
Allows a taxpayer to designate an amount in excess of personal income tax liability to be transferred into the Organ and Tissue Donor Registry Voluntary Tax Contribution Fund, which the bill creates. (Adds and Repeals Revenue and Taxation Code §§18907 et seq. (Article 25, Chapter 3.10.2, Division 2))

**SB 1163 (Galgiani) – Postmortem examination or autopsy**
Makes various changes to provisions regarding postmortem examination or autopsies of unidentified bodies or remains, including to provisions regarding dental examinations, tomography scans, and retention of tissue and bone samples. Authorizes an agency tasked with the exhumation of a body or skeletal remains of a deceased person that has suffered significant deterioration or decomposition, where the circumstances surrounding the death afford a reasonable basis to suspect that the death was caused by or related to the criminal act of another, to perform the exhumation in consultation with a board-certified forensic pathologist. Authorizes a board-certified forensic pathologist to suggest to the agency tasked with an exhumation to consider retaining the services of an anthropologist, as specified. (Amends Government Code §27521)

**DEPENDENT PERSONS**

**AB 1214 (Stone) – Juvenile proceedings: competency**
Revises and recasts provisions related to the issue of a minor’s competency in a juvenile proceeding to, among other things, expand upon the duties imposed upon the expert during his or her evaluation of a minor whose competency is in doubt, as specified. (Amends Welfare and Institutions Code §712; Repeals and Adds Welfare and Institution Code §709)

**AB 1934 (Jones-Sawyer) – Dependent persons: definition**
Specifies that a person is a “dependent person” or “dependent adult” as defined irrespective of whether or not the person lives independently for purposes of laws protecting dependent persons and adults against abuse and neglect. Recasts certain legislative findings regarding crimes against dependent adults. (Amends Evidence Code §177; Amends Penal Code §§288, 368 and 1336; Amends Welfare and Institutions Code §15610.23)

**SB 931 (Hertzberg) – Conservatorships: custody status**
Extends to a professional person in charge of providing mental health treatment at a county jail or his or her designee, the authority of a professional person in charge of an agency providing comprehensive evaluation or a facility providing intensive treatment for a gravely disabled person to recommend a conservatorship for that person without that person being an inpatient in a facility providing comprehensive evaluation or intensive treatment, if specified conditions are met. (Amends Welfare and Institutions Code §§5352 and 5352.5)

**SB 1045 (Wiener) – Conservatorship: serious mental illness and substance use disorders**
Until January 1, 2024, establishes a procedure, for the County of Los Angeles, the County of San Diego, and the City and County of San Francisco, if the board of supervisors of the respective county or city and county authorizes the application of these provisions, a conservator may be appointed, as specified, for a person who is incapable of caring for the person’s own health and well-being due to a serious mental
illness and substance use disorder, as specified, for the purpose of providing the least restrictive and most clinically appropriate alternative needed for the protection of the person. Requires that prior to the application of these provisions, specified county departments develop an implementation plan in consultation with stakeholders and present it to the board of supervisors, which must hold a public hearing and make certain specified findings.

(Adds and Repeals Welfare and Institutions Code §5555 (Article 7, Chapter 6.2); Adds and Repeals Welfare and Institutions Code §5450 (Chapter 5.1, Division 5)

## DRUG PRESCRIBING AND DISPENSING

### AB 315 (Wood) Pharmacy benefit management

**CMA Position:** Sponsor

Requires a pharmacy in inform a customer at the point of sale for a covered prescription drug whether the retail price is lower than the applicable cost-sharing amount for the prescription drug unless the pharmacy automatically charges the customer the lower price. If the customer pays the retail price, the bill requires the pharmacy to submit the claim to the plan or insurer in the same manner as if the customer had purchased the prescription drug by paying the cost-sharing amount when submitted by the network pharmacy. Requires pharmacy benefit managers to notify and disclose specified information to exercise good faith and fair dealing, including, but not limited to, notifying purchaser of conflicts of interest, and information regarding prescription product benefits, disclosing to pharmacy network providers and contracting agents any material changes to a contract provision. Establishes a pilot program in Riverside and Sonoma counties to assess the impact of health care service plan and pharmacy benefit manager prohibitions on the dispensing of certain amounts of prescription drugs by network retail pharmacies. Imposes additional requirements on health care service plans with regard to contracted pharmacy providers and pharmacy benefit managers.

(Adds Business and Professions Code §§4079.5 and 4441; Adds Health and Safety Code §§1385.001 et seq. (Article 6.1, Chapter 2.2, Division 2); Repeals Health and Safety Code §1385.007)

### AB 1751 (Low) – CURES database: Interstate data sharing

**CMA Position:** Oppose Unless Amended

Requires the Department of Justice, no later than July 1, 2020, to adopt regulations regarding the access and use of the information within CURES by consulting with stakeholders, and addressing certain processes, purposes, and conditions in the regulations. Authorizes the department, once final regulations have been issued, to enter into an agreement with any entity operating an interstate data sharing hub, or any agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information, as specified.

(Amends Civil Code §1798.24; Amends Health and Safety Code §11165)

### AB 1753 (Low) – Controlled substances: Security form

**CMA Position:** Neutral

Authorizes the Department of Justice to reduce or limit the number of approved security printers for controlled substance prescription forms to 3, as specified and requires prescription forms for controlled substance prescriptions to have a uniquely serialized number, in a manner prescribed by the department,
and requires a printer to submit specified information to the department for all prescription forms delivered.

(Amends Health and Safety Code §§11161.5, 11162.1, and 11165)

**AB 1948 (Jones-Sawyer) – Interception of electronic communications**

Adds fentanyl to the list of controlled substances for which interception of wire or electronic communications may be ordered by a judge when there is probable cause to believe an individual is committing a crime related to controlled substances.

(Amends Penal Code §629.52)

**AB 2037 (Bonta) – Pharmacy: automated patient dispensing systems**

Provides an alternative program to authorize a pharmacy located in the state to provide pharmacy services to the patients of covered entities, as defined, that are eligible for discount drug programs under federal law, as specified, through the use of an automated patient dispensing system, as defined. Provides that the responsibility of the operation, maintenance, and security of the automated patient dispensing system would be the responsibility of the pharmacy and requires that the drugs dispensed from the system be labeled in accordance to existing law. Requires the pharmacy to complete an annual self-assessment.

(Adds Business and Professions Code §4119.11)

**AB 2086 (Gallagher) – Controlled substances: CURES database**

*CMA Position: Support*

Allows prescribers to access the Controlled Substance Utilization Review and Evaluation System (CURES) database for a list of patients for whom that prescriber is listed as a prescriber in the CURES database.

(Adds Health and Safety Code §11165.6)

**AB 2256 (Santiago) – Law enforcement agencies: opioid antagonist**

*CMA Position: Support*

Authorizes a pharmacy, wholesaler, or manufacturer to furnish naloxone hydrochloride or other opioid antagonists to a law enforcement agency, as provided.

(Adds Business and Professions Code §4119.9)

**AB 2487 (McCarty) – Physicians and surgeons: continuing education: opiate-dependent patient treatment and management**

*CMA Position: Neutral*

Authorizes a physician and surgeon to complete a one-time continuing education course of 12 credit hours on opiate-dependent patient treatment and management, including eight hours of training in buprenorphine treatment as an alternative to the mandatory continuing education course on pain management and the treatment of terminally ill and dying patients.

(Adds Business and Professions Code §2190.6)

**AB 2760 (Wood) – Prescription drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs**
CMA Position: Neutral
Requires a prescriber, as defined, to offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when certain conditions are present and to provide education on overdose prevention and the use of naloxone hydrochloride or another drug to the patient and specified others, except as specified. Subjects a prescriber to referral to the licensing board charged with regulating his or her license for the imposition of administrative sanctions, as that board deems appropriate, for violations of these provisions.
(Adds Business and Professions Code §§740 et seq. (Article 10.7, Chapter 1, Division 2))

AB 2783 (O'Donnell) – Controlled substances: hydrocodone combination products
Reclassifies specified hydrocodone combination products as Schedule II controlled substances under the California Uniform Controlled Substances Act.
(Amends Health and Safety Code §§11055 and 11056)

AB 2789 (Wood) – Health care practitioners: prescriptions: electronic data transmission
CMA Position: Oppose
Requires, on and after January 1, 2022, health care practitioners authorized to issue prescriptions to have the capability to transmit electronic data transmission prescriptions and would require pharmacies to have the capability to receive those transmissions. Mandates electronic prescribing, unless specified exceptions are met.
(Adds Business and Professions Code §688)

AB 2859 (Caballero) – Pharmacy: safe storage products
Requires a pharmacy that dispenses Schedule II, III, or IV controlled substances to display safe storage products in a place on the building premises that is located close to the pharmacy, unless the pharmacy meets requirements related to the ownership and management of the pharmacy.
(Adds and Repeals Business and Professions Code §4106.5)

AB 3112 (Grayson) – Controlled substances: butane
Makes it unlawful to sell to any customer any quantity of non-odorized butane. Exempts from the prohibition certain consumer items such as lighters and small containers of non-odorized butane used to refill these items. Authorizes a civil penalty to be assessed for the violation of these provisions and specified local and state officials to bring a civil action to enforce these provisions.
(Adds Health and Safety Code §11107.2)

SB 212 (Jackson) – Solid waste: pharmaceutical and sharps waste stewardship
CMA Position: Support
Establishes a stewardship program, under which a manufacturer or distributor of covered drugs or sharps, or other entity defined to be covered by the bill, is required to establish and implement, either on its own or as part of a group of covered entities through membership in a stewardship organization, a stewardship program for covered drugs or for sharps, as applicable. Imposes various requirements on a covered entity or stewardship organization that operates a stewardship program, including submitting a
proposed stewardship plan, an initial stewardship program budget, an annual budget, annual report, and other specified information to CalRecycle.

(Adds Public Resources Code §§42030 et seq. (Chapter 2.3, Division 30)

**SB 1021 (Wiener) – Prescription drugs**

Extends existing provisions related to formularies for outpatient prescription drugs by health care service plans or health insurers and cost-sharing for covered outpatient prescription drugs until January 1, 2024. Prohibits, until January 1, 2024, a drug formulary maintained by a health care service plan or health insurer from containing more than 4 tiers, as specified. Requires a prescription drug benefit to provide that an enrollee or an insured is not required to pay more than the retail price for a prescription drug if a pharmacy's retail price is less than the applicable copayment or coinsurance amount, and the payment rendered by an enrollee or insured would constitute the applicable cost-sharing. Extends until January 1, 2023, coverage requirement to antiretroviral drug treatments that are medically necessary for the prevention of AIDS/HIV, as specified.

(Amends Health and Safety Code §1342.71; Adds and Repeals Health and Safety Code §§1342.72 and 1342.73; Amends and Repeals Insurance Code §§10123.193; Adds and Repeals §§10123.1931 and 10123.1932)

**SB 1109 (Bates) – Controlled substances: Schedule II drugs: opioids**

* CMA Position: Support

Requires training and continuing education under the Medical Practice Act, Nursing Practice Act, Physician Assistant Practice Act, Dental Practice Act, Osteopathic Act, and the Optometry Practice Act to include risks of addiction associated with the use of Schedule II drugs. Requires pharmacy or practitioner dispensing an opioid to a patient for outpatient use to display a notice on the label or container that warns of the risk of overdose and addiction as specified. Requires a prescriber to discuss specified information with the minor, the minor's parent or guardian or other adult authorized to consent to the minor's medical treatment before directly dispensing or issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid. Requires youth sports organizations to distribute specified Opioid Factsheet for Patients to each athlete and requires each athlete and their parent to sign a document acknowledging receipt.

(Amends Business and Professions Code §§1645, 2190.5, 2191, 2196.2, 2454.5, 2746.51, 2836.1, 3059, and 3502.1; Adds Business and Professions Code §4076.7; Adds Education Code §49476; Adds Health and Safety Code §§11158.1 and 124236.)

**SB 1254 (Stone) – Hospital pharmacies: medication profiles or lists for high-risk patients**

* CMA Position: Neutral

Requires a pharmacist at a hospital pharmacy to obtain an accurate medication profile or list for each high-risk patient upon admission of the patient under specified circumstances. Authorizes an intern pharmacist or a pharmacy technician to perform the task of obtaining an accurate medication profile or list for a high-risk patient if certain conditions are satisfied. Requires the hospital to establish criteria regarding who is a high-risk patient for purposes of the bill's provisions and determine a timeframe for completion of the medication profile or list, based on the populations served by the hospital.

(Adds Business and Professions Code §4118.5)
SB 1442 (Wiener) – Community pharmacies: staffing
Prohibits a community pharmacy from requiring a pharmacist to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located is made available to assist the pharmacist at all times. Exempts certain pharmacies from its provisions.
(Adds Business and Professions Code §4113.5)

SB 1447 (Hernandez) – Pharmacy: automated drug delivery systems
Beginning on July 1, 2019, repeals existing provision related to automated drug delivery systems (ADDS) located in a health facility. Instead requires an ADDS, as defined, to meet specified requirements in order to be installed, leased, owned, or operated in the state, including a license for the ADDS issued by the California State Board of Pharmacy to a pharmacy licensee.
(Amends Business and Professions Code §4105.5 and 4119.1; Amends, Repeals and Adds Business and Professions §§4008 and 4186; Adds Business and Professions Code §§4017.3 and 4427 et seq. (Article 25, Chapter 9, Division 2); Amends, Repeals, and Adds Health and Safety Code §1261.6)

ELDER LAW

AB 2719 (Irwin) – Aging
Revises definition of "greatest social need" in the administration of the Mello-Granlund Older Californians Act to include cultural or social isolation caused by sexual orientation, gender identity, or gender expression.
(Amends Welfare and Institutions Code §9015)

SB 1191 (Hueso) – Crimes: elder and dependent adult abuse: investigations
Requires local law enforcement agencies, as defined, and long-term care ombudsman programs to revise or include in their policy manuals, as defined, specified information regarding elder and dependent adult abuse.
(Amends Penal Code §368.5)

SB 1320 (Stern) – Elder or dependent adult abuse: victim confidentiality
Expands, to include victims of elder or dependent adult abuse, existing law authorizing victims of domestic violence, sexual assault, stalking, or human trafficking to complete an application to be approved by the Secretary of State for the purpose of enabling state and local agencies to respond to requests for public records without disclosing a program participant’s residence address contained in any public record and otherwise provide for confidentiality of identity for that person, subject to specified conditions.
(Amends Government Code §§6205, 6205.5, 6206, 6208.5, 6209.5, and 6209.7)

EMERGENCY SERVICES
AB 2112 (Santiago) – Federal 21st Century Cures Act: community-based crisis response plan: grant

Requires the Department of Health Care Services (DHCS) to develop and submit an application to solicit a grant to develop a community-based crisis response plan under the federal law, the 21st Century Cures Act, which authorizes the United States Secretary of Health and Human Services to award competitive grants to state and local governments and Indian tribes and tribal organizations to enhance community-based crisis response systems that, among other things, promote integration and coordination between local public and private entities engaged in crisis response, such as first responders, health care providers, and behavioral health providers, and addresses gaps in community resources for crisis intervention and prevention. Requires the grant application to include a plan for promoting integration between entities including first responders, emergency health care providers, primary care providers, law enforcement, court systems, health care payers, social service providers, and behavioral health providers.

(Adds Welfare and Institutions Code §14124.14)

AB 2576 (Aguiar-Curry) – Emergencies: health care

CMA Position: Support if Amended

Authorizes a pharmacist or a community clinic to furnish a dangerous drug or device in reasonable quantities without a prescription during a declared emergency. Requires the Pharmacy Board to allow for the use of a mobile pharmacy or clinic during an emergency if certain conditions are met. Authorizes the Governor, during a state of emergency, to direct all state agencies to utilize, employ, and direct state personnel, equipment, and facilities for the performance of any and all activities that are designed to allow community clinics and health centers to provide and receive reimbursement for services provided during or immediately following the emergency, including directing DHCS to seek federal approvals to allow community clinics and health centers to provide and be reimbursed for Medi-Cal or other services that are provided either telephonically, or to patients at a shelter or other location within the geographical boundaries of the emergency as stated in the proclamation declaring the state of emergency.

(Amends Business and Professions Code §§4062, 4064, and 4126.5; Adds Government Code §8628.5)

END-OF-LIFE

AB 282 (Jones-Sawyer D) Aiding, advising, or encouraging suicide: exemption from prosecution

Prohibits a person whose actions are compliant with the End of Life Option Act from being prosecuted for deliberately aiding, advising, or encouraging suicide.

(Amends Penal Code §401)

AB 3211 (Kalra) – Advance health care directives

Revises the language of the form for written advance health care directives created under the Health Care Decisions Law to allow a person to authorize an agent to consent to any temporary medical procedures necessary to maintain organs, tissues, and/or parts for the purpose of donation.

(Amends Probate Code §4701)

HEALTH CARE COVERAGE
AB 595 (Wood) – Health care service plans: mergers and acquisitions
CMA Position: Support if Amended
Requires a health care service plan that intends to merge or consolidate with, or enter in an agreement resulting in its purchase, acquisition, or control by, any entity, as defined, including another health care service plan or a licensed health insurer, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Requires a health care service plan subject to these provisions to meet specified requirements and to provide information necessary for the director to make the determination to approve, conditionally approve, or disapprove the transaction or agreement, as specified. Requires health care services plans subject to these provisions to pay specified fees and to reimburse the director for specified costs related to making a decision on whether to approval, conditionally approve, or disapprove the transaction
(Adds Health and Safety Code §1399.65 et seq. (Article 10.2, Chapter 2.2, Division 2))

AB 1092 (Cooley) – Health care service plans: vision care services: provider claims: fraud
Specifies that a specialized health care service plan that undertakes solely to arrange for the provision of vision care services may use a statistically reliable method, as specified, to investigate suspected fraud and to recover overpayments made as a result of fraud, under designated circumstances. Requires the specialized health care service plan to submit for approval to the Department of Managed Health Care as part of its antifraud plan, its statistically reliable method as well as information about how the plan intends to utilize that method to determine recovery of overpayments made as a result of fraud.
(Amends Health and Safety Code §1371)

AB 1860 (Limón) – Health care coverage: cancer treatment
CMA Position: Support
Existing law prohibits, until January 1, 2019, an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells from requiring an enrollee or insured to pay, notwithstanding any deductible, a total amount of copayments and coinsurance that exceeds $200 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, as specified. Existing law authorizes health care service plans to adjust that $200 limit on January 1 of each year, to the extent that adjustment does not exceed the percentage increase in the Consumer Price Index for that year. Raises the limit on copayments and coinsurance to $250 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, eliminates provisions authorizing health plans and insurers to adjust this limit, and extends the period the limit remains in effect to January 1, 2024.
(Amends Health and Safety Code §1367.656; Amends Insurance Code §10123.206)

AB 2019 (Aguiar-Curry) – Health care districts
Requires a local health care district and the board of directors to include specified information, including the district’s policy for providing assistance or grant funding, on the district’s Internet Web site. Mandates that local health care districts using a design-build process for the construction of housing require that at least twenty percent of residential units constructed be subject to affordability restrictions, as specified.
AB 2119 (Gloria) – Foster care: gender affirming health care and mental health care  
CMA Position: Support if Amended  
Makes specified findings and declarations regarding transgender and gender nonconforming children in foster care. Specifies that the rights of minors and nonminors in foster care to be involved in the development of case plan and plan for placement includes the development of case plan elements related to gender affirming health care, with consideration of their gender identity. Provides that the rights of minors and nonminors in foster care to receive medical, dental, vision, and mental health services includes covered gender affirming health care and gender affirming mental health care, as defined, subject to existing consent laws. Requires the Department of Social Services, in consultation with the Department of Health Care Services and other stakeholders, to develop, as specified, guidance and best practices to identify, coordinate, and support foster youth seeking access to gender affirming health care services and gender affirming mental health services.  
(Amends Welfare and Institutions §16001.9 and 16010.2)

AB 2472 (Wood) – Health care coverage  
Makes legislative findings regarding health plan choice in the Covered California market. Requires the council, on or before October 1, 2021, to prepare a feasibility analysis, as specified, to determine the feasibility of a public health insurance plan option to increase competition and choice for health care consumers.  
(Adds Health and Safety Code §1002.5)

AB 2499 (Arambula) – Health care coverage: medical loss ratios  
CMA Position: Support  
Existing law requires a health care service plan or health insurer to provide an annual rebate to each enrollee or insured under that coverage, on a pro rata basis, if the medical loss ratio, calculated as specified, is less than a certain percentage. Existing law excludes all specialized health care service plan contracts and specialized health insurance policies from these requirements. Limits the exemption from annual rebate requirements to specialized health care service plan contracts and specialized health insurance policies that provide only dental or vision services.  
(Amends Health and Safety Code §1367.003; Amends Insurance Code §10112.25)

AB 2674 (Aguiar-Curry) – Health care service plans: disciplinary actions  
CMA Position: Sponsor  
Under the Knox-Keene Health Care Service Plan Act of 1975, a health care service plan is prohibited from engaging in an unfair payment pattern, as defined, and allows providers to report instances in which a plan is engaging in an unfair payment pattern to the department. Requires the Department of Managed Health Care to review complaints of unfair payment patterns on or before July 1, 2019, and at least annually thereafter and permits the department to conduct an audit or enforcement action pursuant to existing authority if the review of the complaint data indicates a possible unfair payment pattern.  
(Amends Health and Safety Code §1371.39)
AB 2863 (Nazarian) – Health care coverage: prescriptions
Requires a pharmacy to inform a customer at the point of sale for a covered prescription drug whether the retail price is lower than the cost-sharing amount for the drug unless the lower price is charged automatically. Limits the amount a health care service plan or health insurer may require an enrollee or insured to pay at the point of sale for a covered prescription to the lesser of the applicable cost-sharing amount or the retail price. Prohibits a health care service plan or health insurer from requiring a pharmacist or pharmacy to charge or collect a cost-sharing amount from an enrollee or insured that exceeds the total retail price for the prescription drug. Provides that the payment rendered by an enrollee or insured constitutes the applicable cost sharing and shall apply to any deductible as well as to the maximum out-of-pocket limit, as specified.
(Adds Business and Professions Code §4079; Adds Health and Safety Code §1367.47; Adds Insurance Code §10123.65)

AB 2941 (Berman) – Health care coverage: state of emergency
Requires a health care service plan or health insurer to provide its enrollees or insureds who have been displaced by a state of emergency, as defined, access to medically necessary health care services. Requires a health care service plan or health insurer, within 48 hours of a declaration of emergency by the Governor that displaces or has the immediate potential to displace enrollees or insureds, to file a notification with the regulator containing specified information regarding how the plan or insurer is communicating with and addressing the needs of its enrollees or insureds during the state of emergency.
(Adds Health and Safety Code §1368.7; Adds Insurance Code §10112.95)

SB 997 (Monning) – Health care service plans: physician to enrollee ratios
Deletes the repeal date of existing law that would have sunset on January 1, 2019 and requires a health care service plan to ensure that there is at least one full-time equivalent primary care physician for every 2,000 enrollees and authorizes the assignment of up to an additional 1,000 enrollees, as specified, to a primary care physician for each full-time equivalent non-physician medical practitioner, as defined, supervised by that physician. These provisions will operate indefinitely.
(Amends Health and Safety Code §1375.9)

SB 1034 (Mitchell) – Health care: mammograms
CMA Position: Neutral
Extends, until January 1, 2025, the operation of existing law that requires a health facility at which a mammography examination is performed to include a prescribed notice on breast density in the summary of the written report that is sent to a patient, if specified circumstances apply. Makes technical and conforming changes.
(Amends and Repeals Health and Safety Code §123222.3)

SB 1195 (Portantino) – Public Employees’ Medical and Hospital Care Act: health benefit plans
Authorizes the Peace Officers Research Association of California Insurance and Benefits Trust to offer different health benefit plan designs with varying premiums in different areas of the state. Prohibits the trustees of these health benefit plan trusts from using geographic regions that are different from the geographic regions established by the board for the regional premiums authorized for contracting agencies, except as specified.
HEALTH CARE FACILITIES AND FINANCING

AB 613 (Nazarian) – Healing arts: clinical laboratories
Authorizes a person licensed to perform certain laboratory tests with specified qualifications to perform a total protein test using a digital refractometer in a licensed plasma collection center in this state if specified circumstances are met, as determined by the California Department of Public Health, including that the person meets certain education and training requirements.
(Adds and Repeal Business and Professions Code §1246.7)

AB 653 (Cunningham) – Joint power agreements: County of Santa Barbara: nonprofit hospitals
Authorizes a private, nonprofit hospital in the County of Santa Barbara to enter into a joint powers agreement with a public agency.
(Adds Government Code §6523.11)

AB 1953 (Wood) – Skilled nursing facilities: disclosure of interests in business providing services
Requires an organization that operates, conducts, owns, or maintains a skilled nursing facility to additionally report to the office whether the licensee, or a general partner, director, or officer of the licensee, has an ownership or control interest of 5% or more in a related party, as defined, that provides any service to the skilled nursing facility. If goods, fees, and services collectively worth ten thousand dollars ($10,000) or more per year are delivered to the skilled nursing facility, the disclosure shall include the related party’s profit and loss statement, and the Payroll-Based Journal public use data of the previous quarter for the skilled nursing facility’s direct caregivers.
(Adds Health and Safety Code §128734)

AB 2190 (Reyes) – Hospitals: seismic safety
Requires all hospitals with buildings subject to the January 1, 2020, deadline for compliance with seismic safety requirements and that are seeking an extension for their buildings to submit an application to the Office of Statewide Health Planning and Development by April 1, 2019, that specifies the seismic compliance method each building will use, as specified. Authorizes OSHPD to grant an additional extension of time to July 1, 2022 if compliance is based on a replacement or retrofit plan, and up to five years for a rebuild plan. Requires before January 1, 2020, the owner of an acute care inpatient hospital whose building does not substantially comply with the seismic safety regulations or standards to submit to the office an attestation that the board of directors of that hospital is aware that the hospital building is required to meet the January 1, 2030, deadline for substantial compliance with those regulations and standards.
(Adds Health and Safety Code §§130062 and 130066)

AB 2204 (Gray) – Clinics: licensure and regulation: exemption
Changes the exemption from licensure for satellite clinics operated by primary care community or free clinics and that is operated on separate premises from the licensed clinic and is only open for limited services to allow operation for up to 40 hours per week, instead of 30 hours per week.

*(Amends Health and Safety Code §1206)*

**AB 2428 (Gonzalez-Fletcher) – Federally qualified health centers: rural health clinics**

Exempts from Medi-Cal provider enrollment a primary care clinic with an additional physical plant added to its consolidated primary care clinic license from the requirement to separately enroll the additional physical plant as a separate provider and from the requirement to submit a complete application package, if the primary care clinic has notified the department of its additional physical plant. Allows an FQHC or RHC adding a new licensed location to its primary care license to elect to have the reimbursement rate for the new location established in accordance with the standard PPS methodology, or to have one PPS rate for all its locations.

*(Amends Welfare and Institutions Code §§14043.15 and 14132.100)*

**AB 2679 (O’Donnell) – Health facilities: linen laundry**

Requires, on or before January 1, 2020, each general acute care hospital and acute psychiatric hospital, including those facilities that use a medical laundry service provider, to adopt and implement a linen laundry processing policy that is consistent and in accordance with the most recent infection control guidelines and standards developed by the federal Centers for Disease Control and Prevention and the federal Centers for Medicare and Medicaid Services.

*(Adds Health and Safety Code §1275.8)*

**AB 2798 (Maienschein) – Hospitals: licensing**

Adds provisions related to applications by general acute care hospital or acute psychiatric hospital to, among other things, modify, add, or expand a service or program, including prescribing timelines for approval of applications. Requires the State Department of Public Health to develop a centralized applications advice program to assist hospitals in identifying and completing the necessary paperwork and requirements. Requires the department to develop an automated application system to process applications on or before December 31, 2019.

*(Adds Health and Safety Code §1272)*

**AB 2893 (Waldron) – California Health Benefit Review Program: financial impacts**

Requests the University of California to include in its analysis, as part of the financial impacts of that legislation that proposes to mandate or repeal a mandated benefit or service, relevant data on the impact of coverage or repeal of coverage of the benefit or service on anticipated costs or savings estimated upon implementation for one subsequent calendar year, or, if applicable, 2 subsequent calendar years through a long-range estimate.

*(Amends Health and Safety Code §127660)*

**AB 2983 (Arambula) – Health care facilities: voluntary psychiatric care**

CMA Position: Support
Prohibits a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody as a danger to himself or herself or others or gravely disabled as a condition of accepting a transfer of that person after his or her written consent for treatment and transfer is documented or in the absence of evidence of probable cause for detention.

(Amends Health and Safety Code §1317)

**SB 522 (Glazer) – West Contra Costa Healthcare District**

Dissolves the existing elected board of directors of the West Contra Costa Healthcare District, effective January 1, 2019, and requires the Board of Supervisors of the County of Contra Costa, at its election, to either serve as the district board or appoint a district board, as specified.

(Adds Health and Safety Code §32100.8)

**SB 823 (Hill) – Alcohol and drug treatment abuse recovery and treatment facilities**

Requires the State Department of Health Care Services to adopt the American Society of Addiction Medicine treatment criteria or an equivalent evidence-based standard as the minimum standard of care for licensure of alcohol and substance use disorder recovery or treatment facilities.

(Adds Health and Safety Code §11834.015)

**SB 992 (Hernandez) – Alcoholism or drug abuse recovery or treatment facilities**

Expands the definition of “alcoholism or drug abuse recovery or treatment facility” to include facilities that provide residential nonmedical services for less than 24 hours in a day, thereby subjecting additional facilities to applicable licensing and regulatory requirements. Requires all programs certified or licensed by the Department of Health Care Services to disclose, upon initial or renewal licensure or certification, ownership or financial interest in a recovery residence and any contractual relationship with an outside entity providing treatment services to its clients. Prohibits a licensed facility from denying admission to an individual based solely on that person having prescription for medication-assisted treatment. Requires a licensee to have a detailed plan for addressing a resident’s relapse.

(Amends Health and Safety Codes §11834.02, 11834.26, and 11834.36; Adds Health and Safety Code §11833.05 et seq. (Chapter 7.4.2, Division 10.5))

**SB 1152 (Hernandez) – Hospital patient discharge process: homeless patients**

*CMA Position: Oppose Unless Amended*

Requires each hospital to include a written homeless patient discharge planning policy and process within the hospital discharge policy. Among other requirements, the policy shall require a hospital to inquire about a patient’s housing status; to connect the patient with available community resources and supportive services; and to identify a post discharge destination for the patient. Requires a hospital to document specified information before discharging a homeless patient, including that the patient has been offered a meal and weather-appropriate clothing. Requires, commencing on July 1, 2019, a hospital to develop a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social service agencies in the region, health care providers, and nonprofit social service providers, as available, to assist with ensuring appropriate homeless patient discharge.

(Amends, Repeals and Adds Health and Safety Code §1262.5)
SB 1228 (Lara) – Alcoholism or drug abuse recovery and treatment services: referrals
Prohibits specified persons, programs, or entities, including, among others, a licensed alcoholism or drug abuse recovery and treatment facility, or an employee of that facility, from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery and treatment services. Authorizes the Department of Health Care Services to investigate and impose specified sanctions for violations of this prohibition, or of regulations adopted to implement this prohibition.  
(Adds Health and Safety Code §§11831.6 and 11831.7)

SB 1280 (Roth) – Small house skilled nursing facilities
Extends operation of the Small House Skilled Nursing Facilities Pilot Program for the purposes of providing skilled nursing care in a homelike, non-institutional setting to January 1, 2026 and deletes the obsolete July 1, 2013 deadline for the department’s issuance of the all-facility letters.  
(Amends Health and Safety Code §§1323.5 and 1323.6)

SB 1397 (Hill) – Automated external defibrillators: requirement: modifications to existing buildings
CMA Position: Support
Applies the automated external defibrillator (AED) requirements to certain structures that are constructed prior to January 1, 2017, and subject to subsequent modifications, renovations, or tenant improvements, as specified.  
(Amends Health and Safety Code §19300)

SB 1495 (Committee on Health) – Health
Health omnibus bill that makes noncontroversial changes to various provisions of health law. Includes: changes to the definition of “stem cell therapy” and to existing notice requirements; revisions to the reporting structure of law enforcement personnel at state hospitals; revisions to mental health services performance contract requirements; a requirement that the Department of Public Health license hospice providers pursuant to specified criteria; and makes clean up changes to recently enacted legislation.  
(Amends Business and Professions Code §§684; Amends Health and Safety Code §§1728.7, 1797.188 and 101080; Adds Health and Safety Code §1751.5; Amends Welfare and Institutions Code §§4300, 4301, 4311, 4313, 5349, 5651, and 5897; Adds Welfare and Institutions Code §4005.8; Repeals Welfare and Institutions Code §§5651.2 and 5666; Repeals and Adds Welfare and Institutions Code §5650)

INSURANCE

AB 2180 (Kalra) – Long-term care and disability insurance
Expands the required information to be included in specified long-term care and disability policies regarding the threshold for establishing eligibility for home care benefits and the provision of an alternate plan of care.  
(Amends Insurance Code §§10231.3, 10232.3, 10232.8, 10271, 10295, 10295.1, 10295.3, 10295.5, and 10295.6)

SB 910 (Hernandez) – Short-term limited duration health insurance
Prohibits a health insurer from issuing, selling, renewing, or offering a short-term limited duration health insurance policy, as defined, for health care coverage in California. Makes conforming changes. (Amends Health and Safety Code §§1367.29 and 1368.016; Amends Insurance Code §§10113.9, 10123.7, 10123.81, 10123.865, 10123.866, 10123.198, 10123.199, 10123.202, 10273.6, and 12671; Adds Insurance Code §10123.61)

SB 1008 (Skinner) – Health insurance: dental services: reporting and disclosures
CMA Position: Support
Requires a health care service plan or a health insurer that issues, sells, renews, or offers a health care service plan contract or insurance policy that covers dental services in California to utilize a uniform, specified benefits and coverage disclosure matrix. Requires the Department of Managed Health Care and the Department of Insurance to develop the uniform benefits and disclosure matrix in consultation with stakeholders and to implement the bill’s provisions relating to the benefits and coverage disclosure matrix through emergency regulations, as specified. (Amends Health and Safety Code §§1363 and 1367.004; Adds Health and Safety Code §1363.04; Amends Insurance Code §10112.26; Adds Insurance Code §10603.04)

SB 1248 (Gaines) – California Partnership for Long-Term Care Program
Changes the name of a long-term care policy, certificate, or rider that covers care settings except nursing facility care and is offered under the California Partnership for Long-Term Care Program to a home care, community-based services and residential care facility only policy, certificate, or rider, with those words prominently displayed on the form. Deletes assisted living facility services from the list of required minimum services to be provided and clarifies that those required minimum services include care in a residential care facility. Requires an insurer at the time of application to provide a description of the different benefits offered by different policies, and the advantages and disadvantages of each option. (Amends Insurance Code §§10232.1 and 10232.81; Amends Welfare and Institutions Code §§22005.1, 22005.3, and 22009)

SB 1375 (Hernandez) – Health insurance: small employer groups
Amends the definition of “eligible employee” for the purpose of determining whether a business is a “small employer” eligible to purchase group coverage by excluding sole proprietors, partners of a partnership, and the spouses of sole proprietors and partners. Prohibits employer group health care service plans and employer group health benefit plans from being issued, marketed, or sold to sole proprietorship or partnership without employees through any arrangement, and requires that only individual health care service plans and individual health benefit plans be sold to any entity without employees. (Amends Health and Safety Code §§1357, 1357.500, 1357.503, 1357.600, and 1399.802; Adds Health and Safety Code §1399.846; Amends Insurance §§10700, 10753, 10753.05, and 10755; Adds Insurance Code §10965.02)

MEDI-CAL

AB 349 (McCarty) – Drug Medi-Cal Treatment Program: rate-setting process
Removes authority to implement emergency regulations and authorizes the Department of Health Care Services to implement provisions related to the method of determining the maximum allowable
reimbursement rates for Drug Medi-Cal and group outpatient drug free services by means of bulletin or similar instructions until July 1, 2020, when the department must adopt regulations.

(AMends Welfare and Institutions Code §14021.6)

**AB 1785 (Nazarian) – Medi-Cal eligibility: assets**
Excludes the principal and interest of a 529 savings plan, as defined, from consideration for purposes of any asset or resources test to determine eligibility for certain Medi-Cal benefits, as specified. Excludes qualified distributions from a 529 savings account from consideration for purposes of any income test to determine eligibility for certain Medi-Cal benefits.

(AMends Welfare and Institutions Code §14005.38)

**AB 2861 (Salas) – Medi-Cal: telehealth: alcohol and drug use treatment**
*CMA Position: Support*
Requires, to the extent federal financial participation is available and any necessary federal approvals have been obtained, that a Drug Medi-Cal certified provider receive reimbursement for individual counseling services provided through telehealth by a licensed practitioner of the healing arts or a registered or certified alcohol or other drug counselor, when medically necessary and in accordance with the Medicaid state plan.

(AMends Welfare and Institutions Code §14132.731)

**AB 3192 (O’Donnell) – LEA Medi-Cal billing option: program guide**
Requires the Department of Health Care Services, in consultation with the local educational agencies (LEA) Ad Hoc Workgroup, to issue and regularly maintain a program guide for the LEA Medi-Cal Billing Option program, as specified, and to distribute the program guide, as specified. Requires the department to provide specific written notice prior to adopting a revision to the program guide and requires an audit of a Medi-Cal billing option claim as specified.

(AMends Welfare and Institutions Code §14115.8)

**SB 849 (Committee on Budget and Fiscal Review) – Medi-Cal**
Establishes, until January 1, 2026, the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, to be developed by the State Department of Health Care Services to provide loan assistance payments to qualifying, recent graduate physicians and dentists that serve beneficiaries of Medi-Cal and other specified health care programs as specified. Allows the department to authorize a dental integration pilot program in San Mateo County as a component of the Medi-Cal 2020 demonstration project

(AMends Welfare and Institutions Code §14169.53; AMends Welfare and Institutions Code §14184.90; AMends and Repeals Welfare and Institutions Code §14114)

**SB 1108 (Hernandez) – Medi-Cal: conditions of eligibility or coverage**
Authorizes the Department of Health Care Services to seek waivers of federal Medicaid requirements, including, but not limited to, demonstration projects that aim to either increase the number of Medi-Cal beneficiaries or enhance the medical assistance provided to beneficiaries, as specified.

(AMends Welfare and Institutions Code §14012)
SB 1245 (Leyva) – Covered California
Authorizes the Board of Directors of the California Health Benefit Exchange to adopt necessary rules and regulations by emergency regulations until January 1, 2022, with the exception of regulations implementing specified existing provisions relating to criminal background history checks for persons with access to confidential, personal, or financial information.
(Amends Government Code §100504)

SB 1287 (Hernandez) – Medi-Cal: medically necessary services
Revises the Medi-Cal definition of “medically necessary” for purposes of an individual under 21 years of age to incorporate federal standards related to Early and Periodic Screening Diagnostic, and Treatment (EPSDT) services and requires the department and its contractors to update any specified materials to ensure the new medical necessity standard for coverage for individuals under 21 years of age is accurately reflected in all materials.
(Amends Welfare and Institutions Code §§14059.5 and 14133.3)

SB 1423 (Hernandez) – Medi-Cal: oral interpretation services
Modifies the minimum qualifications that an interpreter is required to possess to provide oral interpretation services to limited English-proficient (LEP) Medi-Cal beneficiaries enrolled in either a managed care plan or a mental health plan.
(Amends Welfare and Institutions Code §§14029.91 and 14727)

MEDICAL CANNABIS

AB 710 (Wood) – Cannabidiol
Provides that, if specified changes in federal law regarding the controlled substance cannabidiol occurs, a physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses a product composed of cannabidiol, in accordance with federal law, is deemed to be in compliance with state law governing those acts. Excludes from the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), any medicinal product composed of cannabidiol approved by the federal Food and Drugs Administration and either classified as a Schedule II-V controlled substance or exempted by MAUCRSA.
(Adds Business and Professions Code §26002; Adds Health and Safety Code §11150.2)

AB 1996 (Lackey) – The California Cannabis Research Program
Conforms the name of the Cannabis Research Program as the California Marijuana Research Program hosted by the Center for Medicinal Cannabis Research, throughout the code. Authorizes the program to cultivate cannabis for its use in research, as specified and expands the program to in include the study of naturally occurring constituents of cannabis and synthetic compounds that have effects similar to naturally occurring cannabinoids. Authorizes controlled clinical trials on testing methods for detecting harmful contaminants in cannabis, including mold and bacteria.
(Amends Business and Professions Code §§2525.1 and 26190.5; Amends Health and Safety Code §11362.9; Amends Vehicle Code §2429.7)

AB 2215 (Kalra) Veterinarians: cannabis: animals
Requires the Veterinary Medical Board to adopt guidelines for veterinarians to follow when discussing cannabis within the veterinarian-client-patient relationship on or before January 1, 2020. Prohibits veterinarians from accepting, soliciting, or offering any form of remuneration from or to a Medical and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) licensee if the veterinarian or his or her immediate family has a financial interest, as defined, with the MAUCRSA licensee. Prohibits a licensed veterinarian from dispensing or administering cannabis or cannabis products to an animal patient. (Amends Business and Professions Code §4883; Adds Business and Professions Code §4884)

**AB 2402 (Low) – Cannabis: personal information**
Deems a business licensed under Medical and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) that is authorized to receive identification cards or information in a physician’s recommendation for medical cannabis to be a provider of health care subject to the provisions of the Confidentiality of Medical Information Act. (Amends Business and Professions Code §26162.5 and §26161.5; Amends Civil Code §556.06)

**AB 3067 (Chau) – Cannabis: Internet marketing to minors**
Prohibits 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. (Amends Business and Professions Code §22580)

**AB 3261 (Low) – Cannabis**
Makes non-substantive changes to reflect the name change of the Bureau of Cannabis Control and other conforming changes to reflect the consolidation of the licensure and regulation of commercial medicinal and adult-use cannabis activities. (Amends Business and Professions Code §27, 101, 2525, 26051.5, 26067, 26068, 26070, 26161, and 26211; Amends header of Chapter 7, Division 10 of Business and Professions Code §§26070 et seq.; Adds Business and Professions Code §26001.1)

**MEDICAL RECORDS**

**AB 2088 (Santiago) – Patient records: addenda**
Requires a health care provider to allow a patient, regardless of their age, who inspects their patient records to provide to the health care provider a written addendum with respect to any item or statement in their records that the patient believes to be incomplete or incorrect. (Amends Health and Safety Code §123111)

**AB 2750 (Obernolte) – Certified copies of death records**
Expands the definition of “authorized person” who is authorized to receive a certified copy of a death record, to include, among others, an appointed conservator of a person or estate. (Amends Health and Safety Code §103526)
MENTAL HEALTH

AB 1215 (Weber) – Mental Health Services Act: innovative programs: research
Existing law requires county mental health programs to develop innovative programs, to be funded as specified, and requires innovative programs to have specified purposes. Requires that, if research is chosen for an innovative project, a county mental health program to consider, but does not require a county to implement, research of the brain and its physical and biochemical processes that may have broad applications, but that have specific potential for understanding, treating, and managing mental illness.
(Amends Welfare and Institutions Code §5830)

AB 1436 (Levine) – Board of Behavioral Sciences: licensees: suicide prevention training
Requires, on or after January 1, 2021, an applicant for licensure as a marriage and family therapist, an educational psychologist, a clinical social worker, or a professional clinical counselor to complete a minimum of 6 hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified. Requires a licensed marriage and family therapist, educational psychologist, clinical social worker, or professional clinical counselor to have completed this suicide risk assessment and intervention training requirement prior to the time of his or her first renewal after January 1, 2021.
(Adds Business and Professions Code §§4980.396, 4989.23, 4996.27, and 4999.66)

AB 1893 (Maienschein) – Maternal mental health: federal funding
Until January 1, 2023, requires the Department of Public Health to investigate and apply for federal funding opportunities to support maternal mental health, as specified.
(Adds and Repeals Health and Safety Code §123611)

AB 1968 (Low) – Mental health: firearms
CMA Position: Neutral
Prohibits a person who has been taken into custody, assessed, and admitted to a designated facility because he or she is a danger to himself, herself, or others, as a result of a mental health disorder and who was previously taken into custody, assessed, and admitted one or more times within a period of one year preceding the most recent admittance from owning a firearm for the remainder of his or her life, subject to existing notice and hearing procedures.
(Amends Welfare and Institutions Code §8103)

AB 2022 (Chu) – Pupil mental health services: school notification
Requires specified schools to notify pupils and parents or guardians of pupils no less than twice during the school year of how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. Authorizes a county to use funds from the Mental Health Services Act to provide grants to fund the notification requirements.
(Adds Education Code §49428)
AB 2099 (Gloria) – Mental health: detention and evaluation

CMA Position: Support
Requires that a facility accepting a person taken into custody and placed in a designated facility for up to 72 hours for evaluation and treatment pursuant to existing law, treat a copy of the application stating the circumstances surrounding the event the same as the original.
(Amends Welfare and Institutions Code §5150)

AB 2193 (Maienschein) – Maternal mental health

CMA Position: Neutral
Requires, by July 1, 2019, health care service plans and health insurers to develop a maternal mental health program, as specified. Requires a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or to appropriately screen a mother for maternal mental health conditions, subject to specified exceptions.
(Adds Health and Safety Code §§1367.625 and 123640 et seq. (Chapter 2.2, Division 106); Adds Insurance Code §10123.867)

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

CMA Position: Support if Amended
Requires the State Department of Education, in consultation with the State Department of Health Care Services and stakeholders, to, on or before July 1, 2020, develop and post guidelines, as specified, for the use of telehealth technology in public schools, to provide mental health and behavioral health services to pupils on school campuses.
(Adds Education Code §49429)

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

Requires the nonprofit entity contracted with the Department of State Hospitals and the Department of Health Care Services to provide for protection and advocacy services to persons with mental disabilities to make patients' rights advocacy training materials readily accessible to all county patients' rights advocates contracted with local mental health directors to provide services as specified. Requires that, subject to specified exceptions, on or after January 1, 2019, a county verify that its patients' rights advocates review the training materials within 90 days of employment.
(Amends Welfare and Institutions Code §5370.2; Adds Welfare and Institutions Code §5524)

AB 2325 (Irwin) – County mental health services: veterans

CMA Position: Support
Prevents a county from denying an eligible veteran county mental or behavioral health services while the veteran is waiting for a determination of eligibility for, and availability of, mental or behavioral health services provided by the United States Department of Veterans Affairs. Makes specific findings and declarations about the county's duty to provide mental and behavioral health services to veterans.
(Amends Welfare and Institutions and Code §5600.3)

AB 2393 (Committee on Health) – Mental health
Prohibits a county from charging fees for Medi-Cal specialty mental health services to Medi-Cal beneficiaries who do not have a share of cost or who have met their share of cost. Authorizes a county to charge fees to individuals who are not Medi-Cal beneficiaries or who have a share of cost that has not been met, in accordance with the patient’s ability to pay for community mental health services rendered, as specified.

(Amends Welfare and Institutions Code §5709)

**AB 2608 (Stone) – Licensed Mental Health Service Provider Education Program: former foster youth**

Requires an account to be created within the Mental Health Practitioner Education Fund to fund grants to repay educational loans for applicants who commit to practice in a publicly funded facility or mental health professional shortage area for at least 24 months, who are marriage and family therapists, associate marriage and family therapists, licensed clinical social workers, associate clinical social workers, licensed professional clinical counselors, or associate professional clinical counselors, and who were formerly in California’s foster youth care system.

(Adds Health and Safety Code §128455)

**AB 2639 (Berman) – Pupil suicide prevention policies: reviews: updates**

*CMA Position: Support*

Requires the governing board or body of a local educational agency that serves pupils in grades 7 to 12 to review, at minimum every 5th year, its policy on pupil suicide prevention and, if necessary, update its policy.

(Amends Education Code §215)

**AB 2968 (Levine) – Psychotherapist-client relationship: victims of sexual behavior and sexual contact: informational brochure**

Requires the Board of Behavioral Sciences, the Board of Psychology, the Medical Board of California, and the Osteopathic Medical Board of California to prepare, develop, and disseminate an informational brochure for victims of psychotherapist-patient sexual contact and their advocates and requires the brochure to be provided to each individual contacting those boards regarding a complaint involving psychotherapist-client sexual behavior and sexual contact. Expands existing requirements on a psychotherapist, as defined, or his or her employee, to provide the brochure to patients in the case of alleged sexual behavior with a previous psychotherapist and expands the list of mental health professionals included in the definition of “psychotherapist” for these purposes.

(Amends Business and Professions Code §§337 and 728)

**AB 3032 (Frazier) – Maternal mental health conditions**

Requires a general acute care hospital or special hospital that has a perinatal unit to develop and implement, a program as specified, relating to maternal mental health conditions including, but not limited to, postpartum depression.

(Adds Health and Safety Code §§123615 et seq. (Article 4.2, Chapter 2.2, Division 106))

**SB 1004 (Wiener) – Mental Health Services Act: prevention and early intervention**

*CMA Position: Support*
Requires the Mental Health Services Oversight and Accountability Commission to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, as specified. Requires the commission to establish a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives, metrics, data collection, and reporting strategy. Amends the Mental Health Services Act by requiring a portion of funds in the county plan relating to prevention and early intervention focus on the priorities established by the commission. Permits a county to include other priorities, as determined through a stakeholder process.

(Adds Welfare and Institutions Code §5840 et seq. (Chapter 1, Part 3.6, Division 5) and §840.5 et seq. (Chapter 2, Part 3.6, Divisions 5))

**SB 1113 (Monning) – Mental health in the workplace: voluntary standards**

**CMA Position: Support**

Authorizes the Mental Health Services Oversight and Accountability Commission, in consultation with the Labor and Workforce Development Agency, to establish a framework and voluntary standard for mental health in the workplace that serves to reduce mental health stigma, increase public, employee, and employer awareness of the recovery goals of the Mental Health Services Act, and to provide guidance to California’s employer community to put in place strategies and programs, to support the mental health and wellness of employees.

(Amends Welfare and Institutions Code §5845)

**PROFESSIONAL LICENSING AND DISCIPLINE**

**AB 505 (Caballero) – Medical Board of California: adjudication: expert testimony**

**CMA Position: Sponsor**

Authorizes the administrative law judge to extend the time for the exchange of specified expert witness testimony information with counsel for the other party to be completed, upon a motion based on a showing of good cause, for a period not to exceed 100 calendar days from the current requirement that the exchange of the information to be completed 30 calendar days prior to the commencement date of the hearing or as specified.

(Amends Business and Professions Code §2334)

**AB 1659 (Low) – Healing arts boards: inactive licenses**

Prohibits the holder of an inactive license from representing that he or she has an active license. Authorizes a healing arts board to establish a lower inactive license renewal fee.

(Amends Business and Professions Code §701, 702, and 703)

**AB 2138 (Chiu) – Licensing boards: denial, revocation or suspension of licensure: criminal conviction**

Authorizes board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee on the grounds that the they have been subject to formal discipline, as specified, or convicted of a crime only if the conviction is within the preceding 7 years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession. Prohibits a
board from denying a person a license based on the conviction of a crime, or on the bases of acts underlying a conviction for a crime if the conviction has been dismissed or expunged, if the person has provided evidence of rehabilitation, granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction. Requires board to develop criteria for determining whether a crime is substantially related to the qualifications, function, or duties of the business or profession.

(Amends, Repeals, and Adds Business and Professions Code §§7.5, 480, 481, 482, 488, 493, and 11345.2; Adds Business and Professions Code §480.2)

**AB 2461 (Flora) – Criminal history information: subsequent arrest notification**

Requires the Department of Justice to provide subsequent state and federal arrest or disposition notification to the State Department of Social Services, the Medical Board of California, and the Osteopathic Medical Board of California, to assist in fulfilling employment, licensing, and certification duties.

(Amends Penal Code §11105.2)

**SB 1448 (Hill) – Healing arts licensees: probation status: disclosure**

*CMA Position: Oppose*

Requires, on or after July 2, 2019, the licensing boards for podiatrists, naturopathic doctors, chiropractors, acupuncturists, physicians and surgeons, and osteopaths to provide, before the patient’s first visit, a specified disclosure to a patient or the patient’s representative if the licensee is on probation pursuant to a probationary order made on and after July 1, 2019. Also requires the licensing boards to post specified information related to licensees on probation on their website.

(Adds Business and Professions Code §§1007, 2228.1, 2228.5, 2459.4, 3663.5, and 4962)

**SB 1480 (Hill) – Professions and vocations**

Makes various changes affecting boards under the Department of Consumer Affairs including, to those provisions related to licensure exemptions for post-graduate training programs and residencies, and fellowships under the Medical Practice Act, as well as licensing requirements for out-of-state and Canadian physician licensees. Additionally affected boards include Board of Podiatric Medicine, Board of Registered Nursing, Board of Vocational Nursing and Psychiatric Technicians, Board of Optometry, Naturopathic Medicine Committee, the Massage Therapy Council, the Veterinary Medical Board, and the Board of Chiropractic Examiners.

Amends Business and Professions Code §§101.7, 328, 2064.5, 2065, 2135, 2428, 2499.5, 2529.1, 2529.5, 2529.6, 2708, 2816, 2892.6, 2895, 3047, 3147, 3680, 4518, 4548, 4604, 4809.7, 4830, 4836.2, and 11506; Adds Business and Professions Code §§1006.5, 2892.7, 4518.1, 4826.4, 4829.5, and 4841.2; Amends Health and Safety Code §§7000, 7103, 8731, 8778.5, 8785, 103775, and 103780; Amends Chiropractic Act §§5 and 912)

**PUBLIC HEALTH**

**AB 1787 (Salas) – Reporting: Valley Fever**

*CMA Position: Neutral*

Requires the State Department of Public Health, when it receives a report of a case of coccidioidomycosis after the department's reporting deadline for a specified year, to include the case in its data collection for the next year and attribute it to the year of diagnosis in future data reporting. Requires the department to
collect data on coccidioidomycosis cases by April 15 of each year, as specified. Also includes additional changes with regard to data collection, discrepant data, and requiring publication of specified data on coccidioidomycosis cases.
(Adds Health and Safety Code §120161, 120162, and 120163)

**AB 1788 (Salas) – Public health: Valley Fever**

Authorizes, until January 1, 2024, the State Department, to use a laboratory criterion for diagnosis, with or without clinical criteria for the purpose of reports confirming a case of Valley Fever.
(Adds and Repeals Health and Safety Code §120144)

**AB 1790 (Salas) – Valley Fever Education, Early Diagnosis, and Treatment Act**

CMA Position: Neutral

Establishes the Valley Fever Education, Early Diagnosis, and Treatment Act which would, among other things, require the State Department of Public Health to conduct a valley fever awareness campaign to communicate with local health jurisdictions, providers, and the public about valley fever, as described. Authorizes the department to award grants or enter into contracts to perform activities related to the awareness campaign, as specified.
(Adds Health and Safety Code §122475 et seq. (Chapter 7.7, Division 105)

**AB 2370 (Holden) – Lead exposure: child day care facilities: family day care homes**

CMA Position: Support

Makes various changes to the California Child Day Care Facilities Act including, but not limited to, requiring, as a condition of licensure, health and safety training in the prevention of lead exposure as a part of the preventive health practices course or courses component and requiring child day care facilities to provide the parent or guardian with written information on the risks and effects of lead exposure, blood lead testing recommendations and requirements, and options for obtaining blood lead testing, as specified. Requires specified child day care centers to have its drinking water tested for lead contamination levels.
(Amends Health and Safety Code §1596.866 and 1596.8661; Add Health and Safety Code §§1596.7996 and 1597.16

**AB 2507 (Jones-Sawyer) – County jails: infant and toddler breast milk feeding policy**

CMA Position: Support

Requires, on or before January 1, 2020, a county sheriff or the administrator of a county jail to develop and implement an infant and toddler breast milk feeding policy for lactating inmates detained in or sentenced to a county jail that is based on currently accepted best practices.
(Adds Penal Code §4002.5)

**SB 1041 (Leyva) – Childhood lead poisoning prevention**

Requires the State Department of Public Health to notify health care providers who perform periodic health assessments for children about, and requires those health care providers to inform parents and guardians about, the childhood lead exposure and blood lead screening tests, as specified. Requires the department to report on additional content, including the total number of children enrolled in Medi-Cal
and who have secured blood lead screening tests, and requires the department to collaborate with DHCS to collect and analyze information related to children enrolled in Medi-Cal.  
(Amends Health and Safety Code §§105285, 105295, 105300, and 124125; Adds Health and Safety Code §105286)

**SB 1097 (Hueso) – Lead poisoning**
Requires the reports related to appropriate case management efforts on lead poisoning in children to contain specified information for each county, including the number of children tested for lead poisoning, and that the reports be posted on the State Department of Public Health’s website. Collected data must also be provided to the department’s Health Communities Data and Indicators Project.  
(Amends Health and Safety Code §105295)

**SB 1292 (Hueso) – Alzheimer’s disease**
Requires the Center for Healthy Communities, within the Department of Public Health, on or before January 1, 2021, to update the 2009 Alzheimer’s Disease Facts and Figures in California: Current Status and Future Projections to quantify the burden of Alzheimer’s disease on at-risk and underrepresented populations, including African Americans, Asian-Pacific Islanders, Latinos, Hispanics, and women.  
(Adds and Repeals Health and Safety Code §125283)

### REPORTING REQUIREMENTS

**AB 1973 (Quirk) – Reporting crimes**
Extends mandatory reporting duties pertaining to wounds or injuries inflicted by specified types of assaultive or abusive conduct or firearms to health practitioners, as defined, employed by local government agencies, including, among others, emergency medical technicians and paramedics, as specified, and to employees of entities under contract with local government agencies to provide medical services.  
(Adds Penal Code §11160)

**AB 2302 (Baker) – Child abuse: sexual assault: mandated reporters: statute of limitations**
Extends the statute of limitations in cases involving the failure to report an incident known or reasonably suspected by a mandated reporter to be sexual assault to five years, commencing on the date the offense occurred.  
(Amends Penal Code §801.6)

### REPRODUCTIVE HEALTH

**AB 2289 (Weber) – Pupil rights: pregnant and parenting pupils**

**CMA Position: Support**
Codifies federal and state regulations that prohibit an educational institution from applying any rule concerning a pupil’s actual or potential parental, family, or marital status that treats pupils differently on the basis of sex. Establishes accommodations for pregnant and parenting pupils including eight weeks of parental leave.
AB 2601 (Weber) – Pupil instruction: sexual health education: charter schools

CMA Position: Support

Requires, commencing with the 2019–20 school year, charter schools to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and HIV prevention education, as specified. These rules already apply to all non-charter public schools.

(Amends Education Code §51931)

AB 2684 (Bloom) – Parent and child relationship

Deletes the name of the Uniform Act on Blood Tests to Determine Paternity and would revise and recast provisions relating to establishing a parent and child relationship to, among other things, refer instead to genetic testing and parentage. Revises the presumptions and procedures for establishing and challenging parentage based on a genetic or nongenetic relationship with a child, including to modify the procedures for genetic testing for parentage. Defines gamete bank as a tissue bank that collects, processes, stores, or distributes gametes, including a facility that provides reproductive services and requires a gamete bank licensed in this state to collect specified identifying information and medical information from a gamete donor, to provide the donor with specified information, and to obtain a declaration regarding the disclosure or nondisclosure of his or her identity to a child that results from the donation, upon the child turning 18 years of age and requesting that information.

(Repeals and adds Family and Health Code §§755 et seq. (Article 2, Chapter 2, Part 2, Division 12); Family Code §§7550 et seq. (Chapter 2, Part 2, Division 12); Family Code §§7570 et seq. (Chapter 3, Part 2, Division 12); Family and Health Code §§7540 et seq. (Part 2, Division 12); Family and Health Code §§7550, 7551, 7552, 7554, 7555; Amends Health and Safety Code §§102766 and 102767; Amends Health and Safety Code §§1635, 1644, 1644.1, 1644.2, and 1644.3)

WORKERS’ COMPENSATION

AB 2334 (Thurmond) – Occupational injuries and illness: employer reporting requirements: electronic submission

Permits the Office of Self-Insurance Plans of the Department of Industrial Relations to use individually identifiable information as necessary to carry out its duties, including evaluating the costs of administration, workers’ compensation benefit expenditures, and solvency and performance of the public self-insured employers’ workers compensation programs. The director may publish information regarding the costs of administration, workers’ compensation benefit expenditures, and solvency and performance of public self-insured employers’ workers’ compensation programs, including, but not limited to, information aggregated by industry or business type, and that may contain data identifying individual public self-insured filers, their third-party administrators, and their joint powers authorities, as long as the information does not include any individually identifiable claimant information.
(Amends Labor Code §§138.7, 3702.2, and 6317; Adds Labor Code §§6410.1 and 6410.2)

WORKFORCE & OFFICE SAFETY ISSUES

AB 1791 (Waldron) – Physicians and surgeons: continuing education
Requires the Medical Board of California, in determining continuing education requirements, to consider including a course in integrating HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care settings, especially as it pertains to HIV testing, access to care, counseling, high-risk communities, patient concerns, exposure to HIV/AIDS, and the appropriate care and treatment referrals.
(Amends Business and Professions Code §2191.4)

AB 1976 (Limón) – Employment: lactation accommodation
CMA Position: Sponsor
Requires an employer to make reasonable efforts to provide an employee with use of a room or other location, other than a bathroom, for an employee to express breast milk in private. An employer shall be deemed in compliance if: (1) the employer is unable to provide a permanent lactation location because of operational, financial, or space limitations; (2) the temporary lactation location is private and free from intrusion while an employee expresses milk; (3) the temporary lactation location is used only for lactation purposes while an employee expresses milk; and (4) the temporary lactation location otherwise meets the requirements of state law concerning lactation accommodation.
(Amends Labor Code §1031)

AB 2009 (Maienschein) – Interscholastic athletic programs: automated external defibrillator
CMA Position: Support
If a school district or charter school elects to offer any interscholastic athletic program, require the school district or charter school to: (1) ensure that there is a written emergency action plan in place, and posted as specified, that describes the location and procedures to be followed in the event of sudden cardiac arrest or other medical emergencies related to the athletic program’s activities or events; (2) acquire, commencing July 1, 2019 at least one AED for each school within the school district or the charter school to be available on campus; (3) encourage that the AED or AEDs are available for the purpose of rendering emergency care or treatment, as specified; (4) ensure that the AED or AEDs are available to athletic trainers and coaches and authorized persons at the athletic program’s on campus activities or events; and 5) ensure that the AED or AEDs are maintained and regularly tested, as specified.
(Adds Education Code §§35179.4 and 35179.6)

AB 2202 (Gray) – University of California: school of medicine: San Joaquin Valley Regional Medical Education Endowment Fund
CMA Position: Support
Creates the University of California San Francisco San Joaquin Valley Regional Medical Education Endowment Fund for the purpose of supporting the annual operating costs for the development, operation, and maintenance of a branch campus of the University of California, San Francisco, School of
Medicine in the San Joaquin Valley. Moneys in the fund shall not be expended on the development, operation, or maintenance of the branch campus until the Controller determines a sufficient balance of $500 million is achieved and maintained in the fund. Upon the determination of the Controller, in consultation with the University of California, that the endowment fund has adequate principal to annually yield sufficient investment earnings, from the date of determination, to cover the annual costs for the development, operation, and maintenance of a branch campus of the University of California, San Francisco, School of Medicine, supporting 50 students per class, or 200 students total, in the San Joaquin Valley over the next 10 years and to fund the estimated costs of obtaining approval and accreditation from the Liaison Committee on Medical Education, the University of California shall seek approval and accreditation from the Liaison Committee on Medical Education for the expanded branch campus.  
(Adds Education Code §992162 et seq. (Article 6.5, Chapter 2.57, Division 9, Title 3)

**AB 2282 (Eggman) – Salary history information**

Defines “pay scale,” “reasonable request,” and “applicant” for purposes of current law prohibiting an employer from relying on the salary history information of an applicant for employment as a factor in determining whether to offer an applicant employment or what salary to offer an applicant, except in specified circumstances.  
(Amends Labor Code §§432.3 and 1197.5)

**AB 2311 (Arambula) – Medicine: trainees: international medical graduates**

*CMA Position: Support*

Eliminates the reference to the specific courses in clinical instruction authorized to be offered to the international medical graduate participants in the pre-residency training program at the David Geffen School of Medicine of the University of California, Los Angeles.  
(Amends Business and Professions Code §2066.5)

**AB 2587 (Levine) – Disability compensation: paid family leave**

Deletes application of vacation leave to the waiting period during each disability benefit period, consistent with the removal of the 7-day waiting period for these benefits on and after January 1, 2018.  
(Amends Unemployment Insurance Code §3303.1)

**AB 2770 (Irwin) – Privileged communications: sexual harassment**

Current law makes certain publications and communications privileged and therefore protected from civil action for libel, including certain communications concerning the job performance or qualifications of an applicant for employment that are made without malice by a current or former employer to a prospective employer. Includes among those privileged communications complaints of sexual harassment by an employee, without malice, to an employer based on credible evidence and communications between the employer and interested persons regarding a complaint of sexual harassment and would authorize an employer to answer, without malice, whether the employer would rehire an employee and whether or not a decision to not rehire is based on the employer’s determination that the former employee engaged in sexual harassment.  
(Amends Civil Code §47)

**SB 1123 (Jackson) – Disability compensation: paid family leave**
Expands, on and after January 1, 2021, the scope of the family temporary disability insurance program to include time off to participate in a qualifying exigency related to the covered active duty, as defined, or call to covered active duty of the individual’s spouse, domestic partner, child, or parent in the armed forces of the United States. Defines "call to covered active duty" to include, among others, attendance at official ceremonies sponsored by the military; arranging for alternative childcare or new schooling; and attending meetings at school. Authorizes the Employment Development Department to require the employee to provide a copy of the covered active duty orders or other documentation issued by the military that indicates that the employee’s spouse, domestic partner, child, or parent is in the armed forces of the United States, is on covered active duty or call to covered active duty, and the dates of the covered active duty service.

(Amends, Repeals and Adds Unemployment Insurance Code §§3301, 3302.1, 3303, and 3303.1; Adds Unemployment Insurance Code §§3302.2 and 3307)

**SB 1252 (Pan) – Wages: records: inspection and copying**

Provides that employees have the right to not only inspect but also to receive a copy of their employment records pertaining to wages and hours worked, among other things, and that employers are subject to financial penalties if they do not comply within 21 calendar days of the request.

(Amends Labor Code §226)

**SB 1300 (Jackson) – Unlawful employment practices: discrimination and harassment**

Specifies that an employer may be liable for the acts of nonemployees, with respect to the harassment based on the protected class (not limited to sexual harassment) of employees, applicants, or unpaid interns or volunteers. Specifies that an employee of an entity who is alleged to have engaged in any prohibited harassment prohibited by this section may be held personally liable for discriminating against a person because the person has opposed any practices forbidden under the bill or because the person has filed a complaint, testified, or assisted in any proceeding related to harassment.

(Amends Government Code §§12940 and 12965; Adds Government Code §§12923, 12950.2, and 12964.5)

**SB 1343 (Mitchell) – Employers: sexual harassment training: requirements**

*CMA Position: Oppose Unless Amended*

Requires an employer who employs 5 or more employees, including temporary or seasonal employees, to provide at least 2 hours of sexual harassment training to all supervisory employees and at least one hour of sexual harassment training to all nonsupervisory employees by January 1, 2020, and once every 2 years thereafter, as specified. Current law only requires employers with 50 or more employees to provide at least 2 hours of training to supervisory employees. Requires the Department of Fair Employment and Housing to develop or obtain 1-hour and 2-hour online training courses on the prevention of sexual harassment in the workplace, as specified, and to post the courses on the department's Internet Web site.

(Amends Government Code §§12950 and 12950.1)

**SB 1348 (Pan) – Postsecondary education: allied health professional clinical programs: reporting**

*CMA Position: Support*
As part of the Strong Workforce Program, requires, beginning in 2019 and in each year thereafter, the Office of the California Community Colleges must report, for each community college program that offers a certificate or degree related to allied health professionals, specified information, including the number of students participating in the clinical training and the license number or employer identification number of each clinical training site, delineated by program and occupation, with multiyear implementation for the reporting.

(Amends Education Code §94934; Adds Education Code §88826.5)

**SB 1412 (Bradford) – Applicants for employment: criminal history**

Specifies that provisions prohibiting employers from asking an applicant for employment to disclose or use as a factor in determining condition of employment the applicant's criminal history, do not prohibit an employer, including a public agency or private individual or corporation, from asking an applicant about, or seeking from any source information regarding, a particular conviction of the applicant if, pursuant to federal law, federal regulation, or state law: (1) the employer is required to obtain information regarding the particular conviction of the applicant, regardless of whether the conviction has been expunged, judicially ordered sealed, statutorily eradicated, or judicially dismissed following probation; (2) the applicant would be required to possess or use a firearm in the course of his or her employment; (3) an individual with that particular conviction is prohibited by law from holding the position sought, regardless of whether the conviction has been expunged, judicially ordered sealed, statutorily eradicated, or judicially dismissed following probation; or (4) the employer is prohibited by law from hiring an applicant who has that particular conviction, regardless of whether the conviction has been expunged, judicially ordered sealed, statutorily eradicated, or judicially dismissed following probation.

(Amends Labor Code §432.7)

**SB 1500 (Committee on Veterans Affairs) – Prohibited discrimination against service members**

Extends antidiscrimination protections against, among other things, discharge from employment to members of the federal reserve components of the Armed Forces of the United States and members of the State Military Reserve. Prohibits refusing entrance into specified places to any member of the Armed Forces of the United States because that member wears the uniform of the organization to which he or she belongs.

(Amends Military and Veterans Code §394)