

MCHAP – bills of interest

Thursday, April 19, 2018

These are bills that may be of interest to MCHAP members. Inclusion on this list does not indicate support or endorsement by MCHAP or any other entity or organization.

Measure	Author	Topic	Status	Summary
AB 11	McCarty D	Early and Periodic Screening, Diagnosis, and Treatment Program: screening services.	3/15/2018 – Referred to Senate Health	Would require that screening services under the EPSDT program include developmental screening services for individuals zero to 3 years of age, in compliance with the periodicity schedule and the standardized and validated screening tools that are established by the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care recommendations.
AB 15	Maienschein R	Denti-Cal program: reimbursement rates.	Assembly Appropriations Committee (possibly moving forward this year)	Would require the department, for the 2017–18 fiscal year, to double Denti-Cal provider reimbursement rates for the 15 most common prevention, treatment, and oral evaluation services based on the average rates per service established in the 2015–16 fiscal year. The bill would appropriate for the 2017–18 fiscal year such an amount as may be necessary to double the reimbursement rates from the Healthcare Treatment Fund to the department, as specified.
AB 612	Rubio D	Newborns and infants: hearing screening.	Senate Health Committee (moving forward this year)	Would require the department to develop and implement an electronic reporting and tracking system for newborns and infants tested for hearing loss and would require general acute care hospitals to maintain a newborn and infant data management system.
AB 753	Caballero D	Denti-Cal: improved access.	Assembly Health Committee (possibly moving forward this year)	Would require the State Department of Health Care Services to implement specified initiatives designed to significantly improve access to dental services for adults and children in the Medi-Cal program consistent with the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. This bill would appropriate \$300,000,000 for the 2017-18 FY from the Healthcare Treatment Fund to DHCS, subject to an offset or reduction based on the amount of federal matching funds that are available and utilized by the department.

Measure	Author	Topic	Status	Summary
AB 882	Arambula D	Pupil health care services: School Nursing and Pupil Health Care Services Task Force.	Assembly Appropriations Committee (possibly moving forward this year)	Would establish the School Nursing and Pupil Health Care Services Task Force consisting of 18 members, appointed as specified. The bill would specify that the main task of the task force shall be to identify model school health care services programs and practices that directly serve pupils that can be used by county offices of education and school districts to provide support and technical assistance to schools within each jurisdiction in order to improve the safety and quality of health care services to pupils.
AB 885	Rubio D	Pupil health: drinking water: lead.	Assembly Appropriations Committee (possibly moving forward this year).	Would require a school, defined to include a public elementary school, a public secondary school, a public preschool located on public school property, and a public day care facility located on public school property, to purchase and install, on or before April 1, 2018, certified water filters at all school faucets, fountains, and other outlets designated for drinking or cooking. The bill would require a school to replace all lead-bearing parts within the school's water delivery system, where feasible and cost effective, on or before January 1, 2020. The bill would require a school, on or before July 1, 2018, to develop and adopt a plan of action relating to these requirements.
AB 1110	Burke D	Pupil health: eye and vision examinations.	Assembly Appropriations Committee (possibly moving forward this year)	Would require, during the kindergarten year or upon first enrollment or entry at an elementary school, a pupil's eyes and vision to be examined by a physician, optometrist, or ophthalmologist unless the pupil's parent or guardian submits a written waiver to the school.
AB 1801	Nazarian D	Newborns: cytomegalovirus public education and testing.	Health Committee	Would require DHCS with DPH to establish and conduct a public education program to inform pregnant women and women who may become pregnant about cytomegalovirus (CMV) using information including birth defects caused by congenital CMV and available preventive measures to avoid CMV infection of those women.
AB 1992	Chu D	CalWORKs eligibility: immunizations	3/14/2018 – Referred to Appropriations	Would postpone financial penalties for families in the CalWORKs program who have not verified that their young children are vaccinated. It would also provide crucial support and transportation for families to secure immunizations for their children.

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AB 2043	Arambula D	Foster youth: response system	3/20/2018 – Referred to Human Services	Would establish a statewide toll-free hotline available 24 hours a day and 7 days a week to caregivers and children and youth in the foster care system who are experiencing emotional, behavioral or other difficulties and need immediate help. It would also require counties' child welfare and behavioral health agencies to establish mobile response teams to provide face-to-face, in-home response on a 24/7 basis to help defuse and stabilize a situation, assess the caregiver's and child's needs, and develop a plan of action.
AB 2122	Reyes D	Medi-Cal: Blood lead screening tests	Assembly Health Committee	Would require DHCS to ensure that a child enrolled in Medi-Cal receive blood lead screening tests at ages 12 and 24 months, and that a child ages 2-6 receives a blood lead screening test if there is no record of a previous test for that child. It would further require DHCS to notify a parent and the child's health care provider with information including when a child has missed a required blood lead screening test
AB 2203	Gray D	Medi-Cal: primary care services.	3/1/2018: Referred to Health Committee	Would require that the basic Medi-Cal rate for primary care services provided by a primary care service provider be not less than 100% of the payment rate that applies to those services as established by the Medicare Program. The bill would make the payment increases inapplicable to provider rates for specified program services provided to individuals who are not eligible for the Medi-Cal program or the Family Planning, Access, Care, and Treatment (Family PACT) Program
AB 2275	Arambula	Medi-Cal managed care: quality assessment and performance improvement	3/1/2018 – Referred to Health Committee	Would require DHCS to establish a quality assessment and performance improvement program for all Medi-Cal managed care plans, through which the plans would be required to meet annual improvements in quality measures and reduction of health disparities.

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AB 2287	Kiley	Mental Health Services Act	3/1/2018 – Referred to Health Committee	Would establish the Office of Mental Health Services within the California Health and Human Services Agency, as specified. The bill would transfer various functions of the State Department of Health Care Services under the act to the office. Under this bill, the office would succeed to, and be vested with, all the duties, powers, responsibilities, and jurisdiction, vested in the department, regarding oversight of the Mental Health Services Fund, as specified. The bill would also require the office to assume certain duties, including, among others, initiating investigations, advising counties, conducting research, and reporting to the Legislature, by December 31, 2020, of any additional authority it deems necessary to complete its duties and to ensure county compliance with the act, as specified. The bill would make conforming changes to other provisions to reflect the transfer of those mental health responsibilities
AB 2299	Chu	Medi-Cal: managed care plans: informational materials	3/1/2018 – Referred to Health Committee	Would require readability standards of health and information documents in English and establish a transparent process for determining readability in all threshold languages
AB 2315	Quirk-Silva D	Pupil health: health care: telehealth services	Assembly pending referral	Would authorize a school district maintaining kindergarten or any of grades 1-12 to partner with a health care provider to provide telehealth services to pupils at schools of the school district.
AB 2471	Thurmond D	Pupil health: inschool support services.	3/22/2018 – Referred to Education Committee	Would enact the School-Based Pupil Support Services Program Ac. It would specify that the source of the state funding for the grants awarded under the program would be an appropriation from the Prop 64, and the appropriation would be made to DHCS to transfer to CDE
AB 2579	Burke D	Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children.	3/23/2018-From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.	Would require DHCS to allow for expedited Medi-Cal enrollment for WIC children by using WIC eligibility information and federal Express Lane Eligibility (ELE) authority

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AB 2785	Rubio D	Student services: lactation accommodations	3/19/2018 – Re-referred to Higher Ed Committee.	Would require CA Community colleges and the CSU to provide reasonable accommodations to a lactating student on its respective campuses to express breast milk, breast-feed an infant child, or address other needs related to breast-feeding. It would also require that these reasonable accommodations include access to a private and secure room to express breast milk or breast-feed an infant child, permission to bring onto a school campus any equipment used to express breast milk, and access to a power source for that equipment.
AB 2976	Quirk D	Medi-Cal: benefits for children: blood lead screening tests	3/19/2018 – Referred to Assembly Health Committee	Would codify CDPH’s regulations for the Childhood Lead Poisoning Prevention Program into that Program’s statute and require CDPH to coordinate with other state agencies, including DHCS, to get the data needed for calculating compliance.
SB 399	Portantino D	Health care coverage: pervasive developmental disorder or autism.	Senate Floor	Would make several changes to the existing mandate that health plans insurers provide coverage for pervasive developmental disorder or autism.
SB 906	Beall D	Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification.	3/14/2018 – Passed out of Health Committee and referred to Appropriations	Would require DHCS to establish a program for certifying peer, parent, transition-age youth, and family support specialists and to collaborate with interested stakeholders. It would also require DHCS to amend its Medicaid state plan and permits DHCS to seek any federal waivers or amendments to implement the certification program and permits DHCS to implement, interpret, and make specific the certification program through available means until regulations are adopted.
SB 974	Lara D	Medi-Cal: immigration status: adults	3/23/2018 –Set for Senate Health Committee hearing April 4	Health4All: Medi-Cal for low-income undocumented adults

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SB 1004	Wiener D	Mental Health Services Act: prevention and early diagnosis	3/22/2018 – Re-referred to Health Committee	Would amend the Mental Health Services Act by requiring counties to expand Mental Health Services Act prevention and early intervention funds on early psychosis and mood disorder detection and intervention, college mental health outreach, engagement, and services delivery and childhood trauma prevention and early intervention.
SB 1041	Leyva D	Childhood lead poisoning prevention	3/20/2018 – Set for hearing April 4	Would make it a goal of the state that all children at risk of lead exposure receive BLL screening tests and would require department to take action and to require local agencies to take action necessary in order to make sure goal is met. Would require information to include a lead screening report aggregated to show the total number of children in Medi-Cal and not enrolled broken down by county and by year of age who have received and not received BLL screening tests
SB 1108	Hernandez	Medi-Cal: conditions of eligibility or coverage	Senate Health hearing April 4 th	Would bar CA from asking federal government permission to impose work requirements in order to be eligible for Medi-Cal
SB 1125	Atkins D	Federally qualified health center and rural health clinic services	Set for April 25 Senate Health Committee	Would authorize reimbursement for a max of 2 visits, under the Medi-Cal program, taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment
SB 1287	Hernandez D	Medi-Cal: medically necessary services.	3/22/2018-From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.	Would revise the Medi-Cal definition of “medically necessary” for purposes of an individual under 21 years of age to incorporate the existing description of necessary EPSDT services under federal law. It would clarify within the schedule of benefits under the Medi-Cal program for an individual under 21 years oage that EPSDT services include those medically necessary services