



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Legislative Positions List January 2026

AB 96

(Jackson, D) Mental health services: peer support specialist certification.

Current Text: 01/05/2026 - Amended

Status: 01/27/2026 - In Senate. Read first time. To Com. on RLS. for assignment.

Summary: Current law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. Current law authorizes a county, or an agency representing the county, to develop a peer support specialist certification program, subject to department approval. Current law imposes specified requirements on applicants for certification as a peer support specialist, including that the applicant be at least 18 years of age and possess a high school diploma or equivalent degree. This bill would remove the requirement of possessing a high school diploma or equivalent degree from the requirements necessary for an applicant to receive certification. (Based on 01/05/2026 text)

Position: Support

Date Position Taken: 01/06/2026

AB 669

(Haney, D) Substance use disorder coverage.

Current Text: 07/15/2025 - Amended

Status: 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

Summary: Current law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage and are issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions, as specified. On and after January 1, 2027, this bill would prohibit concurrent or retrospective review of medical necessity of in-network health care services and benefits (1) for the first 28 days of a treatment plan for inpatient or residential substance use disorder stay at a specified licensed facility during



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each plan or policy year or (2) for outpatient services provided by specified certified programs for substance use disorder visits, except as specified. The bill would authorize, after the 29th day, in-network health care services and benefits for inpatient or residential substance use disorder care to be subject to concurrent review. On and after January 1, 2027, the bill would prohibit retrospective review of medical necessity for the first 28 days of intensive outpatient or partial hospitalization services for substance use disorder, but would authorize concurrent or retrospective review for day 29 and days thereafter of that stay or service. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal behavioral health delivery systems or Medi-Cal managed care plan contracts. (Based on 07/15/2025 text)

Position: Support

Date Position Taken: 06/18/2025

AB 1267

(Pellerin, D) Consolidated license and certification.

Current Text: 04/24/2025 - Amended

Status: 09/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025)(May be acted upon Jan 2026)

Summary: Current law requires the State Department of Health Care Services to license and regulate adult alcohol or other drug recovery or treatment facilities that provide residential nonmedical services, as specified, and further requires the department to certify and regulate alcohol and other drug programs, as specified. Current law requires the department to charge various fees for a license or certification. This bill would, beginning January 1, 2027, require the department to offer a consolidated license and certification that allows the holder to operate more than one facility that requires a license, a program that requires a certification, or a combination thereof, that the holder operates within the same geographic location. This bill would define "same geographic location" as the physical location where clients are generally co-located, intermingle, reside, or receive services in one building or multiple buildings within 1,000 feet of each other in areas not zoned exclusively for residential use under local zoning ordinances. (Based on 04/24/2025 text)

Position: Support

Date Position Taken: 01/21/2026

AB 1328

(Rodriguez, Michelle, D) Medi-Cal reimbursements: nonemergency ambulance and other transportation.

Current Text: 07/17/2025 - Amended

Status: 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)



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Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under this bill, commencing on July 1, 2027, and subject to an appropriation, Medi-Cal fee-for-service reimbursement for nonemergency ambulance transportation services, as defined, would be in an amount equal to 80% of the amount set forth in the federal Medicare ambulance fee schedule for the corresponding level of service, adjusted by the Geographic Practice Cost Index, as specified. The bill would require the department to establish a Medi-Cal managed care directed payment program for nonemergency ambulance transportation services, with the reimbursement rates set in an amount equal to at least the amount set forth under fee-for-service reimbursement. The bill would require the department to maximize federal financial participation in implementing the above-described provisions to the extent allowable. To the extent that federal financial participation is unavailable, the bill would require the department to implement the provisions using state funds, as specified. (Based on 07/17/2025 text)

Position: Support

Date Position Taken: 07/18/2025

AB 1540

(González, Mark, D) 988 Suicide & Crisis Lifeline: LGBTQ+ youth.

Current Text: 01/05/2026 - Introduced

Status: 01/06/2026 - From printer. May be heard in committee February 5.

Summary: Current federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline. The Myles Hall Lifeline and Suicide Prevention Act requires, among other things, the Office of Emergency Services (OES) to verify that technology that allows for transfers between 988 centers, as well as between 988 centers and 911 public safety answering points, is available to 988 centers and 911 public safety answering points throughout the state, to appoint a 988 system director, and to verify interoperability between and across 911 and 988. This bill would require OES to, no later than July 1, 2027, ensure that technology enabling transfers between 988 centers and a subnetwork of LGBTQ+ specialized youth suicide prevention service providers is available, as specified, and that callers may dial 988 and press “3” to be automatically routed to an LGBTQ+ suicide prevention specialist. The bill would also require OES to, no later than December 1, 2027, ensure that technologies enabling text or chat contacts between a caller and 988 centers or a specified subnetwork are available. This bill would require the California Health and Human Services Agency to, no later than July 1, 2027, administer a grant program for qualified entities that specialize in suicide prevention services and provide funding for state 988 call centers to implement specified goals. (Based on 01/05/2026 text)

Position: Support

Date Position Taken: 01/21/2026



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AB 1579

(Ramos, D) Children's Crisis Continuum Pilot Program.

Current Text: 01/13/2026 - Introduced

Status: 02/02/2026 - Referred to Com. on HUM. S.

Summary: Current law requires the State Department of Social Services, jointly with the State Department of Health Care Services (DHCS), to establish the Children's Crisis Continuum Pilot Program. Current law requires the department, jointly with DHCS, to award grants under the pilot program and requires participating entities to develop a highly integrated continuum of care for the foster youth served in the pilot program. This bill would authorize a participating entity that does not have a crisis residential program as a part of its continuum of care, but that has included in its continuum of care a comparable type of treatment component designed to serve children and youth experiencing the highest level of acute behavioral health needs in a residential setting, to utilize all awarded grant funds, including any funds specifically designated to fund a crisis residential program, to fund any other component of the continuum of care. (Based on 01/13/2026 text)

Position: Support

Date Position Taken: 01/21/2026

SB 28

(Umberg, D) Treatment court program standards.

Current Text: 05/23/2025 - Amended

Status: 07/15/2025 - July 15 hearing postponed by committee.

Summary: Current law, the Treatment-Mandated Felony Act, an initiative measure enacted by the voters as Proposition 36 at the November 5, 2024, statewide general election, authorizes certain defendants convicted of specified felonies or misdemeanors to participate in a treatment program, upon court approval, in lieu of a jail or prison sentence, or grant of probation with jail as a condition of probation, if specified criteria are met. The Legislature may amend this initiative by a statute passed in each house by a rollcall vote entered in the journal, 2/3 of the membership concurring, or by a statute that becomes effective only when approved by the voters. This bill would include a new standard that, as part of the treatment court program, a drug addiction expert, as defined, conducts a substance abuse and mental health evaluation of the defendant, and submits the report to the court and the parties. The bill would remove the requirement that the Judicial Council revise the standards of judicial administration. The bill would require that a treatment program that complies with existing judicial standards be offered to a person that is eligible for treatment pursuant to the Treatment-Mandated Felony Act. By requiring the court to implement a treatment program that complies with existing judicial standards, the bill would amend that initiative statute. (Based on 05/23/2025 text)

Position: Watch

Date Position Taken: 07/18/2025



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SB 35

(Umberg, D) Alcohol and drug programs.

Current Text: 07/17/2025 - Amended

Status: 08/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)

Summary: Current law provides for the licensure and regulation of adult alcohol or other drug recovery or treatment facilities by the State Department of Public Health and prohibits the operation of one of those facilities without a current valid license. Current law requires the department, if a facility is alleged to be in violation of that prohibition, to conduct a site visit to investigate the allegation. Current law requires, if the department's employee or agent finds evidence that the facility is providing services without a license, the employee or agent to take specified actions, including, among others, submitting the findings of the investigation to the department and issuing a written notice to the facility that includes the date by which the facility is required to cease providing services. This bill would require the department, if it determines it has jurisdiction over the allegation, to initiate that investigation within 10 days of receiving the allegation and, except as specified, complete the investigation within 60 days of initiating the investigation. The bill would require the department, if it receives a complaint that does not fall under its jurisdiction, to notify the complainant that it does not investigate that type of complaint. The bill would require the employee or agent to provide the notice described above within 10 days of the employee or agency submitting their findings to the department and to conduct a followup site visit to determine whether the facility has ceased providing services as required. The bill would authorize, in counties that elect to administer the Drug Medi-Cal organized delivery system and that provide optional recovery housing services, the county behavioral health agency to request approval from the department to conduct a site visit of a recovery residence that is alleged to be operating without a license. (Based on 07/17/2025 text)

Position: Oppose

Date Position Taken: 07/18/2025

SB 331

(Menjivar, D) Substance abuse.

Current Text: 05/23/2025 - Amended

Status: 07/17/2025 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/16/2025)(May be acted upon Jan 2026)

Summary: Under the Lanterman-Petris-Short (LPS) Act, when a person, as a result of a mental health disorder, is a danger to themselves or others, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, a peace officer and a designated member of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. For the purposes of these provisions, current law defines "gravely disabled" as a condition in which a person,



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as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. This bill would include in the definition of “gravely disabled” for purposes of the above provisions an individual who is unable to provide for their basic personal needs due to chronic alcoholism, as defined. The bill would further define a “mental health disorder” as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. (Based on 05/23/2025 text)

Position: Oppose

Date Position Taken: 06/18/2025

SB 812

(Allen, D) Qualified youth drop-in center health care coverage.

Current Text: 07/17/2025 - Amended

Status: 08/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health and substance use disorders to cover the provision of those services to an individual 25 years of age or younger when delivered at a schoolsite. This bill would expand the definition of schoolsite to additionally require a contract or policy that provides coverage for medically necessary treatment of mental health and substance use disorders to cover the provision of those services to an individual 25 years of age or younger when delivered at a qualified youth drop-in center. Because a violation of this requirement relative to health care service plans would be a crime, the bill would create a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 07/17/2025 text)

Position: Support

Date Position Taken: 06/18/2025