



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Legislative Positions List June 2025

[AB 73](#)

([Jackson, D](#)) Mental Health: Black Mental Health Navigator Certification.

Current Text: 12/12/2024 - Introduced

Status: 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/9/2025)(May be acted upon Jan 2026)

Location: 05/23/2025 - Assembly 2 YEAR

Summary: Existing law establishes, within the Health and Welfare Agency, the Department of Health Care Access and Information, which is responsible for, among other things, administering various health professions training and development programs. Existing law requires the department to develop and approve statewide requirements for community health worker certificate programs. Existing law defines “community health worker” to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. This bill would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, as specified. The bill would require the department to collect and regularly publish data, not less than annually, including, but not limited to, the number of individuals certified, including those who complete a specialty certificate program, as specified, and the number of individuals who are actively employed in a community health worker role. The bill would make these provisions subject to an appropriation by the Legislature. (Based on 12/12/2024 text)

Position: Support

Date Position Taken: 4/16/2025

[AB 255](#)

([Haney, D](#)) The Supportive-Recovery Residence Program.

Current Text: 04/21/2025 - Amended

Status: 06/18/2025 - Referred to Coms. on HOUSING and HEALTH.

Location: 06/04/2025 - Senate Housing

Summary: Existing law establishes the California Interagency Council on Homelessness to oversee the implementation of Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end homelessness in California. Existing law requires a state agency or department that



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

funds, implements, or administers a state program that provides housing or housing-related services to people experiencing homelessness or who are at risk of homelessness to revise or adopt guidelines and regulations to include enumerated Housing First policies. Existing law specifies the core components of Housing First, including services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use. This bill would authorize state programs to fund supportive-recovery residences, as defined, that emphasize abstinence under these provisions as long as the state program meets specified criteria, including that at least 75% of program funds awarded to each jurisdiction is used for housing or housing-based services using a harm-reduction model. This bill contains other related provisions and other existing laws. (Based on 04/21/2025 text)

Position: Support

Date Position Taken: 4/16/2025

[AB 339](#)

([Ortega, D](#)) Local public employee organizations: notice requirements.

Current Text: 06/18/2025 - Amended

Status: 06/18/2025 - From committee chair, with author's amendments: Amend, and refer to committee. Read second time, amended, and re-referred to Com. on L., P.E. & R.

Location: 06/11/2025 - Senate L., P.E. & R.

Summary: Existing law, the Meyers-Milias-Brown Act, contains various provisions that govern collective bargaining of local represented employees and delegates jurisdiction to the Public Employment Relations Board to resolve disputes and enforce the statutory duties and rights of local public agency employers and employees. Existing law requires the governing body of a public agency to meet and confer in good faith regarding wages, hours, and other terms and conditions of employment with representatives of recognized employee organizations. Existing law requires the governing body of a public agency, and boards and commissions designated by law or by the governing body, to give reasonable written notice, except in cases of emergency, as specified, to each recognized employee organization affected of any ordinance, rule, resolution, or regulation directly relating to matters within the scope of representation proposed to be adopted by the governing body or the designated boards and commissions. This bill would require the governing body of a public agency, and boards and commissions designated by law or by the governing body of a public agency, to give the recognized employee organization no less than 60 days' written notice before issuing a request for proposals, request for quotes, or renewing or extending an existing contract to perform services that are within the scope of work of the job classifications represented by the recognized employee organization. The bill would



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

require the notice to include specified information, including the anticipated duration of the contract. The bill would also require the public agency, if an emergency or other exigent circumstance prevents the public agency from providing the written notice described above, to provide as much advance notice as is practicable under the circumstances. If the recognized employee organization demands to meet and confer after receiving the written notice, the bill would require the public agency and recognized employee organization to meet and confer in good faith within a reasonable time, as specified. By imposing new duties on local public agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 06/18/2025 text)

Position: Oppose

Date Position Taken: 4/16/2025

[AB 384](#)

([Connolly, D](#)) Health care coverage: mental health and substance use disorders: inpatient admissions.

Current Text: 03/17/2025 – Amended

Status: 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)

Location: 05/23/2025 - Assembly 2 YEAR

Summary: Current law requires a health care service plan or health insurer to ensure that processes necessary to obtain covered health care services, including, but not limited to, prior authorization processes, are completed in a manner that assures the provision of covered health care services to an enrollee or insured in a timely manner appropriate for the enrollee's or insured's condition, as specified. This bill, the California Mental Health Protection Act, would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, that provides coverage for mental health and substance use disorders from requiring prior authorization (1) for an enrollee or insured to be admitted for medically necessary 24-hour care in inpatient settings for mental health and substance use disorders, as specified, and (2) for any medically necessary health care services provided to an enrollee or insured while admitted for that care. The bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violations of these provisions. (Based on 03/17/2025 text)

Position: Support

Date Position Taken: 02/18/2025



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

AB 416

(Krell, D) Involuntary commitment.

Current Text: 05/07/2025 - Amended

Status: 06/18/2025 - In committee: Hearing postponed by committee.

Location: 05/28/2025 - Senate Health

Summary: Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by a peace officer, a designated member of a mobile crisis team, or a professional person designated by the county, 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. Existing law authorizes county behavioral health director to develop procedures for the county's designation and training of professionals who will be designated to perform the above-described provisions. Existing law authorizes the procedures to include, among others, the license types, practice disciplines, and clinical experience of the professionals eligible to be designated by the county. Existing law exempts specified individuals, including a peace officer responsible for the detainment of a person under these provisions from criminal and civil liability for an action by a person who is released at or before the end of the period for which they were detained. This bill would require a county behavioral health director to include an emergency physician, as defined, as a professional who is eligible to be designated by the county when developing and implementing procedures for the designation and training of those professionals. The bill would also exempt an emergency physician who is responsible for the detainment of a person under those provisions from criminal and civil liability, as specified. (Based on 05/07/2025 text)

Position: Oppose

Date Position Taken: 4/16/2025

AB 669

(Haney, D) Substance use disorder coverage.

Current Text: 04/28/2025 - Amended

Status: 06/18/2025 - Referred to Com. on HEALTH.

Location: 06/18/2025 - Senate Health

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 generally



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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. Existing 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 an inpatient substance use disorder stay during each plan or policy year or (2) for outpatient substance use disorder visits, except as specified. The bill would authorize, after the 29th day, in-network health care services and benefits for inpatient 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 require specified review for day 29 and days thereafter of that stay or service. On and after January 1, 2027, the bill would prohibit the imposition of prior authorization or other prospective utilization management requirements for in-network coverage of outpatient prescription drugs to treat substance use disorder that are determined medically necessary by the enrollee's or insured's physician or psychiatrist. Because a willful violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other existing laws. (Based on 04/28/2025 text)

Position: Support

Date Position Taken: 06/18/2025

[AB 1037](#)

([Elhawary, D](#)) Public health: substance use disorder.

Current Text: 04/24/2025 - Amended

Status: 06/18/2025 - Referred to Coms. on HEALTH and JUD.

Location: 06/18/2025 - Senate Health

Summary: Under existing law, a licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. Existing law exempts a health care provider who acts with reasonable care in issuing a prescription or order for an opioid antagonist from professional review, civil action, or



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

criminal prosecution, under certain circumstances. Existing law requires that a person who receives an opioid antagonist pursuant to a standing order or otherwise possesses an opioid antagonist receive training, as specified. Existing law provides that a person who is trained in the use of an opioid antagonist and acts with reasonable care and in good faith is not subject to professional review, liable in a civil action, or subject to criminal prosecution. This bill would expand the above-described authorizations to those who are at risk of or any person who may be in a position to assist a person experiencing any overdose and would strike the requirement that those who receive and possess opioid antagonists receive training. The bill would authorize a person in a position to assist a person at risk of an overdose to possess an opioid antagonist and subsequently dispense or distribute an opioid antagonist to a person at risk of an overdose or another person in a position to assist a person at risk of an overdose. The bill would instead exempt a person who administers an opioid antagonist in good faith, whether or not they were trained, from liability for civil damages, as specified, and would instead exempt a health care provider who acts with reasonable care from liability in a civil action for any injuries or damages relating to or resulting from the acts or omissions of any person who administers the opioid antagonist in good faith, as specified. This bill contains other related provisions and other existing laws. (Based on 04/24/2025 text)

Position: Support

Date Position Taken: 06/18/2025

[ACR 23](#)

[\(Quirk-Silva, D\)](#) **Mental Health Peer Appreciation Week.**

Current Text: 06/20/2025 - Enrolled

Status: 06/19/2025 - Adopted and to Assembly. (Ayes 35. Noes 0.) In Assembly. Ordered to Engrossing and Enrolling.

Location: 06/19/2025 - Assembly ENROLLMENT

Summary: Would recognize the 3rd week of May 2025 as Mental Health Peer Appreciation Week in California. (Based on 01/30/2025 text)

Position: Support

Date Position Taken: 02/18/2025

[AJR 3](#)

[\(Schiavo, D\)](#) **Public social services: Social Security, Medicare, and Medicaid.**

Current Text: 03/03/2025 - Introduced

Status: 06/17/2025 - From committee: Be adopted. Ordered to Third Reading. (Ayes 5. Noes 0.) (June 16).



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Location: 06/16/2025 - Senate THIRD READING

Summary: Would call on the state's Representatives in Congress to vote against cuts to, and proposals to privatize, Social Security, Medicare, and Medicaid and would call on the President of the United States to veto any legislation to cut or privatize these programs. (Based on 03/03/2025 text)

Position: Support

Date Position Taken: 04/16/2025

[SB 319](#)

([Ashby, D](#)) Criminal justice statistics: reporting.

Current Text: 04/24/2025 - Amended

Status: 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2025)(May be acted upon Jan 2026)

Location: 05/23/2025 - Senate 2 YEAR

Summary: Current law requires criminal justice agencies to compile records and data, including a summary of arrests, pretrial proceedings, the nature and disposition of criminal charges, sentencing, incarceration, rehabilitation, and release, about criminal offenders. Current law requires agencies to report this information to the Department of Justice for each arrest made. This bill would require the Department of Justice to collect and publish, as specified, on its internet website annual statistical reports providing monthly information for each county related to convictions of certain statutes pertaining to, among other things, petty theft and possession of a hard drug, including, by month, the number of people convicted of these statutes and, for each conviction, whether the conviction was classified as a misdemeanor or a felony. (Based on 04/24/2025 text)

Position: Support if amended

Date Position Taken: 04/16/2025

[SB 331](#)

([Menjivar, D](#)) Substance abuse.

Current Text: 05/23/2025 - Amended

Status: 06/16/2025 - Referred to Coms. on HEALTH and JUD.

Location: 06/16/2025 - Assembly Health

Summary: Existing law, the Lanterman-Petris-Short (LPS) Act, authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the 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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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, existing law defines “gravely disabled” as a condition in which a person, 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. This bill contains other related provisions and other existing laws. (Based on 05/23/2025 text)

Position: Oppose

Date Position Taken: 06/18/2025

[SB 530](#)

([Richardson, D](#)) Medi-Cal: time and distance standards.

Current Text: 05/23/2025 - Amended

Status: 06/05/2025 - Referred to Com. on HEALTH.

Location: 06/05/2025 - Assembly Health

Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would extend the operation of those standards indefinitely. The bill would also require a managed care plan to ensure that each subcontractor network complies with certain appointment time standards unless already required to do so. The bill would set forth related reporting requirements with regard to subcontractor networks. (Based on 05/23/2025 text)

Position: Support

Date Position Taken: 04/16/2025

[SB 531](#)

([Rubio, D](#)) Course of study: mental health education.

Current Text: 02/20/2025 - Introduced

Status: 05/01/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was ED. on 3/5/2025) (May be acted upon Jan 2026)

Location: 05/01/2025 - Senate 2 YEAR



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Summary: Current law requires the adopted course of study for grades 1 to 6, inclusive, to include certain areas of study, including, among others, health. Current law requires the adopted course of study for grades 7 to 12, inclusive, to offer courses in specified areas of study, including, among others, English, social sciences, and mathematics. This bill, with respect to the adopted course of study for grades 1 to 6, inclusive, would require the health area of study to also include mental health education, as provided. The bill, with respect to the adopted course of study for grades 7 to 12, inclusive, would add mental health education, as provided, to the adopted course of study. (Based on 02/20/2025 text)

Position: Support

Date Position Taken: 04/16/2025

SB 812

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

Current Text: 05/05/2025 - Amended

Status: 06/16/2025 - Referred to Com. on HEALTH.

Location: 06/16/2025 - Assembly Health

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 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 05/05/2025 text)

Position: Support

Date Position Taken: 06/18/2025

SB 820

(Stern, D) Inmates: psychiatric medication: administration.

Current Text: 02/21/2025 - Introduced

Status: 06/05/2025 - Referred to Com. on PUB. S.

Location: 06/05/2025 - Assembly Public Safety



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Summary: Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law establishes a process by which a defendant's mental competency is evaluated. Existing law, in the case of a misdemeanor charge in which the defendant is found incompetent, requires the court to hold a hearing to determine if the defendant is eligible for diversion. Existing law requires, if the defendant is not eligible for diversion, the court to hold a hearing to determine whether the defendant will be referred to outpatient treatment, conservatorship, or the CARE program, or if the defendant's treatment plan will be modified. Existing law requires the court to dismiss the case if a defendant does not qualify for the above-described services. This bill would, if a defendant has been found incompetent to stand trial after having been charged with a misdemeanor, additionally authorize a psychiatrist to administer psychiatric medication to the defendant without their informed consent on an emergency basis when treatment is immediately necessary for the preservation of life or the prevention of serious bodily harm and it is impracticable to first gain consent. The bill would specify that a determination made pursuant to these provisions is valid for one year after the date of the initial determination of the emergency, 90 days after the date the defendant is referred to one of the programs described above, or upon order of any court with jurisdiction over the defendant, whichever occurs first. The bill would also authorize a psychiatrist to involuntarily administer psychiatric medication to those defendants upon a court's determination that the defendant does not have the capacity to refuse treatment and is gravely disabled on the basis that they, 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, are unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. The bill would establish various procedures to be followed when psychiatric medication is involuntarily administered pursuant to these provisions. This bill contains other existing laws. (Based on 02/21/2025 text)

Position: Oppose

Date Position Taken: 06/18/2025

[SB 823](#)

([Stern, D](#)) Mental health: the CARE Act.

Current Text: 02/21/2025 - Introduced

Status: 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2025)(May be acted upon Jan 2026)

Location: 05/23/2025 - Senate 2 YEAR

Summary: Existing law, the Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. This bill would include bipolar I disorder in the criteria for a person to receive services under the CARE Act. By increasing the duties on the county behavioral health agencies, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 02/21/2025 text)

Position: Oppose

Date Position Taken: 04/16/2025