

California Behavioral Health Planning Council

Legislation and Public Policy Committee In-Between Meeting Agenda

Tuesday, July 21, 2026

10:00 a.m. to 11:00 a.m.

[Zoom Meeting Link](#)

Meeting ID: 917 2851 8488

Passcode: 054212

Join by phone: 1-669-900-6833

Passcode: 054212

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|-------------------|--|--------------|
| 10:00 a.m. | Welcome and Introductions
<i>Javier Moreno, Chairperson</i> | |
| 10:05 a.m. | Review of Committee Processes for Legislative Discussions
<i>Javier Moreno, Chairperson</i> | Tab 1 |
| 10:10 a.m. | Consent Agenda (Action)
<i>Javier Moreno, Chairperson, and All LPPC Members</i> | Tab 2 |
| 10:15 a.m. | Assembly Bill 2093 (Action)
<i>Javier Moreno, Chairperson, and All LPPC Members</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment• Roll Call Vote | Tab 3 |
| 10:25 a.m. | Senate Bill 1242 (Action)
<i>Javier Moreno, Chairperson, and All LPPC Members</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment• Roll Call Vote | Tab 4 |
| 10:40 a.m. | Assembly Bill 2201 (Action)
<i>Javier Moreno, Chairperson, and All LPPC Members</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment• Roll Call Vote | Tab 5 |
| 10:55 a.m. | General Public Comment
<i>Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.</i> | |
| 11:00 a.m. | Meeting Wrap-Up and Adjourn
<i>Javier Moreno, Chairperson</i> | |

If reasonable accommodations are required, please contact the Council at (916) 701-8211 at least 5 working days prior to the meeting date.

California Behavioral Health Planning Council

All agenda items are subject to action.

The scheduled times on the agenda are estimates and subject to change.

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Committee Members

Chairperson: Javier Moreno

Chair-Elect: Deborah Starkey

Amanda Andrews, Karen Baylor, Jason L. Bradley, Monica Caffey, Erin Franco, Ian Kemmer, Barbara Mitchell, Catherine Moore, Noel O'Neill, Liz Oseguera, Danielle Sena, Karrie Sequeira, Daphne Shaw, Tony Vartan, Susan Wilson, Milan Zavala, Uma Zykovsky

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**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Tuesday, July 21, 2026

Agenda Item: Review of Committee Processes for Legislative Discussions

Enclosures: LPPC Legislation Process Overview

Tiers for Prioritizing Bills Diagram

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee established a process for the identification and prioritization of legislation to adequately take positions and advocate for those positions throughout the legislative session.

Background/Description:

As the volume and complexity of behavioral health legislative proposals continue to grow, it is increasingly important that the committee maintain structured and thoughtful dialogue when considering positions on bills.

During this agenda item, the committee will review the current legislative process to ensure members have the necessary information to participate meaningfully in the forthcoming discussions on proposed bills. Chairperson Javier Moreno will also highlight updated standards to support consistent, clear, and thorough legislative discussions.

California Behavioral Health Planning Council

Legislation and Public Policy Committee

Legislation Process Overview

The California Behavioral Health Planning Council (CBHPC) provides support for legislation and policy that furthers the Council's Vision. This includes increasing public behavioral health awareness through collaboration with local consumer advocacy agencies for access and improved quality of care and by responding to proposed legislation, rulemaking, and budget bills based on the CBHPC Policy Platform.

In reaching a decision on a position to be taken on a bill, the Legislation and Public Policy Committee may consider the following options:

- *Support* – This means there is absolute support, no issues or questions.
- *Support in concept* – This means there are a few questions, however the CONCEPT or INTENT is what is being supported. The concern(s) can be documented in any following written communication to the bill's author(s)/sponsor(s) and/or the Assembly/Senate Committee the legislation will be heard in.
- *Support if amended* – This means there is general support, but certain changes/amendments must be made to the bill. If the requested amendments are made, the bill will be supported. If the amendments are not incorporated, support may be withheld or an oppose position may be taken on the bill.
- *Neutral/Watch* – This means that due to 1) not obtaining a consensus on position; 2) there is hesitation on providing a negative position; 3) there remains too much ambiguity, or 4) the bill is known to be a 'spot' or placeholder bill, the Legislation Committee can vote to "watch" the progression of the legislation and to revisit at future Legislation Committee meetings. In cases of "Neutral" vote, no letter is sent to the Legislature.
- *Oppose* – This means there is absolute opposition and there are no ways/means to rectify the position.
- *Oppose unless amendments* – This occurs when suggested language can be provided in the letter to effect a change in the content and/or language that would then cause a position change from opposition to support.

To cover as many bills as possible, the Council often partners with other organizations, who also monitor and take positions on legislation, to identify bills, share information/analyses with each other. Organizations such as County Behavioral Health Directors Association of California (CBHDA), CA Association of Social Rehab Agencies (CASRA), CA Coalition of Community BH Agencies (CBHA), Mental Health America California (MHAC), California State Association of Counties (CSAC), and many others.

For the Legislation Committee and Public Policy to be able to take positions on bills in a timely manner, a consistent and timely process has been established.

California Behavioral Health Planning Council

Legislation and Public Policy Committee

Legislation Process Overview

The process to facilitate the decision-making on as many bills as possible is outlined below:

1. Council staff will primarily identify bills that align with the Committee's annual Policy Priorities and the Council's Focus for the year and add them onto the "CBHPC Pending Legislative Positions Chart" for the Legislation and Public Policy Committee Chairpersons consideration. Staff may also include critical bills that do not necessarily fall within the two guiding documents, but that are in alignment with the Policy Platform if the bill is determined to require the committee's consideration. The Chairpersons may remove any of the proposed bills or add additional bills to bring forward for the committee's discussion. In addition, Council members and other CBHPC committees may request specific bills to be considered by sending an email to the committee leadership and staff.
2. Selected bills will be included as agenda items for the respective meeting in which the bill will be discussed. Information about each bill will be provided on the tabs in the meeting packet, including the bill number, the author, a summary of the bill, status, fiscal impact, organizations in support, organizations in opposition, Council priority alignment, and recommended position. When available, staff will provide a Fact Sheet for each bill under consideration. Legislation and Public Policy Committee members have the option to request hardcopies of any of the bills listed in the chart, otherwise the current version of the bill can be accessed through the link included in the bill number.
3. Once a position is taken, staff will move the bill information to the "CBHPC Legislative Positions List". This list will include the bill number, author, a brief summary, position taken, and date the position was taken. This list will be posted to the Council's website to serve as a tool for members to use when attending outside meetings and reporting on the Council's positions. If the committee takes a watch position on a bill, it will remain on the "CBHPC Pending Legislative Positions Chart". Additionally, at staff's discretion, bills that the Legislation and Public Policy Committee took an oppose position on may return to the "Pending Legislative Positions Chart" if they are amended, for reconsideration by the committee. The "Legislative Positions List" will be provided at each Legislation and Public Policy Committee meeting.
4. To determine the priority of each bill that the Council takes a position on, the Legislation and Public Policy Committee will use the Tiers for Prioritizing Bills Diagram. The diagram outlines three tiers: the top tier includes the highest priority bills, the middle tier includes bills of medium priority, and the bottom tier includes the lowest priority bills. By categorizing bills into tiers, the committee can more effectively allocate resources and advocacy for higher priority bills while still providing an appropriate level of advocacy efforts toward the medium and lower priority bills.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee
Legislation Process Overview**

5. To expedite meetings and reserve time for bills that need to be discussed, the Legislation and Public Policy Committee will have a section on the agenda labeled “Consent Agenda.” Items on the consent agenda will be non-controversial items that do not appear to require much, if any, discussion. The consent agenda allows the Legislation and Public Policy Committee to group such bills together under one heading and vote on them at one time. If a member feels discussion is needed on any of the bills on the consent agenda, they may request removal of that bill from the consent agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed.
6. When a Council member or Council staff become aware of significant amendments made to a bill that the Council previously took a position on, the following steps will be implemented based on the specifics of the amendments:
 - a. Council members should contact Council staff via email or if urgent, a phone call.
 - b. Upon notification of the amendments from a Council member, Capitol Track, or other sources, Council staff will notify the Chairperson and Chair-Elect to determine if an emergency meeting is needed or if the amendments can wait to be discussed at a future meeting, i.e., an in-between meeting or quarterly meeting.
 - c. If it is determined that an emergency meeting is necessary, but the committee and/or committee Chairpersons are unable to convene, Council staff will notify the Executive Officer who will bring the concerns to the Executive Officers team to determine an appropriate course of action.
7. The Legislation and Public Policy Committee will take the lead on all legislation, including legislation that falls under the Council’s structured priority areas (Workforce and Education, Systems and Medicaid, Housing and Homelessness, Patients’ Rights). The Chairperson and Chair-Elect of the Legislation and Public Policy Committee will collaborate with other committees, as needed. When another committee identifies a bill for action, the Legislation and Public Policy Committee must be notified so staff can include it on the Pending Legislative Positions Chart for consideration.
8. The Legislation and Public Policy Committee determined it will meet outside the Council Quarterly Meetings as needed. To achieve a quorum, one more than half of the total number of committee members must be present. The primary purpose of the in between meetings will be to vote on bills that need action *prior* to the next Quarterly Meeting.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee
Legislation Process Overview**

The Council must uphold the [Bagley-Keene Open Meeting Act](#). Thus, the staff will work with the Legislation and Public Policy Committee to assure dates are known well in advance due to public noticing requirements.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC)**

Tiers for Prioritizing Bills Diagram

Tier 1: High Priority (FULL ADVOCACY)
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May include all or some of the following:

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| <ul style="list-style-type: none">• Send a letter on behalf of the Council to the Legislature• Council Members meet with members of the Assembly and/or Senate• Council Members testify at hearings upon request• Council Members may state the Council's position at hearings• Partner with other organizations in efforts to gain more support for the Council's positions/recommendations |
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Tier 2: Medium Priority

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| <ul style="list-style-type: none">• Send a letter on behalf of the Council to the Legislature• Post the Council's position letter on the website• Include legislation on the Council's position list |
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Tier 3: Lower Priority

- | |
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| <ul style="list-style-type: none">• Sign on to letters with partners, if asked• Share sign-on letter with Council Members and Partners• Post the position letter on the website• Include on the Council's position list |
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**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Tuesday, July 21, 2026

Agenda Item: Consent Agenda (Action Item)

Enclosures: CBHPC Consent Agenda

[Senate Bill \(SB\) 1202 Fact Sheet](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities, the Council's Focus Areas for 2026, and/or the Council's Policy Platform to determine potential action (positions).

Background/Description:

To expedite meetings and reserve time for bills that need to be discussed, the Legislation and Public Policy Committee utilizes a "Consent Agenda." Fact Sheets are provided for bills only when Council staff receive them from the authors' offices on time. As a result, fact sheets may not be available for all bills listed on the Consent Agenda. The full text for each bill can be accessed through the link included in the bill number below with the additional information and on the Consent Agenda enclosure.

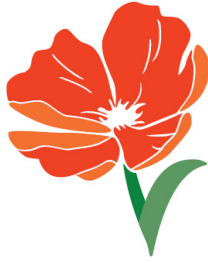
Bills on the Consent Agenda are non-controversial and align with the approved Policy Platform, so no discussion is needed. This allows the committee to group such bills together and vote on them at one time. If a member feels that a discussion is needed on any of the bills listed on the Consent Agenda, they may request the removal of the bill/bills for a separate discussion. Removal of a bill enables it to be considered and voted upon separately if a discussion is needed during the pending legislation discussion later in the agenda. The committee can also remove a bill if they decide it does not fall within the Policy Platform and a position will not be taken.

It is important for Council Members to review the information about the bills identified below in advance of the meeting to ensure a smooth voting process:

- [AB 2343 \(Patel\) – Alcohol and other drug programs: consumer protection platform.](#)
 - This is a fiscal bill.
 - *Organizations in Support:* California Association of Alcohol and Drug Program Executives, Advocates for Responsible Treatment
 - *Organizations in Opposition:* None identified at this time.

- [SB 1202 \(Weber Pierson\) – Medi-Cal: dashboard and outreach.](#)
 - This is a fiscal bill.
 - *Organizations in Support:* including, but not limited to; Health Access (*co-sponsor*); Justice in Aging (*co-sponsor*); National Health Law Program (*co-sponsor*); Western Center on Law & Poverty (*co-sponsor*); California Alliance of Child and Family Services; California Pan-Ethnic Health Network; Disability Rights California; Choice in Aging; Coalition of California Welfare Rights Organizations, Inc.; Community Clinic Association of Los Angeles County; Legal Aid Association of California; Community Legal Services in East Palo Alto (CLSEPA); Courage Campaign; California Primary Care Association
 - *Organizations in Opposition:* None identified at this time.

Motion: To approve the Consent Agenda.



California Behavioral Health Planning Council

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Consent Agenda July 2026

Proposed Position: Support Proposed Priority Tier: 3 - Lower

AB 2343

(Patel, D) Alcohol and other drug programs: consumer protection platform.

Current Text: 07/02/2026 - Amended

Status: 07/02/2026 - From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (July 1). Read second time and amended. Re-referred to Com. on APPR.

Location: 07/02/2026 - Senate Appropriations

Summary: Existing 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. This bill would require an alcohol or other drug treatment facility and an alcohol or other drug program to participate in a public consumer protection platform, as defined, designated or designed by the department in order to be licensed or certified. The bill would specify that participation in the public consumer protection platform pursuant to these provisions is only required if the department determines that sufficient funding has been appropriated or otherwise secured to cover the costs of participation in the platform, as specified. The bill would authorize the department to charge a reasonable fee to alcohol or other drug treatment facilities and alcohol or other drug programs required to enroll in the platform, as specified, and would prohibit the administrator of the public consumer protection platform from accepting payment from the entities subject to these provisions. The bill would authorize the department to verify compliance with participation in the public consumer protection platform as part of the certification or licensing process. The bill would prohibit participation in the consumer protection platform from being used as a criterion in evaluating bids, proposals, network participation, reimbursement, or contract performance for publicly funded substance use disorder treatment services. (Based on 07/02/2026 text)

SB 1202

(Weber Pierson, D) Medi-Cal: dashboard and outreach.

Current Text: 06/16/2026 - Amended

Status: 06/16/2026 - Read second time and amended. Re-referred to Com. on APPR.

Location: 06/09/2026 - Assembly Appropriations

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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

individuals receive health care services. The Medi-Cal program is in part governed by, and funded pursuant to, federal Medicaid program provisions. This bill would require the department to establish a data dashboard that provides data on applications, enrollment, redeterminations, disenrollments, and terminations, with certain objectives in consideration, related to the impact of the above-described federal law on Medi-Cal eligibility and enrollment, as specified. The bill would require the dashboard to track and report on the specific data for work or community engagement requirements and exemptions. The bill would require the department, commencing no later than January 1, 2028, to operationalize the dashboard and to post the information on a monthly basis in a downloadable format. (Based on 06/16/2026 text)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Tuesday, July 21, 2026

Agenda Item: Assembly Bill 2093 (Action)

Enclosure: None

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities and the Council Focus Areas for 2026 to determine potential action (positions). Assembly Bill 2093 (Haney) aligns with the Committee's Policy Priorities to protect funding for access to the Medi-Cal Mobile Crisis Benefits as well as the Council's Focus on funding for behavioral health integration.

Background/Description:

Assembly Bill (AB) 2093 (Bauer-Kahan) would require the Office of Emergency Services, in consultation with the Department of Health Care Services (DHCS), to develop and adopt mandatory statewide protocols governing the transfer of calls and communications from 911 to 988 centers, including coordination standards between 988 centers, emergency medical services providers, mobile crisis teams, and public safety agencies. Additional information about the bill is below:

- *Current Text:* Amended – 6/11/2026
- *Status:* 7/1/2026 From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (June 30). Re-referred to Com. on APPR.
- *Upcoming Hearing Date:* 8/3/2026 10 a.m. in the Senate Appropriations Committee
- *Fiscal Effect:* According to the Assembly Committee on Appropriations, there would be minor and absorbable costs to California Health and Human Services Agency (CalHHS) to continue convening the 988-advisory group.

- *Organizations in Support:* California Alliance of Child and Family Services, California Association of Alcohol and Drug Program Executives, California Association of Local Mental Health Boards and Commissions, California Association of Marriage and Family Therapists, California Behavioral Health Association (*co-sponsor*), California Coalition for Behavioral Health, California Psychiatric Association, Californians for Safety and Justice (CSJ), Courage Campaign, Drug Policy Alliance, Mental Health America of California (*co-sponsor*), National Alliance on Mental Illness (*co-sponsor*), Peace and Justice Law Center, Rubicon Programs, Smart Justice of California, Steinberg Institute (*co-sponsor*), The Kennedy Forum (*co-sponsor*), The Miles Hall Foundation, WellSpace Health
- *Organizations in Opposition:* None identified at this time.
- *Council Priority Alignment:* Policy Priorities for 2026
- *Recommended Position:* Support

During this agenda item, the committee will discuss the provisions of the bill, its potential impact on the public behavioral health system, and determine a position, if appropriate.

Motion: To take a position on AB 2093.

Additional Resources:

[Assembly Bill 2093 \(Bauer-Kahan\): State 988 system.](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Tuesday, July 21, 2026

Agenda Item: Senate Bill 1242 (Action)

Enclosure: None

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities and the Council Focus Areas for 2026 to determine potential action (positions). Senate Bill 1242 (Choi) aligns with the Council's Focus on the Community Assistance, Recovery, and Empowerment (CARE) Act.

Background/Description:

Senate Bill (SB) 1242 (Choi) intends to allow the original petitioner of a Community Assistance, Recovery, and Empowerment (CARE) Act petition to provide information regarding the respondent to the CARE team and the court throughout the proceedings. Information about the respondent that may be shared includes the individual's treatment history, housing status, engagement in services, and compliance with a CARE agreement or a CARE plan. The information provided by the original petitioner may be considered by the court in evaluating the individual's progress. Additional information about the bill is below:

- *Current Text:* Amended – 6/17/2026
- *Status:* 7/1/2026 From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (June 30). Re-referred to Com. on APPR.
- *Fiscal Effect:* None.
- *Organizations in Support:* Alameda County Families Advocating for the Seriously Mentally Ill, Todd Gloria, Council President, San Diego City Council, National Alliance on Mental Illness, Treatment Advocacy Center

- *Organizations in Opposition:* California Voices for Progress, California Peer Watch, Disability Rights California, Mental Health America of California
- *Council Priority Alignment:* Council Focus for 2026
- *Recommended Position:* Defer to the Committee

During this agenda item, the committee will discuss the provisions of the bill, its potential impact on the public behavioral health system, and determine a position, if appropriate.

Motion: To take a position on SB 1242.

Additional Resources:

[Senate Bill 1242 \(Choi\): Community Assistance, Recovery, and Empowerment \(CARE\) Court Program.](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Tuesday, July 21, 2026

Agenda Item: Assembly Bill 2201 (Action)

Enclosure: None

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities and the Council Focus Areas for 2026 to determine potential action (positions). Assembly Bill 2201 (Boerner) aligns with the Council's Focus Areas for 2026 by addressing statewide behavioral health system integration and access within Medi-Cal, particularly for individuals with behavioral health needs who may be impacted by work or community-engagement requirements.

Background/Description:

The House of Representatives (H.R.) 1 Bill, also known as the One Big Beautiful Bill Act, was signed into law on July 4, 2025. Its provisions include federal Medicaid funding cuts, the addition of new work requirements for certain Medicaid recipients, and changes to timelines for eligibility redetermination.

Assembly Bill (AB) 2201 (Boerner) intends to restore key flexibilities within California's Medi-Cal program to streamline the eligibility process and support county efficiency for renewal processing. AB 2201 would require counties to verify countable income and assets renewal without requesting additional verification or documentation if any of the specified sets of conditions are met for annual or six-month redeterminations. Additional information about the bill is below:

- *Current Text:* Amended – 7/2/2026

- *Status:* 7/2/2026 From committee: Amend, and do pass as amended and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 10. Noes 0.) (July 1). Read second time and amended. Re-referred to Com. on APPR.
- *Fiscal Effect:* According to the Assembly Committee on Appropriations, the costs to county health and human services agencies which perform Medi-Cal eligibility determinations on behalf of the state, are unknown. However, based on an estimate provided by the County Welfare Directors Association of California for Assembly Bill 2161 (Bonta), which also addresses implementation related to H.R. 1 requirements on Medi-Cal redeterminations, costs could be in the hundreds of millions of dollars annually (General Fund, federal funds). Additionally, the author submitted a letter to the Assembly Budget Committee requesting language in the June 2026 trailer bill directing the Department of Health Care Services (DHCS) to reinstate strategies that streamline the renewal process and minimize coverage losses.
- *Organizations in Support:* including, but not limited to; California Behavioral Health Association; California Pan-Ethnic Health Network; California Welfare Directors Association (CWDA); Disability Rights California; Western Center on Law and Poverty (*sponsor*); California State Association of Counties; California Physicians Alliance; California Primary Care Association; Family Voices of California; Health Access (*sponsor*); Justice in Aging (*sponsor*); Latino Coalition for a Healthy California (*sponsor*); National Health Law Program (*sponsor*); The Children's Partnership (*sponsor*)
- *Organizations in Opposition:* None identified at this time.
- *Council Priority Alignment:* Council Focus for 2026
- *Recommended Position:* Support

During this agenda item, the committee will discuss the provisions of the bill, its potential impact on the public behavioral health system, and determine a position, if appropriate.

Motion: To take a position on AB 2201.

Additional Resources:

[Assembly Bill 2201 \(Boerner\): Medi-Cal: eligibility redetermination.](#)