

MCHAP – bills of interest

July 11, 2019

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.

Child Welfare

| Measure | Author | Topic | Status | Location | Brief Summary |
|------------------------|----------------------------|---|--|----------------------|--|
| AB 385 | Calderon D | Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment mental health services: performance outcomes system: platform. | 5/17/2019- Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2019)(May be acted upon Jan 2020) | 5/17/2019- A. 2 YEAR | Existing law requires the State Department of Health Care Services, in collaboration with the California Health and Human Services Agency and in consultation with the Mental Health Services Oversight and Accountability Commission, to create a plan for a performance outcomes system for EPSDT mental health services, as specified. This bill would require the department to develop a platform, update an existing platform, or integrate with an existing platform, capable of automating the collection of data from a functional assessment tool that is established pursuant to the department's performance outcomes system plan. |
| AB 512 | Ting D | Medi-Cal: specialty mental health services. | 6/27/2019- From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH. | 6/6/2019- S. HEALTH | Current law requires the State Department of Health Care Services to implement managed mental health care for Medi-Cal beneficiaries through contracts with mental health plans, and requires mental health plans to be governed by various guidelines, including a requirement that a mental health plan assess the cultural competency needs of the program. This bill would require each mental health plan to prepare a cultural competency assessment plan to address specified matters, including disparities in access, utilization, and outcomes by various categories, such as race, ethnicity and immigration status. |

| Measure | Author | Topic | Status | Location | Brief Summary |
|------------------------|-------------------------|---|---|-----------------------|--|
| AB 741 | Kalra D | Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening. | 5/17/2019- Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2019)(May be acted upon Jan 2020) | 5/17/2019- A. 2 YEAR | Current law requires the State Department of Health Care Services to convene an advisory working group to update, amend, or develop, if appropriate, tools and protocols for the screening of children for trauma, within the EPSDT benefit. Current law requires that the group be disbanded on December 31, 2019, and requires, on or before May 1, 2019, the department to identify an existing advisory working group to periodically review and consider the protocols for the screening of trauma in children at least once every 5 years, or upon the request of the department. This bill would require the department, in order to ensure the success and sustainability of trauma screenings for children as part of the EPSDT benefit, to provide trainings for certain personnel, including, among other things, instruction on how to identify and make appropriate referrals for patients who have tested positive in trauma screenings. |
| AB 826 | Reyes D | Medi-Cal: specialty mental health services: foster youth. | 6/24/2019-In committee: Set, first hearing. Hearing canceled at the request of author. | 6/12/2019- S. HUM. S. | Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to foster youth placed in a group home or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified. |

Education - Early Ed

| Measure | Author | Topic | Status | Location | Brief Summary |
|-------------------------|----------------------------------|-----------------------------|---|------------------------|---|
| AB 1676 | Maienschein D | Health care: mental health. | 5/17/2019- Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2019)(May be acted upon Jan 2020) | 5/17/2019-A. 2 YEAR | Would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. |

Education - K-12

| Measure | Author | Topic | Status | Location | Brief Summary |
|-------------------------|--------------------------|-------------------------------|--|------------------------|---|
| AB 1322 | Berman D | School-based health programs. | 6/5/2019- From committee: Do pass and re-refer to Com. on HEALTH. (Ayes 5. Noes 0.) (June 5). Re-referred to Com. on HEALTH. | 6/5/2019- S. HEALTH | Would require the State Department of Education to, no later than July 1, 2020, establish an Office of School-Based Health Programs for the purpose of, among other things, administering health-related programs under the purview of the State Department of Education and advising on issues related to the delivery of school-based Medi-Cal services in the state. The bill would authorize the office to form additional advisory groups, as specified, and would require the State Department of Education to make available to the office any information on other school-based dental, health, and mental health programs. |

Health

| Measure | Author | Topic | Status | Location | Brief Summary |
|------------------------|----------------------------|---|--|----------------------|---|
| AB 318 | Chu D | Medi-Cal materials: readability. | 6/24/2019- From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH. | 6/6/2019- S. HEALTH | Would, commencing January 1, 2020, require the field testing of all Medi-Cal beneficiary materials, and informing materials, as defined, that are translated into threshold languages and released by the department and managed care plans, respectively, except as specified. The bill would define “field testing” as a review of translations for accuracy, cultural appropriateness, and readability. The bill would also define a “managed care plan” for these purposes. |
| AB 385 | Calderon D | Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment mental health services: performance outcomes system: platform. | 5/17/2019- Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2019)(May be acted upon Jan 2020) | 5/17/2019- A. 2 YEAR | Existing law requires the State Department of Health Care Services, in collaboration with the California Health and Human Services Agency and in consultation with the Mental Health Services Oversight and Accountability Commission, to create a plan for a performance outcomes system for EPSDT mental health services, as specified. This bill would require the department to develop a platform, update an existing platform, or integrate with an existing platform, capable of automating the collection of data from a functional assessment tool that is established pursuant to the department’s performance outcomes system plan. |
| AB 414 | Bonta D | Health care coverage: minimum essential coverage. | 6/26/2019- From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH. | 6/12/2019- S. HEALTH | Senate Bill 78, of the 2019–20 Regular Session, would create the Minimum Essential Coverage Individual Mandate to ensure an individual and the individual’s spouse and dependants maintain minimum essential coverage, and would impose the Individual Shared Responsibility Penalty for the failure to maintain minimum essential coverage. This bill, on or before March 1, 2022, and annually on or before March 1 thereafter, would require the Franchise Tax Board to report to the Legislature on specified information regarding the Minimum Essential Coverage Individual Mandate, the Individual Shared Responsibility Penalty, and state financial subsidies paid for health care coverage. |

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| AB 512 | Ting D | Medi-Cal: specialty mental health services. | 6/27/2019- From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH. | 6/6/2019- S. HEALTH | Current law requires the State Department of Health Care Services to implement managed mental health care for Medi-Cal beneficiaries through contracts with mental health plans, and requires mental health plans to be governed by various guidelines, including a requirement that a mental health plan assess the cultural competency needs of the program. This bill would require each mental health plan to prepare a cultural competency assessment plan to address specified matters, including disparities in access, utilization, and outcomes by various categories, such as race, ethnicity and immigration status. |
| AB 526 | Petrie-Norris D | Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children. | 6/27/2019- From committee: Amend, and do pass as amended and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 8. Noes 0.) (June 26). | 6/27/2019- S. APPR. | Current law requires the former Managed Risk Medical Insurance Board and former State Department of Health Services, in collaboration with program offices for the WIC Program and other designated entities, to design, promulgate, and implement policies and procedures for an automated enrollment gateway system, subject to appropriation, allowing children applying to the WIC Program to obtain presumptive eligibility for, and to facilitate application for enrollment in, the Medi-Cal program or the former Healthy Families Program, to the extent federal financial participation is available, as specified. This bill would delete the above-described provisions relating to the automated enrollment gateway system and would instead require the State Department of Health Care Services, in collaboration with the same designated entities, to design, promulgate, and implement policies and procedures for an automated enrollment pathway, designating the WIC Program and its local WIC agencies as Express Lane agencies and using WIC eligibility determinations to meet Medi-Cal eligibility requirements. |

| Measure | Author | Topic | Status | Location | Brief Summary |
|------------------------|------------------------------|---|--|----------------------|---|
| AB 537 | Wood D | Medi-Cal managed care: quality improvement and value-based financial incentive program. | 5/17/2019- Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/24/2019)(May be acted upon Jan 2020) | 5/17/2019- A. 2 YEAR | Would require, commencing January 1, 2022, a Medi-Cal managed care plan to meet a minimum performance level (MPL) that improves the quality of health care and reduces health disparities for enrollees, as specified. The bill would require the State Department of Health Care Services to establish both a quality assessment and performance improvement program and a value-based financial incentive program to ensure that a Med-Cal managed care plan achieves an MPL. The bill would, among other things, require the department to establish a public stakeholder process in the planning, development, and ongoing oversight of the programs. |
| AB 577 | Eggman D | Health care coverage: maternal mental health. | 6/28/2019-(6/6/2019) Referred to Com. On HEALTH. (Amended 6/28/2019) | 6/6/2019- S. HEALTH | Current law requires a health care service plan and a health insurer, at the request of an enrollee or insured, to provide for the completion of services by a terminated or nonparticipating provider if the enrollee or insured is undergoing a course of treatment for one of specified conditions, including a serious chronic condition, at the time of the contract or policy termination or the time the coverage became effective. This bill would, for purposes of an individual who presents written documentation of being diagnosed with a maternal mental health condition, as defined, from the individual's treating health care provider, require completion of covered services for that condition, not exceeding 12 months, as specified. |
| AB 667 | Muratsuchi D | Medi-Cal. | 5/3/2019- Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/15/2019)(May be acted upon Jan 2020) | 5/3/2019- A. 2 YEAR | Current 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Under current law, healthcare, as administered under the Medi-Cal program, is considered a component of public social services. This bill would make technical, nonsubstantive changes to those provisions. |

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| AB 741 | Kalra D | Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening. | 5/17/2019- Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2019)(May be acted upon Jan 2020) | 5/17/2019- A. 2 YEAR | Current law requires the State Department of Health Care Services to convene an advisory working group to update, amend, or develop, if appropriate, tools and protocols for the screening of children for trauma, within the EPSDT benefit. Current law requires that the group be disbanded on December 31, 2019, and requires, on or before May 1, 2019, the department to identify an existing advisory working group to periodically review and consider the protocols for the screening of trauma in children at least once every 5 years, or upon the request of the department. This bill would require the department, in order to ensure the success and sustainability of trauma screenings for children as part of the EPSDT benefit, to provide trainings for certain personnel, including, among other things, instruction on how to identify and make appropriate referrals for patients who have tested positive in trauma screenings. |
| AB 826 | Reyes D | Medi-Cal: specialty mental health services: foster youth. | 6/24/2019-In committee: Set, first hearing. Hearing canceled at the request of author. | 6/12/2019- S. HUM. S. | Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to foster youth placed in a group home or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified. |
| AB 987 | Rivas, Robert D | CalWORKs: special diet and food preparation allowance. | 6/18/2019-In committee: Set, first hearing. Hearing canceled at the request of author. | 6/6/2019- S. HUM. S. | Current law specifies the amounts of cash aid to be paid each month to CalWORKs recipients, including a recurring special needs allowance, which includes an allowance for special diets, of up to \$10 per month for each eligible recipient. Current law requires, except in the case of pregnancy, a special needs allowance for a special diet to be upon the recommendation of a physician. authorize the allowance for a special diet to also be used for food preparation needs, upon the recommendation of a physician. |

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|-------------------------|---------------------------|-----------------------------------|--|----------------------|--|
| AB 1004 | McCarty D | Developmental screening services. | 6/6/2019- Referred to Com. on HEALTH. | 6/6/2019- S. HEALTH | Current federal law provides that EPSDT services include periodic screening services, vision services, dental services, hearing services, and other necessary services to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not the services are covered under the state plan. This bill would require, consistent with federal law, that screening services provided as an EPSDT benefit include developmental screening services for individuals zero to 3 years of age, inclusive, and would require Medi-Cal managed care plans to ensure that providers who contract with these plans render those services in conformity with specified standards. |
| AB 1322 | Berman D | School-based health programs. | 6/5/2019- From committee: Do pass and re-refer to Com. on HEALTH. (Ayes 5. Noes 0.) (June 5). Re-referred to Com. on HEALTH. | 6/5/2019- S. HEALTH | Would require the State Department of Education to, no later than July 1, 2020, establish an Office of School-Based Health Programs for the purpose of, among other things, administering health-related programs under the purview of the State Department of Education and advising on issues related to the delivery of school-based Medi-Cal services in the state. The bill would authorize the office to form additional advisory groups, as specified, and would require the State Department of Education to make available to the office any information on other school-based dental, health, and mental health programs. |
| AB 1642 | Wood D | Medi-Cal: managed care plans. | 6/12/2019- Referred to Com. on HEALTH. | 6/12/2019- S. HEALTH | Would require a Medi-Cal managed care plan to provide to the State Department of Health Care Services additional information in its request for the alternative access standards, including a description of the reasons justifying the alternative access standards, and to report to the department on how the Medi-Cal managed care plan arranged for the delivery of Medi-Cal covered services to Medi-Cal enrollees, such as through the use of Medi-Cal covered transportation. |

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|-------------------------|----------------------------------|---|---|-------------------------------------|---|
| AB 1676 | Maienschein D | Health care: mental health. | 5/17/2019- Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2019)(May be acted upon Jan 2020) | 5/17/2019- A. 2 YEAR | Would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. |
| AB 1723 | Wood D | Pharmacy: clinics: purchasing drugs at wholesale. | 6/25/2019- Read second time. Ordered to Consent Calendar. | 6/25/2019-S. CONSENT CALENDAR | The Pharmacy Law provides for the licensure and regulation of the practice of pharmacy by the California State Board of Pharmacy within the Department of Consumer Affairs. Current law authorizes certain clinics to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at the clinic, including, among others, a clinic operated by a primary care community or free clinic, operated on separate premises from a licensed clinic, that is open no more than 20 hours per week. This bill would increase the number of hours the above-specified clinic is authorized to be open to not more than 40 hours per week. |
| SB 29 | Durazo D | Medi-Cal: eligibility. | 6/25/2019- June 25 set for first hearing canceled at the request of author. | 6/6/2019- A. HEALTH | Would, subject to an appropriation by the Legislature, extend eligibility for full-scope Medi-Cal benefits to individuals who are 19 to 25 years of age, inclusive, or who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status, and would extend eligibility for full-scope Medi-Cal benefits to individuals beyond 26 years of age in subsequent calendar years, as specified. |
| SB 207 | Hurtado D | Medi-Cal: asthma preventive services. | 6/25/2019- June 25 set for first hearing canceled at the request of author. | 5/30/2019- A. HEALTH | Would include asthma preventive services, as defined, as a covered benefit under the Medi-Cal program. The bill would require the State Department of Health Care Services, in consultation with external stakeholders, to approve 2 accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers, and would require the curricula to be consistent with specified federal and clinically appropriate guidelines. |

| Measure | Author | Topic | Status | Location | Brief Summary |
|------------------------|---------------------------|--|---|---------------------|---|
| SB 260 | Hurtado D | Automatic health care coverage enrollment. | 6/26/2019- From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (June 25). Re-referred to Com. on APPR. | 6/25/2019- A. APPR. | Would require the Exchange, beginning no later than July 1, 2021, to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from another insurance affordability program. The bill would require enrollment to occur before coverage through the insurance affordability program is terminated, and would prohibit the premium due date from being sooner than the last day of the first month of enrollment. The bill would require the Exchange to provide an individual who is automatically enrolled in the lowest cost silver plan with a notice that includes specified information, including the individual's right to select another available plan or to not enroll in the plan. |