

OLMSTEAD ADVISORY COMMITTEE LEGISLATION WATCH LIST

July 19, 2017

The California Health and Human Services Agency (CHHS) compiles and updates a Legislation Watch List related to Olmstead implementation activities. The list is developed based on Olmstead Advisory Committee input.

Committee Members are asked to submit information on bills that have a substantial impact on Olmstead implementation—whether advancing or impeding implementation—that should be included on the list.

The following Legislation Watch List helps to flag bills for the Secretary of CHHS as well as guide discussion at Committee meetings.

Assembly Bills

[AB 180](#) **(Wood D) Medi-Cal.**

Status: 6/1/2017-Re-referred to Com. on HEALTH.

Location: 6/1/2017-S. HEALTH

Summary: Current law requires the State Department of Health Care Services to develop and prepare one or more reports issued on at least a quarterly basis and make the reports public within 30 days for the purpose of informing the California Health and Human Services Agency, the California Health Benefit Exchange, the Legislature, and the public about the enrollment process for all insurance affordability programs. Current law further requires the department to collect the data for these reports pursuant to specified administrative procedures. This bill would require these ongoing reports to be issued on at least a biannual basis and be made public within 90, rather than 30, days.

[AB 191](#) **(Wood D) Mental health: involuntary treatment.**

Status: 5/30/2017-In committee: Hearing postponed by committee.

Location: 5/10/2017-S. HEALTH

Summary: The Lanterman-Petris-Short Act authorizes a person who has been detained for 72 hours and who has received an evaluation to be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism under specified conditions. Current law further authorizes the person to be certified for an additional period not to exceed 14 days if that person was suicidal during the 14-day period or the 72-hour evaluation period, or an additional period not to exceed more than 30 days under specified conditions. Current law requires, for a person to be certified under any of these provisions, a notice of certification to be signed by 2 people, and, in specified circumstances, authorizes the 2nd signature to be from a licensed clinical social worker or a registered nurse who participated in the evaluation. This bill would include a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign the notice under specified circumstances.

[AB 205](#) **(Wood D) Medi-Cal: Medi-Cal managed care plans.**

Status: 6/8/2017-Referred to Com. on HEALTH.

Location: 6/8/2017-S. HEALTH

Summary: Current state law establishes hearing procedures for an applicant for or beneficiary of Medi-Cal who is dissatisfied with certain actions regarding health care services and medical assistance to request a hearing from the State Department of Social Services under specified circumstances, and requires a request for a hearing to be filed within 90 days after the order or action complained of. This bill would implement various provisions in regard to those federal regulations, as amended May 6, 2016, governing Medicaid managed care plans. The bill would authorize a person to request a hearing involving a Medi-Cal managed care plan within 120 calendar days after the order or action complained of, and would exclude a request from the 120-calendar day filing time if there is good cause, as defined, for filing the request beyond the 120-calendar day period.

[AB 237](#) **(Gonzalez Fletcher D) In-home supportive services.**

Status: 6/8/2017-Referred to Com. on HUMAN S.

Location: 6/8/2017-S. HUM. S.

Summary: Current law specifies that providers of in-home supportive services and waiver personal care services have bimonthly payroll periods. This bill would instead specify that a "payroll period" means 2 workweeks.

[AB 254](#) **(Thurmond D) Local Educational Agency Behavioral Health Integration Pilot Program.**

Status: 6/14/2017-Referred to Coms. on HEALTH and ED.

Location: 6/14/2017-S. HEALTH

Summary: Would require the State Department of Health Care Services to establish the Local Educational Agency Behavioral Health Integration Pilot Program for the purpose of improving the behavioral health outcomes of students through a whole person care approach that is accomplished by providing funding to an eligible participant for the provision of direct behavioral health services, as defined. The bill would require the department to encourage eligible participants to participate in the program, to provide technical assistance to eligible participants, to develop a request for proposals process to determine funding allocation, and to formulate any necessary Medi-Cal State Plan amendments, and award grants pursuant to these provisions.

[AB 275](#) **(Wood D) Long-term care facilities: requirements for changes resulting in the inability of the facility to care for its residents.**

Status: 6/13/2017-Read second time and amended. Re-referred to Com. on APPR.

Location: 6/13/2017-S. APPR.

Summary: Current law imposes various notice and planning requirements upon a long-term health care facility before allowing a change in the status of the license or operation of the facility that results in the inability of the facility to care for its patients or residents, including a requirement for written

notification to the affected patients or their guardians at least 30 days prior to the change. Under existing law, these requirements also include taking reasonable steps to medically, socially, and physically assess each affected patient or resident prior to a transfer due to the change, and, when 10 or more residents are likely to be transferred due to a change, the preparation and submission of a proposed relocation plan to the department for approval. This bill would expand the notice and planning requirements that a long-term health care facility provides before any change in the status of the license or in the operation of the facility that results in its inability to care for its residents.

[AB 279](#) (Holden D) Developmental disabilities: regional centers.

Status: 6/8/2017-Referred to Com. on HUMAN S.

Location: 6/8/2017-S. HUM. S.

Summary: Current law authorizes the State Department of Developmental Services to contract with regional centers to provide services and supports. Current law requires the department to adopt regulations that specify rates, calculated on the basis of a cost model, including, among other things, changes in the state or federal minimum wage, for community care facilities serving persons with developmental disabilities, as specified. This bill would require the cost model described above to also include changes in local minimum wage.

[AB 322](#) (Mullin D) Public social services for deaf persons.

Status: 6/14/2017-Referred to Com. on HUMAN S.

Location: 6/14/2017-S. HUM. S.

Summary: Current law requires the State Department of Social Services, with the advice of persons knowledgeable about the provision of public social services to deaf and hard-of-hearing persons, to establish the criteria for funding public social services for the deaf and hard of hearing. This bill, upon appropriation by the Legislature, would require the department to provide deaf access program services to deaf and hard-of-hearing individuals who reside in a linguistically isolated household, as defined.

[AB 384](#) (Irwin D) The Qualified ABLE Program: tax-advantaged savings accounts.

Status: 6/12/2017-In committee: Set, second hearing. Hearing canceled at the request of author.

Location: 5/24/2017-S. GOV. & F.

Summary: Current law requires that an ABLE account only be established for a designated beneficiary who is a resident of this state, and that the California ABLE Act Board market the program to residents of this state to the extent funds are available. This bill would expand the residency requirement for a designated beneficiary to being a resident of the United States, and as a result, would expand the purposes of a continuously appropriated fund, thereby making an appropriation. The bill would require the board to market the program to residents of the United States to the extent funds are available.

[AB 391](#) (Chiu D) Medi-Cal: asthma preventive services.

Status: 6/14/2017-Referred to Com. on HEALTH.

Location: 6/14/2017-S. HEALTH

Summary: Current federal law authorizes, at the option of the state, preventive services, as defined, to be provided by practitioners other than physicians or other licensed practitioners. This bill, which would be known as the Asthma Preventive Services Program Act of 2017, would require the State Department of Health Care Services to seek an amendment to its Medicaid state plan to include qualified asthma preventive services providers, as defined, for individuals with poorly controlled asthma, under the Medi-Cal program.

[AB 432](#) (Thurmond D) Personal care services.

Status: 6/8/2017-Referred to Com. on HUMAN S.

Location: 6/8/2017-S. HUM. S.

Summary: Under the Medi-Cal program, similar services, known as personal care option services, are provided to eligible individuals. The Medi-Cal program also defines "waiver personal care services" to mean personal care services authorized by the State Department of Health Care Services for persons who are eligible for either nursing or model nursing facility waiver services. Current law authorizes a county board of supervisors to contract with a nonprofit consortium or to establish a public authority to provide in-home supportive services. This bill would additionally authorize a county board of supervisors to contract with a nonprofit consortium or to establish a public authority to provide waiver personal care services.

[AB 447](#) (Gray D) Medi-Cal: covered benefits: continuous glucose monitors.

Status: 6/14/2017-Referred to Com. on HEALTH.

Location: 6/14/2017-S. HEALTH

Summary: The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Current law provides for a schedule of covered benefits under the Medi-Cal program. This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors and related supplies required for use with those monitors to the schedule of benefits under the Medi-Cal program

for the treatment of diabetes mellitus type 1 and diabetes mellitus type 2 when medically necessary, subject to utilization controls.

- [AB 470](#) (Arambula D) Medi-Cal: specialty mental health services: performance outcome dashboard.**
Status: 6/15/2017-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.
Location: 6/14/2017-S. HEALTH
Summary: Current law requires the State Department of Health Care Services to develop a performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment mental health services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require the department, in collaboration with the California Health and Human Services Agency, to create a performance outcome dashboard, as specified, for specialty mental health services provided to eligible Medi-Cal beneficiaries.
- [AB 501](#) (Ridley-Thomas D) Mental health: community care facilities.**
Status: 6/14/2017-Referred to Coms. on HUMAN S. and HEALTH.
Location: 6/14/2017-S. HUM. S.
Summary: Would authorize the State Department of Social Services to, no later than January 1, 2019, and contingent upon an appropriation in the annual Budget Act for these purposes, license a short-term residential therapeutic program operating as a children's crisis residential program, as defined, and would require the department to regulate those programs, as specified. The bill would require the State Department of Health Care Services, in consultation with the State Department of Social Services and the County Behavioral Health Directors Association of California, among others, to develop a rate for children who are Medi-Cal beneficiaries and who are admitted to a children's crisis residential program.
- [AB 614](#) (Limón D) Area agency on aging: Alzheimer's disease and dementia: training and services.**
Status: 6/14/2017-Referred to Coms. on HEALTH and APPR.
Location: 6/14/2017-S. HEALTH
Summary: Current law requires the California Department of Aging to adopt policies and guidelines to carry out the purposes of the Alzheimer's Day Care-Resource Center program, whereby direct services contractors receive funding to provide services to meet the special care needs of, and address the behavioral problems of, individuals with Alzheimer's disease or a disease of a related type. This bill would require each area agency on aging to develop an evidence-based or evidence-informed core training program relating to Alzheimer's disease and dementia, and any additional training based on local needs.
- [AB 659](#) (Ridley-Thomas D) Medi-Cal: reimbursement rates.**
Status: 6/14/2017-Referred to Com. on HEALTH.
Location: 6/14/2017-S. HEALTH
Summary: The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law restricts the Medi-Cal reimbursement rate for clinical laboratory or laboratory services, as specified. Existing law requires that laboratory service providers submit annual data reports to the department, as specified, for the purpose of establishing rates for clinical or laboratory services based on the lowest amounts other payers are paying providers for similar services. This bill would change the frequency for submitting those reports to every 3 years beginning in 2019, and would require the data in those reports to be based on the previous calendar year.
- [AB 675](#) (Ridley-Thomas D) In-home supportive services.**
Status: 5/26/2017-In committee: Held under submission.
Location: 5/17/2017-A. APPR. SUSPENSE FILE
Summary: Current law requires, as part of the CCI, Medi-Cal long-term services and supports, including IHSS, to be covered services under managed care health plan contracts and to be available only through managed care health plans to beneficiaries residing in the CCI counties, except as specified. This bill would provide that the provision conditioning implementation of the CCI on the above-described estimation by the Director of Finance shall not apply to the requirement that IHSS be a covered service available through managed care health plans in CCI counties, and would continue IHSS as a covered service available through Medi-Cal managed care health plans in those counties.
- [AB 688](#) (Calderon D) Enforcement of money judgments: exemptions.**
Status: 5/24/2017-Referred to Com. on JUD.
Location: 5/24/2017-S. JUD.
Summary: The Stephen Beck, Jr., Achieving a Better Life Experience Act of 2014 (ABLE Act), encourages and assists individuals and families to save private funds in a tax-advantaged savings account for the purpose of supporting persons with disabilities to maintain their health, independence, and quality of life by excluding from gross income distributions used for qualified disability expenses by a beneficiary of a qualified ABLE program established and maintained by a state, as specified. Under the Qualified ABLE Program, moneys in, contributions to, and any distribution for qualified disability expenses from,

an ABLE account, up to \$100,000, do not count toward determining eligibility for a state or local means-tested program. This bill would also exempt those moneys in, contributions to, and distributions from, an ABLE account from enforcement of money judgments.

[AB 713](#) (Chu D) Continuing care retirement facilities: transfers of residents.

Status: 6/14/2017- Referred to Com. on HUMAN S.

Location: 6/14/2017-S. HUM. S.

Summary: Current law authorizes the resident or the resident's responsible person to dispute a transfer decision, and existing law requires a timely review of transfer disputes by the Continuing Care Contracts Branch of the department, as prescribed. Existing law requires any transfer decision of the branch of the department to be in writing. With regard to the assessment process, this bill would require a continuing care retirement community to use specified assessment tools during that process, and would require that a provider share copies of the completed assessment with the resident or the resident's responsible person.

[AB 727](#) (Nazarian D) Mental Health Services Act: housing assistance.

Status: 6/12/2017-Read second time and amended. Ordered to consent calendar. From Consent Calendar. Ordered to third reading.

Location: 6/12/2017-S. THIRD READING

Summary: Current law specifies the manner in which counties are to use the funds distributed from the Mental Health Services Fund, including using the majority of the funds for services provided by county mental health programs. Current law specifies a target population for these programs, including seriously emotionally disturbed children or adolescents and adults or older adults who have a serious mental disorder. This bill would clarify that counties may spend MHSA moneys on housing assistance, as defined, for people in the target population.

[AB 763](#) (Salas D) Independent Living Centers: funding.

Status: 6/8/2017- Referred to Com. on HUMAN S.

Location: 6/8/2017-S. HUM. S.

Summary: Under current law, each independent living center, except those centers that have been both established and maintained using specified federal funding as a primary base grant, is required to receive, to the extent funds are appropriated by the Legislature, at least \$235,000 in base grant funds allocated by the department. This bill would delete the above exception for centers that were previously established and maintained with federal funding, thereby requiring those centers to also receive at least \$235,000 in base grant funds allocated by the Department of Rehabilitation. The bill would make related findings and declarations.

[AB 839](#) (Garcia, Eduardo D) Medi-Cal: targeted case management.

Status: 6/8/2017- Referred to Com. on HEALTH.

Location: 6/8/2017-S. HEALTH

Summary: Would expand the definition of a local governmental agency for purposes of the Targeted Case Management Program Program to include a Native American Indian tribe, tribal organization, or subgroup of a Native American Indian tribe or tribal organization. The bill would make conforming changes.

[AB 940](#) (Weber D) Long-term health care facilities: notice.

Status: 6/14/2017- Referred to Com. on HEALTH.

Location: 6/14/2017-S. HEALTH

Summary: Would require a long-term health care facility to notify the local long-term care ombudsman any time a resident is notified in writing of a transfer or discharge from the facility, as specified. The bill would provide that a failure to provide that notice would constitute a class B violation for purposes of a department-issued citation. The bill would authorize the department to impose additional penalties under those provisions if the failure to send the notice is intentional.

[AB 959](#) (Holden D) Developmental services: regional centers.

Status: 6/7/2017-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 5/24/2017-S. HUM. S.

Summary: Would require the State Department of Social Services to establish and maintain a page on its Internet Web site that includes a list of services provided to consumers by regional centers and descriptions of those services. The bill would require a regional center to also include on its Internet Web site a link to that page on the department's Internet Web site.

[AB 1074](#) (Maienschein R) Health care coverage: pervasive developmental disorder or autism.

Status: 6/14/2017-Action From HEALTH: Do pass as amended.To HUM. S..

Location: 6/14/2017-S. HUM. S.

Summary: Current law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines "behavioral health treatment" to mean specified services provided by, among others, a

qualified autism service professional supervised and employed by a qualified autism service provider. This bill would revise those provisions, for purposes of health care service plans and health insurers, to require a qualified autism service professional or a qualified autism service paraprofessional to be supervised by a qualified autism service provider for purposes of providing behavioral health treatment.

[AB 1092](#) (Cooley D) Medi-Cal: eyeglasses.

Status: 6/15/2017-In committee: Hearing postponed by committee.

Location: 6/14/2017-S. HEALTH

Summary: Current law provides for a schedule of benefits under the Medi-Cal program, which includes eyeglasses, subject to utilization controls. Current law provides, except as specified, that certain optional Medi-Cal benefits, including, among others, optometric and optician services, are excluded from coverage under the Medi-Cal program. This bill, to the extent federal financial participation is available, any necessary federal approvals are obtained, and funds are appropriated by the Legislature for its purposes, would restore coverage of one pair of eyeglasses provided every 2 years to an individual 21 years of age or older.

[AB 1200](#) (Cervantes D) Aging and Disabilities Resource Connection program.

Status: 6/14/2017-Referred to Coms. on HUMAN S. and HEALTH.

Location: 6/14/2017-S. HUM. S.

Summary: Would establish the Aging and Disability Resource Connection (ADRC) program, to be administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. The bill would require the department to establish the Aging and Disability Resource Connection Advisory Committee as the primary adviser in the ongoing development and implementation of the ADRC program.

[AB 1368](#) (Calderon D) Medi-Cal: authorization requests.

Status: 6/15/2017-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 5/10/2017-S. HEALTH

Summary: Current law provides for a schedule of benefits and services under the Medi-Cal program, subject to utilization controls. Current law provides that specified utilization controls may be applied to any specific service or group of services that are subject to utilization controls, including prior authorization requirements. This bill would authorize a physician to designate a physician assistant or nurse practitioner to sign any authorization form required by the department for benefits and services under the Medi-Cal program, provided that the physician and the designated physician assistant or nurse practitioner are each enrolled as a Medi-Cal provider.

[AB 1372](#) (Levine D) Crisis stabilization units: psychiatric patients.

Status: 6/13/2017-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.

Location: 6/8/2017-S. HEALTH

Summary: Would authorize a certified crisis stabilization unit designated by a mental health managed care plan, at the discretion of the mental health managed care plan, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours in those cases in which the individual needs inpatient psychiatric care or outpatient care and inpatient psychiatric beds or outpatient services are not reasonably available. The bill would require a person who is placed under, or who is already under, a 72-hour involuntary hold because, based on probable cause, the person, as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled, to be credited for the time detained at a certified crisis stabilization unit.

[AB 1380](#) (Santiago D) Developmental services: regional center services.

Status: 6/14/2017-Referred to Com. on HUMAN S.

Location: 6/14/2017-S. HUM. S.

Summary: Would require all regional center contracts to include provisions requiring the regional center to develop a process by which all vendor contracts are reviewed at least once every 2 years and to require that the regional center take appropriate action to ensure that vendors comply with the contracts, up to and including terminating the vendorization if necessary. This bill contains other related provisions and other existing laws.

[AB 1437](#) (Patterson R) California Residential Care Facilities for the Elderly Act: licensing.

Status: 6/8/2017-Referred to Com. on HUMAN S.

Location: 6/8/2017-S. HUM. S.

Summary: Would prohibit an individual who is employed at a residential care facility for the elderly operated by a licensee and who possesses a current criminal record clearance from being required to transfer his or her current criminal record clearance to another facility operated by the same licensee. This bill contains other related provisions and other existing laws.

- [AB 1473](#) (Quirk-Silva D) Mental health: pilot crisis stabilization program.**
Status: 4/18/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Location: 3/27/2017-A. HEALTH
Summary: The Investment in Mental Health Wellness Act of 2013, provides that funds appropriated by the Legislature to the California Health Facilities Financing Authority for purposes of the act be made available to selected counties or counties acting jointly, except as otherwise provided, and used to increase capacity for client assistance and services in specified areas, including crisis intervention and crisis stabilization. This bill would require the State Department of Health Care Services to create a pilot crisis stabilization program in the County of Orange to provide mental health and safety support for older adults, and would appropriate an unspecified sum from the General Fund to the department for the purposes of implementing these provisions.
- [AB 1591](#) (Berman D) Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor.**
Status: 6/14/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 9. Noes 0.) (June 14). Re-referred to Com. on APPR.
Location: 6/14/2017-S. APPR.
Summary: Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides. This bill would include a licensed professional clinical counselor within those health care professionals covered under that definition.
- [AB 1607](#) (Frazier D) Developmental services: integrated competitive employment.**
Status: 6/14/2017-Referred to Com. on HUMAN S.
Location: 6/14/2017-S. HUM. S.
Summary: Would authorize a consumer in a supported employment program or work activity program who has the stated goal of integrated competitive employment in his or her IPP to request to use tailored day services in conjunction with his or her existing program to achieve that goal, if specified criteria are met, including that the type, amount, and provider of tailored day service allowed under these provisions is determined through the IPP process. The bill would specify the maximum hours of tailored day services that may be authorized in conjunction with existing services under these provisions.
- [AB 1629](#) (Maienschein R) Income taxes: credit: employees with disabilities.**
Status: 5/26/2017-In committee: Held under submission.
Location: 5/26/2017-A. APPR.
Summary: The Personal Income Tax Law and the Corporation Tax Law allow various credits against the taxes imposed by those laws. This bill, for taxable years beginning on and after January 1, 2018, and before January 1, 2023, would allow a credit under those laws to a qualified employer that pays or incurs to a qualified employee a wage equal to or exceeding the minimum wage during the taxable year, as provided
- [SB 171](#) (Hernandez D) Medi-Cal: Medi-Cal managed care plans.**
Status: 6/8/2017-Referred to Com. on HEALTH.
Location: 6/8/2017-A. HEALTH
Summary: Current state law establishes hearing procedures for an applicant for or beneficiary of Medi-Cal who is dissatisfied with certain actions regarding health care services and medical assistance to request a hearing from the State Department of Social Services under specified circumstances, and requires a request for a hearing to be filed within 90 days after the order or action complained of. This bill would implement various provisions in regard to those federal regulations, as amended May 6, 2016, governing Medicaid managed care plans. The bill would authorize a person to request a hearing involving a Medi-Cal managed care plan within 120 calendar days after the order or action complained of, and would exclude a request from the 120-calendar day filing time if there is good cause, as defined, for filing the request beyond the 120-calendar day period.
- [SB 177](#) (Nguyen R) Cognitively impaired adults: caregiver resource centers.**
Status: 5/25/2017-May 25 hearing: Held in committee and under submission.
Location: 5/25/2017-S. APPR. SUSPENSE FILE
Summary: This bill would, each fiscal year, commencing with the 2017-18 fiscal year, appropriate \$3,300,000 from the General Fund to the State Department of Health Care Services for allocation to CRCs for the purpose of providing those respite care services, and would require this funding to be used by the department to supplement, and not supplant, the level of funding that was allocated in the 2016-17 fiscal year for CRCs. The bill would also authorize those services to be provided in person and, except for respite care services, through the use of remote technologies.

SB 218

(Dodd D) The Qualified ABLE Program: tax-advantaged savings accounts.

Status: 6/15/2017- Referred to Com. on REV. & TAX.

Location: 6/15/2017-A. REV. & TAX

Summary: Would authorize the transfer of all amounts in the designated beneficiary's ABLE account to an ABLE account for another individual specified by either the designated beneficiary or the estate of the designated beneficiary upon the death of the designated beneficiary. The bill would prohibit the state from seeking recovery under the Medi-Cal estate recovery provisions of any amount remaining in the designated beneficiary's ABLE account for any amount of medical assistance paid under the state's Medicaid plan, unless the federal Centers for Medicare and Medicaid Services determines this provision is inconsistent with federal law, and would prohibit the state from filing a claim for the payment under the ABLE Act.

SB 219

(Wiener D) Long-term care facilities: rights of residents.

Status: 6/15/2017- Referred to Coms. on AGING & L.T.C. and JUD.

Location: 6/15/2017-A. AGING & L.T.C.

Summary: Would enact the Lesbian, Gay, Bisexual, and Transgender Long-Term Care Facility Resident's Bill of Rights. Among other things, the bill would make it unlawful, except as specified, for any long-term care facility to take specified actions wholly or partially on the basis of a person's actual or perceived sexual orientation, gender identity, gender expression, or human immunodeficiency virus (HIV) status, including, among others, willfully and repeatedly failing to use a resident's preferred name or pronoun after being clearly informed of the preferred name and pronoun and denying admission to a long-term care facility, transferring or refusing to transfer a resident within a facility or to another facility, or discharging or evicting a resident from a facility.

SB 223

(Atkins D) Health care language assistance services.

Status: 6/8/2017- Referred to Com. on HEALTH.

Location: 6/8/2017-A. HEALTH

Summary: For specified vital documents that are not standardized but contain enrollee or insured specific information, current law does not require a health care service plan or health insurer to translate the documents into threshold languages identified by the needs assessment, but instead requires a written notice of availability of interpretation services in threshold languages identified by the needs assessment to be included with those vital documents. This bill would also require this written notice to be made available in the top 15 languages spoken by limited-English-proficient (LEP) individuals in California identified annually by the United States Census Bureau.

SB 255

(Mendoza D) California Partnership for Long-Term Care Program.

Status: 6/5/2017- Referred to Coms. on INS. and AGING & L.T.C.

Location: 6/5/2017-A. INS.

Summary: A long-term care policy, certificate, or rider that purports to provide benefits of home and community-based services under the California Partnership for Long-Term Care Program is required to provide specified minimum services, including assisted living facility services and residential care facility services. Current law includes minimum policy definitions of those facilities. This bill would require a policy, certificate, or rider as described above to instead be called a home care, community-based services, and residential care facility only policy, certificate, or rider. The bill would delete assisted living facility services from the list of required minimum services to be provided, clarify that those required minimum services include care in a residential care facility, and delete the policy definitions.

SB 294

(Hernandez D) Hospices: palliative care.

Status: 6/12/2017- Referred to Com. on HEALTH.

Location: 6/12/2017-A. HEALTH

Summary: Current law authorizes licensed hospices to provide, in addition to hospice services authorized under the California Hospice Licensure Act of 1990, specified preliminary services, including preliminary palliative care consultations, for any person in need of those services, as determined by the physician and surgeon, if any, in charge of the care of a patient. This bill would, among other things, expand the definition of palliative care to mean patient and family centered care that optimizes quality of life of any patient. The bill would also expand the definition of skilled nursing services to include palliative, supportive services required by patients with a serious illness, and would define serious illness to mean a condition that may result in death, regardless of the estimated length of the individual's remaining period of life.

SB 323

(Mitchell D) Medi-Cal: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services.

Status: 6/12/2017- Referred to Com. on HEALTH.

Location: 6/12/2017-A. HEALTH

Summary: Would prohibit the costs associated with providing Drug Medi-Cal services or specialty mental health services from being included in the FQHC's or RHC's per-visit PPS rate, and would require the costs associated with providing Drug Medi-Cal services or specialty mental health services to be adjusted out of the FQHC's or RHC's clinic base rate as a scope-of-service change if the FQHC or RHC

determines that the costs associated with providing Drug Medi-Cal services or specialty mental health services are within the clinic base rate, as specified.

- [SB 398](#) (Monning D) Acquired brain trauma.**
Status: 6/8/2017- Referred to Coms. on HEALTH and HUM. S.
Location: 6/8/2017-A. HEALTH
Summary: Current law authorizes the Department of Rehabilitation to make grants from the funds in the Traumatic Brain Injury Fund to service providers for the purpose of carrying out the program and requires the department to pursue all sources of federal financial participation. Current law makes these provisions inoperative on July 1, 2019. This bill would instead make that program operative indefinitely. The bill would also make various changes to the program.
- [SB 413](#) (Morrell R) Dementia: major neurocognitive disorder.**
Status: 5/22/2017- Referred to Coms. on AGING & L.T.C. and JUD.
Location: 5/22/2017-A. AGING & L.T.C.
Summary: Current law regulates the licensure and operation of residential care facilities for the elderly, including the adoption of building standards to provide for locked and secured perimeters in residential care facilities for the elderly that care for persons with dementia. This bill would replace references to the term dementia in these provisions with major neurocognitive disorders. The bill would also make technical, nonsubstantive changes to these provisions.
- [SB 433](#) (Mendoza D) Developmental services: data exchange.**
Status: 6/13/2017- June 13 hearing postponed by committee.
Location: 5/22/2017-A. HUM. S.
Summary: Would authorize the Employment Development Department to disclose specified information to the State Department of Developmental Services, upon request, through information-sharing agreements or data interfaces to assist the State Department of Developmental Services in the implementation of the Employment First Policy and to support consumers in the achievement of competitive integrated employment. The bill would subject the disclosure of this information to various privacy laws. By expanding a crime under these provisions, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.
- [SB 456](#) (Pan D) Medi-Cal managed care: federally qualified health centers and rural health clinics: services that follow the patient.**
Status: 6/15/2017- From committee: Do pass as amended and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 14. Noes 0.) (June 13).
Location: 6/15/2017-A. SECOND READING
Summary: Would authorize a federally qualified health center (FQHC) and rural health clinic (RHC) to enter into an agreement with a public or private entity willing and qualified to provide services that follow the patient. The bill would describe those entities eligible to contract with an FQHC or RHC under the bill, and would define "services that follow the patient" as services that are not reimbursable on a per-visit basis pursuant to a specified provision, that promote continuity of care and contribute to overall patient wellness, as specified.
- [SB 523](#) (Hernandez D) Medi-Cal: emergency medical transport providers: quality assurance fee.**
Status: 6/8/2017- Referred to Com. on HEALTH.
Location: 6/8/2017-A. HEALTH
Summary: Would, commencing July 1, 2018, and subject to federal approval, impose a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider, as defined, subject to the quality assurance fee in accordance with a prescribed methodology. The bill would authorize the director to exempt categories of emergency medical transport providers from the quality assurance fee if necessary to obtain federal approval. The bill would require the Director of Health Care Services to deposit the collected quality assurance fee into the Medi-Cal Emergency Medical Transport Fund.
- [SB 565](#) (Portantino D) Mental health: involuntary commitment.**
Status: 5/26/2017- Referred to Com. on HEALTH.
Location: 5/26/2017-A. HEALTH
Summary: Under current law, upon the completion of a 14-day period of intensive treatment, a person may be certified for an additional period of not more than 30 days of intensive treatment if the professional staff of the agency or facility treating the person has found that the person remains gravely disabled as a result of a mental disorder or impairment by chronic alcoholism, and he or she remains unwilling or unable to accept treatment voluntarily. Current law requires a person certified for an additional 30 days of treatment pursuant to these provisions to be provided a certification review hearing, as specified, unless a judicial review is requested. This bill would require the mental health facility to make reasonable attempts to notify family members or any other person designated by the patient at least 36 hours prior to the certification review hearing for the additional 30 days of treatment.

[SB 608](#) (Hernandez D) Medi-Cal: Hospital Quality Assurance Revenue Fund: direct grants.

Status: 6/8/2017-Referred to Com. on HEALTH.

Location: 6/8/2017-A. HEALTH

Summary: The California Constitution, pursuant to Proposition 52 as approved by voters at the November 8, 2016, statewide general election, prohibits a statute amending or adding to the provisions of the Medi-Cal Hospital Reimbursement Improvement Act of 2013 from becoming effective unless approved by the electors, as specified, but authorizes the Legislature, by a 2/3 vote in each house of the Legislature, to amend or add provisions that further the purposes of the act. Current law, as amended by Proposition 52, extends the operation of the Hospital Quality Assurance Revenue Fund as long as the act remains operative. This bill would, for the 2nd program period, require that direct grants in support of health care expenditures be paid to designated public hospitals, to be funded by the quality assurance fee, with the aggregate amount of the grants being \$25,250,000 in the aggregate for the 2 subject fiscal quarters in the 2016–17 subject fiscal year, as defined, \$60,500,000 for the 2017–18 subject fiscal year, and \$69,000,000 in the aggregate for the 2018–19 subject fiscal year.

[SB 643](#) (Pan D) The Holden-Moscone-Garamendi Genetically Handicapped Persons Program: Duchenne muscular dystrophy.

Status: 6/15/2017-Referred to Com. on HEALTH.

Location: 6/15/2017-A. HEALTH

Summary: Current law, the Holden-Moscone-Garamendi Genetically Handicapped Persons Program, requires the Director of the State Department of Health Care Services to establish and administer a program for the medical care of persons with genetically handicapping conditions, including, but not limited to, cystic fibrosis, hemophilia, sickle cell disease, and Huntington’s disease. This bill would add Duchenne muscular dystrophy to the list of medical conditions eligible for the program.

Total Measures: 51

Total Tracking Forms: 72