

**CALACAP Tracked Legislation
Introduced as of Monday, July 08, 2019**

Bills with Support Positions by CALACAP

Bill ID/Topic	Location	Summary	Position
<p><u>AB 6</u> <u>Reves D</u> Early childhood education: Early Childhood Education Branch.</p>	<p>SENATE HUM. S. 6/19/2019 - From committee: Do pass and re-refer to Com. on HUMAN S. (Ayes 7. Noes 0.) (June 19). Re- referred to Com. on HUMAN S. <i>7/8/2019 3 p.m. - Rose Ann Vuich Hearing Room (2040) SENATE HUMAN SERVICES, HURT ADO, Chair</i></p>	<p>Existing law designates the State Department of Education as the single state agency responsible for the promotion, development, and provision of care of children in the absence of their parents during the workday or while engaged in other activities that require assistance of a 3rd party or parties. This bill would establish in the department, on or before January 1, 2021, the Early Childhood Education Branch, in order to ensure a holistic implementation of early childhood education programs and universal preschool. The bill would require the office to have specified responsibilities, including the responsibility of coordinating services with the State Department of Social Services and the California Health and Human Services Agency to ensure that social and health services are provided to children in early childhood education programs. The bill would express the intent of the Legislature to adequately finance the Early Childhood Education Branch when it is established. Last Amended on 4/2/2019</p>	<p>Support</p>
<p><u>AB 8</u> <u>Chu D</u> Pupil health: mental health professionals.</p>	<p>SENATE HEALTH H 6/25/2019 - In committee: Set, first hearing. Hearing canceled at the request of author. <i>7/10/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair</i></p>	<p>(1) Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. Existing law requires, subject to sufficient funds being provided, the State Department of Education, in consultation with the State Department of Health Care Services and appropriate stakeholders, to, on or before July 1, 2020, develop guidelines for the use of telehealth technology in public schools, including charter schools, to provide mental health and behavioral health services to pupils on school campuses. This bill would require, on or before December 31, 2024, a school of a school district or county office of education and a charter school to have at least one mental health professional, as defined, for every 600 pupils generally accessible to pupils on campus during school hours. The bill would require, on or before December 31, 2024, a school of a school district or county office of education and a charter school with fewer than 600 pupils to have at least one mental health professional generally accessible to pupils on campus during school hours, to employ at least one mental health professional to serve multiple schools, or to enter into a memorandum of understanding with a county agency or community-based organization for at least one mental health professional employed by the agency or organization to provide services to pupils. The bill would encourage a</p>	<p>Support</p>

		school subject to the bill's provisions with pupils who are eligible to receive Medi-Cal benefits to seek reimbursement for costs of implementing the bill's provisions, as specified. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended on 5/16/2019	
AB 149 Cooper D Controlled substances: prescriptions.	ASSEMBLY CH APTERED 3/11/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 4, Statutes of 2019.	Existing law classifies certain controlled substances into designated schedules. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Existing law requires those prescription forms to be printed with specified features, including a uniquely serialized number. This bill would delay the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice that is no later than January 1, 2020. The bill would require, among other things, the serialized number to be utilizable as a barcode that may be scanned by dispensers. The bill would additionally make any prescription written on a prescription form that was otherwise valid prior to January 1, 2019, but that does not include a uniquely serialized number, or any prescription written on a form approved by the Department of Justice as of January 1, 2019, a valid prescription that may be filled, compounded, or dispensed until January 1, 2021. The bill would authorize the Department of Justice to extend this time period for a period no longer than an additional 6 months, if there is an inadequate availability of compliant prescription forms. This bill contains other related provisions. Last Amended on 2/19/2019	Support
AB 528 Low D Controlled substances: CURES database.	SENATE B., P. & E.D. 6/19/2019 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on B., P. & E.D. 7/1/2019 11 a.m. - Room 3191 SENATE BU SINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT, GLAZER, Chair	(1) Existing law classifies certain controlled substances into Schedules I to V, inclusive. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the department as soon as reasonably possible, but no more than 7 days after a controlled substance is dispensed. This bill would require a dispensing pharmacy, clinic, or other dispenser to report the information required by the CURES database no more than one working day after a controlled substance is dispensed. The bill would similarly require the dispensing of a controlled substance included on Schedule V to be reported to the department using the CURES database. The bill would make conforming changes to related provisions. The bill would prohibit an insurer providing workers' compensation coverage from using information obtained from the CURES database as the sole factor in approving or denying a workers' compensation claim. This bill contains other existing laws. Last Amended on 6/19/2019	Support

<p>AB 624 Gabriel D Pupil and student health: identification cards: sexual assault and domestic violence hotline</p>	<p>SENATE ED. 6/3/2019 - In committee: Set, first hearing. Hearing canceled at the request of author. 7/3/2019 9 a.m. - John L. Burton Hearing Room (4203) SENATE EDUCATION, LEY VA, Chair</p>	<p>Existing law requires public and private postsecondary educational institutions and private vocational educational institutions to each adopt, and implement at each of their respective campuses or other facilities, a written procedure or protocols to ensure, to the fullest extent possible, that students, faculty, and staff who are victims of sexual assault receive treatment and information, as provided. Existing law requires the governing board of each community college district, the Trustees of the California State University, the Regents of the University of California, and the governing boards of independent postsecondary institutions, in order to receive state funds for student financial assistance, to adopt a policy concerning sexual assault, domestic violence, dating violence, and stalking involving a student both on and off campus. This bill, commencing July 1, 2020, would require public schools, including charter schools, and public and nonsectarian private postsecondary educational institutions, if they issue pupil or student identification cards, to have printed on either side of those identification cards the telephone numbers for the National Sexual Assault Hotline, the National Domestic Violence Hotline, and a sexual or reproductive health hotline. The bill, commencing July 1, 2020, would require a private school and a sectarian private postsecondary educational institution, if it issues pupil identification</p>	<p>Support</p>
<p>telephone numbers.</p>		<p>cards, to have printed on either side of those identification cards the telephone numbers for the National Sexual Assault Hotline and the National Domestic Violence Hotline. The bill would authorize public and nonsectarian private postsecondary educational institutions to have printed on either side of those identification cards the telephone number for a local sexual assault and domestic violence hotline that the institution deems appropriate. The bill would authorize schools and institutions subject to these requirements that have a supply of unissued, noncompliant identification cards as of January 1, 2020, to issue the noncompliant identification cards until that supply is depleted. This bill contains other existing laws. Last Amended on 4/24/2019</p>	
<p>AB 734 Maienschein D Resource families: supportive services pilot program.</p>	<p>SENATE HUM. S. 6/24/2019 - In committee: Set, first hearing. Hearing canceled at the request of author. 7/8/2019 3 p.m. - Rose Ann Vuich Hearing Room (2040) SENATE HUMAN SERVICES, HURT ADO, Chair</p>	<p>Existing law provides for the implementation, by counties and foster family agencies, of the resource family approval process, which is a unified, family-friendly, and child-centered approval process that replaces the multiple processes for licensing foster family homes, approving relatives and nonrelative extended family members as foster care providers, and approving adoptive families. This bill would require the State Department of Social Services to establish and facilitate a pilot program in up to 5 counties that voluntarily apply and are selected by the department, to increase placement stability for foster youth and facilitate greater resource family retention through the provision of strengths-based, skills-based, trauma-informed coaching. The bill would specify that the pilot program is not intended to supplant any existing obligation on counties to provide core services, or to duplicate services already available to foster children in the community. The bill would require the pilot program to be funded with moneys appropriated by the Legislature for its purposes, and would additionally authorize funding from Mental Health Services Act state operations funds allocated to the Mental Health Services Oversight and Accountability Commission, if the commission so elects. This bill contains other related provisions and other existing laws. Last Amended on 6/17/2019</p>	<p>Support</p>

<p>AB 763 Gray D Medi-Cal specialty mental health services.</p>	<p>SENATE APPR. 6/27/2019 - From committee: Amend, and do pass as amended and re- refer to Com. on APPR. (Ayes 9. Noes 0.) (June 26). 7/1/2019 #3 SENA TE ASSEMBLY BILLS - SECOND READING FILE</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnosis, and Treatment services for an individual under 21 years of age. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care health plans, including mental health plans that provide specialty mental health services. Existing law requires the department to ensure that Medi-Cal managed care contracts include a process for screening, referral, and coordination with mental health plans of specialty mental health services. Existing law requires the department to convene a steering committee to provide advice on the transition and continuing development of the Medi-Cal mental health managed care systems, and to ensure that the mental health plans comply with various standards, such as maintaining a system of outreach to enable Medi-Cal beneficiaries and providers to participate in and access Medi-Cal specialty mental health services under the mental health plans. This bill would require, on or before March 31, 2020, the department to convene a stakeholder workgroup, including representatives from the County Behavioral Health Directors Association of California, to identify all forms currently used by mental health plan contractors for purposes of determining eligibility and reimbursement for specialty mental health services that are provided under Early and Periodic Screening, Diagnosis, and Treatment Program, and to develop standard forms. The bill would also authorize the department and the workgroup to develop a list of department-approved nonstandard forms. The bill would require the standard forms to be completed by January 1, 2021. The bill would require representatives from the</p>	<p>Support</p>
		<p>department and the workgroup to provide, on or before July 1, 2021, regional trainings for mental health plans and their provider networks on the standard forms. The bill would require mental health plan contractors to distribute the training material and standard forms to their provider networks, and, to commence, by July 1, 2021, exclusively using the standard forms, unless they use department-approved nonstandard forms. Last Amended on 6/18/2019</p>	
<p>AB 781 Maienschein D Medi-Cal: family respite care.</p>	<p>ASSEMBLY ENR OLLMENT 6/27/2019 - Senate amendments concurred in. To Engrossing and Enrolling.</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that pediatric day health care is a covered benefit under the Medi-Cal program and that pediatric day health care does not include inpatient long-term care or family respite care. This bill would specify that pediatric day health care services may be provided at any time of the day and on any day of the week, so long as the total number of authorized hours is not exceeded. The bill would also authorize pediatric day health care services to be covered for up to 23 hours per calendar day. Last Amended on 6/10/2019</p>	<p>Support</p>

<p>AB 1004 McCarty D Development al screening services.</p>	<p>SENATE HEALTH H 6/6/2019 - Referred to Com. on HEALTH. 7/3/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for any individual under 21 years of age who is covered under Medi-Cal consistent with the requirements under federal law. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans, and existing law requires the department to pay capitation rates to the managed care plans. 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. The bill would require the department to ensure a Medi-Cal managed care plan's ability and readiness to perform these developmental screening services, and to adjust a Medi-Cal managed care plan's capitation rate. Until July 1, 2023, the bill would require an external quality review organization entity to annually review, survey, and report on managed care plan reporting and compliance with specified developmental screening tools and schedules. The bill would also make legislative findings and declarations relating to child development. This bill contains other existing laws. Last Amended on 4/23/2019</p>	<p>Support</p>
<p>AB 1031 Nazarian D Youth Substance Use Disorder Treatment and Recovery Program Act of 2019.</p>	<p>SENATE APPR. 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 APPR.</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive medically necessary health care services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for an individual under 21 years of age, subject to utilization controls and consistent with federal requirements. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would repeal those inoperative provisions and would enact the Youth Substance Use Disorder Treatment and Recovery Program Act of 2019, with similar provisions to, in part, require the department, on or before January 1, 2021, to establish community-based nonresidential and residential treatment and recovery programs to intervene and treat the problems of alcohol and drug use among youth under 21 years of age. The bill would additionally require the department, in collaboration with counties and providers of substance use disorder services, to establish through regulation criteria for participation, programmatic requirements, treatment standards, and terms and conditions for funding. The bill would require the criteria to also include consideration of indicators of drug and alcohol</p>	<p>Support</p>
	<p>7/8/2019 10 a.m. - John L. Burton Hearing Room (4203) SENATE A PPROPRIATIONS, PORTANTINO, Chair</p>	<p>use among youth. The bill would require the department's regulations for these programs to describe a continuum of care to identify, treat, and support recovery from substance misuse for youth under 21 years of age, as specified. The bill would require the department to report to the Legislature during budget hearings regarding the status of the implementation of the program, and to annually report to the Legislature specified utilization data. The bill would additionally require the department to update its Medi-Cal billing codes to include specified services, based on whether those services are medically necessary. The bill would make related findings and declarations. This bill contains other existing laws. Last Amended on 6/26/2019</p>	

<p>AB 1322 Berman D School-based health programs.</p>	<p>SENATE HEALTH 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. 7/3/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive healthcare services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Existing law also provides that specified services provided by LEAs are covered Medi-Cal benefits and are reimbursable on a fee-for-service basis under the LEA Medi-Cal billing option. Existing law requires the State Department of Health Care Services to engage in specified activities relating to the LEA Medi-Cal billing option, such as amending the Medicaid state plan to ensure that schools shall be reimbursed for all eligible services and examining methodologies for increasing school participation in the LEA Medi-Cal billing option. Existing law requires that these activities be funded and staffed by proportionately reducing federal Medicaid payments allocable to LEAs for the provision of benefits funded by federal Medicaid program payments under the LEA Medi-Cal billing option in an amount not to exceed \$1,500,000 annually. This bill 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. The bill would require the office to be supported through an interagency agreement with the State Department of Health Care Services and by federal matching funds available through the Administrative Claiming process for eligible staff time, and would authorize the office to receive additional funds from grants and other sources. The bill would increase the annual funding limit for the activities of the State Department of Health Care Services that support the LEA Medi-Cal billing option to \$2,000,000, and would require that \$500,000 of that amount be available for transfer to the State Department of Education to support the office pursuant to that interagency agreement.</p>	<p>Support</p>
<p>AB 1443 Maienschein D Mental health: technical</p>	<p>SENATE APPR. 6/20/2019 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent</p>	<p>Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, among other things, establishes the Mental Health Services Oversight and Accountability Commission to oversee the administration of various parts of the act. The act authorizes the commission to, among other things, establish technical advisory committees and assist in providing technical assistance to accomplish the purposes of the act. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by a</p>	<p>Support</p>

<p>assistance centers.</p>	<p>Calendar. (Ayes 9. Noes 0.) (June 19). Re-referred to Com. on APPR. 7/8/2019 10 a.m. - John L. Burton Hearing Room (4203) SENATE A PPROPRIATIONS, PORTANTINO, Chair</p>	<p>majority vote. This bill would require, subject to available funding, the commission to establish one or more technical assistance centers to support counties in addressing mental health issues, as determined by the commission, that are of statewide concern and establish, with stakeholder input, which mental health issues are of statewide concern. The bill would require costs incurred as a result of complying with those provisions to be paid using funds allocated to the commission from the Mental Health Services Fund. The bill would state the finding and declaration of the Legislature that this change is consistent with and furthers the intent of the act. Last Amended on 3/25/2019</p>	
<p>AB 1550 Bonta D Crisis stabilization units: psychiatric patients.</p>	<p>SENATE HEALTH H 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. 7/3/2019 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, PAN, Chair</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including specialty mental health services and nonspecialty mental health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize a certified crisis stabilization unit designated by a mental health plan, at the discretion of the mental health plan, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours, but not for more than 48 hours, when 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 the person, as a result of a mental disorder, is a danger to themselves or others, or is gravely disabled, to be credited for the time detained at a certified crisis stabilization unit. The bill would require the department to amend its contract with a mental health plan to include a provision authorizing the provision of crisis stabilization services for more than 24 hours if the mental health plan elects to provide crisis stabilization services under these provisions. The bill would require the department to require these mental health plans to complete specified duties, including to establish, only if the plan opts to offer extended services, treatment protocols, documentation standards, and administrative procedures, consistent with best practices and other evidence-based medicine, to be followed by a certified crisis stabilization unit for appropriate treatment to individuals who are provided crisis stabilization services for more than 24 hours. The bill would require a certified crisis stabilization unit that provides crisis stabilization services under these provisions to comply with specified requirements, including ensuring that a psychiatrist is available at all times to address psychiatric emergencies. The bill would require the department to seek any state plan amendments or waivers, or amendments to existing waivers, that are necessary to implement these provisions. This bill contains other existing laws. Last Amended on 6/27/2019</p>	<p>Support</p>
<p>AB 1766 Bloom D Licensed adult residential facilities and</p>	<p>SENATE RLS. 6/27/2019 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read</p>	<p>The California Community Care Facilities Act provides for the licensure and regulation of community care facilities by the State Department of Social Services, including various adult residential facilities, as described. The act includes legislative findings and declarations that there is an urgent need to establish a coordinated and comprehensive statewide service of quality community care for the mentally ill, the developmentally and physically disabled, and children and adults who require care or services. Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly, as defined, by the department and expresses the intent of the Legislature to require that</p>	<p>Support</p>

<p>residential care facilities for the elderly: data collection: residents with a serious mental disorder.</p>	<p>second time, amended, and re- referred to Com. on RLS.</p>	<p>those facilities be licensed as a separate category within the existing licensing structure of the department. This bill would require the department to collect and publicly report data from licensed adult residential facilities and residential care facilities for the elderly, including whether the facility accepts residents with a serious mental disorder, as defined, and the destination for all residents with a serious mental disorder who exited during the previous 12 months, among other information. The bill would also require the department to publicly report on a quarterly basis how many licensed residential facilities primarily serving low-income residents closed permanently in the prior quarter and to create guidelines to ensure that the county in which a facility is located is notified when that facility notifies the department that it is closing. The bill would authorize the department to contract with a third party that specializes in creating a searchable database to create a searchable database for these purposes. Last Amended on 6/27/2019</p>	
<p><u>SB 10 Beall D</u> Mental health services: peer support specialist certification.</p>	<p>ASSEMBLY HEA LTH 6/18/2019 - From committee with author's amendments. Read second time and amended. Re- referred to Com. on HEALTH. 7/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including various behavioral and mental health services. This bill would require the State Department of Health Care Services to establish, no later than July 1, 2020, a statewide peer support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The certification program's components would include, among others, defining responsibilities, practice guidelines, and supervision standards, determining curriculum and core competencies, specifying training and continuing education requirements, establishing a code of ethics, and determining a certification revocation process. The bill would require an applicant for the certification as a peer support specialist to meet specified requirements, including successful completion of the curriculum and training requirements. This bill contains other related provisions and other existing laws. Last Amended on 6/18/2019</p>	<p>Support</p>

<p>SB 66 Atkins D Medi-Cal: federally qualified health center and rural health clinic services.</p>	<p>ASSEMBLY HEA LTH 6/3/2019 - Referred to Com. on HEALTH. 7/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing 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, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved</p>	<p>Support</p>
		<p>that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill contains other related provisions. Last Amended on 3/21/2019</p>	
<p>SB 174 Leyva D Early childhood education: reimburseme nt rates.</p>	<p>ASSEMBLY ED. 6/19/2019 - From committee: Do pass and re-refer to Com. on ED. with recommendation: To consent calendar. (Ayes 8. Noes 0.) (June 18). Re-referred to Com. on ED. 7/10/2019 1:30 p.m. - State Capitol, Room 126 ASSEMBLY EDUCATION, O'DONNELL, Chair</p>	<p>(1)The Child Care and Development Services Act establishes a system of childcare and development services for children up to 13 years of age, and requires the Superintendent of Public Instruction to implement a plan establishing assigned reimbursement rates, per unit of average daily enrollment, to be paid by the state to provider agencies for the provision of those services. This bill would instead require, until January 1, 2021, the regional market rate ceilings to be established at the 75th, and thereafter, at the 85th, percentile of the 2018 regional market survey for that region or the regional market rate ceiling that existed in that region on December 31, 2017, whichever is greater. The bill would require, on and after January 1, 2021, reimbursement to license-exempt childcare providers to instead not exceed 70% of the commensurate rate for both full-time and part-time care, as provided. The bill would make these provisions subject to an appropriation, as provided. This bill contains other related provisions and other existing laws. Last Amended on 6/13/2019</p>	<p>Support</p>

<p><u>SB 428</u> <u>Pan D</u> Pupil health: school employee training: youth mental and behavioral health.</p>	<p>ASSEMBLY HEA LTH 6/26/2019 - Read second time and amended. Re- referred to Com. on HEALTH. 7/2/2019 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. This bill, contingent on an appropriation made for these purposes, would require the State Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils on youth mental and behavioral health, as specified. The bill would define a local educational agency for purposes of these provisions to mean a county office of education, school district, state special school, or charter school that serves pupils in any of grades 7 to 12, inclusive. The bill would require a local educational agency, on or before January 1, 2023, to certify to the department that at least 10% of its classified employees and at least 10% of its certificated employees having direct contact with pupils at each schoolsite, or at least 2 classified employees and at least 2 certificated employees having direct contact with pupils at each schoolsite, whichever is greater, have received the youth mental and behavioral health training identified by the department. To the extent this bill, if implemented, would impose additional duties on local educational agencies, the bill would impose a state- mandated local program. This bill contains other related provisions and other existing laws. Last Amended on 6/26/2019</p>	<p>Support</p>
<p><u>SB 582</u> <u>Beall D</u></p>	<p>ASSEMBLY ED. 6/18/2019 - From committee: Do pass</p>	<p>Existing law establishes the Investment in Mental Health Wellness Act of 2013. Existing law provides that funds appropriated by the Legislature to the California Health Facilities Financing Authority and the Mental Health Services Oversight and Accountability Commission for the purposes of the act be made available</p>	<p>Support</p>
<p>Youth mental health and substance use disorder services.</p>	<p>and re-refer to Com. on ED. (Ayes 14. Noes 0.) (June 18). Re-referred to Com. on ED. 7/10/2019 1:30 p.m. - State Capitol, Room 126 ASSEMBLY EDUCATION, O'D ONNELL, Chair</p>	<p>through a grant program to selected counties or counties acting jointly, except as otherwise provided, and be used to provide, among other things, a complete continuum of crisis services for children and youth 21 years of age and under regardless of where they live in the state. This bill would require the commission, when making grant funds available on and after July 1, 2021, to allocate at least 1/2 of those funds to local educational agency and mental health partnerships, as specified, if moneys are appropriated for this purpose. The bill would require this funding to be made available to support prevention, early intervention, and direct services, as determined by the commission. The bill would require the commission, in consultation with the Superintendent of Public Instruction, to consider specified criteria when determining grant recipients. The bill would authorize the commission to allocate the funds towards other purposes if there is an inadequate number of qualified applicants, as specified. The bill would require the commission to provide a status report to the fiscal and policy committees of the Legislature, as specified, no later than March 1, 2022. Last Amended on 5/17/2019</p>	