

# New Healthcare Laws for 2024 California

## [AB 33](#)

### **(Bains D) Fentanyl Misuse and Overdose Prevention Task Force.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 schedules and places the greatest restrictions and penalties on the use of those substances placed in Schedule I. The act classifies the drug fentanyl in Schedule II. Existing law prohibits a person from possessing for sale or purchasing for purposes of sale, specified controlled substances, including fentanyl, and provides for imprisonment in a county jail for 2, 3, or 4 years for a violation of this provision. This bill would, subject to an appropriation, establish the Fentanyl Misuse and Overdose Prevention Task Force to undertake various duties relating to fentanyl misuse, including, among others, collecting and organizing data on the nature and extent of fentanyl misuse in California and evaluating approaches to increase public awareness of fentanyl misuse. The bill would require the task force to be cochaired by the Attorney General and the State Public Health Officer, or their designees, and would specify the membership of the task force. This bill contains other related provisions.

## [AB 40](#)

### **(Rodriguez D) Emergency medical services.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, creates the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services. Among other duties, existing law requires the authority to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor. This bill, on or before December 31, 2024, would require the authority to develop and implement an electronic signature for use between the emergency department medical personnel at a receiving hospital and the transporting emergency medical personnel that captures the points in time when the ambulance arrives at the hospital emergency department bay and when transfer of care is executed for documentation of ambulance patient offload time, as defined. The bill would require every local EMS agency, by July 1, 2024, to develop a standard not to exceed 30 minutes, 90% of the time, for ambulance patient offload time and report the standardized time to the authority. The bill would authorize local EMS agencies to engage stakeholders in developing this standard, as specified. The bill would also require the authority to develop and implement by December 31, 2024, an audit tool to improve data accuracy regarding transfer of care, as specified, and to provide technical assistance and funding as needed, subject to an appropriation, for small rural hospitals and volunteer EMS providers to implement these provisions. The bill would require the authority to adopt emergency regulations to implement these provisions on or before December 31, 2024. This bill contains other related provisions and other existing laws.

## [AB 48](#)

### **(Aguiar-Curry D) Nursing Facility Resident Informed Consent Protection Act of 2023.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. Existing law requires skilled nursing facilities and intermediate care facilities to have written policies regarding the rights of patients. This bill would add to these rights the right of every resident to receive the information that is material to an individual's informed consent concerning whether to accept or refuse the administration of psychotherapeutic drugs, as specified. This bill would also add the right to be free from psychotherapeutic drugs used for the purpose of resident discipline or convenience, or from psychotherapeutic drugs used as a chemical restraint except in an emergency, as specified. Under the bill, all residents of skilled nursing facilities, intermediate care facilities, and hospice facilities would have the right to appeal an involuntary transfer or discharge through the appeal process, as specified, regardless of a resident's payment source or the Medi-Cal or Medicare certification status of the facility in which the resident resides. This bill contains other related provisions and other existing laws.

## [AB 112](#)

### **(Committee on Budget) Distressed Hospital Loan Program.**

**Current Text:** Chaptered: 5/15/2023 [html](#) [pdf](#)

**Introduced:** 1/9/2023

**Location:** 5/15/2023-A. CHAPTERED

**Summary:** The California Health Facilities Financing Authority Act authorizes the California Health Facilities Financing Authority to, among other things, make loans from the continuously appropriated California Health Facilities Financing Authority Fund to participating health institutions, as defined, for financing or refinancing the acquisition, construction, or remodeling of health facilities. This bill would create the Distressed Hospital Loan Program, until January 1, 2032, for the purpose of providing loans to not-for-profit hospitals and public hospitals, as defined, in significant financial distress or to governmental entities representing a closed hospital to prevent the closure or facilitate the reopening of a closed hospital. The bill would require the Department of Health Care Access and Information to administer the program and would require the department to enter into an interagency agreement with the authority to implement the program. The bill would require the department, in collaboration with the State Department of Health Care Services, the Department of Managed Health Care, and the State Department of Public Health, to develop a methodology to evaluate an at-risk hospital's potential eligibility for state assistance from the program, as specified. The bill would require a hospital or a closed hospital to provide the authority and the department with financial information demonstrating the hospital's need for assistance due to financial hardship. The bill would additionally require that the department, in consultation with the authority, develop an application and approval process for loan forgiveness or modification of loan terms, as specified. This bill contains other related provisions and other existing laws.

**[AB 118](#)**

**(Committee on Budget) Budget Act of 2023: health.**

**Current Text:** Chaptered: 7/10/2023 [html](#) [pdf](#)

**Introduced:** 1/9/2023

**Location:** 7/10/2023-A. CHAPTERED

**Summary:** (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires a health care service plan to provide disclosures regarding the benefits, services, and terms of the plan contract, as specified, to provide the public, subscribers, and enrollees with a full and fair disclosure of the provisions of the plan. This bill would require the department to develop standard templates for the disclosure form and evidence of coverage, to include, among other things, standard definitions, benefit descriptions, and any other information that the director determines, consistent with the goals of providing fair disclosures of the provisions of a health care service plan. The bill would require the department to consult with the Department of Insurance and interested stakeholders in developing the standard templates. The bill would require health care service plans, beginning January 1, 2025, to use the standard templates for any disclosure form or evidence of coverage published or distributed, except as specified. Because a willful violation of these requirements is a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[AB 119](#)**

**(Committee on Budget) Medi-Cal: managed care organization provider tax.**

**Current Text:** Chaptered: 6/29/2023 [html](#) [pdf](#)

**Introduced:** 1/9/2023

**Location:** 6/29/2023-A. CHAPTERED

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. 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. This bill would repeal those inoperative provisions. The bill would restructure the MCO provider tax, with certain modifications to the above-described provisions, including changes to the taxing tiers and tax amounts, for purposes of the tax periods of April 1, 2023, through December 31, 2023, and the 2024, 2025, and 2026 calendar years. The bill would create the Managed Care Enrollment Fund to replace the Health Care Services Special Fund. Under the bill, moneys deposited into the fund would, upon appropriation, be available to the department for the purpose of funding the following subcomponents to support the Medi-Cal program: (1) the nonfederal share of increased capitation payments to Medi-Cal managed care plans; (2) the nonfederal share of Medi-Cal managed care rates for health care services; and (3) transfers to the Medi-Cal Provider Payment Reserve Fund, as established pursuant to specified provisions. This bill contains other related provisions and other existing laws.

**[AB 242](#)**

**(Wood D) Critical access hospitals: employment.**

**Current Text:** Chaptered: 10/10/2023 [html](#) [pdf](#)

**Introduced:** 1/13/2023

**Location:** 10/10/2023-A. CHAPTERED

**Summary:** Existing law, the Medical Practice Act, authorizes the Medical Board of California to grant approval of the employment of licensees on a salary basis by licensed charitable institutions, foundations, or clinics if no charge for professional services is made, in accordance with specified requirements. Existing law provides an exception to the prohibition on charging for professional services for a federally certified critical access hospital that employs licensees and charges for professional services rendered by those licensees to patients under specified conditions, including that the medical staff concur by an affirmative vote that the licensee's employment is in the best interest of

the communities served by the hospital. Existing law makes that exception operative only until January 1, 2024. This bill would delete the provision making the above-specified exception inoperative on January 1, 2024. The bill would make nonsubstantive changes by deleting inoperative reporting requirements.

**[AB 254](#) (Bauer-Kahan D) Confidentiality of Medical Information Act: reproductive or sexual health application information.**

**Current Text:** Chaptered: 9/27/2023 [html](#) [pdf](#)

**Introduced:** 1/19/2023

**Location:** 9/27/2023-A. CHAPTERED

**Summary:** The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Because the bill would expand the scope of a crime, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[AB 269](#) (Berman D) Public health: COVID-19 testing and dispensing sites.**

**Current Text:** Chaptered: 3/3/2023 [html](#) [pdf](#)

**Introduced:** 1/23/2023

**Location:** 3/2/2023-A. CHAPTERED

**Summary:** Existing law, the California Emergency Services Act, authorizes the Governor to declare a state of emergency during conditions of disaster or extreme peril to persons or property, including epidemics. Pursuant to this authority, on March 4, 2020, the Governor declared a state of emergency relating to the novel coronavirus 2019 (COVID-19) pandemic, and ordered, among other things, that the certification and licensure requirements as specified in statute and regulation be suspended to all persons who meet the requirements under the Clinical Laboratory Improvement Amendments (CLIA) for high complexity testing and who are performing analysis of samples to test for SARS-CoV-2, the virus that causes COVID-19, in any certified public health laboratory or licensed clinical laboratory, and that the California Health and Human Services Agency is required to identify and make available medical facilities and other facilities that are suitable for use as medical facilities as necessary for treating individuals who test positive for COVID-19. This bill would authorize a person to perform an analysis of samples to test for SARS-CoV-2 in a clinical laboratory or a city, county, or city and county public health laboratory if they meet the requirements under CLIA for high complexity testing. The bill would, until January 1, 2024, authorize an entity contracted with and approved by the State Department of Public Health to operate a designated COVID-19 testing and dispensing site to acquire, dispense, and store COVID-19 oral therapeutics, as defined, at or from a designated site. This bill contains other related provisions.

**[AB 282](#) (Aguiar-Curry D) Psychologists: licensure.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 1/24/2023

**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Existing law, the Psychology Licensing Law, establishes the Board of Psychology to license and regulate the practice of psychology. Existing law requires each applicant for licensure as a psychologist to take and pass any examination required by the board, except as exempted by the board under existing law. Existing law prescribes additional requirements for licensure, including a requirement that an applicant for licensure have earned a doctoral degree in any of specified fields of study. This bill would make an applicant for licensure who has completed all academic coursework, as specified, required for such a doctoral degree, as documented by a written certification from the registrar of the applicant's educational institution or program, eligible to take any and all examinations required for licensure. The bill would require the board to implement a process to verify any additional eligibility requirements beyond the completion of academic coursework that are imposed by a national licensing examination entity, as specified.

[\*\*AB 289\*\*](#)**(Holden D) Mental health services: representation.****Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)**Introduced:** 1/25/2023**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services in every county through locally administered and locally controlled community mental health programs. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 in the November 2, 2004, statewide general election, establishes the Mental Health Services Fund to fund various county mental health programs. The act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. This bill would require stakeholders to include sufficient participation of individuals representing diverse viewpoints, including representatives from youth from historically marginalized communities, representatives from organizations specializing in working with underserved racially and ethnically diverse communities, and representatives from LGBTQ+ communities. By requiring counties to consult with additional stakeholders, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[\*\*AB 317\*\*](#)**(Weber D) Pharmacist service coverage.****Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)**Introduced:** 1/26/2023**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[\*\*AB 352\*\*](#)**(Bauer-Kahan D) Health information.****Current Text:** Chaptered: 9/27/2023 [html](#) [pdf](#)**Introduced:** 1/31/2023**Location:** 9/27/2023-A. CHAPTERED

**Summary:** Existing law, the Reproductive Privacy Act, provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to gender affirming care, abortion and abortion-related services, and contraception, as specified. The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless the request for medical information is authorized in accordance with specified existing provisions of law. The bill would exempt a provider of health care from liability for damages or from civil or enforcement actions relating to cooperating with, or providing medical information to, another state or a federal law enforcement agency before January 31, 2026, if the provider of health care is working diligently and in good faith to comply with the prohibition. Because the bill would expand the scope of an existing crime, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[\*\*AB 424\*\*](#)**(Bryan D) Neurodegenerative disease registry.****Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)**Introduced:** 2/6/2023**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law, until January 1, 2028, and to the extent funds are made available for these purposes, requires the State Department of Public Health to collect data on the incidence of neurodegenerative disease in California, and requires a hospital, facility, physician and surgeon, or

other health care provider diagnosing or providing treatment to a patient for a neurodegenerative disease to report each case of a neurodegenerative disease to the department, as prescribed. Existing law specifies that for this purpose, "neurodegenerative disease" may include, but need not be limited to, amyotrophic lateral sclerosis (ALS), among other diseases. This bill would require the term "neurodegenerative disease" to include, but not be limited to, ALS.

**[AB 425](#) (Alvarez D) Medi-Cal: pharmacogenomic testing.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/6/2023

**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of covered benefits under the Medi-Cal program. This bill would, commencing on July 1, 2024, add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications. This bill contains other related provisions.

**[AB 470](#) (Valencia D) Continuing medical education: physicians and surgeons.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/6/2023

**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons. Existing law requires the board to adopt and administer standards for the continuing education of physicians and surgeons. This bill would specify that these educational activities may also include activities that are designed to improve the quality of physician-patient communication. This bill contains other related provisions and other existing laws.

**[AB 483](#) (Muratsuchi D) Local educational agency: Medi-Cal billing option.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/7/2023

**Location:** 10/9/2023-A. CHAPTERED

**Summary:** 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 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). This bill would require the department, when conducting an audit of a Medi-Cal Billing Option claim, to complete the audit and notify the LEA of the findings within 18 months of the date that the Cost and Reimbursement Comparison Schedule (CRCS) is submitted. The bill would require the department to provide an interim settlement or final settlement within 12 months of the March 1 due date for the CRCS. The bill would require the department to update and distribute the program guide to all participating LEAs by July 1, 2024, as specified. The bill would require the department's summary of activities in the above-described report to also include training for LEAs and a summary of the number of audits conducted of Medi-Cal Billing Option claims, as specified. The bill would make other technical, nonsubstantive changes to these provisions. This bill contains other existing laws.

**[AB 571](#) (Petrie-Norris D) Medical malpractice insurance.**

**Current Text:** Chaptered: 9/27/2023 [html](#) [pdf](#)

**Introduced:** 2/8/2023

**Location:** 9/27/2023-A. CHAPTERED

**Summary:** Existing law generally regulates classes of insurance, including liability insurance. Existing law defines "liability insurance" to include, among other things, insurance coverage against the legal liability of the insured, and against loss, damage, or expense incident to a claim arising out of the death or injury of any person as the result of negligence or malpractice in rendering professional services by any person who holds a certificate or license issued pursuant to the Medical Practice Act or the Osteopathic Initiative Act, or a license as a community clinic or health facility, as specified. This bill would prohibit an insurer from refusing to issue or renew or terminating professional liability insurance for health care providers, as specified, and from imposing a surcharge or increasing the premium or deductible solely based on any prohibited bases for discrimination, including a health care provider offering or performing abortion, contraception, gender-affirming health care, or care related to those health care services that are lawful in this state but unlawful in another state. This bill contains other related provisions.



**[AB 614](#)****(Wood D) Medi-Cal.****Current Text:** Chaptered: 9/30/2023 [html](#) [pdf](#)**Introduced:** 2/9/2023**Location:** 9/30/2023-A. CHAPTERED

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans. This bill contains other related provisions and other existing laws.

**[AB 633](#)****(Patterson, Jim R) Nursing: licensure: retired licenses.****Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)**Introduced:** 2/9/2023**Location:** 10/8/2023-A. CHAPTERED

**Summary:** Existing law, the Nursing Practice Act, provides for the licensure and regulation of nurses by the Board of Registered Nursing in the Department of Consumer Affairs. Existing law requires a licensee under the act to apply for renewal of their license every 2 years and allows an inactive license to be reactivated, as specified. Existing law makes a violation of the act a crime. This bill would establish a retired license for registered nurses. The bill would require the board, upon application and payment of a fee established by the board, to issue a retired license to a registered nurse who meets prescribed qualifications. This bill contains other related provisions and other existing laws.

**[AB 659](#)****(Aguiar-Curry D) Cancer Prevention Act.****Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)**Introduced:** 2/9/2023**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family daycare home, or development center, unless prior to their admission to that institution they have been fully immunized. Existing law requires the documentation of immunizations for certain diseases, including, among others, measles, mumps, pertussis, and any other disease deemed appropriate by the State Department of Public Health, as specified. Existing law authorizes certain exemptions from these provisions subject to specified conditions. This bill, the Cancer Prevention Act, would declare that pupils in the state are advised to adhere to current immunization guidelines, as recommended by specified health entities, regarding full human papillomavirus (HPV) immunization before admission or advancement to the 8th grade level of any private or public elementary or secondary school. The bill would, upon a pupil's admission or advancement to the 6th grade level, require the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about that public policy and advising that the pupil adhere to current HPV immunization guidelines before admission or advancement to the 8th grade level, as specified. The bill would require that the notification also include a statement containing certain health information. The bill would incorporate that notification into existing provisions relating to notifications by school districts. By creating new notification duties for school districts, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[AB 663](#)****(Haney D) Pharmacy: mobile units.****Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)**Introduced:** 2/9/2023**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. Existing law authorizes a county, city and county, or special hospital authority, as defined, to operate a mobile unit as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to specified individuals, including those individuals without fixed addresses. Existing law authorizes a mobile unit to dispense prescription medication pursuant to a valid prescription if the county, city and county, or special hospital authority meets prescribed requirements for licensure, staffing, and operations, including a prohibition on carrying or dispensing controlled substances. This bill would instead authorize a county, city and county, or special hospital authority to operate one or more mobile units as an extension of a pharmacy license held by the county, city and county, or special hospital authority, as described above. The bill would require the pharmacist-in-charge to determine the number of mobile units that are appropriate for a particular

pharmacy license. The bill would additionally authorize a mobile unit to provide prescription medication within its jurisdiction to city-and-county-operated housing facilities. This bill contains other related provisions and other existing laws.

**[AB 701](#) (Villapudua D) Controlled substances: fentanyl.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law classifies controlled substances into 5 schedules and places the greatest restrictions and penalties on the use of those substances placed in Schedule I. Existing law classifies the drug fentanyl in Schedule II. Existing law prohibits a person from possessing for sale or purchasing for purposes of sale specified controlled substances, including fentanyl, and provides for imprisonment in a county jail for 2, 3, or 4 years for a violation of this provision. Existing law also imposes an additional term, and authorizes a trial court to impose a specified fine, upon a person who is convicted of a violation of, or of a conspiracy to violate, specified provisions of law with respect to a substance containing heroin, cocaine base, and cocaine, if the substance exceeds a specified weight. This bill would add fentanyl to the substances for which additional terms or fines can be imposed and would require a defendant who violates those laws with respect to a substance containing heroin, fentanyl, or cocaine, as specified, to know of the substance's nature or character as a controlled substance to be subjected to an additional term and authorized fine. By increasing the penalty for, and by changing the definition of, a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[AB 716](#) (Boerner D) Ground medical transportation.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Location:** 10/8/2023-A. CHAPTERED

**Summary:** Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services. This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified. This bill contains other related provisions and other existing laws.

**[AB 722](#) (Bonta D) Alameda Health System Hospital Authority.**

**Current Text:** Chaptered: 9/30/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Location:** 9/30/2023-A. CHAPTERED

**Summary:** Existing law authorizes the Board of Supervisors of Alameda County to establish the Alameda Health System Hospital Authority for the management, administration, and control of the medical center in that county. Existing law prohibits the hospital authority, before January 1, 2024, from entering into a contract with any other person or entity to replace services being provided by physicians and surgeons who are employed by the hospital authority and in a recognized collective bargaining unit, with services provided by that other person or entity without clear and convincing evidence that the needed medical care can only be delivered cost effectively by that other person or entity. This bill would prohibit the hospital authority, before January 1, 2035, from entering into those contracts.

**[AB 816](#) (Haney D) Minors: consent to medical care.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Location:** 10/8/2023-A. CHAPTERED

**Summary:** Existing law authorizes a minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. Existing law exempts replacement narcotic abuse treatment, as specified, from these provisions. This bill would authorize a minor who is 16 years of age or older to consent to replacement narcotic abuse treatment that uses buprenorphine at a physician's office, clinic, or health facility, by a licensed physician and surgeon or other health care provider, as specified, whether or not the minor also has the consent of their parent or guardian. The bill would authorize a minor 16 years of age or older to consent to any other medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without the consent of the minor's parent or guardian only if, and to the extent, expressly permitted by federal law.

**[AB 834](#) (Irwin D) Physicians and surgeons and doctors of podiatric medicine: professional partnerships.**

**Current Text:** Chaptered: 9/8/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 9/8/2023-A. CHAPTERED

**Summary:** Existing law, the Medical Practice Act, establishes the Medical Board of California for the

licensing, regulation, and discipline of physicians and surgeons. Existing law establishes the California Board of Podiatric Medicine within the Medical Board of California for the licensing, regulation, and discipline of podiatrists. Existing law, the Osteopathic Act, enacted by an initiative measure, establishes the Osteopathic Medical Board of California for the licensing and regulation of osteopathic physicians and surgeons and requires the Osteopathic Medical Board of California to enforce the Medical Practice Act with respect to its licensees. Existing law makes a violation of specified provisions of the Medical Practice Act a crime. This bill would revise the above-described provisions to allow a majority of the partners and partnership interests to be physicians and surgeons, osteopathic physicians and surgeons, or doctors of podiatric medicine. The bill would correct an erroneous cross-reference and make other nonsubstantive changes. This bill contains other existing laws.

**AB 847** **(Rivas, Luz D) Medi-Cal: pediatric palliative care services.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, Sophia's Act, would authorize extended eligibility for pediatric hospice services and palliative care services for those individuals who have been determined eligible for those services prior to 21 years of age to after 21 years of age, as specified. To the extent that these provisions would alter the eligibility of individuals for these services, the bill would create a state-mandated local program. The bill would require the department to seek any federal approvals it deems necessary to implement these provisions. The bill would implement these provisions only to the extent that necessary federal approvals are obtained and federal financial participation is available and not otherwise jeopardized. This bill contains other related provisions and other existing laws.

**AB 904** **(Calderon D) Health care coverage: doulas.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. Existing law encourages a plan or insurer to include coverage for doulas. This bill would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. Under the bill, a Medi-Cal managed care plan would satisfy that requirement by providing coverage of doula services so long as doula services are a Medi-Cal covered benefit. The bill would require the Department of Managed Health Care, in consultation with the Department of Insurance, to collect data and submit a report describing the doula coverage and the above-described programs to the Legislature by January 1, 2027. Because a willful violation of the provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**AB 918** **(Garcia D) Health care district: County of Imperial.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law, the Local Health Care District Law, authorizes the organization and incorporation of local health care districts and specifies the powers of those districts, including, among other things, the power to establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or health services, including, but not limited to, outpatient programs, services, and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities and activities at any location within or without the district for the benefit of the district and the people served by the district. This bill would form a local health care district in the County of Imperial, designated as the Imperial Valley Healthcare District, that includes all of the County of Imperial. The bill would require the initial board of directors of the Imperial Valley Healthcare District to be appointed from and by specified bodies, including among others, the Imperial County Board of Supervisors, the Pioneers Memorial Healthcare District Board of Directors, and the Heffernan Memorial Healthcare District Board of Directors. The bill would require the initial board of directors to recommend a permanent funding source mechanism to be presented to and approved by voters via ballot measure. The bill would require the initial board of directors to enter negotiations with El Centro Regional Medical Center to decide the terms of the acquisition of the hospital. The bill would require the initial board of directors to finalize the terms of the acquisition by November 5, 2024. The bill would require the City of El Centro to negotiate in good faith with the Imperial Valley Healthcare District. The bill would require the board of



directors to hold a minimum of 3 public meetings between the effective date of the bill and January 1, 2025, as specified. The bill would require the board of directors to recommend to the Imperial County Local Agency Formation Commission (LAFCO) dates for the dissolutions of the Pioneers Memorial Healthcare District and Heffernan Memorial Healthcare District and would authorize the board to recommend separate dates for each district's dissolution. The bill would require, by January 1, 2025, the Imperial County LAFCO to dissolve the Heffernan Memorial Healthcare District and the Pioneers Memorial Healthcare District and would transfer the assets, rights, and responsibilities of the dissolved districts to the Imperial Valley Healthcare District. The bill would require, until the dissolution of both of those districts, the Heffernan Memorial Healthcare District to hold a temporary clerical role for the Board of Directors of the Imperial Valley Healthcare District, as specified. The bill would extend the terms of the board members of the districts being dissolved until their respective dissolution date or January 1, 2025, whichever occurs first. Following the appointment of the board of directors, the bill would require the board of directors to adopt a resolution to divide the Imperial Valley Healthcare District into voting districts for the purpose of electing members of the board of directors from and by the electors of those voting districts beginning with the next district election occurring after January 1, 2024. The bill would require the Imperial Valley Healthcare District to annually report to the Imperial County LAFCO regarding health care service provision in the district in 2024 and 2025, as specified. The bill would require the Imperial County LAFCO to conduct a municipal service review regarding health care service provision in the district by December 31, 2026, and by December 31 every 5 years thereafter. By imposing new duties on the City of El Centro and the County of Imperial, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**AB 936** **(Wood D) Dentistry: exemptions.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. Existing law prohibits the practice of dentistry by any person without a valid license, except in certain circumstances, including a final year student, as defined, practicing dentistry at a sponsored event, without compensation or expectation of compensation and under the supervision of a licensed dentist with a clinical faculty appointment, if specified conditions are met. Existing law defines a final year student, for this purpose, to mean a student of dentistry in the student's final year of completion at a dental school approved by the board, including a student enrolled in an advanced dental program. Existing law imposes various requirements on the practice of final year students at a sponsored event, including that they perform only those procedures for which they are credentialed or are permitted to perform in a school setting, as specified. This bill would declare that it is to take effect immediately as an urgency statute. This bill contains other existing laws.

**AB 948** **(Berman D) Prescription drugs.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. This bill would delete drugs that are biologics from the definition of Tier 4. The bill would require a health care service plan or a health insurer, if there is a generic equivalent to a brand name drug, to ensure that an enrollee or insured is subject to the lowest cost sharing that would be applied, whether or not both the generic equivalent and the brand name drug are on the formulary. The bill also would delete the January 1, 2024, repeal date of the above provisions, thus making them operative indefinitely. Because extension of the bill's requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**AB 952** **(Wood D) Dental coverage disclosures.**

**Current Text:** Chaptered: 7/27/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 7/27/2023-A. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services. This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a contract covering dental services, including a specialized health care service plan or specialized health insurer covering dental services, to disclose whether an enrollee's or insured's dental coverage is "State Regulated" through a provider portal, if available, or

otherwise upon request, on or after January 1, 2025. The bill would require a plan or insurer to include the statement "State Regulated," if the enrollee's or insured's dental coverage is subject to regulation by the appropriate department, on an electronic or physical identification card, or both if available, for contracts covering dental services issued on or after January 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[AB 979](#) (Alvarez D) Long-term care: family councils.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law requires the State Department of Public Health to license and regulate skilled nursing facilities (SNFs) and intermediate care facilities (ICFs). Existing law requires the State Department of Social Services to license and regulate residential care facilities for the elderly (RCFEs). A violation of those licensing provisions is generally a crime. Existing law prohibits those facilities from prohibiting the formation of a family council, which is a meeting of family members, friends, or representatives of 2 or more residents to confer in private without facility staff. Existing law prohibits those facilities from willfully interfering with the formation, maintenance, or promotion of a family council, as specified. This bill would make changes to the definition and scope of prohibited interference. This bill contains other related provisions and other existing laws.

**[AB 1007](#) (Ortega D) Occupational safety and health standards: plume.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Under existing law, the Occupational Safety and Health Standards Board within the Department of Industrial Relations promulgates and enforces occupational safety and health standards for the state, including standards dealing with toxic materials and harmful physical agents. Under existing law, the Division of Occupational Safety and Health is required to enforce all occupational safety and health standards, as specified. A violation of these standards and regulations under specific circumstances is a crime. This bill would, by December 1, 2026, require the division to submit to the board a proposed regulation requiring a health facility to evacuate or remove plume to the extent technologically feasible through the use of a plume scavenging system in all settings that employ techniques that involve the creation of plume. The bill would require the division, when developing regulations, to consider, among other things, recommendations on the evacuation of plume from the federal Occupational Safety and Health Administration and National Institute for Occupational Safety and Health. The bill would require the board to consider for adoption a proposed regulation by June 1, 2027. This bill contains other related provisions and other existing laws.

**[AB 1021](#) (Wicks D) Controlled substances: rescheduling.**

**Current Text:** Chaptered: 9/30/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 9/30/2023-A. CHAPTERED

**Summary:** Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 schedules and places the greatest restrictions and penalties on the use of those substances placed in Schedule I. Existing law restricts the prescription, furnishing, possession, sale, and use of controlled substances and makes a violation of those laws a crime, except as specified. Existing law, if one of specified changes in federal law regarding the controlled substance cannabidiol occurs, deems a physician, pharmacist, or other healing arts licensee who prescribes, furnishes, or dispenses a product composed of cannabidiol, in accordance with federal law, to be in compliance with state law governing those acts and provides that, upon the effective date of one of those changes in federal law, the prescription, furnishing, dispensing, transfer, transportation, possession, or use of that product in accordance with federal law is for a legitimate medical purpose and is authorized pursuant to state law. This bill, if one of specified changes in federal law regarding controlled substances occurs, would deem a physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses a product composed of one of these substances, in accordance with federal law, to be in compliance with state law governing those acts. The bill would also provide that upon the effective date of one of those changes in federal law regarding these substances, the prescription, furnishing, dispensing, transfer, transportation, possession, or use of that product in accordance with federal law is for a legitimate medical purpose and is authorized pursuant to state law. This bill contains other existing laws.

**[AB 1029](#) (Pellerin D) Advance health care directive form.**

**Current Text:** Chaptered: 9/8/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 9/8/2023-A. CHAPTERED

**Summary:** Existing law establishes the requirements for executing a written advance health care directive that is legally sufficient to direct health care decisions. Existing law provides a form that an

individual may use or modify to create an advance health care directive. The statutory form includes a space to designate an agent to make health care decisions, as well as optional spaces to designate a first alternate agent and 2nd alternate agent. Existing law defines "health care decision," as specified. Existing law authorizes an individual to provide an "individual health care instruction" as the individual's authorized written or oral direction regarding a health care decision for the individual. This bill would clarify that a "health care decision" does not include consent by a patient's agent, conservator, or surrogate to convulsive treatment, psychosurgery, sterilization, or abortion. The bill would confirm that a voluntary standalone psychiatric advance directive, as defined, may still be executed. The bill would clarify in the statutory advance health care directive form that the individual's agent may not consent to a mental health facility or consent to convulsive treatment, psychosurgery, sterilization, or abortion for the individual.

**[AB 1048](#) (Wicks D) Dental benefits and rate review.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services. This bill, on and after January 1, 2025, would prohibit a health care service plan or health insurer that covers dental services, including a specialized health care service plan or health insurer that covers dental services, from issuing, amending, renewing, or offering a plan contract or policy that imposes a dental waiting period provision or preexisting condition provision, as specified. Because a violation of these requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[AB 1070](#) (Low D) Physician assistants: physician supervision: exceptions.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law, the Physician Assistant Practice Act, establishes the Physician Assistant Board within the jurisdiction of the Medical Board of California for the licensure and regulation of physician assistants. The act authorizes physician assistants to perform medical services as set forth by regulations and the act when those services are rendered pursuant to a practice agreement and under the supervision of a licensed physician and surgeon. Existing law prohibits a physician and surgeon from supervising more than 4 physician assistants at any one time. This bill would also authorize a physician and surgeon to supervise up to 8 physician assistants at one time if all of the physician assistants are focused solely on performing in-home health evaluations to gather patient information and perform annual wellness visits or health evaluations that do not involve direct patient treatment or prescribing medication.

**[AB 1130](#) (Berman D) Substance use disorder.**

**Current Text:** Chaptered: 6/29/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 6/29/2023-A. CHAPTERED

**Summary:** Existing law, the California Uniform Controlled Substances Act, regulates the distribution and use of controlled substances, as defined. Under the act, the State Department of Health Care Services is responsible for the administration of prevention, treatment, and recovery services for alcohol and drug abuse. Existing law, the Medical Practice Act, provides for the licensing and regulation of physicians and surgeons by the Medical Board of California. Existing law authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under their treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances and under specified conditions to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances. This bill would revise and recast these provisions, among others, to delete the reference to an "addict" and instead replace it with the term "a person with substance use disorder," among other technical nonsubstantive changes.

**[AB 1140](#) (Committee on Insurance) Insurance.**

**Current Text:** Chaptered: 9/22/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 9/22/2023-A. CHAPTERED

**Summary:** (1) Existing law requires an owner or operator of a motor vehicle, or an owner of a vehicle used to transport passengers for hire not regulated by the Public Utilities Commission, to maintain liability insurance coverage for the named insured and any other person using the vehicle with

permission in the amount of \$15,000 for the bodily injury or death of any one person, \$30,000 for the bodily injury or death of all persons, and \$5,000 for damage to the property of others resulting from any one accident. This bill would limit application of the above-described increases for minimum liability insurance coverage to those policies and bonds that are issued or renewed on or after January 1, 2025, and on or after January 1, 2035, as applicable. This bill contains other related provisions and other existing laws.

**[AB 1166](#) (Bains D) Liability for opioid antagonist administration.**

**Current Text:** Chaptered: 7/21/2023 [html](#) [pdf](#)

**Introduced:** 2/16/2023

**Location:** 7/21/2023-A. CHAPTERED

**Summary:** Existing law provides that a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from an act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. This bill would provide that a person who, in good faith and not for compensation, renders emergency treatment at the scene of an opioid overdose or suspected opioid overdose by administering an opioid antagonist, as defined, is not liable for civil damages resulting from an act or omission, except as specified. The bill would also provide that a person who furnishes an opioid antagonist for use at the scene of an opioid overdose or suspected opioid overdose is not liable for civil damages resulting from an act or omission, except as specified.

**[AB 1241](#) (Weber D) Medi-Cal: telehealth.**

**Current Text:** Chaptered: 9/8/2023 [html](#) [pdf](#)

**Introduced:** 2/16/2023

**Location:** 9/8/2023-A. CHAPTERED

**Summary:** Existing law establishes 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. This bill would instead require, under the above-described circumstance, a provider to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient. This bill contains other existing laws.

**[AB 1286](#) (Haney D) Pharmacy.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 2/16/2023

**Location:** 10/8/2023-A. CHAPTERED

**Summary:** Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists, pharmacy technicians, and pharmacies by the California State Board of Pharmacy, which is within the Department of Consumer Affairs. Existing law authorizes the board to appoint an executive officer to exercise the powers and perform the duties delegated by the board. A violation of the Pharmacy Law is a crime. This bill would authorize a pharmacist-in-charge to make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely. The bill would authorize a pharmacist on duty, if the pharmacist-in-charge is not available, to adjust staffing according to workload if needed. The bill would require a pharmacist-in-charge or pharmacist on duty to immediately notify store management of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. The bill would require store management to take immediate and reasonable steps to address and resolve those conditions, and, if those conditions are not resolved within 24 hours, would require the pharmacist-in-charge or pharmacist on duty to ensure the board is notified. The bill would require the executive officer, upon a reasonable belief that conditions within a pharmacy exist that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff, to issue a cease and desist order, as specified. The bill would make a failure to comply with the cease and desist order unprofessional conduct for a pharmacy corporation. This bill contains other related provisions and other existing laws.

**[AB 1309](#) (Reyes D) Long-term health care facilities: admission contracts.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/16/2023

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law provides for the licensing and regulation of health facilities, including, but not limited to, long-term health care facilities, as defined, by the State Department of Health Care Services. A violation of the provisions relating to these facilities is a crime. Existing law requires a contract for admission to a long-term care facility to state that a resident shall not be involuntarily transferred within, or discharged from, a long-term health care facility unless the resident is given reasonable notice in writing, and transfer or discharge planning, as specified. Existing law requires the notice to state the reason for the transfer or discharge. Existing law requires the facility to immediately notify

the State Long-Term Care Ombudsman if the discharge is involuntary. This bill would require the facility to provide, within 48 hours of the written notice of a facility-initiated transfer or discharge, a copy of the resident's discharge needs and discharge plan. The bill would require the facility to provide a copy of the resident's discharge summary prior to the proposed transfer or discharge date. The bill would require the facility to provide these documents at no cost to the resident. If the resident requests a transfer or discharge appeal hearing, the bill would require both the resident and the facility to provide all documents and records to be used by the party at the hearing, as specified. Because a violation of these requirements by a long-term health care facility would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**AB 1341** **(Berman D) Public health: oral therapeutics.**

**Current Text:** Chaptered: 9/30/2023 [html](#) [pdf](#)

**Introduced:** 2/16/2023

**Location:** 9/30/2023-A. CHAPTERED

**Summary:** Existing law authorizes a person to perform an analysis of samples to test for SARS-CoV-2 in a clinical laboratory or a city, county, or city and county public health laboratory if they meet the requirements under specified federal regulations for high complexity testing. This bill would repeal these provisions as of July 1, 2028. This bill contains other related provisions and other existing laws.

**AB 1369** **(Bauer-Kahan D) Out-of-state physicians and surgeons: telehealth: license exemption.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of the practice of medicine by physicians and surgeons. Existing law generally prohibits the practice of medicine without a physician's and surgeon's certificate issued by the board. Under this bill, the David Hall Act, a person licensed as a physician and surgeon in another state, as specified, would be authorized to deliver health care via telehealth to an eligible patient who, among other requirements, has an immediately life-threatening disease or condition, as specified. This bill contains other existing laws.

**AB 1392** **(Rodriguez D) Hospitals: procurement contracts.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/13/2023-A. CHAPTERED

**Summary:** Existing law requires a licensed hospital with operating expenses of \$50,000,000 or more, and a licensed hospital with operating expenses of \$25,000,000 or more that is part of a hospital system, to submit an annual report to the Department of Health Care Access and Information, formerly structured as the Office of Statewide Health Planning and Development, on the hospital's minority, women, LGBT, and disabled veteran business enterprise procurement efforts, as specified. Existing law imposes certain civil penalties for failure to file a report. This bill would require those hospitals to annually submit, beginning July 1, 2025, and annually by July 1 thereafter, a plan, instead of the above-described report, for increasing procurement from minority, women, LGBT, and disabled veteran business tier 1 and tier 2 enterprises. In addition to the existing required contents within the report, the bill would require the plan to include short- and long-term goals and timetables, but not quotas, for increasing procurement from those business enterprises, the methods in which the hospital resolves any issues that may limit or impede an enterprise from becoming a supplier, and planned and past implementation of relevant recommendations made by the hospital diversity commission described below, among other changes. This bill contains other related provisions and other existing laws.

**AB 1395** **(Garcia D) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.**

**Current Text:** Chaptered: 9/22/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 9/22/2023-A. CHAPTERED

**Summary:** Existing law governs professions and vocations that are regulated by various boards within the Department of Consumer Affairs, including the Medical Board of California and the Dental Board of California. Existing law requires those boards to require a licensee, at the time of issuance of a license, to provide specified federal taxpayer information, including the applicant's social security number or individual taxpayer identification number. Existing law prohibits a licensing board from processing an application for an initial license unless the applicant provides that information where requested on the application. This bill would, for purposes of the pilot program, notwithstanding the above-described requirements to provide specified federal taxpayer information, require the Medical Board of California to issue a 3-year nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. Pursuant to these conditions, the applicant would be required to immediately seek an appropriate 3-year visa and social security number from the federal government within 14 days of being issued the medical license



and immediately provide the medical board with their social security number within 10 days of issuance of that card by the federal government. The bill would prohibit the applicant from engaging in the practice of medicine until the board determines that these conditions have been met. The bill would require the board to notify the applicant of their eligibility to practice medicine if the board determines the applicant has met these conditions. This bill contains other related provisions and other existing laws.

**[AB 1417](#) (Wood D) Elder and dependent adult abuse: mandated reporting.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, sets forth various provisions for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law requires specified people, known as mandated reporters, to report cases of elder or dependent adult abuse. Under existing law, failure to report the abuse is a misdemeanor. This bill would delete and reorganize some of those reporting provisions. Under the bill, if the abuse that occurred in a long-term facility was allegedly caused by another resident of the facility with dementia diagnosed by a licensed physician and there was no serious bodily injury, the reporter would be required to submit a written report within 24 hours to the long-term care ombudsperson and the local law enforcement agency. Under the bill, in all other instances, immediately or as soon as practically possible, but no longer than 2 hours, the reporter would be required to submit a verbal report to the local law enforcement agency, and to submit a written report within 24 hours to the aforementioned recipients. Under the bill, the time limit for reporting would begin when the mandated reporter observes, obtains knowledge of, or suspects the abuse or neglect. The bill would make conforming changes to related provisions. This bill contains other related provisions and other existing laws.

**[AB 1481](#) (Boerner D) Medi-Cal: presumptive eligibility.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/7/2023-A. CHAPTERED

**Summary:** Existing law establishes 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 federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Existing federal law authorizes states to provide presumptive eligibility to pregnant women or children, and existing state law requires the department to provide presumptive eligibility to pregnant women and children, as specified. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program "Presumptive Eligibility for Pregnant People" (PE4PP). For a pregnant person covered under PE4PP who applies for full-scope Medi-Cal benefits, if the application is submitted at any time from the date of their presumptive eligibility determination through the last day of the subsequent calendar month, the bill would require the department to ensure the pregnant person is covered under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified. The bill would require the department to require providers participating in the PE4PP program to provide information to pregnant persons enrolled in PE4PP on how to contact the person's county to expedite the county's determination of a Medi-Cal application. This bill contains other related provisions and other existing laws.

**[AB 1557](#) (Flora R) Pharmacy: electronic prescriptions.**

**Current Text:** Chaptered: 9/1/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 8/29/2023-A. CHAPTERED

**Summary:** Existing law, the Pharmacy Law, establishes in the Department of Consumer Affairs the California State Board of Pharmacy to license and regulate the practice of pharmacy. The Pharmacy Law authorizes a prescriber or a prescriber's authorized agent to electronically enter a prescription into a pharmacy's or hospital's computer from a location outside of the pharmacy or hospital. The Pharmacy Law makes those provisions inapplicable to prescriptions for controlled substances classified in Schedule II, III, IV, or V, except as permitted pursuant to specified provisions. That law generally punishes a knowing violation of its provisions as a misdemeanor. This bill would delete the provision making the authorization to electronically enter a prescription inapplicable to controlled substances. The bill would also authorize a pharmacist located and licensed in the state to, on behalf of a licensed health care facility, from a location outside of the facility, verify medication chart orders for appropriateness before administration consistent with federal requirements, as established in the health care facility's policies and procedures. The bill would require a health care facility to maintain a record of a pharmacist's verification of a medication chart order pursuant to that provision, as specified. By expanding the scope of the crime of violating the Pharmacy Law, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[AB 1651](#) (Sanchez R) Pupil health: emergency medical care: epinephrine auto-injectors.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/9/2023-A. CHAPTERED

**Summary:** Existing law requires school districts, county offices of education, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained volunteer personnel, and authorizes school nurses and trained personnel to use epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction, as provided. Existing law defines "volunteer" and "trained personnel" for these purposes to mean an employee who has volunteered to administer epinephrine auto-injectors, as provided. This bill would require school districts, county offices of education, and charter schools to, among other things, store those emergency epinephrine auto-injectors in an accessible location upon need for emergency use and include that location in specified annual notices. This bill would extend the definition of "volunteer" and "trained personnel" to include the holder of an Activity Supervisor Clearance Certificate, as specified, who has volunteered to administer epinephrine auto-injectors, as provided. To the extent the bill 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.

**[AB 1701](#) (Weber D) Black infant health: California Perinatal Equity Initiative.**

**Current Text:** Chaptered: 9/8/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 9/8/2023-A. CHAPTERED

**Summary:** Existing law requires the State Department of Public Health, subject to an appropriation in the annual Budget Act, to establish the California Perinatal Equity Initiative to expand the scope of interventions provided under the Black Infant Health Program by fostering Community Centers of Excellence and promoting the use of interventions designed to fill gaps in current programming offered through the Black Infant Health Program. Existing law requires the department to develop a process to allocate funds to up to 15 county health departments, to work collaboratively with state and local Black Infant Health programs, for the purpose of improving Black infant birth outcomes and reducing infant mortality. This bill would expand the program to include city health departments, as specified.

**[AB 1707](#) (Pacheco D) Health professionals and facilities: adverse actions based on another state's law.**

**Current Text:** Chaptered: 9/27/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 9/27/2023-A. CHAPTERED

**Summary:** Existing law establishes various boards within the Department of Consumer Affairs to license and regulate various health professionals. Existing law prohibits the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board from denying an application for licensure or suspending, revoking, or otherwise imposing discipline upon a licensee because the person was disciplined in another state in which they are licensed solely for performing an abortion in that state or because the person was convicted in another state for an offense related solely to performing an abortion in that state. This bill would prohibit a healing arts board under the Department of Consumer Affairs from denying an application for a license or imposing discipline upon a licensee or health care practitioner on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that is based on the application of another state's law that interferes with a person's right to receive sensitive services, as defined, that would be lawful in this state, regardless of the patient's location. The bill would similarly prohibit a health facility from denying staff privileges to, removing from medical staff, or restricting the staff privileges of a licensed health professional on the basis of such a civil judgment, criminal conviction, or disciplinary action imposed by another state. The bill also would also prohibit the denial, suspension, revocation, or limitation of a clinic or health facility license on the basis of those types of civil judgments, criminal convictions, or disciplinary actions imposed by another state. The bill would exempt from the above-specified provisions a civil judgment, criminal conviction, or disciplinary action imposed by another state based upon conduct in another state that would subject an applicant, licensee, or health care practitioner to a similar claim, charge, or action under the laws of this state. By imposing new prohibitions under the provisions related to clinics and health facilities, the violation of which is a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[AB 1731](#) (Santiago D) CURES database: buprenorphine.**

**Current Text:** Chaptered: 9/1/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 8/29/2023-A. CHAPTERED

**Summary:** 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 health care practitioner authorized to

prescribe, order, administer, or furnish a controlled substance to consult the patient activity report or information from the patient activity report obtained from CURES, as specified. Existing law exempts a health care practitioner from the duty to consult the CURES database in certain circumstances, including when a health care practitioner prescribes, orders, administers, or furnishes a controlled substance in the emergency department of a general acute care hospital and the quantity of the controlled substances does not exceed a nonrefillable 7-day supply of the controlled substance. This bill would additionally exempt a health care practitioner from the duty to consult the CURES database when the health care practitioner prescribes, orders, administers, or furnishes buprenorphine or other controlled substance containing buprenorphine in the emergency department of a general acute care hospital.

**SB 10** **(Cortese D) Pupil health: opioid overdose prevention and treatment: Melanie’s Law.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Location:** 10/13/2023-S. CHAPTERED

**Summary:** (1)Existing law authorizes a public or private elementary or secondary school to determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school, and to designate one or more volunteers to receive related training to address an opioid overdose, as specified. This bill would state the Legislature’s encouragement of county offices of education to establish a County Working Group on Fentanyl Education in Schools, as provided, for the purposes of outreach, building awareness, and collaborating with local health agencies regarding fentanyl overdoses. The bill would require the State Department of Education to curate and maintain on its internet website, among other things, informational materials containing awareness and safety advice, for school staff, pupils, and parents or guardians of pupils, on how to prevent an opioid overdose. This bill contains other related provisions and other existing laws.

**SB 19** **(Seyarto R) Fentanyl Misuse and Overdose Prevention Task Force.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Location:** 10/13/2023-S. CHAPTERED

**Summary:** Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 schedules and places the greatest restrictions and penalties on the use of those substances placed in Schedule I. The act classifies the drug fentanyl in Schedule II. Existing law prohibits a person from possessing for sale or purchasing for purposes of sale, specified controlled substances, including fentanyl, and provides for imprisonment in a county jail for 2, 3, or 4 years for a violation of this provision. Existing law also requires a local health officer to assume that the fentanyl manufacturing process has led to some degree of chemical contamination and take action, as prescribed, if a fentanyl laboratory activity has taken place at a property. This bill would, upon appropriation by the Legislature, establish the Fentanyl Misuse and Overdose Prevention Task Force to undertake various duties relating to fentanyl misuse including, among others, collecting and organizing data on the nature and extent of fentanyl misuse in California and evaluating approaches to increase public awareness of fentanyl misuse. The bill would require the task force to be co-chaired by the Attorney General and the State Public Health Officer or their designees, and would specify the membership of the task force. The bill would require the first meeting of the task force to take place no later than June 1, 2024, and would require the task force to meet at least once every 2 months. The bill would require the task force to submit an interim report on its findings and recommendations to the Attorney General, the Governor, and the Legislature by July 1, 2025, and submit a final report by December 1, 2025. The bill would repeal these provisions on January 1, 2026.

**SB 35** **(Umberg D) Community Assistance, Recovery, and Empowerment (CARE) Court Program.**

**Current Text:** Chaptered: 9/30/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Location:** 9/30/2023-S. CHAPTERED

**Summary:** Existing law, the Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Existing law requires all evaluations and reports, documents, and filings submitted to the court under CARE proceedings be kept confidential. This bill would authorize CARE Act proceedings to be conducted by a superior court judge or by a court-appointed commissioner or other subordinate judicial officer. The bill would require that there is no fee for filing a petition nor any fees charged by any public officer for services in filing or serving papers or for the performance of any duty enjoined by the CARE Act. The bill would authorize that the respondent is entitled to have an interpreter in all proceedings if necessary for the respondent’s full participation. This bill would require county behavioral health agencies to provide health information necessary to support findings in the filings to the court, as specified, and would exempt counties and their employees from civil or criminal liability for disclosure under these provisions. By increasing the reporting duties on county behavioral health

agencies, this bill would create a state-mandated local program. This bill contains other related provisions and other existing laws.

**[SB 43](#) (Eggman D) Behavioral health.**

**Current Text:** Chaptered: 10/10/2023 [html](#) [pdf](#)

**Introduced:** 12/5/2022

**Location:** 10/10/2023-S. CHAPTERED

**Summary:** Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Existing law, for purposes of involuntary commitment, defines "gravely disabled" as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter or has been found mentally incompetent, as specified. This bill expands the definition of "gravely disabled" to also include a condition in which a person, as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is, in addition to the basic personal needs described above, unable to provide for their personal safety or necessary medical care, as defined. The bill would also expand the definition of "gravely disabled," as it applies to specified sections, to include, in addition to the basic needs described above, the inability for a person to provide for their personal safety or necessary medical care as a result of chronic alcoholism. The bill would authorize counties to defer implementation of these provisions to January 1, 2026, as specified. The bill would make conforming changes. To the extent that this change increases the level of service required of county mental health departments, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[SB 67](#) (Seyarto R) Controlled substances: overdose reporting.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 1/5/2023

**Location:** 10/13/2023-S. CHAPTERED

**Summary:** Existing law requires the coroner to inquire into and determine the manner, circumstances, and cause of all violent, sudden, or unusual deaths. Existing law authorizes a county board of supervisors, by ordinance, to abolish the office of coroner and provide instead for the office of medical examiner, to be appointed by the board and to exercise the powers and perform the duties of the coroner. This bill would require a coroner or medical examiner who evaluates an individual who died, in the coroner or medical examiner's expert opinion, as the result of an overdose to report the data gathered pursuant to the bill to the Overdose Detection Mapping Application Program managed by the Washington/Baltimore High Intensity Drug Trafficking Area program. By imposing new duties on coroners and medical examiners, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[SB 137](#) (Committee on Budget and Fiscal Review) Health omnibus trailer bill.**

**Current Text:** Enrolled: 9/13/2023 [html](#) [pdf](#)

**Introduced:** 1/18/2023

**Location:** 9/13/2023-S. CHAPTERED

**Summary:** (1) The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. Existing law requires the department, by January 1, 2024, to adopt emergency regulations to implement the recommendations in a specified report of the California State Auditor. Existing law requires the department to maintain the general moratorium on new hospice agency licenses until the department adopts the regulations, but in no event later than March 29, 2024. Existing law requires the moratorium to end on the earlier of 2 years from the date that the California State Auditor publishes a report on hospice agency licensure, or the date the emergency regulations are adopted. This bill would instead require the moratorium to end on the date the emergency regulations are adopted and would extend the deadline by which the department is required to adopt those regulations to January 1, 2025. This bill contains other related provisions and other existing laws.

**[SB 234](#) (Portantino D) Opioid antagonists: stadiums, concert venues, and amusement parks.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 1/24/2023

**Location:** 10/9/2023-S. CHAPTERED

**Summary:** Existing law requires the State Department of Public Health, subject to an appropriation in the Budget Act of 2016, to award funding to local health departments, local governmental agencies, or on a competitive basis to other organizations, as specified, to support or establish programs that provide naloxone or another opioid antagonist to first responders and at-risk opioid users through programs that serve at-risk drug users. Existing law exempts from civil liability a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency other than an act or omission constituting gross negligence or willful or wanton misconduct, as provided. This bill would require each stadium, concert venue, and amusement park to

maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its premises at all times, and to ensure that at least 2 employees are aware of the location of the naloxone hydrochloride or other opioid antagonist. The bill would exempt from civil or criminal liability a person who, in good faith, administers naloxone hydrochloride or another opioid antagonist by nasal spray or auto-injector on the premises of a stadium, concert venue, or amusement park, other than an act or omission constituting gross negligence or willful or wanton misconduct, except as specified. The bill would exempt from civil or criminal liability a stadium, concert venue, or amusement park, or its employees, or an entity that owns, occupies, or operates a stadium, concert venue, or amusement park, or its employees, for the administration of naloxone hydrochloride or another opioid antagonist, or the failure to administer naloxone hydrochloride or another opioid antagonist, on the premises of the stadium, concert venue, or amusement park, as provided.

**[SB 302](#) (Stern D) Compassionate Access to Medical Cannabis Act.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 2/2/2023

**Location:** 10/8/2023-S. CHAPTERED

**Summary:** Existing law, the Compassionate Access to Medical Cannabis Act or Ryan's Law, requires specified types of health care facilities to allow a terminally ill patient's use of medicinal cannabis within the health care facility, as defined, subject to certain restrictions. Existing law requires that health care facilities permitting patient use of medicinal cannabis comply with other drug and medication requirements, as specified, and makes those facilities subject to enforcement actions by the State Department of Public Health. Existing law authorizes a health care facility to suspend compliance with these provisions if a regulatory agency, the United States Department of Justice, or the federal Centers for Medicare and Medicaid Services takes specified actions, including initiating an enforcement action against a health care facility related to the facility's compliance with a state-regulated medical marijuana program. This bill would expand those provisions to a patient who is over 65 years of age with a chronic disease. The bill would expand the definition of health care facility to also include a home health agency, as defined. The bill would additionally require a health care facility permitting patient use of medicinal cannabis, as specified, to ensure a denial of admission to the health care facility is not because of the patient's use of medicinal cannabis. The bill would also authorize a health care facility to suspend compliance with these provisions if a regulatory agency, the United States Department of Justice, or the federal Centers for Medicare and Medicaid Services makes an inquiry about the health care facility's activities.

**Governor's Message:** To the Members of the California State Senate: I am signing Senate Bill 302 which will expand on Ryan's Law (Chapter 384, Statutes of 2021), a bill I was proud to sign two years ago that allows patients with terminal conditions to use medicinal cannabis. This bill additionally allows seniors over 65 with a chronic disease to use medicinal cannabis in a skilled nursing facility, congregate living health facility, special hospital, hospice facility, or while receiving care from a home health agency. I anticipate clean-up legislation to this bill next year to clarify a drafting error. Specifically, the bill excludes hospitals from its provisions, but could be interpreted to narrow existing law for hospital patients that have both a terminal illness and chronic disease. It is my understanding this was not the intent. Many individuals with chronic diseases seek medicinal cannabis as an alternative to opioids for treatment of chronic pain, and their living situation should not be a barrier to access. I believe signing this legislation has greater benefits than concerns, recognizing that the policy will be clarified. Sincerely, Gavin Newsom

**[SB 311](#) (Eggman D) Medi-Cal: Part A buy-in.**

**Current Text:** Chaptered: 10/10/2023 [html](#) [pdf](#)

**Introduced:** 2/6/2023

**Location:** 10/10/2023-S. CHAPTERED

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department, to the extent required by federal law, for Medi-Cal recipients who are qualified Medicare beneficiaries, to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons. Existing federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums. This bill would require the department to enter into a Medicare Part A buy-in agreement, as defined, for qualified Medicare beneficiaries with the federal Centers for Medicare and Medicaid Services by submitting a state plan amendment. Under the bill, the buy-in agreement would be effective on January 1, 2025, or the date the department communicates to the Department of Finance in writing that systems have been programmed for implementation of these provisions, whichever date is later. This bill contains other related provisions and other existing laws.

**[SB 326](#) (Eggman D) The Behavioral Health Services Act.**

**Current Text:** Chaptered: 10/12/2023 [html](#) [pdf](#)

**Introduced:** 2/7/2023

**Location:** 10/12/2023-S. CHAPTERED



**Summary:** 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, funds a system of county mental health plans for the provision of mental health services. 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 intent of the MHSA. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the MHSA by majority vote. If approved by the voters at the March 5, 2024, statewide primary election, this bill would recast the MHSA by, among other things, renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of MHSA moneys, including allocating up to \$36,000,000 to the department for behavioral health workforce funding. The bill would authorize the department to require a county to implement specific evidence-based practices. This bill would require a county, for behavioral health services eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services (the department) under specific circumstances. The bill would require counties to pursue reimbursement through various channels and would authorize the counties to report issues with managed care plans and insurers to the Department of Managed Health Care or the Department of Insurance. This bill contains other related provisions and other existing laws.

**SB 344** **(Rubio D) Ken Maddy California Cancer Registry.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/7/2023

**Location:** 10/13/2023-S. CHAPTERED

**Summary:** Existing law requires the State Department of Public Health to establish a statewide system for the collection of information determining the incidence of cancer, known as the Ken Maddy California Cancer Registry. Existing law requires a pathologist diagnosing cancer to report cancer diagnoses to the department. Existing law requires the reporting to be by electronic means, including, but not limited to, either directly from an electronic medical record or using a designated internet web portal provided by the department. If a pathologist fails to report electronically and with an approved format, existing law authorizes the department's authorized representative to access the information from the pathologist in an appropriate alternative format. Existing law does not require the same pathology report to be submitted more than once, or by any other means if submitted to the department electronically. This bill would authorize the department to require that the same pathology report be submitted more than once if deemed necessary by the department or its authorized representative and would require the department to notify a pathologist of any deficiencies should the department deem a pathologist noncompliant with this provision. The bill would also require the department to provide the pathologist an opportunity to cure the deficiencies. This bill would prohibit the department from imposing a fine or other penalty solely based on a pathologist's failure to comply with this provision. This bill contains other related provisions and other existing laws.

**SB 345** **(Skinner D) Health care services: legally protected health care activities.**

**Current Text:** Chaptered: 9/27/2023 [html](#) [pdf](#)

**Introduced:** 2/7/2023

**Location:** 9/27/2023-S. CHAPTERED

**Summary:** (1) Existing law provides for the licensure and regulation of various categories of medical professionals by boards within the Department of Consumer Affairs, including, among others, the Medical Board of California and the Dental Board of California. Existing law makes specified actions by licensed health care providers unprofessional conduct and, in certain cases, a criminal offense. This bill would prohibit a healing arts board, as defined, from denying an application for a license or imposing discipline upon a licensee or health care practitioner on the basis of a civil judgment, criminal conviction, or disciplinary action in another state if that judgment, conviction, or disciplinary action is based solely on the application of another state's law that interferes with a person's right to receive sensitive services, as defined, that would be lawful if provided in this state, regardless of the patient's location. The bill would further provide that the performance, recommendation, or provision of a legally protected health care activity by a licensee or health care practitioner acting within their scope of practice for a patient who resides in a state in which the performance, recommendation, or provision of that legally protected health care activity is illegal, does not, by itself, constitute professional misconduct, upon which discipline or other penalty may be taken. This bill contains other related provisions and other existing laws.

**SB 385** **(Atkins D) Physician Assistant Practice Act: abortion by aspiration: training.**

**Current Text:** Chaptered: 9/8/2023 [html](#) [pdf](#)

**Introduced:** 2/9/2023

**Location:** 9/8/2023-S. CHAPTERED

**Summary:** The Physician Assistant Practice Act establishes the Physician Assistant Board to license and regulate physician assistants. Existing law makes it a crime to perform an abortion without holding a license to practice as a physician and surgeon or without holding a specified license or certificate under the Physician Assistant Practice Act that authorizes the holder to perform specified functions necessary for an abortion in the first trimester of pregnancy. The act requires a physician assistant to

complete training and comply with certain protocols, as specified, to receive authority from the physician assistant's supervising physician and surgeon to perform an abortion by aspiration techniques. This bill would revise the training requirements to instead require a physician assistant to achieve clinical competency by successfully completing requisite training, as described, in performing an abortion by aspiration techniques. The bill would set forth what types of training qualify. The bill would remove the requirement that a physician assistant follow certain protocols to receive authority from the physician assistant's supervising physician and surgeon to perform an abortion by aspiration techniques. This bill contains other related provisions.

**[SB 421](#) (Limón D) Health care coverage: cancer treatment.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/13/2023

**Location:** 10/9/2023-S. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits, until January 1, 2024, an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells from requiring an enrollee or insured to pay a total amount of copayments and coinsurance that exceeds \$250 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, as specified. This bill would extend the duration of that prohibition indefinitely. By indefinitely extending the operation of the prohibition, and thus indefinitely extending the applicability of a crime for a willful violation by a health care service plan, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[SB 487](#) (Atkins D) Abortion: provider protections.**

**Current Text:** Chaptered: 9/27/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 9/27/2023-S. CHAPTERED

**Summary:** Existing law declares another state's law authorizing a civil action against a person or entity that receives or seeks, performs or induces, or aids or abets the performance of an abortion, or who attempts or intends to engage in those actions, to be contrary to the public policy of this state, and prohibits the application of that law to a controversy in state court and the enforcement or satisfaction of a civil judgment received under that law. This bill would specifically include within these provisions, in addition to abortion performers, abortion providers. This bill contains other related provisions and other existing laws.

**[SB 496](#) (Limón D) Biomarker testing.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 10/7/2023-S. CHAPTERED

**Summary:** (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds. Existing law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted or denied use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**[SB 502](#) (Allen D) Medi-Cal: children: mobile optometric office.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 10/8/2023-S. CHAPTERED

**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP). Existing federal law authorizes a state to provide services under CHIP through a Medicaid expansion program, a separate program, or a combination program. This bill would require the department to file all necessary state plan amendments to exercise the HSI option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified. This bill contains other related provisions and other existing laws.

**[SB 525](#) ([Durazo D](#)) Minimum wages: health care workers.**

**Current Text:** Chaptered: 10/13/2023 [html](#) [pdf](#)

**Introduced:** 2/14/2023

**Location:** 10/13/2023-S. CHAPTERED

**Summary:** Existing law generally requires the minimum wage for all industries to not be less than specified amounts to be increased until it is \$15 per hour commencing January 1, 2022, for employers employing 26 or more employees, and commencing January 1, 2023, for employers employing 25 or fewer employees. Existing law makes a violation of minimum wage requirements a misdemeanor. This bill would establish 5 separate minimum wage schedules for covered health care employees, as defined, depending on the nature of the employer. This bill contains other related provisions and other existing laws.

**[SB 612](#) ([Ochoa Bogh R](#)) Speech-language pathologists.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 10/9/2023-S. CHAPTERED

**Summary:** Existing law, until January 1, 2027, establishes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board within the Department of Consumer Affairs and requires the board to license and regulate speech-language pathologists, audiologists, and hearing aid dispensers, among others. This bill would specify that a licensed speech-language pathologist who holds a written verification pursuant to the above-described provisions that was issued before January 1, 2023, shall be deemed to meet specified requirements regarding flexible fiber optic transnasal endoscopic procedures, as provided. This bill contains other existing laws.

**[SB 621](#) ([Caballero D](#)) Health care coverage: biosimilar drugs.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 2/15/2023

**Location:** 10/8/2023-S. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition, but requires a plan or insurer to expeditiously grant a step therapy exception request if specified criteria are met. Existing law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug. This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug, but that the requirement to try biosimilar, generic, and interchangeable drugs does not prohibit or supersede a step therapy exception request.

**[SB 667](#) ([Dodd D](#)) Healing arts: pregnancy and childbirth.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 2/16/2023

**Location:** 10/8/2023-S. CHAPTERED

**Summary:** (1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who meets specified qualifications. Existing law authorizes a certified nurse-midwife to attend cases of low-risk pregnancy and childbirth and to provide prenatal, intrapartum, and postpartum care, including interconception care, family planning care, and immediate care for the newborn, as specified. Existing law authorizes a certified nurse-midwife to practice with a physician and surgeon under mutually agreed-upon policies and protocols, as specified, to provide a patient with care outside of that scope of services or to provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium. This bill would revise and recast those provisions to, among other things, authorize a certified nurse-midwife, pursuant to policies and

protocols that are mutually agreed upon with a physician and surgeon, as specified, to provide a patient with care outside of that scope of services, to provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium, or to furnish or order a Schedule II or III controlled substance, as specified. The bill would include care for common gynecologic conditions, as specified, in the scope of services a certified nurse-midwife is authorized to perform without policies and protocols that are mutually agreed upon with a physician and surgeon. The bill would additionally authorize a general acute care hospital, as defined, or a special hospital specified as a maternity hospital, as defined, to grant privileges to a certified nurse-midwife, allowing them to admit and discharge patients upon their own authority if in accordance with organized medical staff bylaws of that facility and within the nurse-midwife's scope of practice. This bill contains other related provisions and other existing laws.

**SB 770** **(Wiener D) Health care: unified health care financing.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/7/2023-S. CHAPTERED

**Summary:** Prior state law established the Healthy California for All Commission for the purpose of developing a plan towards the goal of achieving a health care delivery system in California that provides coverage and access through a unified health care financing system for all Californians, including, among other options, a single-payer financing system. This bill would direct the Secretary of the California Health and Human Services Agency to research, develop, and pursue discussions of a waiver framework in consultation with the federal government with the objective of a health care system that incorporates specified features and objectives, including, among others, a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing for essential services and treatments. The bill would further require the secretary to engage specified stakeholders to provide input on topics related to discussions with the federal government and key design issues, as specified. The bill would require the secretary, no later than January 1, 2025, to provide an interim report to specified committees of the Legislature and propose statutory language to the chairs of those committees authorizing the development and submission of applications to the federal government for waivers necessary to implement a unified health care financing system. The bill would require the secretary, no later than June 1, 2025, to complete drafting the waiver framework, make the draft available to the public on the agency's internet website, and hold a 45-day public comment period thereafter. The bill would require the secretary, no later than November 1, 2025, to provide the Legislature and the Governor with a report that communicates the finalized waiver framework, as specified, and sets forth the specific elements to be included in a formal waiver application to establish a unified health care financing system, as specified. The bill would also include findings and declarations of the Legislature related to the implementation of a unified health care financing system.

**SB 779** **(Stern D) Primary Care Clinic Data Modernization Act.**

**Current Text:** Chaptered: 10/8/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/8/2023-S. CHAPTERED

**Summary:** Existing law provides for the licensure and regulation of clinics, including primary care clinics and specialty clinics, by the State Department of Public Health. A violation of these provisions is a crime. Existing law excludes certain facilities from those provisions, including a clinic that is operated by a primary care community or free clinic and that is operated on separate premises from the licensed clinic and is only open for limited services of no more than 40 hours a week, also referred to as an intermittent clinic. This bill would provide that no reimbursement is required by this act for a specified reason. This bill contains other existing laws.

**SB 786** **(Portantino D) Prescription drug pricing.**

**Current Text:** Chaptered: 10/7/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/7/2023-S. CHAPTERED

**Summary:** Existing federal law requires the United States Secretary of Health and Human Services to enter into an agreement with each manufacturer of covered outpatient drugs to ensure the amount a covered entity is required to pay for those drugs does not exceed the average manufacturer price of the drug under the federal Medicaid program. Existing state law requires a covered entity to dispense only drugs subject to these federal pricing requirements to Medi-Cal beneficiaries. Existing law defines a "covered entity" to include a federally qualified health center and entities receiving specified grants and federal funding. This bill would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs.

**SB 805** **(Portantino D) Health care coverage: pervasive developmental disorders or autism.**

**Current Text:** Chaptered: 10/9/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/9/2023-S. CHAPTERED

**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing 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 and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a "qualified autism service professional" to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Existing law defines a "qualified autism service paraprofessional" to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider. This bill would expand the criteria for a qualified autism service professional to include a psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. The bill would require those positions to meet the criteria for a Behavioral Health Professional, as provided. This bill contains other related provisions and other existing laws.

**SB 815**

**(Roth D) Healing arts.**

**Current Text:** Chaptered: 9/30/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 9/30/2023-S. CHAPTERED

**Summary:** Existing law governs professions and vocations that are regulated by various boards within the Department of Consumer Affairs, including the Medical Board of California and the Dental Board of California. Existing law requires those boards to require a licensee, at the time of issuance of a license, to provide specified federal taxpayer information, including the applicant's social security number or individual taxpayer identification number. Existing law prohibits a licensing board from processing an application for an initial license unless the applicant provides that information where requested on the application. Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified. This bill, for purposes of the pilot program, notwithstanding the above-described requirements to provide specified federal taxpayer information, would require the Medical Board of California (board) to issue a 3-year nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. The bill would require the applicant to immediately seek an appropriate 3-year visa and social security number from the federal government within 14 days of being issued the medical license and immediately provide the board with their social security number within 10 days of issuance of that card by the federal government. The bill would prohibit the applicant from engaging in the practice of medicine until the board determines that these conditions have been met. The bill would require the board to notify the applicant of their eligibility to practice medicine if the board determines the applicant has met these conditions. The bill would permit the board to extend the 3-year nonrenewable license period, as specified. The bill would require, for a licensee to be eligible for an extension, certain documents to be submitted to the board no later than January 30, 2024, including a declaration signed by the licensee under penalty of perjury that the licensee meets the requirements for an extension. By expanding the crime of perjury, the bill would impose a state-mandated local program. The bill would prohibit an extension from extending the license period beyond September 30, 2026, and would make an extension dependent upon the program having sufficient funding appropriated in the annual Budget Act. This bill contains other related provisions and other existing laws.

**SB 816**

**(Roth D) Professions and vocations.**

**Current Text:** Chaptered: 10/10/2023 [html](#) [pdf](#)

**Introduced:** 2/17/2023

**Location:** 10/10/2023-S. CHAPTERED

**Summary:** (1) Existing law, the Vocational Nursing Practice Act, establishes in the Department of Consumer Affairs a Board of Vocational Nursing and Psychiatric Technicians of the State of California, which is charged with various licensing, regulatory, and disciplinary functions related to vocational nursing. Existing law, effective until January 1, 2025, sets forth an approval process for a vocational nursing school or program and authorizes the board to reduce the continuing approval fees, by no more than 1/2 of the established fee, for a program that experiences a reduction in state funding that directly leads to a reduction in enrollment capacity. This bill would instead authorize the board to reduce the continuing approval fees in the above-described circumstances for a program that experiences a reduction in enrollment capacity that directly leads to a reduction in state funding. The bill would revise related provisions to require the board to require a program to provide documentation for purposes of issuing the fee reduction. This bill contains other related provisions and other existing



laws.

**Total Measures: 83**

**Total Tracking Forms: 83**