

OPSC Bill List

1(a)

[AB 1998](#) ([Rodriguez D](#)) **Opioids: safe prescribing protocol.**

Status: 5/9/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/9/2018-A. APPR. SUSPENSE FILE

Summary:

Would require, by June 1, 2019, every health care practitioner authorized to prescribe opioids classified as Schedule II and Schedule III to adopt a safe prescribing protocol, as specified. The bill would require the health care practitioner to note the reason the safe prescribing protocol was not followed if, in the health care practitioner's professional judgment, adherence to the safe prescribing protocol is not appropriate for a patient's condition. The bill would make the failure to develop or adhere to the protocol, except as specified, unprofessional conduct and enforceable by the health care practitioner's licensing board.

Position: Oppose Unless Amended

[AB 2682](#) ([Burke D](#)) **Nurse-midwives.**

Status: 4/24/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 1.) (April 24). Re-referred to Com. on APPR.

Location: 4/24/2018-A. APPR.

Summary:

Would authorize a nurse-midwife to practice in a variety of settings without supervision by a physician and surgeon subject to certain situations requiring consultation or comanagement with, or referral or transfer to, a physician and surgeon. The bill would also require all emergencies to be referred to a physician and surgeon immediately. By imposing new requirements, the violation of which would be a crime, this bill would impose a state-mandated local program.

Position: Oppose w/ Letter

AB 2741 (Burke D) Prescription drugs: opioid medications: minors.

Status: 5/7/2018-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Location: 5/7/2018-S. DESK

Summary:

Would prohibit a prescriber, as defined, from prescribing more than a 5-day supply of opioid medication to a minor unless the prescription is for specified uses. The bill would also require a prescriber to take certain steps before prescribing a minor a course of treatment with opioid medication, including discussing opioid risks and obtaining specified written consent, except in specified instances. The bill would make a violation of the bill's provisions unprofessional conduct and would subject the prescriber to discipline by the board charged with regulating his or her license. The provisions of the bill requiring the prescriber to assess whether the minor has or is taking prescription drugs for treatment of a substance use disorder, discuss opioid risks, and obtain written consent would not apply until the development of a consent form by the Medical Board of California.

Position: Oppose Unless Amended

AB 3087 (Kalra D) California Health Care Cost, Quality, and Equity Commission.

Status: 5/3/2018-Re-referred to Com. on APPR.

Location: 5/2/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would create the California Health Care Cost, Quality, and Equity Commission, an independent state agency, to control in-state health care costs and set the amounts accepted as payment by health plans, hospitals, physicians, physician groups, and other health care providers, among other things. The bill would provide that funding for the commission would be provided from the Managed Care Fund and the Insurance Fund, subject to appropriation by the Legislature.

Position: Oppose

SB 1448 (Hill D) Healing arts licensees: probation status: disclosure.

Status: 4/24/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 23). Re-referred to Com. on APPR.

Location: 4/23/2018-S. APPR.

Calendar:

5/22/2018 10 a.m. - John L. Burton Hearing Room (4203)

SENATE APPROPRIATIONS, LARA, Chair

Summary:

Would, on and after July 1, 2019, require specified regulatory boards to require a licensee to provide a separate disclosure, as specified, to a patient or a patient's guardian or health care surrogate before the patient's first visit if the licensee is on probation pursuant to a probationary order made on and after July 1, 2019. The bill would also require those regulatory boards to provide specified information relating to licensees on probation on the regulatory entity's online license information Internet Web site.

Position: Oppose w/ Letter

1(b)

AB 1791 (Waldron R) Physicians and surgeons: continuing education.

Status: 5/3/2018-Referred to Com. on B., P. & E.D.

Location: 5/3/2018-S. B., P. & E.D.

Summary:

Current law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under that act, the board is required to adopt and administer standards for the continuing education of physicians and surgeons. This bill would require the board, in determining continuing education requirements, to consider including a course in integrating HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care settings, as specified.

Position: Watch

AB 1802 (Salas D) Optometry: scope of practice.

Status: 5/3/2018-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Location: 5/3/2018-S. DESK

Summary:

That Optometry Practice Act provides that the practice of optometry includes the prevention and diagnosis of disorders and dysfunctions of the visual system, and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of habilitative or rehabilitative optometric services, and doing certain things, including the examination of the human eye or eyes. Current law authorizes an optometrist certified to use therapeutic pharmaceutical agents to, among other things, administer immunizations if the optometrist meets certain requirements. This bill would correct an erroneous cross-reference in the provision relating to the authority of an optometrist certified to use therapeutic pharmaceutical agents to administer immunizations, and would make other nonsubstantive changes.

Position: Watch

[AB 1963](#) ([Waldron R](#)) **Medi-Cal: reimbursement: opioid addiction treatment.**

Status: 5/2/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/2/2018-A. APPR. SUSPENSE FILE

Summary:

Would require the State Department of Health Care Services to increase the Medi-Cal provider reimbursement rates, as specified, for medication-assisted treatments, buprenorphine/naloxone combination treatment, methadone treatment, and naltrexone treatment, provided by certified providers, for

opioid addiction.

Position: Support

AB 2193 (Maienschein R) Maternal mental health.

Status: 5/1/2018-Re-referred to Com. on APPR.

Location: 4/30/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

This bill would make it the duty of obstetrician-gynecologists or licensed health care practitioners supervised by obstetrician-gynecologists who treat or attend the mother or child, or both, to screen the mother for maternal mental health conditions, as defined, during pregnancy or during the postpartum period, or both, and to report the findings of the screening to the mother's primary care physician if the obstetrician-gynecologist or health care practitioner supervised by an obstetrician-gynecologist is not the mother's primary care physician.

Position: Watch

AB 2203 (Gray D) Medi-Cal: primary care services.

Status: 4/11/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 10). Re-referred to Com. on APPR.

Location: 4/11/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would, beginning July 1, 2019, require that the basic Medi-Cal rate for primary care services provided by a primary care service provider be not less than 100% of the payment rate that applies to those services as established by the Medicare Program, as specified. The bill would make the payment increases inapplicable to provider rates for specified program services provided to individuals who are not eligible for the Medi-Cal program or the Family Planning, Access, Care, and Treatment (Family PACT) Program.

Position: Support

[AB 2487](#) ([McCarty](#) D) **Physicians and surgeons: continuing education: opiate-dependent patient treatment and management.**

Status: 5/3/2018-Read second time. Ordered to third reading.

Location: 5/3/2018-A. THIRD READING

Calendar:

5/14/2018 #61 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

Summary:

Would require a physician and surgeon to complete a continuing education course on opiate-dependent patient treatment and management, as specified, within 6 months of first receiving, or next renewing, a federal Drug Enforcement Administration registration to dispense narcotic drugs for patient treatment, unless the physician and surgeon meets the requirements of a qualifying physician within the federal Comprehensive Addiction Recovery Act of 2016.

Position: Oppose Unless Amended

[AB 2539](#) ([Mathis](#) R) **California Physician Corps Program: practice setting.**

Status: 5/3/2018-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Location: 5/3/2018-S. DESK

Summary:

Current law establishes the Medically Underserved Account for Physicians, a continuously appropriated account, within the Health Professions Education Fund, to primarily provide funding for the ongoing operations of the California Physician Corps Program. Current law requires the foundation and the Office of Statewide Health Planning and Development to develop guidelines using specified criteria for selection and placement of applicants. Current law defines “practice setting,” for these purposes. Current law also defines “practice setting,” for these purposes. This bill would instead require, for purposes of this definition, only until January 1, 2021, and only for program participants who enroll in the program on or after January 1, 2019, and before January 1, 2021, that the clinic or the physician owned and operated medical practice setting have at least 30% of patients, if the area is a rural area, as defined, or at least 50% of patients, if the area is not a rural area, who are from the above-described populations.

Position: Support w/ Letter

AB 2760 (Wood D) Prescription drugs: naloxone hydrochloride.

Status: 4/23/2018-Re-referred to Com. on APPR.

Location: 4/23/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would require a prescriber, as defined, to offer a prescription for naloxone hydrochloride or another opioid antagonist to a patient when certain conditions are present and to provide education on overdose prevention and the use of naloxone hydrochloride or another opioid antagonist to the patient and specified others. The bill would make a violation of the bill's provisions unprofessional conduct and would subject the prescriber to discipline by the board charged with regulating his or her license.

Position: Oppose

AB 2789 (Wood D) Health care practitioners: prescriptions: electronic data transmission.

Status: 5/10/2018-Referred to Com. on B., P. & E.D.

Location: 5/10/2018-S. B., P. & E.D.

Summary:

Current law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. The Pharmacy Law provides that a prescription is an oral, written, or electronic data transmission order and requires electronic data transmission prescriptions to be transmitted and processed in accordance with specified requirements. This bill, on and after January 1, 2020, would require health care practitioners authorized to issue prescriptions to have the capability to transmit electronic data transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions.

Position: Oppose

AB 3110 (Mullin D) Athletic trainers.

Status: 5/10/2018-Re-referred to Com. on APPR.

Location: 5/1/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would enact the Athletic Training Practice Act, which would establish the Athletic Trainer Board, until January 1, 2023, within the Department of Consumer Affairs to exercise licensing, regulatory, and disciplinary functions under the act. The bill would prohibit a person from practicing as an athletic trainer or using certain titles or terms without being registered with the board, except as specified. The bill would define the practice of athletic training, and would specify requirements for registration as an athletic trainer, including graduating from a professional degree program in athletic training, and would require a registrant to render athletic training services only pursuant to orders from and under the supervision of a physician and surgeon or osteopathic physician and surgeon.

Position: Support w/ Letter

[SB 1109](#) ([Bates R](#)) **Controlled substances: Schedule II drugs: opioids.**

Status: 5/9/2018-Set for hearing May 14.

Location: 5/2/2018-S. APPR.

Calendar:

5/14/2018 10 a.m. - John L. Burton Hearing Room (4203)

SENATE APPROPRIATIONS, LARA, Chair

Summary:

Would require, for physicians and surgeons licensed on or after January 1, 2019, the mandatory continuing education course to also include the subject of the risks of addiction associated with the use of Schedule II drugs. The bill

would require the Medical Board of California to give its highest priority to considering a course in the risks of addiction associated with the use of Schedule II drugs among its continuing education requirements for physicians and surgeons and would require the board to periodically develop and disseminate information and educational material on the risks of addiction associated with the use of Schedule II drugs to physicians and surgeons and general acute care hospitals.

Position: Oppose Unless Amended

SB 1238 (Roth D) Patient records: maintenance and storage.

Status: 4/25/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 1.) (April 24). Re-referred to Com. on APPR.

Location: 4/25/2018-S. APPR.

Calendar:

5/22/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, LARA, Chair

Summary:

Would require certain health care providers at the time of creation of a patient record to provide a statement to the patient, or the patient's representative, that sets forth the patient's rights and the intended retention period for the records. The bill would require certain health care providers that plan to destroy patient records to notify the patient at least 60 days before a patient's records are to be destroyed, as provided.

Position: Oppose

AB 282 (Jones-Sawyer D) Aiding, advising, or encouraging suicide: exemption from prosecution.

Status: 3/15/2018-Referred to Com. on PUB. S. From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on PUB. S.

Location: 3/15/2018-S. PUB. S.

Calendar:

5/15/2018 8:30 a.m. - John L. Burton Hearing Room (4203)
SENATE PUBLIC SAFETY, SKINNER, Chair

Summary:

Current law makes a person who deliberately aids, advises, or encourages another to commit suicide guilty of a felony. This bill would prohibit a person whose actions are compliant with the End of Life Option Act from being prosecuted for deliberately aiding, advising, or encouraging suicide.

Position: Watch

AB 710 (Wood D) Cannabidiol.

Status: 4/19/2018-Re-referred to Com. on PUB. S.

Location: 4/19/2018-S. PUB. S.

Calendar:

5/15/2018 8:30 a.m. - John L. Burton Hearing Room (4203)
SENATE PUBLIC SAFETY, SKINNER, Chair

Summary:

The California Uniform Controlled Substances Act classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the

least restrictive limitations generally placed on controlled substances classified in Schedule V. Current law designates cannabis in Schedule I. Cannabidiol is a compound contained in cannabis. Current law restricts the prescription, furnishing, possession, sale, and use of controlled substances, including cannabis and synthetic cannabinoid compounds, and makes a violation of those laws a crime, except as specified. This bill, if one of specified changes in federal law regarding the controlled substance cannabidiol occurs, would deem a physician, pharmacist, or other authorized 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.

Position: Watch

AB 1659 (Low D) Healing arts boards: inactive licenses.

Status: 4/19/2018-Referred to Com. on B., P. & E.D.

Location: 4/19/2018-S. B., P. & E.D.

Summary:

Current law establishes healing arts boards in the Department of Consumer Affairs. Current law requires each healing arts board to issue inactive licenses to holders of active licenses whose license is not punitively restricted by that board. Current law prohibits the holder of an inactive license from engaging in any activity for which an active license is required. Current law requires the renewal fee for an active license to apply to an inactive license. This bill would prohibit the holder of an inactive license from representing that he or she has an active license. The bill would also authorize a healing arts board to establish a lower inactive license renewal fee.

Position: Watch

AB 1751 (Low D) Controlled substances: CURES database.

Status: 5/2/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/2/2018-A. APPR. SUSPENSE FILE

Summary:

Would authorize the Department of Justice to enter into an agreement with an entity operating an interstate data share hub for the purposes of participating in interjurisdictional information sharing between prescription drug monitoring programs across state lines. The bill would require any agreement entered into by the Department of Justice for those purposes to ensure that all access to data within CURES complies with California law and meets the same patient privacy and data security standards employed and required for direct access of CURES.

Position: Watch

AB 1752 (Low D) Controlled substances: CURES database.

Status: 5/2/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/2/2018-A. APPR. SUSPENSE FILE

Summary:

Would add Schedule V controlled substances to the CURES database. The bill would require a dispensing pharmacy, clinic, or other dispenser to report the information required by the CURES database no more than one working day after a controlled substance is dispensed. The bill would change what information is required to be reported by deleting references to classification codes and adding the date of sale of the prescription.

Position: Watch

AB 1753 (Low D) Controlled substances: CURES database.

Status: 5/2/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/2/2018-A. APPR. SUSPENSE FILE

Summary:

Current law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the Department of Justice, as specified. Current law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice. This bill would authorize the Department of Justice to reduce or limit the number of approved printers to 3, as specified. The bill would require prescription forms for controlled substance prescriptions to have a uniquely serialized number, in a manner prescribed by the Department of Justice, and would require a printer to submit specified information to the Department of Justice for all prescription forms delivered.

Position: Watch

[AB 1801](#) ([Nazarian D](#)) **Newborns: cytomegalovirus public education and testing.**

Status: 5/2/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/2/2018-A. APPR. SUSPENSE FILE

Summary:

Would, until January 1, 2023, require the State Department of Health Care Services to establish a commission on Cytomegalovirus (CMV) Public Education and Testing. The bill would require the commission to examine research and data regarding congenital CMV and develop recommendations, as specified. The bill would require the director of the department to appoint members to the commission, as specified. The bill would require the

commission to submit a report to the Legislature on or before December 31, 2019, and annually thereafter for 3 years, as specified.

Position: Watch

AB 2029 (Garcia, Eduardo D) Federally Qualified Health Clinics: rural health clinics.

Status: 5/2/2018-Re-referred to Com. on APPR.

Location: 5/2/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, in accordance with Medicare reasonable cost principles, and to the extent that federal financial participation is obtained, to providers on a per-visit basis. Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides. This bill would authorize an FQHC or RHC to apply for a rate adjustment for the adoption, implementation, or upgrade of a certified electronic health record system as a change in the scope of services. This bill would also make technical, nonsubstantive changes.

Position: Watch

AB 2078 (Daly D) Sex offenses: professional services.

Status: 4/4/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 4/4/2018-A. APPR. SUSPENSE FILE

Summary:

Would expand the crime of sexual battery to apply to a person who performs professional services that entail having access to another person's body and who touches an intimate part of that person's body while performing those services, and the touching was against the person's will and for the purpose of sexual arousal, sexual gratification, or sexual abuse. The bill would expand the definitions of each of the crimes of rape, sodomy, oral copulation, and sexual penetration to include any of those crimes performed against a victim's will by a professional whose services entail having access to the victim's body, if the conduct is performed by the professional while performing those services.

Position: Watch

AB 2086 (Gallagher R) **Controlled substances: CURES database.**

Status: 5/3/2018-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Location: 5/3/2018-S. DESK

Summary:

Current law classifies certain controlled substances into designated schedules. Current 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. This bill would allow prescribers to access the CURES database for a list of patients for whom that prescriber is listed as a prescriber in the CURES database.

Position: Support

AB 2088 (Santiago D) Patient records: addenda.

Status: 4/25/2018-Referred to Com. on HEALTH.

Location: 4/25/2018-S. HEALTH

Summary:

Would require a health care provider to allow a patient, regardless of his or her ages, who inspects his or her patient records to provide to the health care provider a written addendum with respect to any item or statement in his or her records that the patient believes to be incomplete or incorrect. By increasing the scope of a crime, this bill would create a state-mandated local program. The bill would additionally correct an erroneous cross reference.

Position: Watch

AB 2138 (Chiu D) Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.

Status: 4/24/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 5.) (April 24). Re-referred to Com. on APPR.

Location: 4/24/2018-A. APPR.

Summary:

Current law requires a board to develop criteria to aid it when considering the denial, suspension, or revocation of a license to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates and requires a board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license. This bill would revise and recast those provisions to instead authorize a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been

convicted of a crime only if the applicant or licensee is presently incarcerated or if the conviction, as defined, occurred within the preceding 5 years, except for violent felonies,

Position: Watch

AB 2174 (Waldron R) Heroin and Opioid Public Education (HOPE) Act.

Status: 4/18/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 4/18/2018-A. APPR. SUSPENSE FILE

Summary:

Would require the State Department of Public Health, in consultation with stakeholders, to develop, coordinate, implement, and oversee a comprehensive multicultural public awareness campaign, to be known as “Heroin and Opioid Public Education (HOPE),” upon appropriation by the Legislature or receipt of state or federal grant funding, until January 1, 2023.

Position: Watch

AB 2202 (Gray D) University of California: school of medicine.

Status: 5/9/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/9/2018-A. APPR. SUSPENSE FILE

Summary:

Would appropriate an unspecified sum of moneys from the General Fund to the Regents of the University of California for the creation, construction, and establishment of a branch campus of the University of California, San Francisco, School of Medicine in partnership with the University of

California, Merced, and the University of California, San Francisco, Fresno Medical Education Program.

Position: Watch

AB 2275 (Arambula D) Medi-Cal managed care: quality assessment and performance improvement.

Status: 4/23/2018-Re-referred to Com. on APPR.

Location: 4/19/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would require the State Department of Health Care Services to establish a quality assessment and performance improvement program for all Medi-Cal managed care plans, through which the plans, commencing January 1, 2021, would be required to meet a minimum performance level (MPL) that improves quality and reduces health disparities, as specified. The bill would require managed care plans that meet the performance targets to receive specified financial incentives. The bill would require the department to establish the measures by which the MPL and performance targets would be assessed and would require the measures to be collected annually, commencing July 1, 2019.

Position: Support

AB 2281 (Irwin D) Clinical laboratories: licensed medical laboratory technicians.

Status: 5/10/2018-Referred to Com. on B., P. & E.D.

Location: 5/10/2018-S. B., P. & E.D.

Summary:

Current law provides for the licensure, registration, and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Current law requires a medical laboratory technician to be licensed by the department, sets forth the duties that a licensed medical laboratory technician is authorized to perform, and prohibits a licensed medical laboratory technician from performing microscopic analysis or immunohematology procedures. This bill would exempt from that prohibition blood smear reviews, microscopic urinalysis, and blood typing of moderate complexity.

Position: Watch

[AB 2342](#) ([Burke D](#)) **BRCA gene mutations: screening, counseling, and testing.**

Status: 5/9/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/9/2018-A. APPR. SUSPENSE FILE

Summary:

Would require health care service plans, health insurers, and the State Department of Health Care Services to cover screening, genetic counseling, and testing for BRCA gene mutations in women who have not been diagnosed with BRCA-related cancer and do not have signs or symptoms of the disease, but who may have an increased risk based on one or more of specified family history risk factors. By creating a new crime with respect to health care service plans, the bill would impose a state-mandated local program.

Position: Watch

[AB 2384](#) ([Arambula D](#)) **Medication-assisted treatment.**

Status: 5/2/2018-Re-referred to Com. on APPR.

Location: 5/1/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would require a drug formulary maintained by a health care service plan, including a Medi-Cal managed plan, or health insurer to include all prescription drugs approved by the United States Food and Drug Administration for the medication-assisted treatment, as defined, of substance use disorders and for the reversal of overdose. The bill would provide that medication-assisted treatment is presumed to be medically necessary, and is not subject to specified requirements of a health care service plan or policy of health insurance, including prior authorization and an annual or lifetime dollar limit, as specified. 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.

Position: Watch

[AB 2416](#) ([Wood D](#)) **Health care coverage.**

Status: 4/30/2018-Re-referred to Com. on APPR.

Location: 4/26/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would, commencing January 1, 2020, require a health care service plan that

has a contract with the State Department of Health Care Services to offer Medi-Cal managed care plans or prepaid health plans to negotiate with Covered California regarding offering individual products on the Exchange in approved service areas that overlap with counties where there are 2 or fewer health care service plans offering products on the Exchange, as specified. Because a willful violation of the bill's requirements would be a crime, the bill would impose a state-mandated local program.

Position: Watch

AB 2423 (Holden D) Physical therapists: direct access to services: plan of care approval.

Status: 4/30/2018-From Consent Calendar. Ordered to third reading.

Location: 4/30/2018-A. THIRD READING

Calendar:

5/14/2018 #53 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

Summary:

The Physical Therapy Practice Act authorizes a patient to access physical therapy treatment directly from a licensed physical therapist if the treatment is within the scope of practice of physical therapists and prescribed conditions are met, including a treatment limit prohibiting the physical therapist from continuing treatment beyond 45 calendar days or 12 visits, whichever occurs first, without receiving specified doctor approval of the physical therapist's plan of care. The act exempts from that plan of care approval condition for continuing treatment the provision of certain wellness physical therapy services to a patient. This bill would also exempt from that condition the provision of physical therapy services as part of an individualized education plan pursuant to specified state statutes and the federal Individuals with Disabilities Education Act to an individual who does not have a medical diagnosis.

Position: Watch

AB 2472 (Wood D) Health care coverage: Covered California.

Status: 5/9/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/9/2018-A. APPR. SUSPENSE FILE

Summary:

Current state law establishes the California Health Benefit Exchange, also known as Covered California, within state government. Current law specifies the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. This bill would require the board to prepare an analysis and evaluation, known as a feasibility analysis, to determine the feasibility of a public health insurance plan option to increase competition and choice for health care consumers.

Position: Watch

AB 2486 (McCarty D) Medi-Cal Opioid Prevention and Rehabilitation Act.

Status: 5/9/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/9/2018-A. APPR. SUSPENSE FILE

Summary:

Would, on and after January 1, 2020, require a contract entered into by the Department of Health Care Services and a drug manufacturer under the Medi-Cal program, that includes a prescription drug that contains an active opioid ingredient, to provide for a state rebate, in addition to other existing rebates, which would be proportional to the utilization of prescription drugs

containing active opioid ingredients, at a rate of \$0.01 per milligram of active opioid ingredient.

Position: Watch

AB 2499 (Arambula D) Health care coverage: medical loss ratios.

Status: 4/18/2018-Re-referred to Com. on APPR.

Location: 4/17/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Current law requires a health care service plan or health insurer that issues, sells, renews, or offers a health care service plan contract or health insurance policy, respectively, for health care coverage in this state to comply with minimum medical loss ratios, and to provide an annual rebate to each enrollee or insured under that coverage, on a pro rata basis, if the medical loss ratio of the amount of premium revenue expended by the plan or health insurer on the costs for reimbursement for clinical services and for activities that improve health care quality to the total amount of premium revenue is less than a certain percentage. This bill would increase the minimum medical loss ratio percentages applicable to health care service plans and health insurers by 5% in the large group and individual markets.

Position: Watch

AB 2502 (Wood D) Health care payments database.

Status: 5/9/2018-Re-referred to Com. on APPR.

Location: 5/1/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would state the intent of the Legislature to establish a system to collect information regarding the cost of health care. The bill would require the Secretary of California Health and Human Services, no later than January 1, 2020, to establish, implement, and administer the California Health Care Payments Database, among other duties. The bill would require certain health care entities, including health care service plans, to provide specified information to the secretary. The bill would authorize the secretary to report a health care entity that fails to comply with that requirement to the health care entity's regulating agency, and would authorize the regulating agency to enforce that requirement using its existing enforcement procedures, as specified.

Position: Watch

[AB 2517](#) ([Wood D](#)) Health care coverage.

Status: 5/1/2018-Re-referred to Com. on APPR.

Location: 4/30/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would establish the Advisory Panel on Health Care Delivery Systems and Universal Coverage in the California Health and Human Services Agency and would require the advisory panel to develop a plan to achieve universal

coverage and a unified publicly financed health care system. The bill would require the Secretary of California Health and Human Services to appoint members to the advisory panel, as provided, and would require the advisory panel to convene public meetings at least quarterly, beginning on or before March 1, 2019.

Position: Watch

AB 2597 (Arambula D) Programs in Medical Education.

Status: 5/10/2018-Re-referred to Com. on APPR.

Location: 4/25/2018-A. APPR.

Calendar:

5/16/2018 9 a.m. - State Capitol, Room 4202

ASSEMBLY APPROPRIATIONS, GONZALEZ FLETCHER, Chair

Summary:

Would appropriate \$9,350,000 from the General Fund to the Regents of the University of California for allocation to the University of California to support Programs in Medical Education (PRIME), and would require the university, as a condition of receipt of this appropriation, to (1) fully fund, at minimum, the 2018–19 level of full-time student enrollment in PRIME for the 2019–20 academic year and (2) submit, on or before January 1, 2020, a report to the Legislature on how the university can expand full-time student enrollment in PRIME by, at minimum, 50% from the 2018–19 level by the commencement of the 2022–23 academic year.

Position: Watch

**AB 2674 (Aguiar-Curry D) Health care service plans:
disciplinary actions.**

Status: 5/2/2018-In committee: Set, first hearing. Referred to APPR.

suspense file.

Location: 5/2/2018-A. APPR. SUSPENSE FILE

Summary:

Current law prohibits a health care service plan from engaging in an unfair payment pattern, as defined, and requires the department to adopt regulations that ensure that plans have adopted a dispute resolution mechanism, as specified. This bill would require the Department of Managed Health Care to investigate provider complaints that a health care service plan has underpaid or failed to pay the provider and would establish a procedure for a provider to file a complaint with the department, and a procedure for a health care service plan to provide supporting documentation relating to a provider complaint to the department.

Position: Support

[AB 2861](#) ([Salas](#) D) **Medi-Cal: telehealth: substance use disorder services.**

Status: 4/30/2018-Re-referred to Com. on APPR.

Location: 4/26/2018-A. APPR.

Summary:

Would require, upon specific federal participation and approval, the State Department of Health Care Services to allow a licensed practitioner of the healing arts or a certified substance use disorder counselor to receive Medi-Cal reimbursement for substance use disorder services provided through telehealth in accordance with the Medicaid state plan. This bill contains other existing laws.

Position: Watch

[AB 2895](#) ([Arambula](#) D) **Primary Care Spending Transparency**

Act.

Status: 5/9/2018-In committee: Set, first hearing. Referred to APPR. suspense file.

Location: 5/9/2018-A. APPR. SUSPENSE FILE

Summary:

Current law requires a health care service plan or health insurer to annually report specified information to the Department of Managed Health Care or the Department of Insurance, including, among other things, the number of persons that receive health care coverage under specified health care service plans or health insurance policies. Current law requires the departments to publicly report that information, including posting it on their Internet Web sites. This bill, the Primary Care Spending Transparency Act, would require a health care service plan or health insurer that reports rate information, as specified, to annually report the percentage of expenses the health care service plan or health insurer allocated to primary care, among other things.

Position: Support

[AB 2968](#) ([Levine D](#)) **Psychotherapist-client relationship: victims of sexual behavior and sexual contact: informational brochure.**

Status: 5/10/2018-Read second time. Ordered to Consent Calendar.

Location: 5/10/2018-A. CONSENT CALENDAR

Calendar:

5/14/2018 #149 ASSEMBLY CONSENT CALENDAR 1ST DAY-ASSEMBLY BILLS

Summary:

Existing law requires the Department of Consumer Affairs to prepare and

disseminate an informational brochure for victims of psychotherapist-patient sexual contact and their advocates, and requires that the brochure be developed by the department in consultation with the office of Criminal Justice Planning and the office of the Attorney General, as specified. This bill would eliminate the requirement that the department develop the brochure in consultation with the office of Criminal Justice Planning and the office of the Attorney General. The bill would require that the brochure also be for victims of psychotherapist-client sexual behavior.

Position: Watch

SB 617 (Bradford D) Workers' compensation: providers.

Status: 4/18/2018-From committee: Be re-referred to Com. on INS. (Ayes 9. Noes 0.) (April 16). Re-referred to Com. on INS.

Location: 4/18/2018-A. INS.

Summary:

Current law makes an employer liable only for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment. Current law also requires that apportionment of permanent disability be based on causation and requires a physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury to address in that report the issue of causation of the permanent disability. This bill would require that heredity and genetics be excluded as bases of causation for purposes of determining the apportionment of permanent disability.

Position: Watch

SB 974 (Lara D) Medi-Cal: immigration status: adults.

Status: 4/5/2018-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 2.) (April 4). Re-referred to Com. on APPR.

Location: 4/4/2018-S. APPR.

Calendar:

5/22/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, LARA, Chair

Summary:

Current law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions, be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, as specified. Current law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages who are otherwise eligible for those benefits but for their immigration status. The bill would also delete provisions delaying implementation until the director makes the determination described above.

Position: Watch

**[SB 984](#) ([Skinner D](#)) State boards and commissions:
representation: appointments.**

Status: 5/1/2018-Read second time and amended. Re-referred to Com. on APPR.

Location: 5/1/2018-S. APPR.

Calendar:

5/22/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, LARA, Chair

Summary:

Would require the composition of each appointed state board and commission to have a specified number of women directors based on the number of board or commission members. The bill would also require the office of the Governor to collect and release aggregated demographic data provided by state board and commission applicants, nominees, and appointees.

Position: Watch

SB 997 (Monning D) Health care service plans: physician to enrollee ratios.

Status: 5/4/2018-Set for hearing May 14.

Location: 3/14/2018-S. APPR.

Summary:

Current law requires a health care service plan to ensure that there is at least one full-time equivalent primary care physician for every 2,000 enrollees and authorizes the assignment of up to an additional 1,000 enrollees, as specified, to a primary care physician for each full-time equivalent nonphysician medical practitioner, as defined, supervised by that physician. Under current law, these provisions repeal on January 1, 2019. This bill would delete the repeal date, thereby continuing operation of these provisions indefinitely. By extending the operation of these requirements, the willful violation of which would be a crime, this bill would impose a state-mandated local program.

Position: Watch

SB 1125 (Atkins D) Federally qualified health center and rural health clinic services.

Status: 4/26/2018-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 9. Noes 0.) (April 25). Re-referred to Com. on APPR.

Location: 4/25/2018-S. APPR.

Calendar:

5/22/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, LARA, Chair

Summary:

Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and another health visit, as defined.

Position: Watch

[SB 1241](#) ([Nguyen R](#)) **Income taxes: credit: healing arts licensees: volunteers.**

Status: 5/4/2018-Set for hearing May 14.

Location: 5/1/2018-S. APPR.

Calendar:

5/14/2018 10 a.m. - John L. Burton Hearing Room (4203)
SENATE APPROPRIATIONS, LARA, Chair

Summary:

The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill would allow a refundable tax credit, for each taxable year beginning on or after January 1, 2019, to a qualified taxpayer

who is a physician and surgeon, nurse practitioner, physician's assistant, optometrist, or dentist who is licensed and practices within his or her scope of practice for at least 100 hours during the taxable year as a volunteer for a nonprofit licensed health clinic located in California.

Position: Watch

SB 1338 (Hueso D) **Electrical and gas corporations: rates.**

Status: 5/10/2018-May 14 hearing postponed by committee.

Location: 4/25/2018-S. APPR.

Calendar:

5/22/2018 10 a.m. - John L. Burton Hearing Room (4203)

SENATE APPROPRIATIONS, LARA, Chair

Summary:

Current law authorizes the Public Utilities Commission to fix the rates and charges for every public utility and requires that those rates and charges be just and reasonable. Current law requires the commission to designate a baseline quantity of electricity and gas necessary for a significant portion of the reasonable energy needs of the average residential customer. Current law additionally requires the commission to establish a standard allowance in addition to the baseline quantity of gas and electricity for residential customers dependent on life-support equipment. This bill would authorize a physician assistant to certify in writing to the utility that the additional energy, heating, or cooling allowance is medically necessary to sustain the life of a person being treated for life-threatening illness or a compromised immune system or to prevent deterioration of that person's medical condition.

Position: Watch

Total Measures: 54

Total Tracking Forms: 54