New Laws

In 2022, the legislature passed hundreds of new laws that impact health care in California. CAFP has compiled a summary of new laws of interest to family physicians and patients that will go into effect in 2023. Below are summaries of the new laws.

BUDGET

The 2022-23 budget includes total spending of just over $300 billion and total reserves of $37.2 billion in 2022-23.

Major Budget win for CAFP:

- Through various advocacy initiatives and CAFP members' lobbying efforts during Lobby Week, CAFP was able to secure **$30 million allocated over three years to the Song-Brown program** for primary care graduate medical education (GME) programs.

The budget includes:

- **Medi-Cal for All, Regardless of Immigration Status.** Expands Medi-Cal to all eligible Californians regardless of immigration status. Currently, income eligible young adults 25 and younger and those 50 and older have access to full scope Medi-Cal. The budget will expand access to ages 26 through 49 beginning no later than January 1, 2024.
- **Reproductive Rights Investments.** $200 million in key reproductive rights investments to assist California continue to lead in protecting reproductive rights. These include:
    - $40 million for Uncompensated Care Fund.
    - $30 million for Equity and Infrastructure payments for Clinic Abortion providers.
    - $20 million for Reproductive Health Care Services Scholarships/Loan Repayments.
    - $20 million Reproductive Health Care Facilities Security.
    - $20 million for Premium Subsidy Payments.
    - $20 million for the California Abortion Support Fund.
    - $20 million for LA County Reproductive Health Pilot.
    - $15 million for the Reproductive Justice and Freedom Fund.
    - $10 million to backfill lost Title X Family Planning funds.
    - $8 million for Family Planning, Access, Care and Treatment, and HPV Vaccine Coverage.
    - $2 million for Reproductive rights website and research on unmet reproductive health care needs.
- **Workforce Development.** $351.6 million over four years for workforce development, including:
    - $200 million for the behavioral health workforce.
    - $75.6 million for the public health workforce.
    - $76 million for the primary care, clinic and reproductive health workforce.
- **Public Health Infrastructure.** $300 million ongoing investment in state and local health departments to address vital public health priorities.
- **End the Epidemics One-Time Funding.** $38 million over three years to prevent and treat sexually transmitted infections, including for syphilis, congenital syphilis, and hepatitis B.
- **Restores the Covered California State Premium Subsidy.** $304 million restoration of the state premium subsidy program in Covered California and modifies trailer bill language to eliminate deductibles and reduce copays if federal subsidies are renewed.

- **Reduce Share of Cost Requirements for Seniors in Medi-Cal.** Adopts trailer bill language to reduce share of cost requirements for seniors and persons with disabilities by increasing the Medi-Cal Maintenance Need Income Level, beginning January 1, 2025, subject to budget contingency language.
- **Continuous Medi-Cal Coverage for Children Zero to Five.** Adopts trailer bill language to provide continuous Medi-Cal coverage for children zero to five years of age, beginning January 1, 2024, subject to budget contingency language.

COVID-19

AB 2693 (Gómez Reyes) COVID-19: exposure

Existing law, the California Occupational Safety and Health Act of 1973, authorizes the Division of Occupational Safety and Health to prohibit the performance of an operation or process, or entry into that place of employment when, in its opinion, a place of employment, operation, or process, or any part thereof, exposes workers to the risk of infection with COVID-19, to constitute an imminent hazard to employees. This bill extends those provisions until January 1, 2024. By expanding the scope of a crime, this bill imposes a state-mandated local program. This bill contains other related provisions and other existing laws.

(Amends Labor Code §§6325 and 6409.6.)

SB 1479 (Pan) COVID-19 testing in schools: COVID-19 testing plans

This bill requires the State Department of Public Health to coordinate specified school district, county office of education, and charter school COVID-19 testing programs that are currently federally funded or organized under the California COVID-19 Testing Task Force, as provided. The bill authorizes the department to provide supportive services, including technical assistance, vendor support, guidance, monitoring, and testing education, related to testing programs for teachers, staff, and pupils to help schools reopen and keep schools operating safely for in-person learning. The bill also encourages the department to expand its contagious, infectious, or communicable disease testing guidance and other public health mitigation efforts to include prekindergarten and childcare centers, as provided.

(Adds and Repeals Education Code Chapter 1, Part 19, Division 1, Title 1, Article 9, commencing with §32096.)

HEALTH INFORMATION SHARING

SB 107 (Wiener) Gender-affirming health care

This bill prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on another state's law that authorizes a person to bring a civil or criminal action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care. The bill additionally prohibits law enforcement agencies from knowingly making or participating in the arrest or extradition of an individual pursuant to an out-of-state arrest warrant based on another state's law against providing, receiving, or allowing a child to receive gender-affirming health care or gender-affirming mental health care in this state, as specified.

(Adds Civil Code §56.109; Amends Code of Civil Procedure §§2029.300 and 2029.350; Amends Family Code §§3421, 3424, 3427, and 3428; Adds Family Code §3453.5; Amends Penal Code §1326; Adds Penal Code §819.)

SB 1184 (Cortese) Confidentiality of Medical Information Act: school-linked services coordinators
The Confidentiality of Medical Information Act prohibits a provider of health care, a health care service plan, or contractor from disclosing medical information, as defined, regarding a patient of the provider of health care or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as prescribed. The act authorizes a provider of health care or a health care service plan to disclose medical information in certain circumstances, including by authorizing disclosure to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This bill additionally authorizes a provider of health care or a health care service plan to disclose medical information to a school-linked services coordinator, as prescribed.

(Amends Civil Code §56.10.)

SB 1419 (Becker) Health information
Current law generally requires a health care professional at whose request a test is performed to provide or arrange for the provision of the results of a clinical laboratory test to the patient who is the subject of the test, if so requested by the patient, in oral or written form. Current law requires those results to be disclosed in plain language and in oral or written form, except the results may be disclosed in electronic form if requested by the patient and if deemed most appropriate by the health care professional who requested the test. Current law requires a patient's consent to receive their laboratory results by internet posting or other electronic means and requires those results to be disclosed to the patient in a reasonable time period, but only after the results have been reviewed by a health care professional and if access to the results is restricted by use of a secure personal identification number when the results are disclosed to the patient. This bill defines "test" for these purposes to apply to both clinical laboratory tests and imaging scans, such as x-rays, magnetic resonance imaging, ultrasound, or other similar technologies and would also make conforming changes.

(Amends Health and Safety §§123115 and 123148; Add Health and Safety Code §1374.196; Adds Insurance Code §10133.12.)

MENTAL AND BEHAVIORAL HEALTH

AB 988 (Bauer-Kahan) Mental health: 988 Suicide and Crisis Lifeline
This bill enacts the Miles Hall Lifeline and Suicide Prevention Act. The bill requires the Office of Emergency Services to verify that technology that allows for transfers between 988 centers as well as between 988 centers and 911 public safety answering points, is available to 988 centers and 911 public safety answering points throughout the state, no later than July 16, 2022. The bill requires the office to appoint a 988 system director, among other things, no later than 90 days after passage of the act. The bill requires the office to verify interoperability between and across 911 and 988, no later than July 1, 2024. The bill requires the office to consult with specified entities on any technology requirements for 988 centers.

(Adds Government Code Chapter 1, Division 2, Title 5, Article 6.3, commencing with §53123.1; Adds Health and Safety Code §1374.724; Adds Insurance Code §10144.57; Amends Revenue and Taxation Code §§41007.2, 41007.3, 41013, 41020, 41021, 41022, 41023, 41024, 41028, 41030, 41031, 41032, 41046,

41050, 41052, 41053, 41056, 41070, 41080, 41095.5, 41098, 41100, 41101.3, 41105, 41118, 41128, 41135, 41136, 41143.4, and 41150; Amend Revenue and Taxation Code Chapter 2, Part 20, Division 2, Article 1 headings, commencing with §41020, Article 2, commencing with §41030; Amends Revenue and Taxation Code Chapter 2, Part 20, Division 2, commencing with §41020.)

AB 2365 (Patterson) Fentanyl program grants
Existing law provides for various programs to reduce the use of, and harm caused by, controlled substances, including opioids. This bill, contingent upon an appropriation in the annual Budget Act, requires the California Health and Human Services Agency to establish a grant program to reduce fentanyl overdoses and use throughout the state by giving out 6 one-time grants to increase local efforts in education, testing, recovery, and support services, as specified.

(Adds Welfare and Institutions Code Chapter 1, Division 3, commencing with §3200.)

SB 349 (Umberg) California Ethical Treatment for Persons with Substance Use Disorder Act
This bill creates the California Ethical Treatment for Persons with Substance Use Disorder Act to provide protection for substance use disorder treatment clients and their families. The bill declares the intent for its provisions to be construed in favor of maximizing protections for clients, families, and their communities. The bill imposes requirements and proscribes unlawful acts relating to marketing and advertising with respect to treatment providers, as defined by the bill. The bill requires a treatment provider doing business in the state to adopt a client bill of rights for persons receiving treatment for substance use disorder, as specified, and to make the bill of rights available to all clients and prospective clients.

(Adds Health and Safety Code Chapter 14, Part 2, Division 10.5, commencing with §11857.)

SB 1019 (Gonzalez) Medi-Cal managed care plans: mental health benefits
This bill requires a Medi-Cal managed care plan to conduct annual outreach and education for its enrollees, based on a plan that the Medi-Cal managed care plan develops and submits to the State Department of Health Care Services, as specified, regarding the mental health benefits that are covered by the Medi-Cal managed care plan, no later than January 1, 2025. The bill requires a Medi-Cal managed care plan to also conduct annual outreach and education, based on a plan that it develops, to inform primary care providers regarding those mental health benefits.

(Adds Welfare and Institutions Code §§14190.1 and 14190.2.)

SB 1207 (Portantino) Health care coverage: maternal and pandemic-related mental health conditions
Current law requires health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. This bill makes findings and declarations relating to the effect of the COVID-19 pandemic on mental health in California and the importance of outreach, education, and access to quality mental health treatment. The bill extends the deadline for establishment of the maternal mental health program to July 1, 2023. The bill revises the requirements of the program to include quality measures to encourage screening, diagnosis, treatment, and referral. The bill also encourages health care service plans and health insurers to improve screening, treatment, and referral to maternal mental health services, include coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program.

(Amends Health and Safety Code §1367.625; Amends Insurance Code §10123.867.)

SB 1338 (Umberg) Community Assistance, Recovery, and Empowerment (CARE) Court Program
This bill, contingent upon the State Department of Health Care Services developing an allocation to provide financial assistance to counties, enacts the Community Assistance, Recovery, and Empowerment (CARE) Act, which 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. The bill requires the Counties of Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne and the City and County of San Francisco to implement the program commencing October 1, 2023, and the remaining counties to commence no later than December 1, 2024. The bill requires the Judicial Council to develop a mandatory form for use in filing a CARE process petition and would specify the process by which the petition is filed and reviewed, including requiring the petition to be signed under penalty of perjury, and to contain specified information, including the facts that support the petitioner's assertion that the respondent meets the CARE criteria.

(Adds Health and Safety Code §1374.723; Adds Insurance Code §10144.54; Amends Penal Code §1370.01; Amends Welfare and Institutions Code §§5801 and 5813.5; Adds Welfare and Institutions Code Part 8, Division 5, commencing with §5970.)

PRESCRIBING AND DISPENSING

AB 1954 (Quirk) Physicians and surgeons: treatment and medication of patients using cannabis
This bill prohibits a physician and surgeon from automatically denying treatment or medication to a qualified patient, as defined, based solely on a positive drug screen for tetrahydrocannabinol (THC) or report of medical cannabis use without first completing a case-by-case evaluation of the patient that includes a determination that the qualified patient's use of medical cannabis is medically significant, as defined, to the treatment or medication. This bill provides that use of medical cannabis that has been recommended by a licensed physician and surgeon shall not constitute the use of an illicit substance in such an evaluation. It provides that a physician and surgeon shall not be punished, or denied any right or privilege, for having administered treatment or medication to a qualified patient pursuant to the bill and consistent with the standard of care.

(Adds Business and Professions Code §2228.5.)

AB 2352 (Nazarian) Prescription drug coverage
This bill requires a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2023, that provides prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. The bill requires the plan or insurer to respond in real time to that request and ensure the information is current no later than one business day after a change is made. The bill prohibits a health care service plan or health insurer from, among other things, restricting a prescribing provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug.

(Adds Health and Safety Code §1367.207; Adds Insurance Code §10123.204.)

AB 2585 (McCarty) Health care coverage: nonpharmacological pain management treatment
Current law sets forth the Pain Patient's Bill of Rights, which grants a patient who suffers from severe chronic intractable pain the option to request or reject the use of any or all modalities to relieve their pain. This bill makes related findings and declarations, including that the health care system should encourage the use of evidence-based nonpharmacological therapies for pain management.

(Adds Health and Safety Code §124962.)

SB 838 (Pan) Health care: prescription drugs
The California Affordable Drug Manufacturing Act of 2020 requires the California Health and Human Services Agency (CHHSA) to enter partnerships, in consultation with other state departments as necessary to, among other things, increase patient access to affordable drugs. Current law requires CHHSA to enter such partnerships to produce or distribute at least one form of insulin, if a viable pathway for manufacturing a more affordable form of insulin exists at a price that results in savings. Current law, for the purposes of implementing the California Affordable Drug Manufacturing Act of 2020, until December 31, 2027, permits CHHSA and its departments to enter exclusive or nonexclusive contracts on a bid or negotiated basis. This bill would require CHHSA to establish metrics to measure progress and efficiency, and remedies in the case those metrics are not met and include those metrics and remedies in any contract entered pursuant to these provisions. The bill eliminates the viability requirement for the manufacturing of insulin pursuant to these provisions and would require any partnership, among other things, to consider guaranteeing priority access to insulin supply for the state.

(Amends Health and Safety Code §§127692 and 127693; Adds Health and Safety Code §127694.1.)

SB 872 (Dodd) Pharmacies: mobile units.
This bill 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. The bill 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.

(Adds Business and Professions Code §4110.5.)

SB 1259 (Laird) Pharmacists: furnishing opioid antagonists
Current law authorizes a pharmacist to furnish naloxone hydrochloride in accordance with standardized procedures and protocols developed and approved by the board and the Medical Board of California, subject to completion by the pharmacist of specified continuing education on the use of naloxone hydrochloride. This bill instead authorizes a pharmacist to furnish an opioid antagonist approved by the federal Food and Drug Administration, subject to completion of continuing education on the use of opioid antagonists.

(Amends Business and Professions Code §4052.01.)

SB 1346 (Becker) Surplus medication collection and distribution
Current law authorizes a county to establish a repository and distribution program for the donation of surplus medication and redistribution to persons in need of financial assistance to ensure access to

necessary pharmaceutical therapies. This bill authorizes a regional pilot program in the Counties of Santa Clara and San Mateo and the City and County of San Francisco for the purpose of implementing and maintaining a repository and distribution program, as specified, until January 1, 2030. The bill requires participating pharmacies in the regional pilot program to be owned or operated by one of the 3 counties and not on probation with the California State Board of Pharmacy.

(Amends Health and Safety Code §§150202, 150202.5, and 150205; Adds Health and Safety Code §150204.5; Adds and repeals Health and Safety Code §150204.6.)

PROFESSIONAL LICENSING AND LIABILITY

AB 35 (Reyes) Civil damages: medical malpractice.

This bill makes two significant changes to the Medical Injury Compensation Reform Act (MICRA) by 1) restructuring MICRA's limit on attorney fees; and 2) raising MICRA's cap on noneconomic damages. This bill restructures the metrics and instead ties the tiered fee limits to the stage of the representation at which the amount is recovered. An attorney can collect a fee of 25% for an amount recovered pursuant to a settlement agreement and release of claims executed by the parties prior to a civil complaint or demand for arbitration being filed. If it is recovered pursuant to a settlement, arbitration, or judgment after a complaint or demand for arbitration is filed, then the fee can be 33% of the dollar amount recovered. Where the action is actually tried in a civil court or arbitrated, an attorney can petition the court for a fee in excess of these limits and the court must decide whether good cause has been established for approving a higher contingency fee. These changes simplify the structure of the statute and make the ultimate fee award more logically tied to the stage of representation the amount was recovered in, loosely approximating the amount of work that it takes to secure the judgment or settlement, rather than basing it solely on the amount recovered.

The bill also establishes two separate caps, depending on whether a wrongful death claim is involved. In a wrongful death case against a health care provider or health care institution based on professional negligence, the cap increases to $500,000. Each January 1st thereafter, this cap increases by $50,000 until it reaches $1million. If the medical malpractice case does not involve wrongful death, the cap starts at $350,000, and increases each year by $40,000 until it reaches $750,000. While existing law applies the cap regardless of the number and type of defendants, this bill creates three separate categories for which a plaintiff is able to seek the limit. In the respective cases, a plaintiff can seek the cap against one or more health care providers, collectively; against one or more health care institutions, collectively; and against one or more health care providers or institutions that are "unaffiliated" with the other defendants based on professional acts of negligence that are separate and independent from the other acts and that occurred at, or in relation to medical transport to, a health care institution unaffiliated with the other institutions.

The bill raises the ceiling for when a court must, at the request of either party, enter a judgment ordering that an award for future damages be paid in whole or in part by periodic payments rather than by a lump-sum payment. Currently the award must equal or exceed $50,000. This bill moves this threshold to $250,000. Finally, the bill also adds a new section to the law regarding certain relevant evidence. It makes specified expressions of sympathy, benevolence, or fault in the provision of health care confidential. The covered expressions include statements regarding sympathy or even fault relating to the pain, suffering, or even death of a person, as well as an "adverse patient safety event or unexpected health outcome."

(Amends Business and Professions Code §6146; Amends Civil Code §3333.2; Amends Code of Civil Procedure §667.7; Adds Health and Safety Code Chapter 3, Part 2, Division 103, commencing with §104340.)

AB 1636 (Weber, Akilah) Physician's and surgeon's certificate: registered sex offenders
Current law authorizes a board within the Department of Consumer Affairs to deny a license on the grounds that the applicant has been convicted of a crime or was subject to formal discipline within the preceding seven years from the date of application based on professional misconduct that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made, as specified and subject to certain exceptions. This bill authorizes a board to deny a license based on formal discipline that occurred earlier than 7 years preceding the date of application if the formal discipline was based on conduct that, if committed in this state by a licensed physician and surgeon, constitutes an act of sexual abuse, misconduct, or relations with a patient or sexual exploitation, as specified.

(Amends Business and Professions Code §§ 480, 2232, and 2307.)

AB 2098 (Low) Physicians and surgeons: unprofessional conduct.
This bill provides that the dissemination of misinformation or disinformation related to the SARS-CoV-2 coronavirus, or "COVID-19," by physicians and surgeon constitutes unprofessional conduct. This bill was amended to include narrow definitions. "Disinformation" requires intent. It is defined as misinformation that the licensee deliberately disseminated with malicious intent or an intent to mislead. And "misinformation" is defined as false information that is contradicted by contemporary scientific consensus contrary to the standard of care.

This new law is scheduled to go into effect in January, but the new law is currently being challenged by the American Civil Liberties Union who state that the legislation suppresses free speech and is not needed to protect patients from medical misinformation or mistreatment. To read more visit here.

AB 2626 (Calderon) Medical Board of California: licensee discipline: abortion
This bill prohibits the Medical Board of California and the Osteopathic Medical Board of California from suspending or revoking the certificate of a physician and surgeon solely for performing an abortion if they performed the abortion in accordance with the provisions of the Medical Practice Act and the Reproductive Privacy Act. The bill also prohibits those boards from denying an application for licensure as a physician and surgeon, or suspending, revoking, or otherwise imposing discipline upon a physician and surgeon because the person was disciplined in another state in which they are licensed or certified solely for performing an abortion in that state, or the person was convicted in that state for an offense related solely to the performance of an abortion in that state.

(Amends Business and Professions Code §§2253 and 3502.4; Adds Business and Professions Code §§2746.6 and 2761.1.)

REPORTING REQUIREMENTS

AB 1278 (Nazarian) Physicians and surgeons: payments: disclosure: notice
This bill requires a physician and surgeon to provide to each patient at the initial office visit a written or electronic notice of the Open Payments database. This bill also requires a physician and surgeon to post an Open Payments database notice in each location where the physician practices and in an area that is

likely to be seen by all persons who enter the office. The bill, beginning January 1, 2024, requires a physician and surgeon to conspicuously post the same Open Payments database notice on the internet website used for the physician and surgeon's practice, if such a website is used. If the physician and surgeon is employed by a health care employer, the bill requires the health care employer to comply with these posting requirements.

Due to CAFP members' advocacy efforts, CAFP successfully negotiated with the author to no longer require a recurring notice and to no longer require that physicians specifically disclose the source of a payment or transfer of value received from a drug or device company and obtain a signature every time the written disclosure was provided. Instead, the bill generally requires all physicians to provide the notice of the Open Payments Data Base and to obtain a signature only at the initial office visit.

(Adds Business and Professions Code Article 6.5, Chapter 1, Division 2 (commencing with §660).)

Read the CAFP FAQ here.

AB 1797 (Weber, Akilah) Immunization registry

Current law authorizes local health officers and the State Department of Public health to operate immunization information systems. Current law, except as provided, authorizes health care providers and other agencies, including, among others, schools, childcare facilities, family childcare homes, and county human services agencies, to disclose specified immunization information with local health departments and the State Department of Public Health, and authorizes local health departments and the State Department of Public Health to disclose that same information to each other and to health care providers, schools, childcare facilities, family childcare homes, and county human services agencies, among others, as specified. Current law specifies the immunization, patient, or client information that may be disclosed, which includes, among other things, patient or client demographic information, immunization data, adverse reactions to the immunization, or other information needed to identify the patient or client or to comply with other laws. This bill instead requires health care providers and other agencies, including schools, childcare facilities, family childcare homes, and county human services agencies to disclose the specified immunization information, and would add the patient's or client's race and ethnicity to the list of information that shall or may be disclosed.

(Amends, repeals, adds Health and Safety Code §120440.)

AB 2085 (Holden) Crimes: mandated reporters

The Child Abuse and Neglect Reporting Act establishes procedures for the reporting and investigation of suspected child abuse or neglect. The act requires certain professionals, including specified health practitioners and social workers, known as "mandated reporters," to report known or reasonably suspected child abuse or neglect to a local law enforcement agency or a county welfare or probation department, as specified. Failure by a mandated reporter to report an incident of known or reasonably suspected child abuse or neglect is a misdemeanor. Current law defines "neglect" for these purposes as the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's welfare. Current law defines "general neglect" as the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred. This bill limits the definition of general neglect to only include circumstances where the child is at substantial risk of suffering serious physical harm or illness and would provide that general neglect does not include a parent's economic disadvantage.

(Amends Penal Code §§11165.2, 11166, and 11167.)

AB 2274 (Rubio) Mandated reporters: statute of limitations
Under current law, mandated reporters are required to report whenever the mandated reporter, in their professional capacity or within the scope of their employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. Failure by a mandated reporter to report an incident of known or reasonably suspected child abuse or neglect is a misdemeanor. Current law generally requires prosecution of a misdemeanor to commence within one year after commission of the offense. Under current law, a case involving the failure to report an incident known or reasonably suspected by the mandated reporter to be sexual assault may be filed at any time within five years from the date of occurrence of the offense. This bill allows a case involving the failure to report an incident known or reasonably suspected by the mandated reporter to be child abuse or severe neglect, as defined, to be filed within one year of the discovery of the offense, but in no case later than four years after the commission of the offense.

(Amends Penal Code §801.6; Adds Penal Code §801.8.)

AB 2176 (Wood) Live birth registration
Many Native tribes hold a sacred ceremony to name a child on the tenth day of life, and some Rancherias and tribes hold the naming ceremony later than that, but current law requires a hospital to submit a baby's birth certificate to the local registrar/health department within ten days, which places undue pressure on Native families to provide information to the hospital on the very day they are holding a naming ceremony for their new child. This bill addresses this issue by extending the time, from ten days to 21 days, by which live births are required to be registered with the local registrar.

(Amends Health and Safety Code §102400.)

AB 2761 (McCarty) Deaths while in law enforcement custody: reporting
If a death occurs while a person is in custody, this bill requires the agency with jurisdiction over the state or local correctional facility with custodial responsibility for the person to post specified information, including the facility and location within that facility where the death occurred and the decedent's age, race, and gender, on its internet website within 10 days of the death. The bill grants an agency an additional 10 days to make good faith efforts to notify next of kin if the agency seeks to notify the next of kin and is unable to do so within 10 days of the death. If any information regarding the death changes, the bill would also require the agency to update the posting within 30 days of the change.

(Adds Penal Code §10008.)

REPRODUCTIVE HEALTH

AB 1666 (Bauer- Kahan) Abortion: civil actions
This bill 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 California. This bill prohibits the application of that outside law to a case or controversy heard in California court and would prohibit the enforcement or satisfaction of a civil judgment received under that law. It declares these provisions to be severable. It has taken effect immediately.

(Adds Health and Safety Code §123467.5.)

AB 2091 (Bonta, Mia) Disclosure of information: reproductive health and foreign penal civil actions
This bill prohibits compelling a person to identify or provide information that would identify or that is related to an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action, as defined.

(Adds Civil Code §56.108; Amends Code of Civil Procedure §§2029.200, 2029.300, and 2029.350; Amends Insurance Code §791.29; Amends Penal Code §3408.)

AB 2134 (Weber, Akilah) Reproductive health care
This bill establishes the California Reproductive Health Equity Program within the Department of Health Care Access and Information to ensure abortion and contraception services are affordable for and accessible to all patients and to provide financial support for safety net providers of these services. The bill authorizes a Medi-Cal enrolled provider to apply to the department for a grant, and a continuation award after the initial grant, to provide abortion and contraception services at no cost or a reduced cost to an individual with a household income at or below 400% of the federal poverty level who is uninsured or has health care coverage that does not include both abortion and contraception, and who is not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family PACT programs.

This bill also requires a health care service plan or health insurer that provides health coverage to employees of a religious employer that does not include coverage and benefits for both abortion and contraception to provide an enrollee or insured with written information at specified times on the abortion and contraception benefits or services that may be available at no cost through the California Reproductive Health Equity Program.

This bill requires the Department of Industrial Relations to post on its internet website information regarding abortion and contraception benefits or services that may be available at no cost through the California Reproductive Health Equity Program to employees whose employer-sponsored health coverage does not include coverage for both abortion and contraception.

(Adds Health and Safety Code §1367.32; Adds Health and Safety Code Chapter 6 (commencing with §127630); Adds Insurance Code §10123.210; Adds Labor Code §2808.1.)

AB 2223 (Wicks) Reproductive health
Current law requires that a county coroner investigates violent, sudden, or unusual deaths, including deaths related to self-induced or criminal abortion. The law requires a coroner to register a fetal death after 20 weeks of gestation unless it is the result of a legal abortion. If a physician was not in attendance at the delivery of the fetus, the law requires the fetal death to be handled as a death without medical attendance. The law requires the coroner to state on the certificate of fetal death the time of fetal death, the direct causes of the fetal death, and the conditions, if any, that gave rise to these causes. This bill deletes the requirement that a coroner hold inquests for deaths related to or following known or suspected self-induced or criminal abortion and deletes the requirement that an unattended fetal death be handled as a death without medical attendance. This bill prohibits civil or criminal liability based on a pregnant person's acts or omissions with respect to their pregnancy or based solely on actions to aid or

assist in the exercise of an individual's reproductive rights. The bill clarifies that an abortion is unauthorized if performed by a person other than the pregnant person and either the person performing the abortion is not a health care provider authorized to perform an abortion or the fetus is viable. The bill authorizes a party to bring a civil action against an offending state actor based on interference with rights under the Reproductive Privacy Act and requires a court, upon a motion, to award reasonable attorneys' fees and costs to a prevailing plaintiff. The bill authorizes a person aggrieved by a violation of the Reproductive Privacy Act to bring a civil action pursuant to the Tom Bane Civil Rights Act. The bill provides for the indemnification of employees or former employees of public agencies who were acting within the scope of their employment

(Amends Government Code §27491; Amends Health and Safety Code §§103005, 123462, 123466, and 123468; Adds Health and Safety Code §§123467 and 123469; Repeals Health and Safety Code §103000.)

SB 245 (Gonzalez) Health care coverage: abortion services: cost sharing
This bill prohibits a health care service plan or an individual or group policy or certificate of health insurance or student blanket disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified. The bill prohibits a plan or an insurer subject to these requirements from imposing utilization management or utilization review on the coverage for outpatient abortion services. The bill requires that, under a high deductible health plan, the cost-sharing prohibition applies once the deductible has been satisfied for the benefit year. The bill does not require coverage of an experimental or investigational treatment. The bill's requirements also apply to Medi-Cal managed care plans and their providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review. The bill requires the Department of Managed Health Care and the Department of Insurance to adopt related regulations on or before January 1, 2026.

(Adds Health and Safety Code §1367.251; Adds Insurance Code §10123.1961.)

SB 523 (Leyva) Contraceptive Equity Act of 2022
This bill, the Contraceptive Equity Act of 2022, makes various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2024, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions. The bill requires health care service plans and insurance policies offered by public or private institutions of higher learning that directly provide health care services only to its students, faculty, staff, administration, and their respective dependents, issued, amended, renewed, or delivered, on or after January 1, 2024, to comply with these contraceptive coverage requirements. The bill also requires coverage for clinical services related to the provision or use of contraception, as specified. The bill revises provisions applicable when a covered, therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by deferring to the provider, as specified.

This bill also prohibits a health care service plan contract or disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, with certain exceptions, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on vasectomy services and procedures, as specified, under conditions similar to those applicable to other contraceptive coverage.

This bill requires a health benefit plan or contract with the Board of Public Relations of the Public Employees' Retirement System to provide coverage for contraceptives and vasectomies consistent with the bill's requirements, commencing January 1, 2024. The bill prohibits the California State University and the University of California from approving a health benefit plan that does not comply with the contraceptive coverage requirements of the bill on and after January 1, 2024.

This bill revises the California Fair Employment and Housing Act (FEHA) to include protection for reproductive health decisionmaking, as defined, with respect to the opportunity to seek, obtain, and hold employment without discrimination. Among other provisions, the bill would prohibit specified discriminatory practices, based on reproductive health decisionmaking, by employers, labor organizations, apprenticeships and training programs, and licensing boards. The bill also would make it unlawful for an employer to require, as a condition of employment, continued employment, or a benefit of employment, the disclosure of information relating to an applicant's or employee's reproductive health decisionmaking.

(Amends Government Code §§12920, 12921, 12926, 12931, 12940, 12944, 12993; Adds Government Code §§22853.3, 22853.4; Amends Health and Safety Code *§§1343, 1367.25; Adds Health and Safety Code §§1367.255, 1367.33; Adds Insurance Code §§10123.1945, 10127.09; Amends Insurance Code §10123.196; Adds Public Contract Code §§10509.5, 10828)*

SB 1245 (Kamlager) Los Angeles County Abortion Access Safe Haven Pilot Program
This bill establishes, using a $20,000,000 appropriation made in the Budget Act of 2022 for this purpose, the Los Angeles County Abortion Access Safe Haven Pilot Program for the purpose of expanding and improving access to reproductive and sexual health care, including abortion, in the County of Los Angeles. The bill would require any funds allocated for the Los Angeles County Abortion Access Safe Haven Pilot Program to be used by the County of Los Angeles or its program administrator to administer a pilot project to support innovative approaches and patient-centered collaborations to expand and improve access to sexual and reproductive health care and to maintain a financial reporting system.

(Adds Health and Safety Code Article 7 (commencing with Section 123641).)

TELEHEALTH

AB 32 (Aguiar-Curry) Telehealth
Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Current law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. Current law defines "immediately following" for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances. This bill authorizes the department to authorize an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and

authorizes an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video.

(Amends Welfare and Institutions Code §§14132.100 and 14132.725.)

AB 852 (Wood) Health care practitioners: electronic prescriptions
Current law requires health care practitioners authorized to issue prescriptions to have the capability to issue electronic data transmission prescriptions and requires a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription to have the capability to receive electronic data transmission prescriptions. Current law requires those health care practitioners to issue a prescription as an electronic data transmission prescription except under certain circumstances, including that the electronic prescription is unavailable due to a temporary technological or electrical failure. Current law requires a pharmacy that receives an electronic prescription from a prescribing health care practitioner who has issued a prescription but has not dispensed the medication to, at the request of the patient, immediately transfer or forward the electronic prescription to an alternative pharmacy designated by the requester. This bill prohibits a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription from refusing to dispense or furnish an electronic prescription solely because the prescription was not submitted via, or is not compatible with, their proprietary software. The bill authorizes a pharmacy, pharmacist, or other authorized practitioner to decline to dispense or furnish an electronic prescription submitted via software that fails to meet any one of specified criteria, including compliance with the federal Health Insurance Portability and Accountability Act of 1996.

(Amends Business and Professions Code §688.)

TIMELY ACCESS TO CARE

SB 225 (Wiener) Health care coverage: timely access to care
Current law requires a health care service plan or health insurer that provides or arranges for the provision of hospital or physician services to comply with specified timely access to care requirements, including ensuring that its network has adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Current law authorizes the department director to take enforcement action against health care plans that fail to comply with these provisions, including assessing administrative penalties. This bill requires a health care service plan or health insurer to incorporate timely access to care standards into its quality assurance systems and incorporate specified processes. The bill authorizes the Department of Managed Health Care to develop methodologies to demonstrate appointment wait time compliance and averages. The bill authorizes the Department of Managed Health Care and the Department of Insurance to take compliance or disciplinary action, review and adopt standards concerning the availability of health care to ensure enrollees and insureds have timely access to care, and make recommendations to the Legislature if the Department of Managed Health Care or the Department of Insurance finds that health care service plans or health insurers and providers have difficulty meeting the standards the departments develop. The bill requires the director to consider, as an aggravating factor when assessing administrative penalties, if harm to an enrollee has occurred because of plan noncompliance. The bill clarifies that the timely access to care provisions do not alter requirements or standards for Medi-Cal managed care plans, except as specified.

(Amends Health and Safety Code § 1367.03 and 1367.031; Amends Insurance Code §10133.54.)

WORKFORCE

AB 666 (Quirk-Silva) Substance use disorder workforce development

This bill, the Combating the Overdose and Addiction Epidemic by Building the Substance Use Disorder Workforce (CODE W) Act, requires the department, on or before July 1, 2023, to issue a statewide substance use disorder (SUD) workforce needs assessment report that evaluates the current state of the SUD workforce, determines barriers to entry into the SUD workforce, and assesses the state's systems for regulating and supporting the SUD workforce.

(Adds Health and Safety Code Chapter 3.6; Part 2, Division 10.5, commencing with §11794.5.)

AB 1918 (Petrie-Norris) California Reproductive Health Service Corps

This bill establishes the California Reproductive Health Service Corps within the Department of Health Care Access and Information for the purposes of recruiting, training, and retaining a diverse workforce of reproductive health care professionals who will be part of reproductive health care teams to work in underserved areas. The bill requires the corps to administer and oversee scholarships and stipends for scholars who are new reproductive health students, and loan repayment for scholars who have acquired debt from attending a reproductive health professional school in the past, in exchange for a 3-year term of obligated service in California at a corps-approved site. The bill requires the corps to prioritize the selection of scholars from historically excluded populations and underserved areas, and requires scholars to agree to complete abortion training as part of their health care education and to provide, or participate on a team that provides, reproductive health services and to commit to working at a corps-approved site in a specified area with a specified population.

(Adds Health and Safety Code Article 6 (commencing with Section 128560).)

AB 2178 (Bloom) Physicians and surgeons: special faculty permits: academic medical center

The Medical Practice Act authorizes a person who meets certain eligibility requirements to apply to the Medical Board of California for a special faculty permit, which authorizes the holder to practice medicine without a physician's and surgeon's certificate only within the medical school itself, any affiliated institution of the medical school, or an academic medical center and any affiliated institution in which the permitholder is providing instruction as part of the medical school's or academic medical center's educational program and for which the medical school or academic medical center has assumed direct responsibility. Current law defines "academic medical center" for these purposes as a facility that meets certain requirements, including training a minimum of 250 residents and postdoctoral fellows annually, having foreign medical graduates in clinical research, and offering clinical observership training. This bill revises the definition of "academic medical center" by instead requiring the facility to train a minimum of 250 resident physicians in specified residencies, by removing the requirement that the research of the foreign medical graduates be clinical, and by requiring the facility to instead offer clinical observer experiences.

(Amends Business and Professions Code §2168.)