

Mental Health Legislative Bills

Updated: 6/18/20

SB 803 Peer Specialist Certification Act of 2020 (Beall)- LA County Sponsored

Senate Bill 803 (Beall) would require the Department of Health Care Services (DHCS), no later than July 1, 2021, to establish a certifying body, either through contract or interagency agreement, to provide a statewide certification for peer support specialists, as specified, and develop practice guidelines for peer support specialists. Would require DHCS to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program. Peer support specialist are already used by 48 states and the US department of Veteran Affairs.

Status: As of 6/18/2020, SB 803 passed out of Senate Appropriations Committee and will go to the Senate Floor.

AB 2025 Mental Illness and Substance Use Disorder: Restorative Care Program: Pilot Projects (Gipson)- LA County Sponsored

Assembly Bill 2025 (Gipson) authorizes the LA County to establish a pilot project for up to six years to develop a Restorative Care Program (RCP) for the provision of community-based care and treatment that addresses the interrelated and complex needs of those individuals suffering from mental illness and substance use disorder (SUD), along with other medical comorbidities, and homelessness.

Status: As of 6/11/2020, AB 2025 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

SB 855 Health Coverage Mental Health or Substance Abuse Disorders (Wiener)- LA County Support

Senate Bill 855 (Wiener) would repeal existing state mental health parity laws and replace provisions with a requirement for health plans and disability insurers, on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to medical conditions. Would require the health plan to cover out-of-network services, if any of the medically necessary services are not available in network within geographic and timeliness standards, as specified. Would prohibit a health plan from interrupting a course of treatment initiated out-of-network, unless otherwise specified. Would specify how a health plan must base any medical necessity determination or utilization review criteria. Would prohibit a health plan or insurer from applying different, additional, conflicting, or more restrictive utilization review criteria than specified guidelines, in conducting utilization review involving level of care placement decisions or any other patient care decisions.

Status: As of 6/18/2020, SB 803 passed out of Senate Appropriations Committee and will go to the Senate Floor.

AB 1935 Veterans: Mental Health (Voepel)

Assembly Bill 1935 (Voepel) establishes a program to fund the study mental health among women veterans in California and requires CalVet to report the findings of the study. The study should include demographics and an analysis of stressors, risk factors, treatment modalities, barriers to access, suicide rates, and other relevant factors.

Status: As of 6/15/2020, AB 1935 passed out of the Assembly and has moved to the Senate.

AB 1976 Mental Health Services: Assisted Outpatient Treatment (Eggman)

The Assisted Outpatient Treatment (AOT), also known as Laura's Law, gave county mental health programs the option to implement the AOT project, which have been successful in reducing homelessness, emergency room visits and incarceration. Assembly Bill 1976 (Eggman) updates that act to change the method of participation to have county mental health programs automatically enrolled, with an option to 'opt-out' by publicly providing reasons for making that decision. Repeals the January 1, 2022 sunset date of Laura's Law and makes the law permanent.

Status: As of 6/11/2020, AB 1976 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2015 Certification for Intensive Treatment: Review Hearing (Eggman)

Assembly Bill 2015 (Eggman) authorizes the evidence presented in support of certification of an individual for involuntary detention by a determination that the individual is a danger to themselves or others or gravely disabled, under what is known as a Welfare and Institutions Code 5250 hold, for no more than 14 days of intensive treatment related to mental health disorders or impairment by chronic alcoholism, to include information regarding the person's medical condition and how that condition bears on the certification of the person as either a danger to themselves or others or gravely disabled. Requires the hearing officer to consider the information in the determination of probable cause for certification.

Status: As of 6/11/2020, AB 2015 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2037 Health Facilities: Notices (Wicks)

Assembly Bill 2037 (Wicks) increases the amount of notice a hospital that provides emergency medical services (EMS) is required to provide, from at least 90 days to at least 180 days, before a planned reduction or elimination in the level of EMS. Also increases the notice requirements, from 30 days prior to closing a hospital facility to at least 180 days prior, and from 30 days prior to eliminating or relocating a supplemental service to at least 90 days prior and includes additional manners in which public notices must be posted.

Status: As of 6/9/2020, AB 2037 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2100 Medi-Cal: Pharmacy Benefits (Wood)

Assembly Bill 2100 (Wood) requires the Department of Health Care Services (DHCS) to contract with a vendor to survey specialty drug price information for the purpose of determining the actual acquisition costs (AACs) for specialty drugs for pharmacies as compared to the amount reimbursed by the Medi-Cal program, and to calculate the additional services and costs incurred in dispensing and administering specialty drugs to Medi-Cal beneficiaries. Requires DHCS, in addition to current payment amounts paid to pharmacies by Medi-Cal, to provide a disease management payment to a pharmacy pursuant to a contract with DHCS for the costs and activities associated with dispensing specialty drugs in an amount necessary to ensure beneficiary access, as determined by DHCS based on the results of the survey. Repeals the Medi-Cal fee-for-service (FFS) limit of no more than six prescribed drugs per month unless prior authorization is received. Repeals the statutory Medi-Cal copayments of \$1 per drug prescription or refill. Requires DHCS to provide a Medi-Cal beneficiary with the opportunity to seek an Independent Prescription Drug Medical Review (IPDMR) for outpatient prescription drug denials, modifications or delays based on medical necessity or if the drug is denied as being experimental or investigational modeled on the current process for licensed health plans. Requires additional information on the Medi-Cal FFS pharmacy benefit on rebates, pharmacy participation, costs, and appeals to be included in the Medi-Cal Budget Estimate.

Status: As of 6/11/2020, AB 2100 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2112: Suicide prevention (Ramos)

Assembly Bill 2112 (Ramos) authorizes the State Department of Public Health to establish the office of suicide prevention (OSP) within the department. OSP would provide guidance and collect data on suicide prevention, focusing on high-risk populations.

Status: As of 6/11/2020, AB 2112 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2218: Transgender Wellness and Equity Fund (Santiago)

Assembly Bill 2218 (Santiago) Establishes the Transgender Wellness and Equity (TWE) Fund within the Office of Health Equity in the Department of Public Health, for the purpose of funding grants to transgender-led organizations and hospitals, health clinics, and other medical providers providing gender non-conforming health care services, upon appropriation by the Legislature.

Status: As of 6/10/2020, AB 2218 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2265: Mental Health Services Act: use of funds for substance use disorder treatment (Quirk-Silva)

Assembly Bill 2265 (Quirk-Silva) provides flexibility to counties to use Mental Health Services Act (MHSA) dollars to treat someone with a co-occurring substance use and mental health disorder when such an individual would be eligible for MHSA-funded treatment services, as well as to assess such an individual for eligibility for such services. The MHSA Community Program Planning process must be met prior to

delivering services for those with co-occurring conditions through identifying the treatment of eligible population in the three-year MHSa program plan or annual update.

Status: As of 6/11/2020, AB 2265 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2360: Telehealth: Mental health (Maienschein)

Assembly Bill 2360 (Maienschein) requires health care service plans (health plans) and health insurers, by January 1, 2021, to establish a telehealth consultation program, as specified. Requires health plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. Requires health plans and insurers to maintain records and data, as necessary. Exempts certain specialized health plans and health insurers from these provisions.

Status: As of 6/11/2020, AB 2360 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2377: Adult Residential Facilities: Closures and Resident Transfers (Chiu)

Adult Residential Facilities (ARFs) are facilities that provide non-medical services to those between 18-59 that have been diagnosed with mental, physical, and developmental disabilities and could otherwise not live alone. AB 2377 (Chiu) expands the protection for ARF residents by mandating advanced notification of closure to give enough time for residents to be transferred. This bill's provision on advanced notice also gives county and city governments the right of first refusal to purchase the property, at a fair market value price, and continue the operation of the ARF.

Status: As of 6/11/2020, AB 2377 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2576 Mental Health (Gloria)

Assembly Bill 2576 (Gloria) provides that MHSa funds subject to reversion are to be reallocated amongst counties and requires that consideration be given to using the reallocated funds to provide services to individuals with mental illness who are also experiencing homelessness or who are involved in the criminal justice system and to provide early intervention services to youth.

Status: As of 6/15/2020, AB 2576 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2830 Health Care Payments Data Program (Wood)

Assembly Bill 2830 (Wood) requires the Office of Statewide Health Planning and Development (OSHPD) to establish the Health Care Payments Data Program to implement, administer, and collect data for the Health Care Payments Data System. This system would be a centralized repository to better understand health care spending in California.

Status: As of 6/11/2020, AB 2830 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2854 Board of Vocational Nursing and Psychiatric Technicians of the State of California (Committee on Business and Professions)

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) are responsible for administering the laws related to education, practice, and discipline of Licensed Vocational Nurses (LVNs) and Psychiatric Technicians. The BVNPT is also responsible for the review of default cases, in which a respondent fails to respond to a disciplinary notice/action within a timeframe. Assembly Bill 2854 requires BVNPT to delegate to the executive officer the authority to adopt a decision entered by default and to adopt a stipulation for surrender of a license.

Status: As of 6/9/2020, AB 2854 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2876 Narcotic Treatment: Medication Assisted Treatments (Waldron)

Assembly Bill 2876 (Waldron) requires the Department of Health Care Services (DHCS) to report to the Legislature on or before January 10, 2022, specified information regarding the California Medication Assisted Treatment Program Expansion Project (MAT Expansion Project), including among other things, the number of patients, by county, treated through the program. Repeals this reporting requirement on January 1, 2024.

Status: As of 6/11/2020, AB 2876 passed out of the Assembly. It is currently in the Senate awaiting committee referral.

AB 2983 Pharmacies: Automatic Refills (Holden)

Assembly Bill 2983 (Holden) prohibits a pharmacy from automatically contacting a prescriber to authorize a prescription refill for any dangerous drug or device for more than a seven-day supply, unless the prescriber or patient has provided written authorization.

Status: As of 6/15/2020, AB 2983 is in the Assembly Appropriations committee with a scheduled hearing on 6/18/2020.

AB 3242 Mental health: Involuntary Commitment (Irwin)

Assembly Bill 3242 (Irwin) authorizes an examination, assessment or evaluation that is specified, required or authorized by existing law as it relates to the involuntary commitment and treatment of individuals under the Lanterman-Petris-Short (LPS) Act, to be conducted using telehealth or other audio-visual technology.

Status: As of 6/9/2020, AB 3242 passed out of the Assembly. It is currently in the Senate awaiting committee referral.