Integrated Legislative Report for the Departments of Mental Health (DMH) and Public Health - Substance Abuse Prevention and Control (DPH-SAPC) Behavioral Health Commission Meeting November 2026

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This report includes updates on Federal policy and legislative updates, as well as a list of bills for the recently completed 2025-26 State legislative session. The updates included in this report are not a comprehensive list but highlight legislation and regulatory actions related to Board of Supervisors priorities and with significant anticipated impacts to DMH and DPH-SAPC operations and the public sector behavioral health care system. DMH and DPH-SAPC are preparing for implementation of policy changes going into effect on January 1, 2027.

Federal Policy Updates

Federal Changes to Medicaid/Medi-Cal

The federal Centers for Medicaid and Medicare Services (CMS) released further preliminary guidance interpreting the narrowed medical frailty work requirement exemption on September 8, 2026. The guidance provides for Medicaid members to self-attest to meeting the criteria for a medical frailty exemption for calendar year 2027. However, starting in 2028, members will be required to demonstrate that they meet eligibility for the medical frailty exemption. The recently released guidance proposes three tiers for determining medical frailty eligibility verification. The tier system links the severity of the condition to the individual's impairment. It

also clarifies that individuals who have been in "stable recovery" from a SUD for five or more consecutive years will not be included under the medical frailty SUD category. CMS anticipates allowing states to use a five-year lookback period to verify that an individual is not in recovery from a SUD for five years or more. Verified medically frail individuals will be allowed to re-verify annually, all other eligibility criteria besides medical frailty will remain on a six-month verification schedule.

Additionally, California and several other states have initiated litigation against CMS, arguing that the IFR oversteps the agency's authority to implement H.R. 1. On October 29th, Judge Stearn ruled with the plaintiffs and said that the IFR guidance "is beyond the powers of CMS and thus contrary to law." The ruling blocks CMS' requirement that clients demonstrate that their behavioral health condition prevents them from being able to work/volunteer/go to school. The County is still analyzing the full impact of this ruling at this time. It is also possible that the Administration will appeal this ruling, so this ruling may not represent the end of the legal battles over CMS' IFR guidance.DMH and DPH-SAPC will continue to keep this Commission apprised of developments in the coming months.

Starting January 1, 2027, some Medi-Cal members will no longer get care through a Medi-Cal health plan (managed care). Instead, they will get care through Fee-for-Service (FFS) Medi-Cal, where Medi-Cal pays providers directly for each visit or service. FFS does not mean members pay. Medi-Cal still covers the cost of care. Medi-Cal members will not have to pay a co-pay or fee when they see a doctor, go to a clinic, or pick up a prescription. This change applies to individuals with unsatisfactory immigration status (UIS), certain lawful permanent residents (green card holders) in the five-year waiting period before they qualify for full-scope federally funded Medi-Cal, and individuals with Permanently Residing Under Color of Law (PRUCOL) status.

To prepare for this transition, members can:

- Ask their current doctors and clinics if they accept Medi-Cal FFS
- Make sure contact information is updated in the Medi-Cal system online or through the County Department of Public Social Services (DPSS)
- Watch for mail from Medi-Cal about the change and renew Medi-Cal on time to stay covered
- Make sure to have Medi-Cal Beneficiary Identification Card (BIC). New BICs will not be sent out for the transition, but replacement BICs can be requested from DPSS or BenefitsCal

Beginning in January 2027, the Department of Health Care Services (DHCS) will add new coordination and navigation services for members transitioning to Medi-Cal FFS, including a Nurse Advice Line and clinic- and community-based navigators who can help

members understand benefits and find Medi-Cal FFS providers. For further assistance, call the Medi-Cal Help Line (1-800-541-5555) for help understanding the change or finding Medi-Cal FFS providers.

Federal Public Charge Rule

The U.S. Department of Homeland Security (DHS) published a final rule [USCIS-2025-0304] effective as of September 18, 2026 that changes how immigration officials decide whether certain non-citizens applying for immigration status may be considered a "public charge." The rule rescinds the 2022 public charge inadmissibility regulations and gives immigration officers broader discretion to weigh factors such as income, health, age, family status, and use of public benefits. The new rule took effect on September 18, 2026. These changes have raised concerns among immigrant families and mixed-status households about how accessing public programs and services may affect immigration options. It is important to note that this rule does not apply to everyone. It only affects certain immigrants applying for specific benefits, primarily those applying for a green card through a family member. Concerned individuals are encouraged to seek qualified legal advice prior to making changes to benefits enrollment. For further information and resources see the Los Angeles County Department of Consumer and Business Affairs Office of Immigrant Affairs at https://oia.lacounty.gov/.

Local Policy Updates

Nitrous Oxide

On October 7, 2026, the Los Angeles City Council unanimously approved an ordinance to prohibit nitrous oxide sales at tobacco and cannabis retail locations. A violation of the ordinance is a criminal misdemeanor charge, punishable by a fine of up to $1,000, six months in jail, or both. The prohibition does not apply to nitrous oxide that is in a pre-packaged food product and used solely as a propellant. The ordinance has been sent to the Mayor for final approval and signature.

Measure ER

Measure ER is a Los Angeles County ballot measure that appeared on the June 2, 2026 election ballot. The motion to place the ballot measure before voters was introduced by Supervisors Holly J. Mitchell, Second District, and Hilda L. Solis, First District. On February

10, 2026, the Board of Supervisors approved the ballot measure to go before voters in response to H.R. 1 (One Big Beautiful Bill Act) and anticipated federal funding cuts affecting the County's healthcare system. Voters approved the measure, a temporary 0.5% general sales tax increase in LA County, with 50.6% voting Yes.

Funds were supposed to be made available to the County beginning November 1, 2026, but an ongoing lawsuit will prohibit the distribution of sales tax revenue collected under this measure to hospitals, clinics, and County health departments who provide the County's most vulnerable residents with life-saving access to healthcare. The suit is challenging the constitutionality of Assembly Bill 1768, a State law enacted by the Legislature and signed by the Governor, which allowed LA County to exceed the otherwise applicable sales tax limit. Similar challenges have repeatedly been rejected by courts throughout the State. The sales tax went into effect in unincorporated areas and incorporated cities on October 1, but by law the County will be unable to spend the funds until the lawsuit is resolved. While the courts decide the matter, which could take two years or more, State law requires the tax revenue to be placed in an escrow account, where it must remain unspent. Unless the lawsuit is withdrawn, residents will continue to pay the tax, but no services will be funded with the newly generated revenue until the lawsuit is resolved. Delaying this funding means severely limiting the County's ability to respond to communicable disease threats, monitor and mitigate environmental hazards, and provide public health services during emergencies. It also means that the revenue that the County was expecting to support the County hospitals and the Los Angeles Health Services department, will not be available until this litigation is resolved. Furthermore, this litigation is also preventing the County from using the Measure ER revenue to establish the local health program known as Health Connect LA. Health Connect LA has been specifically designed to offer ongoing health services access to County residents who are losing Medi-Cal coverage due to H.R. 1.

This lawsuit does not directly change residents' access to Medi-Cal or CalFresh benefits. Eligibility changes to Medi-Cal and CalFresh come from H.R. 1, the federal law passed in July 2025, not from this case. The lawsuit only affects whether Measure ER funding reaches local healthcare providers and County departments, including the Department of Public Social Services, which connects residents with benefits and essential resources. Los Angeles County remains committed to helping our communities navigate changes, understand their options, and connect to the benefits and services available to them.

Legislation Overview

Bill	Level	DMH Recommendation	DPH-SAPC Recommendation	County Position	Final Action
S. 545 – Combating Illicit Xylazine Act	Federal	NA	NA	NA	NA
S. 3588 – School Access to Naloxone Act of 2026	Federal	NA	NA	NA	NA
H.R. 5462 – The Michelle Alyssa Go Act	Federal	Support	NA	NA	NA
H.R. 6104 – Dark Web Interdiction Act of 2025	Federal	NA	NA	NA	NA
H.R. 10280 – 988 Implementation Act of 2026	Federal	NA	NA	NA	NA
H.R. 10647 – IMD CARE Act	Federal	NA	NA	NA	NA
AB 46 – Diversion (Nguyen)	State	Oppose	NA	Oppose	Chaptered
AB 96 – Mental health services: peer support specialist certification (Jackson)	State	Support	Support	Support	Chaptered
AB 1088 – Public health: kratom (Bains)	State	NA	Watch	NA	Dead
AB 1540 – 988 Suicide & Crisis Lifeline: LGBTQ+ Youth (Gonzalez)	State	Support	NA	Support	Dead
AB 1556 – Recovery residences: funding (Haney)	State	NA	Watch	NA	Chaptered
AB 1586 – Opioid overdose reversal medication: school resource officers (Ramos)	State	NA	Watch	NA	Chaptered
AB 1660 – Public Guardians and Public Administrators (Schiavo)	State	Watch	NA	NA	Chaptered
AB 1669 – Student health: leaves of absence: mental health	State	NA	Watch	NA	Chaptered
AB 1676 – Mental health services: assisted outpatient treatment: involuntary medication (Stefani)	State	None yet	NA	NA	Dead

AB 1779 – Alcoholism and drug abuse recovery and treatment programs: inducement of participants (Davies)	State	NA	Watch	NA	Dead
AB 1825 – Health care: state hospitals (Krell)	State	Watch	NA	NA	Dead
AB 1879 – Substance use: treatment or residential data reporting (Dixon)	State	NA	Watch	NA	Dead
AB 2076 – The Parent's Accountability and Child Protection Act: online marketplaces: nitrous oxide (Lowenthal)	State	NA	Watch	NA	Chaptered
AB 2146 – Supportive housing: prospective tenants: barriers to access (Stefani)	State	Watch	NA	Watch	Chaptered
AB 2275 – Mental Health Diversion (Bains)	State	Concerns	NA	NA	Dead
AB 2405 – Mental Health (Gipson)	State	Watch	NA	NA	Chaptered
SB 16 – Mental health: involuntary commitment (Blakespear)	State	Watch	NA	Watch	Chaptered
SB 28 – Community Assistance, Recovery, and Empowerment (CARE) court program (Umberg)	State	Watch	NA	Watch	Dead
SB 490 – Alcohol and drug programs (Umberg)	State	NA	Watch	NA	Vetoed
SB 561 – Appointment of Public Guardians (Blakespear)	State	Watch	NA	NA	Chaptered
SB 758 – Public health: nitrous oxide (Umberg)	State	NA	Watch	NA	Chaptered
SB 903 – Mental Health Professionals: AI Intelligence (Padilla)	State	None yet	NA	NA	Vetoed
SB 934 – Sexual orientation or gender identity change efforts (Wiener)	State	Watch	NA	Watch	Chaptered
SB 936 – Nitrous oxide: sales (Blakespear & Umberg)	State	NA	Watch	Watch	Chaptered
SB 989 – Community Assistance, Recovery, and Empowerment (CARE) Court Program (Blakespear)	State	Watch	NA	Watch	Chaptered

SB 1016 – Community Assistance, Recovery, and Empowerment (CARE) Court Program and court-ordered evaluations (Blakespear)	State	Watch	NA	Watch	Dead
SB 1060 – Alcohol and drug treatment facilities (Valladares)	State	NA	Watch	NA	Dead
SB 1221 – Lanterman-Petris-Short Act: conservatorships (Stern)	State	None yet	NA	NA	Dead
SB 1242 – Community Assistance, Recovery, and Empowerment (CARE) Court Program (Choi)	State	Watch	NA	NA	Chaptered
SB 1314 – Smoke shops: locations, hours of operation, and sale of nitrous oxide (Menjivar)	State	NA	Watch	Watch	Dead
SB 1373 – Mental Health Diversion (Grove)	State	Oppose	NA	Oppose	Dead
SB 1401 – Criminal procedure: competence to stand trial (Stern)	State	None yet	NA	NA	Chaptered
SB 1422 – Medi-Cal: eligibility: immigration status (Durazo)	State	Support	NA	Support	Dead

Overview Table Key

	Bill is dead for the rest of the session
	Followed by DMH and DPH-SAPC
	Support
	Oppose
	Watch

Federal

- **H.R. 1266/S. 545 Combatting Illicit Xylazine Act**
  S 545 would prohibit the illicit use of xylazine by classifying xylazine as a Schedule III substance of the Controlled Substances Act and requires certain reporting to be submitted to Congress on the prevalence and impacts of illicit use of xylazine in the U.S.

Current Status: 9/16/26 - Received in the Senate. Read twice. Placed on Senate Legislative Calendar under General Orders. Calendar No. 623.

- **S. 3588 – School Access to Naloxone Act of 2026**
  S 3588 would amend the Public Health Service Act to provide grant funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose among public and private elementary and secondary schools.

  Current Status: 3/19/26 - In Committee on Health, Education, Labor, and Pensions.

- **H.R. 5462 – The Michelle Alyssa Go Act**
  HR 5462 would amend Title XIX of the Social Security Act and revise the definition of 'institution for mental diseases' under the Medicaid program to exclude institutions that have 36 beds or less, removing a significant administrative and fiscal barrier to increasing available behavioral health beds.

  Current Status: 9/18/25 - Referred to the House Committee on Energy and Commerce.

- **H.R. 6104 – Dark Web Interdiction Act of 2025**
  HR 6104 prohibits the delivery or distribution of controlled substances (i.e. opioids) by means of the dark web, establishes a 2-level sentencing increase for violations, and establishes the Joint Criminal Opioid and Darknet Enforcement Task Force. "Dark web" is defined in the legislation as websites and other network services that leverage overlay networks and specific software and configurations to provide anonymity. An increase in internet anonymity on the dark web has been identified as a hindrance to investigations and prosecutions against the sale of illicit drugs.

  Current Status: 11/18/25 - Referred to the House Committee on the Judiciary, Committee on Energy and Commerce, and House Committee on Financial Services. Further referrals pending.

- **H.R. 10280 – 988 Implementation Act of 2026**

HR 10280 would provide for improvements in the implementation of the National Suicide Prevention Lifeline. It would clarify that the IMD payment prohibition on long-term residential care does not apply to short-term crisis stabilization services run by community-based programs. It further requires CMS to issue guidance and collect data on crisis stabilization programs, including length of stay, facility size, diversion from law enforcement and incarceration, and other relevant categories.

Current Status: 9/16/26 - Referred to subcommittee on Health.

- **H.R. 10647 – IMD CARE Act**
  HR 10647 would amend title XIX of the Social Security Act to establish a Medicaid State plan amendment option to provide medical assistance to individuals with a serious mental illness who are patients in certain institutions for mental diseases.

  Current Status: 10/1/26 - Referred to the House Committee on Energy and Commerce.

State

The analysis and status updates offered below should be considered preliminary and may be subject to change as bills go through committee and potential amendments in the 2026 legislative session. The deadline for the State legislature to pass bills was August 31, 2026. The deadline for final actions on legislation by the Governor was September 30, 2026. The next session of the Legislature will begin on December 7, 2026. DMH and DPH-SAPC are working to implement legislation going into effect on January 1, 2027.

- **AB 46 – Diversion (Nguyen),** amended on May 14, 2026, requires that the diagnosis with a mental disorder be within 5 years before the alleged offense to be eligible for diversion.

  DMH Analysis: The bill would impose unnecessary restrictions that are not evidence-based on mental health diversion and would likely reduce the number of people who are able to participate in beneficial mental health diversion programs.
  DPH Analysis: NA

  DMH Recommendation: Oppose
  DPH Position: NA
  County Position: Oppose

CBHDA Position: Oppose

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **AB 96 – Mental health services: peer support specialist certification (Jackson)**
  AB 96 removes the minimum education requirement of a high school diploma or equivalent degree from the requirements necessary for an applicant to become a certified Medi-Cal Peer Support Specialist. Peer Support Services are culturally competent individual and group services delivered by Certified Medi-Cal Peer Support Specialists. These services augment the SUD treatment services patients receive by promoting recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching designed to set and make progress toward recovery goals.

  DMH Analysis: DMH supports the bill's intent to remove the requirement that applicants must possess a high school diploma or equivalent to receive peer support specialist certification. Peers provide a valuable set of services and given the overall behavioral health workforce shortage, DMH supports legislative proposals that make it easier for the County to expand the public behavioral health workforce.
  DPH Analysis: Requiring a high school diploma or equivalent creates an artificial barrier to entry and limits access for individuals with the potential to excel in peer support specialist (PSS) roles. It is evident that the lived experience of peer support specialists in recovering from SUD and mental illness is the crucial component of their role. While the majority of DPH-SAPC's contracted SUD services are provided by SUD counselors, DPH-SAPC currently has over 180 PSS providing contracted SUD services through network provider agencies. DPH-SAPC has noted that the current minimum education requirements have deterred many potential applicants from applying, particularly due to challenges with obtaining decades-old documentation or documentation from schools abroad. This legislation will increase the rate of applicants and strengthen the SUD system workforce.

  DMH Recommendation: Support
  DPH Position: Support
  County Position: Support
  CBHDA Position: Support (Sponsor)

  Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **<u>AB 1088 – Public health: kratom (Bains)</u>**
  As amended 6/8/26:
  AB 1088 would add specified definitions for kratom products, kratom alkaloids, and child-attractive flavor while removing the proposed definition of a 7-OH product. It would prohibit the sale of kratom products that exceed 75mg of mitragynine per package or .57mg of 7-hydroxymitragynine per package and prohibits the sale of kratom products to persons under 21 years of age, at locations where persons under 21 years of age may enter and remain, and prohibits the sale of kratom products with a child-attractive flavor. It requires all kratom products to follow poison prevention packing standards and include a warning label. The bill also requires processors to register each kratom product and pay a registration fee to be collected by CDPH. Furthermore, the bill would impose a 15% sales tax on kratom products beginning July 1, 2027, which will be allocated to the Kratom Products Public Health and Safety Fund established in this bill.

  DMH Analysis: NA
  DPH Analysis: This bill is effectively dead and will not be moving forward.

  DMH Recommendation: NA
  DPH Position: Watch
  County Position: No position taken
  CBHDA Position: Watch

  Current Status: 6/17/26 - Hearing canceled at the request of author.

- **<u>AB 1540 - 988 Suicide & Crisis Lifeline: LGBTQ+ Youth (Gonzalez),</u>** amended on June 15, 2026, require OES to request the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enable a press 3 function for calls originating in the State of California to allow callers to dial 988 and press “3” to be automatically routed to a specialized call center.

  DMH Analysis: The bill would offer consistent 24/7 specialized LGBTQ+ crisis services to youth throughout the State of California, benefiting Los Angeles County residents who may be physically far from in person LGBTQ+ crisis resources.

DPH Analysis: NA

DMH Recommendation: Support
DPH Position: NA
County Position: Support
CBHDA Position: Support

Current Status: Ordered to inactive file at the request of the author. Language from AB 1540 was included in AB 173, the Health Budget Trailer Bill. AB 173 passed and was enrolled on 8/31/26, effectively passing and enrolling AB 1540 as well.

- **AB 1556 – Recovery residences: funding (Haney)**
  As amended on 8/3/26:
  AB 1556 would require a program that provides recovery housing to satisfy the core components of Housing First and National Association of Recovery Residences (NARR) Standards, among other requirements, to be eligible for state funding. Recovery-oriented residences are supportive housing options which serve individuals at risk of experiencing homelessness who seek a cooperative, drug-free, living arrangement that supports personal recovery from a substance use disorder and does not require licensure or does not provide licensable services. Requires applicants for state homelessness funding for recovery housing to demonstrate the availability of a range of interventions, including harm reduction-focused permanent housing.

  DMH Analysis: NA
  DPH Analysis: As currently defined in law, a recovery residence is a residential dwelling that provides primary housing for individuals who seek a cooperative living arrangement that supports personal recovery from a substance use disorder and that does not require licensure by the department or does not provide licensable services. This bill would clarify existing law to allow recovery-oriented residences to be eligible for state funding conditional upon meeting nationally recognized, evidence-based standards. This change would expand access to this important and often missing option in the continuum of care, while also requiring key quality standards, goals in alignment with Los Angeles County SUD and housing access initiatives.

  DMH Recommendation: NA

DPH Position: Watch
County Position: No position taken
CBHDA Position: Support

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **AB 1586 – Opioid overdose reversal medication: school resource officers (Ramos)**
  As amended on 8/13/26:
  AB 1586, beginning in the 2027-2028 school year, requires a school resource officer to complete an opioid overdose recognition and response training upon assignment to a school site and every two years thereafter. It would also require a school resource officer to report on or before July 1, 2028, and annually thereafter until July 1, 2030 to the California Department of Public Health (CDPH) the number of times the school resource officer administered an opioid antagonist while serving at a school site and the types of opioid antagonists received and administered. School resource officers and their employing or contracting entity will not be held liable in a civil action or be subject to criminal prosecution for their acts or omissions unless those constitute gross negligence or willful and wanton misconduct. It would require the Commission on Peace Officer Standards and Training, in consultation with the State Department of Education, to provide implementation guidance on accessing opioid antagonists at low or no cost and integrating overdose response into school safety planning. The bill would require CDPH, on or before July 1, 2031, to submit an annual report to the Legislature with the information annually reported by school resource officers and incorporate the information into a specified statewide dashboard.

  DMH Analysis: NA
  DPH Analysis: Opioid antagonists or opioid overdose reversal medications (OORMs), such as naloxone, have been available over the counter and are permitted to be administered by laypeople since 2023. It is important to integrate use of OORMs within schools' training to create an efficient system to recognize and respond to overdoses among youth. Preparing school resource officers on how to respond will provide more opportunities to prevent overdose and death. Decreasing overdose deaths through targeted prevention efforts remains a critical focus of LA County.

  DMH Recommendation: NA
  DPH Position: Watch
  County Position: No position taken

CBHDA Position: Support

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **AB 1660 – Public Guardians and Public Administrators (Schiavo)**, amended on August 4, 2026, authorizes a court to award sanctions of no less than $1,000 per violation for fees paid and costs incurred for failure of a financial institution, government or private agency, retirement fund administrator, insurance company, licensed securities dealer, or other person to comply with these requirements following receipt of service of notice of at least 30 days.

  DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH operations.
  DPH Analysis: NA

  DMH Recommendation: Watch
  DPH Position: NA
  County Position: No position taken yet
  CBHDA Position: Support

  Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **AB 1669 – Student health: leaves of absence: mental health**
  As amended 8/13/26:
  AB 1669 requires all post-secondary educational institutions to adopt a written policy to allow a student to take a voluntary medical leave of absence for a period determined by the institution or one academic year, whichever is longer. Students will not be required to submit an official notice of withdrawal from the institution during the medical leave of absence. It also requires institutions to post the medical leave of absence policy on the institution's internet website and notify students and faculty of the location of the posted policy by sending an email at the beginning of each academic semester or term. The bill would not waive competency, clinical laboratory, or other graduation or licensure requirements established by a postsecondary education institution, accrediting agency, or governmental licensing authority, and does not supersede federal student aid regulations.

DMH Analysis: NA
DPH Analysis: AB 1669 specifies that "medical" includes health and mental health related issues, including but not limited to anxiety, depression, eating disorders, and substance use disorders. Providing grace for students to address substance use disorders will have a significant impact on the student's academic success and socioeconomic status. This bill would mitigate a major barrier to SUD care among college students by removing the possibility of risking one's academic standing to attend a SUD treatment program.

DMH Recommendation: NA
DPH Position: Watch
County Position: No position taken
CBHDA Position: No position taken

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **AB 1676 – Mental health services: assisted outpatient treatment: involuntary medication (Stefani)**, amended on March 24, 2026, authorize the county behavioral health director, or their designee, to file a petition for an order authorizing the use of involuntary psychotropic medication independent of, or concurrently with, a petition for assisted outpatient treatment.

  DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH operations.
  DPH Analysis: NA

  DMH Recommendation: No recommendation yet
  DPH Position: NA
  County Position: No position taken yet
  CBHDA Position: Oppose

  Current Status: 4/13/26 - Hearing in committee canceled at the request of the author.

- **AB 1779 – Alcoholism and drug abuse recovery and treatment programs: inducement of participants (Davies)**
  As amended 4/23/26:

AB 1779 would prohibit any form of remuneration to influence participation in treatment or recovery programs and adds restrictions on housing and transportation provided to participants. Remuneration would include, but is not limited to, stipends or gift cards. This would not apply to clinically appropriate, evidence-based therapeutic incentives, including contingency management offered to eligible Medi-Cal members as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS).

DMH Analysis: NA
DPH Analysis: This bill is effectively dead and will not be moving forward.

DMH Recommendation: NA
DPH Position: Watch
County Position: No position taken
CBHDA Position: Watch

Current Status: 7/1/26 - Hearing canceled at the request of the author.

- **AB 1825 – Health care: state hospitals (Krell)**, amended on April 16, 2026, requires that various factors be considered when determining whether an incarcerated person is an offender with a mental health disorder (OHMD) subject to treatment by the Department of State Hospitals (DSH) and requires an exit plan for an individual determined by the court to not pose a substantial risk of physical harm to others to include presumptive eligibility for a full service partnership.

  DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH operations.
  DPH Analysis: NA

  DMH Recommendation: Watch
  DPH Position: NA
  County Position: No position taken yet
  CBHDA Position: No position taken yet

  Current Status: 8/13/26 - Held in committee.

- **<u>AB 1879 – Substance use: treatment or residential data reporting (Dixon)</u>**
  As amended 4/23/26:
  Beginning January 1, 2028, AB 1879 would require an alcohol or other drug (AOD) facility licensed by the Department of Health Care Services (DHCS) and an AOD program certified by DHCS to submit to DHCS the treatment and outcome information and treatment availability information consistent with the requirements of the California Outcomes Measurement System Treatment (CalOMS Tx) system and the Drug and Alcohol Treatment Access Report (DATAR). These requirements would not apply to entities contracted to provide Medi-Cal treatment services or contracted with DHCS, a county behavioral health department, a county substance use disorder division for the provision of substance use disorder service, or that is otherwise required to submit data to a county through the CalOMS Tx system.

  DMH Analysis: NA
  DPH Analysis: This bill failed to pass its House of Origins deadline after being held under submission in the Assembly Committee on Appropriations and will not be advancing forward. The bill is effectively dead.

  DMH Recommendation: NA
  DPH Position: Watch
  County Position: No position taken
  CBHDA Position: Oppose

  Current Status: 5/14/26 - Held in Assembly Appropriations Committee.

- **<u>AB 2076 – The Parent's Accountability and Child Protection Act: online marketplaces: nitrous oxide (Lowenthal)</u>**
  As amended on 6/4/26:
  AB 2076 would add nitrous oxide to the list of specified products or services that requires a person or business to verify that the purchaser is of legal age at the time of purchase or delivery. It would also prohibit an online seller from allowing a purchaser to use a gift card or store credit for specified products or services that are illegal to sell to a minor.

  DMH Analysis: NA

DPH Analysis: This bill would effectively limit the sale of nitrous oxide across the state to adults over the age of 18 and prohibit the online sale of nitrous oxide to anyone in California. Nitrous oxide, though used for legitimate purposes in the medical and dental industries, continues to be a concern for its high risk of misuse, particularly among youth who obtain it for recreation. Prohibitions against the sale of nitrous oxide are limited in California, though several local jurisdictions have taken steps to ban its retail. This bill prioritizes the protection of youth by preventing easy access to nitrous oxide and preventing the risk of overdose and deaths as a result of recreational use.

DMH Recommendation: NA
DPH Position: Watch
County Position: No position taken
CBHDA Position: No position taken

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **AB 2146 – Supportive housing: prospective tenants: barriers to access (Stefani)** , amended on August 21, 2026, requires Cal-ICH to complete a comprehensive statewide study of Coordinated Entry Systems (CES) and its role in connecting individuals and families experiencing homelessness to affordable housing, including supportive housing, in California, as specified, and submit the study to the Legislature on or before July 1, 2028.

  DMH Analysis: DMH had initial concerns with the bill's June version that would allow have developers to fill Proposition 1 funded units with referrals outside of CES on a first-come, first-served basis when units have been vacant for over 180 days. However, the bill was recently amended is now focused on establish a statewide study on the coordinated entry system (CES). The Department no longer has concerns on AB 2146.
  DPH Analysis: NA

  DMH Recommendation: Watch
  DPH position: NA
  County Position: Watch
  CBHDA Position: Watch

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **AB 2275 – Mental Health Diversion (Bains)**, introduced on February 19, 2026, revises the eligibility requirement by prohibiting the court from finding the defendant eligible solely based on the defendant's diagnosis of a mental disorder and would additionally require the court to find that the defendant is not mentally incompetent.

  DMH Analysis: The bill would impose unnecessary restrictions that are not evidence-based on mental health diversion and would likely reduce the number of people who are able to participate in beneficial mental health diversion programs.
  DPH Analysis: NA

  DMH Recommendation: Concerns
  DPH position: NA
  County Position: No position taken yet
  CBHDA Position: Oppose

  Current Status: Held in committee.

- **AB 2405 – Mental Health (Gipson)**, amended on August 13, 2026, requires a peace officer who is transporting a person who is a danger to themselves or others to a designated facility for evaluation and treatment, to transport the person to the closest appropriate designated facility, geographically or by time, from where the peace officer took the person into custody.

  DMH Analysis: The Department does not believe the recent August amendments change current designation determination processes.

  DMH Recommendation: Watch
  DPH position: NA
  County Position: No position taken yet
  CBHDA Position: Watch

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 16 – Mental Health: Involuntary Committee (Blakespear)**, amended on August 17, 2026, requires a county behavioral health director to establish and implement procedures governing the county's designation and training of professionals who will be designated to perform involuntary holds.

  DMH Analysis: DMH already has procedures for the 5150 designation and training for professionals, therefore, the Department does not anticipate significant impacts DMH designation processes. However, August amendments to ensure active monitoring and reviewing professionals may require the Department to set up new monitor processes which could have a fiscal impact. The Department worked with CEO-LAIR and the author's office to address these concerns. These concerns were addressed in the final set of amendments to the bill.
  DPH Analysis: NA

  DMH Recommendation: Watch
  DPH position: NA
  County Position: Watch
  CBHDA Position: Oppose

  Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 28 – Community Assistance, Recovery, and Empowerment (CARE) court program (Umberg)**, amended on July 2, 2026, makes a number of changes to the CARE Act, including expanding the scope of evidence that can be considered as part of a CARE petition, requiring the development of a model exit plan for individuals that may need a higher level of care than available through the CARE process, and establishing a CARE Court ombudsperson to oversee complaints regarding the program.

  DMH Analysis: This bill was significantly amended on June 25th, in which the Department had various concerns. However, this bill was amended again on July 2nd, where most of the Department's initial concerns were addressed.
  DPH Analysis: NA

DMH Recommendation: Watch
DPH position: NA
County Position: Watch
CBHDA Position: Oppose

Current Status: 8/13/26 - Held in committee.

- **<u>SB 490 – Alcohol and drug programs (Umberg)</u>**
  As amended 8/21/26:
  SB 490 requires DHCS to initiate an investigation within 10 days of receiving an allegation and complete the investigation within 120 days of assigning the complaint. It would also require the employee or agent to provide their findings to the department and would require DHCS to issue the notice within 10 days of the employee or agency submitting their findings and to conduct a follow-up site visit to determine whether the facility has ceased providing services as required. It would authorize, in counties that elect to administer DMC-ODS and provide optional recovery housing services, the county behavioral health agency to request approval from DHCS to conduct the site visit of a recovery residence that the county contracts with that is alleged to be operating without a license. Furthermore, it would require DHCS to conduct a site visit of a certified program or licensed facility that has disclosed specified interest in the recovery residence. No later than July 15, 2027, and by July 15th each year thereafter, all programs certified or facilities licensed by DHCS must submit a report of all money transfers between the program or facility and a recovery residence during the previous fiscal year.

  DMH Analysis: NA
  DPH Analysis: This bill is a reiteration of SB 35 that was introduced in 2025 by Senator Umberg. The level of oversight that SB 490 proposes for recovery residences does not exist for healthcare facilities or housing and serves to stigmatize recovery residences as a type of housing, as recovery residences only function as a dwelling and are not required by law to obtain licensure or certification. Site visits may come in conflict with the Fair Employment and Housing Act (FEHA) (Article 2 Housing Discrimination commencing with GOV § 12955). Furthermore, there have not been any substantial findings of AOD licensees risking their licenses over lower level of care environments. The state continues to struggle with a shortage of providers for SUD treatment, and this additional oversight may only add to deterrents. It is likely that DHCS would delegate the

responsibility of investigating recovery residences to county behavioral health agencies due to the bill's proposed timelines, despite counties having no jurisdiction over the facilities, increasing workload without providing implementation funding.

DMH Recommendation: NA
DPH Position: Watch
County Position: No position taken
CBHDA Position: Oppose

Current Status: Vetoed by the Governor.

- **SB 561 – Appointment of Public Guardians (Blakespear)**, amended on July 2, 2026, requires Public Guardians to acknowledge receipt of the referral and begin an investigation within two business days of receiving a referral for conservatorship or guardianship. The investigation shall conclude within a reasonable period of time.

  DMH Analysis: Recent July amendments eased the Department's previous concerns on the 15-day timeline.
  DPH Analysis: NA

  DMH Recommendation: Watch
  DPH position: NA
  County Position: No position taken yet
  CBHDA Position: Watch

  Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 758 – Public health: nitrous oxide (Umberg)**
  As amended 8/13/26:
  SB 758 prohibits cigarette and tobacco product retailers from selling nitrous oxide in any retail location. A retailer does not include a grocery store or a general retail merchandise store with a grocery department. Adds the authority for a city or county to adopt an ordinance imposing greater restrictions on the retail sale of nitrous oxide than those imposed by this section, provided that the ordinance does not restrict legitimate uses.

DMH Analysis: NA
DPH Analysis: This bill seeks to stop smoke shops from selling nitrous oxide, which is critical due to the growing popularity of misuse among youth and the increasingly widespread availability of nitrous oxide within smoke shops. SB 758 would address this issue by removing the presence of nitrous oxide from where it is most commonly acquired. Recent amendments would also authorize LA County to adopt its own ordinance to restrict the sale of nitrous oxide, if further restrictions are determined to be necessary. Overall, this bill limits access to nitrous oxide in communities, strengthens prevention efforts through specific retail restrictions, and decreases the risk of nitrous oxide-related overdoses and deaths.

DMH Recommendation: NA
DPH Position: Watch
County Position: No position taken
CBHDA Position: No position taken

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 903 – Mental Health Professionals: AI Intelligence (Padilla)**, amended on August 21, 2026, regulates the use of artificial intelligence by licensed professionals providing psychotherapy services. Prohibits an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications or sessions, or to triage or screen a person for the need for psychotherapy services unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent.

  DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH programs.
  DPH Analysis: NA

  DMH Recommendation: No recommendation yet
  DPH Position: NA
  County Position: No position taken yet
  CBHDA Position: Support

Current Status: Vetoed by Governor

- **SB 934 – Sexual Orientation or Gender Identity Change**, amended on August 13, 2026, defines "sexual orientation or gender identity change efforts" as any practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity.

  DMH Analysis: DMH had initial concerns on the May version where it would have had a chilling effect on the provision of clinically appropriate care related to gender dysphoria and/or LGBTQ+-affirmative therapy. However, the bill was significantly amended in August and addressed the Department's previous concerns.
  DPH Analysis: NA

  DMH Recommendation: Watch
  DPH position: NA
  County Position: Watch
  CBHDA Position:

  Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 936 – Nitrous oxide: sales (Blakespear & Umberg)**
  As amended 8/17/26:
  SB 936 would prohibit the sale and distribution of nitrous oxide containers that can hold more than 8 grams of nitrous oxide and containers that have, or is marketed to have, the taste or smell of any food. It prohibits knowingly selling or distributing a device that allows an individual to inhale nitrous oxide from the container or hold nitrous oxide for the purposes of inhalation. It authorizes a court to suspend a business license to sell tobacco products if the business has a prior conviction for violating these provisions. The license to sell tobacco products may also be revoked if the business has two prior convictions for violating these provisions. The bill also prohibits a person that is engaged in selling tobacco products from possessing, storing, owning, or selling nitrous oxide where cigarettes and tobacco products are sold. CDTFA would be authorized to seize nitrous oxide products. Establishes procedures for court-ordered revocation and provides a penalty framework. Updates reference in code from "State Board of Equalization" to the "California Department of Tax and Fee Administration" to reflect the transfer of duties made in 2017.

DMH Analysis: NA
DPH Analysis: The sale of nitrous oxide remains widespread in Los Angeles and across the state. SB 936 provides an opportunity to strengthen prevention efforts and get ahead of what is emerging as a nitrous oxide misuse crisis by curtailing access to nitrous oxide products in smoke shops. This legislation will stop retailers from selling nitrous oxide products and devices that increase hazardous health and safety outcomes, particularly among youth. Amendments made on 5/18/26 clarify that the bill would authorize a court to suspend a business license to sell tobacco products only and does not include authority to suspend a business license to sell cannabis products.

DMH Recommendation: NA
DPH Position: Watch
County Position: Watch
CBHDA Position: No position taken

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 989 – Community Assistance, Recovery, and Empowerment (CARE) Court Program (Blakespear)**, amended on June 18, 2026, authorizes a first responder to contact the county behavioral health agency in the county in which the respondent individual resides or is found to request that the agency file a petition to commence the CARE process. Requires the agency to review the request and determine whether to file a petition within 30 business days.

  DMH Analysis: The amended version of the bill, May 14, 2026, gives the County Behavioral Health Department discretion to review the request and determine if filing a petition is necessary.
  DPH Analysis: NA

  DMH Recommendation: Watch
  DPH Position: NA
  County Position: Watch
  CBHDA Position: Watch

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 1016 – Community Assistance, Recovery, and Empowerment (CARE) Court Program and court-ordered evaluations (Blakespear),** amended on July 2, 2026, requires a county behavioral agency's report to the court about a respondent include whether the respondent needs a higher level of care than is available under the CARE Act and authorizes a court, if it intends to dismiss a petition because a respondent needs a higher level of services, to order the county to conduct a pre-petition screening for involuntary care under the Lanterman-Petris-Short (LPS) Act.

  DMH Analysis: The Department is in the process of analyzing the impact of the July amendments on DMH programs. Previously, DMH believed creating a new pathway for CARE respondents to receive mental health evaluations may be beneficial for those experiencing highly acute symptoms and who are unable, or unwilling, to accept a CARE plan or CARE agreement.
  DPH Analysis: NA

  DMH Recommendation: Watch
  DPH Position: NA
  County Position: Watch
  CBHDA Position: Oppose

  Current Status: 8/13/26 - Held in committee.

- **SB 1060 – Alcohol and drug treatment facilities (Valladares)**
  SB 1060 would prohibit an alcohol or other drug program or treatment facility from operating within 1,000 feet of a public or private elementary or secondary school, or a daycare center if the recovery or treatment facility serves more than 6 residents and treatment is being provided at the facility. This is an urgency bill that would take effect in statute immediately.

  DMH Analysis: NA
  DPH Analysis: This bill failed to pass its House of Origins deadline and will not be advancing forward. The bill is effectively dead.

DMH Recommendation: NA
DPH Position: Watch
County Position: No position taken
CBHDA Position: Oppose

Current Status: 4/6/26 - Hearing cancelled at the request of the author.

- **SB 1221 – Lanterman-Petris-Short Act: conservatorships (Stern)**, amended on April 27, 2026, makes various changes to the conservatorship process, including prohibiting a court from determining a person has the ability to provide for their basic personal needs based on the fact that the person has temporary access to those basic personal needs while incarcerated.

  DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH programs.
  DPH Analysis: NA

  DMH Recommendation: No recommendation yet
  DPH Position: NA
  County Position: No position taken yet
  CBHDA Position: Oppose

  Current Status: 5/14/26 - Held in committee.

- **SB 1242 – Community Assistance, Recovery, and Empowerment (CARE) Court Program (Choi)**, amended on June 17, 2026, requires the court to allow the original petitioner to participate in the respondent's CARE program for the purpose of assisting in care coordination and providing relevant information to the CARE team, unless the court determines that it would likely be detrimental to the treatment or well-being of the respondent. Would authorize the court to limit or exclude participation by the original petitioner.

  DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH programs.
  DPH Analysis: NA

DMH Recommendation: Watch
DPH Position: NA
County Position: No position taken yet
CBHDA Position: Watch

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 1314 – Smoke shops: locations, hours of operation, and sale of nitrous oxide (Menjivar)**
  As amended 7/1/26:
  Effective July 1, 2027, prohibits new tobacco retail locations from being located within a 600ft radius of a school or a day care center unless the local jurisdiction specifies a radius greater than 600ft. Prohibits tobacco retailers from possessing, storing, owning, or selling nitrous oxide or paraphernalia relating to the consumption of nitrous oxide. Exempts grocery stores from the bill's provisions.

  DMH Analysis: NA
  DPH Analysis: This bill was held in the Assembly Appropriations Committee and will not be advancing forward. The bill is effectively dead.

  DMH Recommendation: NA
  DPH Position: Watch
  County Position: Watch
  CBHDA Position: No position taken

  Current Status: 8/13/26 - Held in Assembly Appropriations Committee.

- **SB 1373 – Mental Health Diversion (Grove)**, amended on July 2, 2026, requires a defendant to have received a diagnosis of a mental illness within five years preceding the alleged crime in order to be eligible for mental health diversion.

DMH Analysis: The bill would impose unnecessary restrictions that are not evidence-based on mental health diversion and would likely reduce the number of people who are able to participate in beneficial mental health diversion programs.
DPH Analysis: NA

DMH Recommendation: Oppose
DPH Position: NA
County Position: Oppose
CBHDA Position: Oppose

Current Status: 8/13/26 - Held in committee.

- **SB 1401 – Criminal procedure: competence to stand trial (Stern)**, amended on August 21, 2026, authorizes a county behavioral health agency and jail medical provider to share confidential medical records and other relevant information with the court for the purpose of determining likelihood of eligibility for behavioral health services and programs. The bill also allows the court to refer a misdemeanor IST defendant to the county conservatorship investigator in the county of commitment for possible conservatorship proceedings if in its opinion the defendant appears to be gravely disabled.

  DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH programs.
  DPH Analysis: NA

  DMH Recommendation: No recommendation yet
  DPH Position: NA
  County Position: No position taken yet
  CBHDA Position: Oppose

  Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **SB 1422 Medi-Cal: eligibility: immigration status (Durazo)**, amended on May 14, 2026, makes an individual who is 19 years of age or older, who does not have satisfactory immigration status, eligible for the full scope of Medi-Cal benefits subject to certain limitations, such as the payment of premiums and certain dental benefits.

DMH Analysis: DMH recommends that the County support this bill because it will restore access to critical behavioral health services for LA County residents and will help ensure that the Department of Mental Health has the resources it needs to continue providing care and treatment to all County residents.
DPH Analysis: NA

DMH Recommendation: Support
DPH Position: NA
County Position: Support
CBHDA Position: No position taken yet

Current Status: 6/8/26 - Order to inactive file.