

Medi-Cal Children's Health Advisory Panel – Bills of Interest

(10/1/2020)

These are bills that may be of interest to MCHAP members.

Inclusion on this list does not indicate support or endorsement by MCHAP or any other entity or organization.

[AB 2100](#) **(Wood D) Medi-Cal: pharmacy benefits.**

Introduced: 2/5/2020

Status: 9/29/2020-Vetoed by Governor.

Location: 9/29/2020-A. VETOED

Summary: Would require the State Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS), commencing on January 1, 2021, which generally models specified requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IPDMRS, and would define "disputed health care service" as any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contracting fiscal intermediaries for the administration of the prescription drug benefit if that entity makes a final decision, in whole or in part, due to a finding that the service is not medically necessary.

[AB 2112](#) **(Ramos D) Suicide prevention.**

Introduced: 2/6/2020

Status: 9/25/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 142, Statutes of 2020.

Location: 9/25/2020-A. CHAPTERED

Summary: Would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department, would require the office to perform specified duties, including providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and reporting on progress to reduce rates of suicide, and authorize the office to apply for and use federal, state, and foundation grants. The bill would require the office to consult with the Mental Health Services Oversight and Accountability Commission to implement suicide prevention efforts. The bill would require that the duties and responsibilities of the office be accomplished with existing staff and resources. The bill would make these provisions operative subject to an appropriation for these purposes in the annual Budget Act or another statute.

[AB 2118](#) **(Kalra D) Health care service plans and health insurers: reporting requirements.**

Introduced: 2/6/2020

Status: 9/29/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 277, Statutes of 2020.

Location: 9/29/2020-A. CHAPTERED

Summary: Would require a health care service plan and health insurer, excluding for a specialized health care service plan or specialized health care policy, to report to the Department of Managed Health Care and the Department of Insurance, respectively, by October 1, 2021, and annually thereafter, for products in the individual and small group markets, and for rates effective during the 12-month period ending January 1 of the following year, on specified information, including premiums, cost sharing, benefits, enrollment, and trend factors, and would exclude prescribed information from the reporting requirements until January 1, 2023.

AB 2164

(Rivas, Robert D) Telehealth.

Introduced: 2/11/2020

Status: 9/26/2020-Vetoed by Governor.

Location: 9/26/2020-A. VETOED

Summary: Current law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward. This bill would provide that an FQHC or RHC "visit" includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous interaction or asynchronous store and forward. The bill would specify that an FQHC or RHC is not precluded from establishing a patient who is located within the FQHC's or RHC's federal designated service area through synchronous interaction or asynchronous store and forward as of the date of service if specified requirements are met.

AB 2265

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

Introduced: 2/14/2020

Status: 9/25/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 144, Statutes of 2020.

Location: 9/25/2020-A. CHAPTERED

Summary: The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. This bill would authorize the services for adults, older adults, and children, as well as innovative programs and prevention and early intervention programs that are provided by counties as part of the MHSA to include substance use disorder treatment for children, adults, and older adults with cooccurring mental health and substance use disorders who are eligible to receive mental health services pursuant to those programs.

AB 2276

(Reyes D) Childhood lead poisoning: screening and prevention.

Introduced: 2/14/2020

Status: 9/28/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 216, Statutes of 2020.

Location: 9/29/2020-A. CHAPTERED

Summary: Current law establishes the Childhood Lead Poisoning Prevention Program, which is administered by the State Department of Public Health. Current law requires the department to adopt regulations establishing a standard of care that include the determination of specified risk factors for lead exposure, including a child's time spent in a home, school, or building built before 1978. Current law requires the department to ensure appropriate case management for children who have been identified with lead poisoning, and authorizes the department to contract with any public or private entity, including any local agency, to perform that duty. This bill would add several risk factors to be considered as part of the standard of care specified in regulations, including a child's residency in or visit to a country. The bill would require the department to update its formula for allocating funds to a local agency that contracts with the department to administer the Childhood Lead Poisoning Prevention Program, and to revise funding allocations before each contract cycle.

[AB 2360](#) (Maienschein D) Telehealth: mental health.

Introduced: 2/18/2020

Status: 9/26/2020-Vetoed by Governor.

Location: 9/26/2020-A. VETOED

Summary: Would require health care service plans and health insurers, by July 1, 2021, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing.

[AB 2520](#) (Chiu D) Access to medical records.

Introduced: 2/19/2020

Status: 9/18/2020-Approved by the Governor. Chaptered by Secretary of State - Chapter 101, Statutes of 2020.

Location: 9/18/2020-A. CHAPTERED

Summary: Current law requires a health care provider, as defined, to provide a patient or the patient's representative with all or any part of the patient's medical records that the patient has a right to inspect, subject to the payment of clerical costs incurred in locating and making the records available, following a written request from the patient. Current law requires the health care provider to provide one copy of the relevant portion of the patient's record at no charge if the patient or patient's representative presents proof to the provider that the records are needed to support an appeal regarding eligibility for a public benefit program, as defined. Current law makes a willful violation of these provisions by specified health care providers an infraction. This bill would require a health care provider to provide an employee of a nonprofit legal services entity representing the patient a copy of the medical records at no charge under those conditions, and would include speech-language pathologists, audiologists, physician assistants, and nurse practitioners within the definition of a health care provider.

[SB 406](#) (Pan D) Health care: omnibus bill.

Introduced: 2/20/2019

Status: 9/29/2020-Approved by the Governor. Chaptered by Secretary of State. Chapter 302, Statutes of 2020.

Location: 9/29/2020-S. CHAPTERED

Summary: Would delete the requirement that a plan or a health insurer comply with the requirement to cover preventive health services without cost sharing to the extent required by federal law, and would instead require a group or individual health care service plan contract or health insurer to, at a minimum, provide coverage for specified preventive services without any cost-sharing requirements for those preventive services, thereby indefinitely extending those requirements.

[SB 653](#) (Chang R) Dental hygienists: registered dental hygienist in alternative practice: scope of practice.

Introduced: 2/22/2019

Status: 9/24/2020-Approved by the Governor. Chaptered by Secretary of State. Chapter 130, Statutes of 2020.

Location: 9/24/2020-S. CHAPTERED

Summary: Would authorize a registered dental hygienist to provide, without supervision, fluoride varnish to a patient. The bill would additionally authorize a registered dental hygienist to provide dental hygiene

preventive services and oral screenings at specified sponsored events and nonprofit organizations.

SB 803

(Beall D) Mental health services: peer support specialist certification.

Introduced: 1/8/2020

Status: 9/25/2020-Approved by the Governor. Chaptered by Secretary of State. Chapter 150, Statutes of 2020.

Location: 9/25/2020-S. CHAPTERED

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. This bill would require the department, by July 1, 2022, subject to any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both.

SB 855

(Wiener D) Health coverage: mental health or substance use disorders.

Introduced: 1/14/2020

Status: 9/25/2020-Approved by the Governor. Chaptered by Secretary of State. Chapter 151, Statutes of 2020.

Location: 9/25/2020-S. CHAPTERED

Summary: The California Mental Health Parity Act requires every health care service plan contract or disability insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions.