

First 5 California Bill Report

North Star and Audacious List

Friday, 08/16/2024
Sorted by: Position

Position: **Support**

AB 1851	Holden (D)	HTML	PDF
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Drinking water: schoolsites: lead testing pilot program.

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Tracking form

Priority	Subject
High/Medium	Child Care

Bill information

Status: 08/15/2024 - In committee: Held under submission.

Summary: Would require the Superintendent of Public Instruction to establish a pilot program to test for and remediate lead contamination in drinking water at participating local educational agency facilities with plumbing that was installed before January 1, 2010. The bill would require the Superintendent to select no fewer than 6 and no more than 10 local educational agencies for participation in the pilot program and, if a selected local educational agency consents to participate in the pilot program, the bill would require the Superintendent to provide grants to the participating local educational agencies for testing and remediating drinking water lead levels at eligible facilities. If sampling results show lead levels in excess of 5 parts per billion in water at any potable water system outlet, the bill would require a participating local educational agency to notify the parents and guardians of pupils who attend the school of the elevated lead levels, as provided, to take immediate steps to shut down all potable water use at potable water system outlets where excess lead levels may exist, and to ensure that a lead-free source of drinking water is provided for pupils at each potable water system outlet that has been shut down. (Based on 06/03/2024 text)

Location: 08/05/2024 - Senate APPR. SUSPENSE FILE

Introduced: 01/17/2024

Current Analysis: 08/02/24 [S Appropriations](#) (text 06/03/24)

Current Text: 06/03/2024 - Amended

Last Amend:

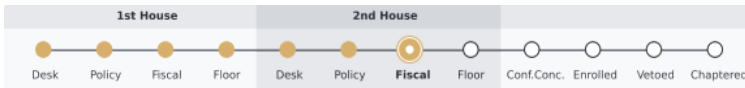
06/03/2024

- Votes:**
- 03/19/24 - [ASM. E.S. & T.M.](#) (Y:7 N:0 A:0) (P)
 - 04/03/24 - [ASM. ED.](#) (Y:7 N:0 A:0) (P)
 - 05/16/24 - [ASM. APPR.](#) (Y:15 N:0 A:0) (P)
 - 05/21/24 - [ASM. THIRD READING](#) (Y:72 N:0 A:8) (P)
 - 06/12/24 - [SEN. ED.](#) (Y:7 N:0 A:0) (P)
 - 07/03/24 - [SEN. E.Q.](#) (Y:7 N:0 A:0) (P)
 - 08/05/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)

AB 1895	Weber (D)	HTML	PDF
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Public health: maternity ward closures.

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Tracking form

Priority	Subject
High/Priority	Maternal Health

Bill information

Status: 08/15/2024 - From committee: Do pass. (Ayes 4. Noes 2.) (August 15).

Summary: Under current law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Current law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Current regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Current law requires a health facility to provide 90 days of public notice, with specified requirements, of the proposed closure or elimination of a supplemental service, such as maternity services. This bill would require an acute care hospital that operates a perinatal unit and expects challenges in the next 6 months that may result in a reduction or loss of perinatal services, to provide specified information to the Department of Health Care Access and Information, including, but not limited to, the number of medical staff and employees working in the perinatal unit and the hospital's prior performance on financial metrics. The bill would require the Department of Health Care Access and Information to forward the provided information to various entities, including the State Department of Health Care Services. The bill would require this information be kept confidential to the extent permitted by law. The bill would require, within 3 months of receiving this notice from the hospital, the Department of Health Care Access and Information, in conjunction with the State Department of Public Health and the State Department of Health Care Services, to conduct a community impact assessment to identify the 3 closest hospitals operating a perinatal unit, their distance from the challenged facility, and whether those hospitals have any restrictions on their reproductive health services. The bill would require the Department of Health Care Access and Information to provide the community impact assessment to specified entities and would require these entities to keep the community impact assessment confidential. If the hospital closes its perinatal unit, the bill would require the hospital to provide public notice of the closure, including the results of the community impact assessment, and other specified information on the hospital's internet website 90 days in advance of the closure. (Based on 06/24/2024 text)

Current 06/24/2024 - Amended

Text:

Last 06/24/2024

Amend:

- Votes:**
- 04/16/24 - [ASM. HEALTH](#) (Y:13 N:1 A:2) (P)
 - 05/16/24 - [ASM. APPR.](#) (Y:11 N:3 A:1) (P)
 - 05/21/24 - [ASM. THIRD READING](#) (Y:64 N:1 A:15) (P)
 - 07/03/24 - [SEN. HEALTH](#) (Y:9 N:2 A:0) (P)
 - 08/05/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
 - 08/15/24 - [SEN. APPR.](#) (Y:4 N:2 A:1) (P)

Location: 08/05/2024 - Senate APPR. SUSPENSE FILE

Introduced: 01/23/2024

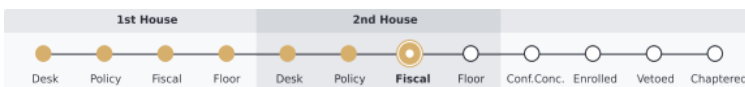
Current 08/02/24 [S Appropriations](#) (text 06/24/24)

Analysis:

[AB 1967](#) [Jackson \(D\)](#) [HTML](#) [PDF](#)

Food Insecurity Officer.

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Tracking form

Priority	Subject
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High

Food Infrastructure

Bill information

Status: 08/15/2024 - In committee: Held under submission.

Summary: Would create, within the State Department of Social Services, a Food Insecurity Officer, to be appointed by, and serve at the pleasure of, the Governor. The Food Insecurity Officer would be required to report to the Secretary of California Health and Human Services, or the Secretary’s designee, of the California Health and Human Services Agency. The bill would require the Food Insecurity Officer to coordinate and address food insecurity throughout state government operations and would authorize the Food Insecurity Officer to engage with state entities for these purposes, as specified. The bill would include among the Food Insecurity Officer’s duties advancing the benefit adequacy and enrollment rates of the CalFresh and California Food Assistance Program (CFAP), as specified. The bill would require the Food Insecurity Officer to consult with relevant state entities and stakeholders with expertise in food insecurity and related best practices in carrying out their duties. The bill would also require the Food Insecurity Officer, beginning January 1, 2026, to submit an annual report to the relevant policy and budget committees of the Legislature that includes, among other things, data on food insecurity, CalFresh and CFAP enrollment rates, and budgetary and policy recommendations, as specified. (Based on 04/16/2024 text)

Location: 07/01/2024 - Senate APPR. SUSPENSE FILE

Introduced: 01/30/2024

Current Analysis: 06/28/24 [S Appropriations](#) (text 04/16/24)

Current Text: 04/16/2024 - Amended

Last Amend:

04/16/2024

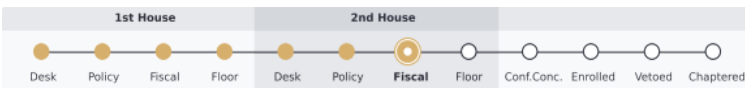
Votes:

- 04/23/24 - [ASM. HUM. S.](#) (Y:6 N:0 A:1) (P)
- 05/16/24 - [ASM. APPR.](#) (Y:12 N:1 A:2) (P)
- 05/21/24 - [ASM. THIRD READING](#) (Y:64 N:1 A:15) (P)
- 06/17/24 - [SEN. HUM. S.](#) (Y:5 N:0 A:0) (P)
- 07/01/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)

[AB 1970](#) [Jackson \(D\)](#) [HTML](#) [PDF](#)

Mental Health: Black Mental Health Navigator Certification.

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Tracking form

Priority	Subject
High	Health

Bill information

Status: 08/15/2024 - In committee: Held under submission.

Summary: Current law requires the Department of Health Care Access and Information to develop and approve statewide requirements for community health worker certificate programs. Current law defines “community health worker” to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. This bill would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, as specified. The bill would require the department to collect and regularly publish data, not less than annually, including, but not limited to, the number of individuals certified, including those who complete a specialty certificate program, as specified, and the number of individuals who are actively employed in a community health worker role. The bill would make these provisions subject to an appropriation by the Legislature. (Based on 06/18/2024 text)

Location: 06/24/2024 - Senate APPR. SUSPENSE FILE

Introduced: 01/30/2024

Current Text: 06/18/2024 - Amended

Last Amend:

Current Analysis: 06/21/24 [S Appropriations](#) (text 06/18/24)

Last Amend: 06/18/2024

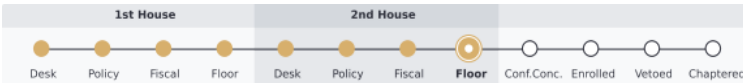
Votes:

04/09/24 - [ASM. HEALTH](#) (Y:13 N:0 A:3) (P)
05/16/24 - [ASM. APPR.](#) (Y:11 N:2 A:2) (P)
05/21/24 - [ASM. THIRD READING](#) (Y:62 N:1 A:17) (P)
06/12/24 - [SEN. HEALTH](#) (Y:9 N:0 A:2) (P)
06/24/24 - [SEN. APPR.](#) (Y:6 N:0 A:1) (P)

[AB 1977](#) [Ta \(R\)](#) [HTML](#) [PDF](#)

Health care coverage: behavioral diagnoses.

Progress bar



Tracking form

Priority	Subject
High/Medium	Health

Bill information

Status: 06/25/2024 - Read second time. Ordered to third reading.

Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to be reevaluated or receive a new behavioral diagnosis to maintain coverage for behavioral health treatment for their condition. The bill would require a treatment plan to be made available to the plan or insurer upon request. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. (Based on 06/24/2024 text)

Location: 06/25/2024 - Senate THIRD READING
Introduced: 01/30/2024
Current Analysis: 06/25/24 [S Floor Analyses](#) (text 06/24/24)

Current Text: 06/24/2024 - Amended

Last Amend:

06/24/2024

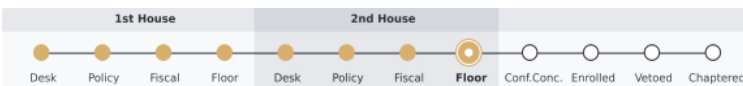
Votes:

04/09/24 - [ASM. HEALTH](#) (Y:16 N:0 A:0) (P)
04/24/24 - [ASM. APPR.](#) (Y:14 N:0 A:1) (P)
05/02/24 - [ASM. CONSENT CALENDAR](#) (Y:73 N:0 A:7) (P)
05/29/24 - [SEN. HEALTH](#) (Y:11 N:0 A:0) (P)

[AB 2123](#) [Papan \(D\)](#) [HTML](#) [PDF](#)

Disability compensation: paid family leave.

Progress bar



Tracking form

Priority	Subject
High	Paid Family Leave

Bill information

Status: 08/05/2024 - Read second time. Ordered to third reading.

Summary: Current law establishes, within the state disability insurance program, a family temporary disability insurance program, also known as the paid family leave program, for the provision of wage replacement benefits to workers who take time off work to care for certain seriously ill family members, to bond with a minor child within one year of birth or placement, as specified, or to participate in a qualifying exigency related to the covered active duty or call to covered active duty of certain family members. Current law authorizes an employer to require an employee to take up to 2 weeks of earned but unused vacation before, and as a condition of, the employee’s initial receipt of these benefits during any 12-month period in which the employee is eligible for these benefits. This bill would make that authorization and related provisions inapplicable to any disability commencing on or after January 1, 2025. (Based on 07/03/2024 text)

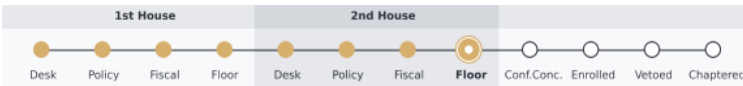
Location: 08/05/2024 - Senate THIRD READING
Introduced: 02/06/2024
Current Analysis: 08/06/24 [S Floor Analyses](#) (text 07/03/24)

Current Text: 07/03/2024 - Amended
Last Amend: 07/03/2024
Votes: 04/03/24 - [ASM. INS.](#) (Y:12 N:0 A:3) (P)
04/17/24 - [ASM. APPR.](#) (Y:15 N:0 A:0) (P)
04/25/24 - [ASM. CONSENT CALENDAR](#) (Y:75 N:0 A:5) (P)
06/05/24 - [SEN. P.E. & R.](#) (Y:5 N:0 A:0) (P)
06/17/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)

[AB 2250](#) [Weber \(D\)](#) [HTML](#) [PDF](#)

Social determinants of health: screening and outreach.

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Tracking form

Priority High/Medium	Subject Health
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Bill information

Status: 08/15/2024 - From committee: Amend, and do pass as amended. (Ayes 4. Noes 2.) (August 15). Read second time and amended. Ordered returned to second reading.

Summary: Current law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Current law provides for the Medi-Cal program, administered by the State Department of Health Care Services and 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. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings. The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to peer support specialists, lay health workers, social workers, or community health workers in counties where the plan or insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions until regulations are adopted, and would require the departments to coordinate in the development of guidance and regulations. (Based on 06/06/2024 text)

Location: 08/15/2024 - Senate SECOND READING
Introduced: 02/08/2024

Current Text: 06/06/2024 - Amended

Current Analysis: 08/15/24 [S Appropriations](#) (text 06/06/24)

Last Amend: 06/06/2024

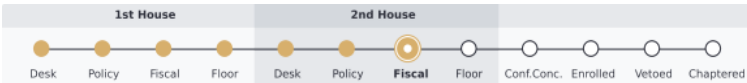
Votes:

- 04/02/24 - [ASM. HEALTH](#) (Y:15 N:0 A:1) (P)
- 05/16/24 - [ASM. APPR.](#) (Y:12 N:2 A:1) (P)
- 05/21/24 - [ASM. THIRD READING](#) (Y:66 N:0 A:14) (P)
- 06/05/24 - [SEN. HEALTH](#) (Y:9 N:0 A:2) (P)
- 06/17/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
- 08/15/24 - [SEN. APPR.](#) (Y:4 N:2 A:1) (P)

AB 2263 **Friedman (D)** [HTML](#) [PDF](#)

The California Guaranteed Income Study and Funding Act.

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Tracking form

Priority	Subject
High	Miscellaneous

Bill information

Status: 08/15/2024 - From committee: Do pass. (Ayes 5. Noes 2.) (August 15).

Summary: Current law requires the State Department of Social Services, subject to an appropriation for this purpose in the annual Budget Act, to administer the California Guaranteed Income Pilot Program to provide grants to eligible entities for the purpose of administering pilot programs and projects that provide a guaranteed income to participants. Current law requires the department to prioritize funding for pilot programs and projects that serve California residents who age out of the extended foster care program and pregnant individuals. Existing law requires the department, in consultation with relevant stakeholders, to determine the methodology for, and manner of, distributing those grants, subject to certain requirements. Current law requires the department to review and evaluate the pilot programs and projects funded pursuant to these provisions, provide a report to the Legislature regarding that review and evaluation, and post a copy of the report on its internet website. This bill, the California Guaranteed Income Study and Funding Act, would establish the Guaranteed Income Study and Funding Act Coordinating Council, consisting of 7 representatives, appointed on or before July 1, 2026, as specified. (Based on 06/11/2024 text)

Location: 08/05/2024 - Senate APPR. SUSPENSE FILE

Introduced: 02/08/2024

Current Analysis: 08/02/24 [S Appropriations](#) (text 06/11/24)

Current Text: 06/11/2024 - Amended

Last Amend:

06/11/2024

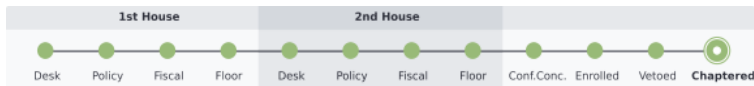
Votes:

- 04/23/24 - [ASM. HUM. S.](#) (Y:5 N:1 A:1) (P)
- 05/16/24 - [ASM. APPR.](#) (Y:11 N:4 A:0) (P)
- 05/23/24 - [ASM. THIRD READING](#) (Y:54 N:14 A:12) (P)
- 07/01/24 - [SEN. HUM. S.](#) (Y:4 N:0 A:1) (P)
- 08/05/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
- 08/15/24 - [SEN. APPR.](#) (Y:5 N:2 A:0) (P)

AB 2268 **Muratsuchi (D)** [HTML](#) [PDF](#)

English learners: initial identification: English language proficiency assessment.

Progress bar



Tracking form

Priority	Subject
High	Child Care

Bill information

Status: 06/14/2024 - Chaptered by Secretary of State - Chapter 15, Statutes of 2024

Summary: Existing law requires each school district that has one or more pupils who are English learners, and, to the extent required by federal law, each county office of education and each charter school, to assess the English language development of each pupil in order to determine the pupil's level of proficiency, as specified. Existing law requires the State Department of Education, with the approval of the State Board of Education, to establish procedures for conducting the assessment and for the reclassification of a pupil from English learner to English proficient. Existing law requires those reclassification procedures to utilize multiple criteria in determining whether to reclassify a pupil as proficient in English, including, among other things, an assessment of language proficiency using the English language development test that is developed or acquired by the Superintendent of Public Instruction, as provided. Existing law requires the assessment for initial identification to be conducted upon the initial enrollment of a pupil, as provided. Existing law requires the English language development test to assess pupils in kindergarten and grade 1 in English listening and speaking, as provided. This bill would define "initial enrollment" for the purposes of the above-described provision regarding initial identification to exclude enrollment in a transitional kindergarten program. The bill would expressly state that the above-described requirement for pupils in kindergarten to be assessed in English listening and speaking does not include pupils in transitional kindergarten. (Based on 06/14/2024 text)

Current Text: 06/14/2024 - Chaptered

Last Amend: 05/08/2024

- Votes:**
- 04/03/24 - [ASM. ED.](#) (Y:7 N:0 A:0) (P)
 - 04/11/24 - [ASM. THIRD READING](#) (Y:73 N:0 A:7) (P)
 - 05/29/24 - [SEN. ED.](#) (Y:7 N:0 A:0) (P)
 - 06/06/24 - [SEN. Consent Calendar 2nd](#) (Y:32 N:0 A:8) (P)
 - 06/13/24 - [ASM. CONCURRENCE](#) (Y:75 N:0 A:4) (P)

Location: 06/13/2024 - Assembly CHAPTERED

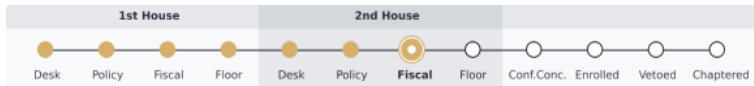
Introduced: 02/08/2024

Current Analysis: 06/07/24 [A Floor Analysis](#) (text 05/08/24)

AB 2830
Rivas, Robert (D)
HTML
PDF

Foster care: relative placement: approval process.

Progress bar



Tracking form

Priority	Subject
Medium	Miscellaneous

Bill information

Status: 08/15/2024 - From committee: Do pass. (Ayes 7. Noes 0.) (August 15).

Summary: Current law generally provides for the placement of foster youth in various placement settings. Current law requires the State Department of Social Services to implement a unified, family friendly, and child-centered resource family approval process to replace the multiple processes for licensing foster family homes, certifying foster homes by licensed foster family agencies, approving relatives and nonrelative extended family members as foster care providers, and approving guardians and adoptive

families. This bill would require the department, notwithstanding any other law and on or before January 1, 2027, to adopt a simplified approval process for relative caregivers, as specified. The bill would condition implementation of the simplified approval process upon federal financial participation and approval, as specified. The bill would authorize the department to convene with tribes and communicate with other interested individuals and organizations to develop a simplified process for relative caregivers that achieve the goals of safety, permanency, and well-being for children in out-of-home care. This bill would require the department on or before September 30, 2026, to report to the Legislature for consideration the additional statutory changes required to fully implement separate resource family approval standards for relative caregivers. (Based on 06/11/2024 text)

Location: 07/01/2024 - Senate APPR. SUSPENSE FILE

Introduced: 02/15/2024

Current 06/28/24 [S Appropriations](#) (text 06/11/24)

Analysis:

Current 06/11/2024 - Amended

Text:

Last 06/11/2024

Amend:

Votes: 04/23/24 - [ASM. HUM. S.](#) (Y:6 N:0 A:1) (P)

05/16/24 - [ASM. APPR.](#) (Y:15 N:0 A:0) (P)

05/21/24 - [ASM. THIRD READING](#) (Y:73 N:0 A:7) (P)

06/17/24 - [SEN. HUM. S.](#) (Y:5 N:0 A:0) (P)

07/01/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)

08/15/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)

SB 1090

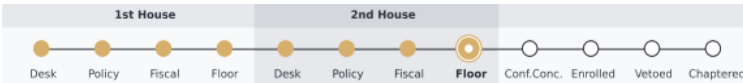
Durazo (D)

HTML

PDF

Unemployment insurance: disability and paid family leave: claim administration.

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Tracking form

Priority	Subject
High	Paid Family Leave

Bill information

Status: 08/15/2024 - From committee: Do pass as amended. (Ayes 11. Noes 0.) (August 15).

Summary: Current unemployment compensation disability law requires workers to pay contribution rates based on, among other things, wages received in employment and benefit disbursement, for payment into the Unemployment Compensation Disability Fund, for purposes of compensating in part for the wage loss sustained by any individual who is unable to work due to the employee's own sickness or injury, among other reasons. Current law sets forth standards for eligibility to receive unemployment compensation disability benefits. Current law requires, for purposes of unemployment compensation disability benefits, the Employment Development Department to issue the initial payment for unemployment compensation disability benefits to a monetarily eligible claimant who is otherwise determined eligible by the department within 14 days of receipt of the claimant's properly completed first disability claim. Current law provides for purposes of the paid family leave program that eligible workers shall receive benefits generally in accordance with unemployment and disability compensation law. This bill would instead require, for purposes of unemployment compensation disability benefits, the issuance of the initial payment for those benefits within 14 days of receipt of the claimant's properly completed first disability claim or as soon as eligibility begins, whichever is later. The bill would apply the same initial payment issuance schedule applicable to unemployment compensation disability benefits to the paid family leave program and repeal the requirement that eligible workers receive benefits generally in accordance with unemployment and disability compensation law. (Based on 05/16/2024 text)

Location: 08/07/2024 - Assembly SECOND READING

Introduced: 02/12/2024

Current 08/05/24 [A Appropriations](#) (text 05/16/24)

Analysis:

Current 05/16/2024 - Amended

Text:

Last 05/16/2024

Amend:

Votes: 04/24/24 - [SEN. P.E. & R.](#) (Y:5 N:0 A:0) (P)

05/06/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
05/16/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
05/24/24 - [SEN. Special Consent](#) (Y:38 N:0 A:2) (P)
06/26/24 - [ASM. INS.](#) (Y:15 N:0 A:0) (P)
08/15/24 - [ASM. APPR.](#) (Y:11 N:0 A:4) (P)

SB 1112

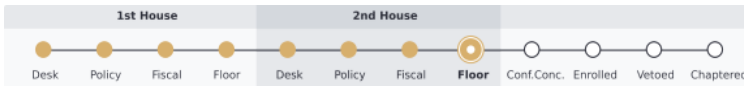
Menjivar (D)

[HTML](#)

[PDF](#)

Medi-Cal: families with subsidized childcare.

Progress bar



Tracking form

Priority	Subject
High/Priority	Medi-Cal

Bill information

Status: 08/15/2024 - From committee: Do pass as amended. (Ayes 11. Noes 0.) (August 15).

Summary: Current law establishes a system of childcare and development services, administered by the State Department of Social Services, for children from infancy to 13 years of age. Existing law authorizes, upon departmental approval, the use of appropriated funds for alternative payment programs to allow for maximum parental choice. Current law authorizes those programs to include, among other things, a subsidy that follows the family from one childcare provider to another, or choices among hours of service. Current law requires the department to contract with local contracting agencies for alternative payment programs so that services are provided throughout the state. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered Medi-Cal benefits for individuals under 21 years of age. This bill, subject to any necessary federal approvals and the availability of federal funding, would require the State Department of Health Care Services and the State Department of Social Services to develop a model memorandum of understanding (MOU), and would require the department to authorize Medi-Cal managed care plans and alternative payment agencies to enter an MOU that includes, at a minimum, the provisions included in the model. (Based on 05/16/2024 text)

Current 05/16/2024 - Amended

Text:

Last 05/16/2024

Amend:

Votes: 03/20/24 - [SEN. HEALTH](#) (Y:11 N:0 A:0) (P)
04/15/24 - [SEN. HUM. S.](#) (Y:5 N:0 A:0) (P)
04/29/24 - [SEN. APPR.](#) (Y:5 N:0 A:2) (P)
05/16/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
05/24/24 - [SEN. Special Consent](#) (Y:38 N:0 A:2) (P)
06/11/24 - [ASM. HEALTH](#) (Y:16 N:0 A:0) (P)
06/25/24 - [ASM. HUM. S.](#) (Y:6 N:0 A:1) (P)
08/15/24 - [ASM. APPR.](#) (Y:11 N:0 A:4) (P)

Location: 08/07/2024 - Assembly SECOND READING

Introduced: 02/13/2024

Current 08/05/24 [A Appropriations](#) (text 05/16/24)

Analysis:

Position: **Support in Concept**

AB 437

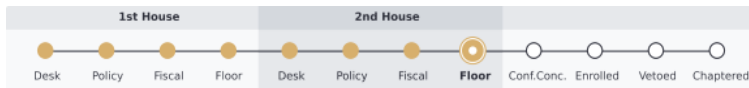
Jackson (D)

[HTML](#)

[PDF](#)

State government: equity.

Progress bar



Tracking form

Priority	Subject
High/Medium	Equity

Bill information

Status: 06/27/2024 - Ordered to inactive file at the request of Senator Becker.

Summary: Current law creates, within the Government Operations Agency, a Chief Equity Officer, who is appointed by, and serves at the pleasure of, the Governor. Current law requires the Chief Equity Officer to improve equity and inclusion throughout state government operations and authorizes the Chief Equity Officer to engage with state entities for these purposes. This bill would require state agencies and departments, in carrying out their duties, to consider the use of more inclusive practices to advance equity, as specified. (Based on 09/01/2023 text)

Location: 06/27/2024 - Senate INACTIVE FILE

Introduced: 02/06/2023

Current: 09/02/23 [S Floor Analyses](#) (text 09/01/23)

Analysis:

Current: 09/01/2023 - Amended

Text:

Last: 09/01/2023

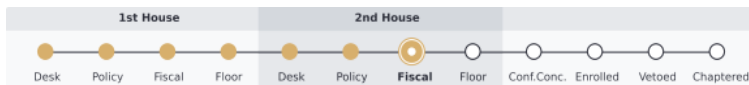
Amend:

- Votes:**
- 04/19/23 - [ASM. A. & A.R.](#) (Y:4 N:0 A:3) (P)
 - 05/18/23 - [ASM. APPR.](#) (Y:11 N:1 A:4) (P)
 - 05/25/23 - [ASM. THIRD READING](#) (Y:61 N:8 A:11) (P)
 - 07/11/23 - [SEN. G.O.](#) (Y:10 N:3 A:2) (P)
 - 08/14/23 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
 - 09/01/23 - [SEN. APPR.](#) (Y:5 N:2 A:0) (P)

[AB 1876](#)
[Jackson \(D\)](#)
[HTML](#)
[PDF](#)

Developmental services: individual program plans and individual family service plans: remote meetings.

Progress bar



Tracking form

Priority	Subject
High/Medium	Early Intervention

Bill information

Status: 07/03/2024 - From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 11. Noes 0.) (July 2). Re-referred to Com. on APPR.

Summary: The Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers for the provision of community services and supports for persons with developmental disabilities and their families. Current law, until June 30, 2024, requires a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise a consumer’s individual program plan (IPP), to be held by remote electronic communications if requested by the consumer or, if appropriate, if requested by the consumer’s parents, legal guardian, conservator, or authorized representative. The California Early Intervention Services Act, provides a statewide system of coordinated, comprehensive, family-centered, multidisciplinary, and interagency programs that are responsible for providing appropriate early intervention services and supports to all eligible infants and toddlers and their families. Under the act, direct services for eligible infants and toddlers and their families are provided by regional centers and local educational agencies. The act requires an eligible infant or toddler receiving services under the act to have an individualized family service plan (IFSP), as specified. This bill, beginning January 1, 2025, would indefinitely extend the requirements that, if requested,

IPP and IFSP meetings be held by remote electronic communications. By extending a requirement for local educational agencies, this bill would impose a state-mandated local program. (Based on 01/22/2024 text)

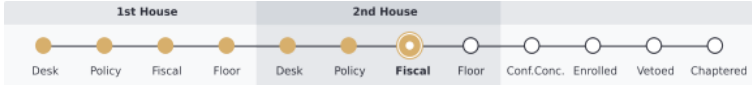
Location: 07/03/2024 - Senate APPR.
Introduced: 01/22/2024
Current Analysis: 06/28/24 [S Judiciary](#) (text 01/22/24)

Current Text: 01/22/2024 - Introduced
Votes: 04/02/24 - [ASM. HUM. S.](#) (Y:7 N:0 A:0) (P)
04/09/24 - [ASM. JUD.](#) (Y:12 N:0 A:0) (P)
05/01/24 - [ASM. APPR.](#) (Y:14 N:0 A:1) (P)
05/09/24 - [ASM. CONSENT CALENDAR](#) (Y:65 N:0 A:15) (P)
06/17/24 - [SEN. HUM. S.](#) (Y:5 N:0 A:0) (P)
07/02/24 - [SEN. JUD.](#) (Y:11 N:0 A:0) (P)

[AB 2237](#) [Aguiar-Curry \(D\)](#) [HTML](#) [PDF](#)

Children and youth: transfer of specialty mental health services.

Progress bar



Tracking form

Priority	Subject
Monitor	Foster Care

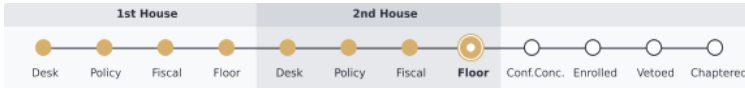
Bill information

Status: 08/15/2024 - From committee: Do pass. (Ayes 7. Noes 0.) (August 15).

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require, when a child or youth 21 years of age or younger who is receiving Medi-Cal specialty mental health services changes residence from one county to another, the receiving county to provide specialty mental health services to the child or youth, if the transfer of those services from one county to another is not otherwise governed by a process established in statute. The bill also would require the State Department of Health Care Services to collect specified data related to the receipt of specialty mental health services by children and youth who move outside of the county where they originally received specialty mental health services, and to include the data in the department’s Medi-Cal specialty mental health services performance dashboard. The bill would require the department to issue guidance, as specified, to define the requirements on a receiving county for the continued provision of specialty mental health services, to coordinate and expedite the transfer of services from one county to another, and reduce the burden on children and youth and their caregivers to reestablish services in the receiving county. The bill would authorize the department to implement, interpret, or make specific its provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, until regulations are adopted, as specified. (Based on 06/26/2024 text)

Location: 08/05/2024 - Senate APPR. SUSPENSE FILE
Introduced: 02/08/2024
Current Analysis: 08/02/24 [S Appropriations](#) (text 06/26/24)

Current Text: 06/26/2024 - Amended
Last Amend: 06/26/2024
Votes: 04/09/24 - [ASM. HEALTH](#) (Y:16 N:0 A:0) (P)
05/16/24 - [ASM. APPR.](#) (Y:15 N:0 A:0) (P)
05/21/24 - [ASM. THIRD READING](#) (Y:73 N:0 A:7) (P)
06/19/24 - [SEN. HEALTH](#) (Y:11 N:0 A:0) (P)
06/25/24 - [SEN. G.O.](#) (Y:14 N:0 A:2) (P)
08/05/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
08/15/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)

AB 2319**Wilson (D)****HTML****PDF****California Dignity in Pregnancy and Childbirth Act.****Progress bar****Tracking form**

Priority	Subject
Priority	Maternal Health

Bill information

Status: 08/15/2024 - From committee: Amend, and do pass as amended. (Ayes 4. Noes 2.) (August 15). Read second time and amended. Ordered returned to second reading.

Summary: Current law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children. Current law requires the Office of Health Equity within the department to serve as a resource for ensuring that programs collect and keep data and information regarding ethnic and racial health statistics, and strategies and programs that address multicultural health issues, including, but not limited to, infant and maternal mortality. Existing law makes legislative findings relating to implicit bias and racial disparities in maternal mortality rates. Current law requires a hospital that provides perinatal care, and an alternative birth center or a primary clinic that provides services as an alternative birth center, to implement an evidence-based implicit bias program, as specified, for all health care providers involved in perinatal care of patients within those facilities. Current law requires the health care provider to complete initial basic training through the program and a refresher course every 2 years thereafter, or on a more frequent basis if deemed necessary by the facility. Current law requires the facility to provide a certificate of training completion upon request, to accept certificates of completion from other facilities, and to offer training to physicians not directly employed by the facility. Current law requires the department to track and publish data on pregnancy-related death and severe maternal morbidity, as specified. This bill would make a legislative finding that the Legislature recognizes all birthing people, including nonbinary persons and persons of transgender experience. The bill would extend the evidence-based implicit bias training requirements to specified health care providers at hospitals that provide perinatal care, alternative birth centers, or primary care clinics, as specified. The bill would require an implicit bias program to include recognition of intersecting identities and the potential associated biases. The bill would require initial basic training for the implicit bias program to be completed by June 1, 2025, for current health care providers, and within 6 months of their start date for new health care providers, unless exempted. (Based on 06/27/2024 text)

Location: 08/15/2024 - Senate SECOND READING

Introduced: 02/12/2024

Current Analysis: 08/15/24 [S Appropriations](#) (text 06/27/24)

Current Text: 06/27/2024 - Amended

Last Amend: 06/27/2024

Votes: 04/02/24 - [ASM. HEALTH](#) (Y:12 N:2 A:2) (P)

05/16/24 - [ASM. APPR.](#) (Y:11 N:4 A:0) (P)

05/24/24 - [ASM. THIRD READING](#) (Y:56 N:5 A:19) (P)

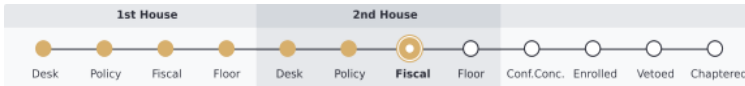
06/26/24 - [SEN. HEALTH](#) (Y:9 N:2 A:0) (P)

07/02/24 - [SEN. JUD.](#) (Y:10 N:1 A:0) (P)

08/05/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)

08/15/24 - [SEN. APPR.](#) (Y:4 N:2 A:1) (P)

AB 2476**Bonta (D)****HTML****PDF****Childcare services: alternative payment programs.****Progress bar**



Tracking form

Priority	Subject
High/Medium	Child Care

Bill information

Status: 08/15/2024 - In committee: Held under submission.

Summary: Existing law, the Child Care and Development Services Act, administered by the State Department of Social Services, establishes a system of childcare and development services for children up to 13 years of age. Existing law requires the department to contract with local contracting agencies for alternative payment programs for childcare services to be provided throughout the state. Existing law establishes a payment schedule for those programs. Existing law requires a childcare provider to submit to the alternative payment program a monthly attendance record or invoice, maintained in the unaltered original format in which it was created, for each child who received services. Existing law requires the alternative payment program to reimburse childcare providers based upon specified criteria, including the actual days and hours of attendance for those families with variable schedules. This bill would remove the requirement that alternative payment programs reimburse childcare providers based on specified criteria and the requirement that an invoice be maintained in the unaltered original format in which it was created. The bill would require the department to ensure that childcare providers are reimbursed at the applicable regional market rate ceiling. The bill would also require that, commencing on April 30, 2026, alternative payment programs provide payment to childcare providers prior to the day the childcare begins for the child and require the department to issue guidance for prospective payments to the alternative payment programs that reimburse childcare providers for the provision of state-funded subsidized childcare and development services no later than April 30, 2025. (Based on 05/16/2024 text)

Current 05/16/2024 - Amended

Text:

Last 05/16/2024

Amend:

- Votes:** 04/23/24 - [ASM. HUM. S.](#) (Y:5 N:0 A:2) (P)
 05/16/24 - [ASM. APPR.](#) (Y:11 N:0 A:4) (P)
 05/23/24 - [ASM. THIRD READING](#) (Y:73 N:0 A:7) (P)
 07/01/24 - [SEN. HUM. S.](#) (Y:5 N:0 A:0) (P)
 08/05/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)

Location: 08/05/2024 - Senate APPR. SUSPENSE FILE

Introduced: 02/13/2024

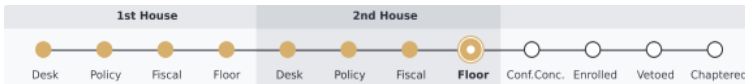
Current 08/02/24 [S Appropriations](#) (text 05/16/24)

Analysis:

[AB 2527](#)
[Bauer-Kahan \(D\)](#)
[HTML](#)
[PDF](#)

Incarceration: pregnant persons.

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Tracking form

Priority	Subject
Medium	Maternal Health

Bill information

Status: 08/15/2024 - From committee: Amend, and do pass as amended. (Ayes 6. Noes 0.) (August 15). Read second time and amended. Ordered returned to second reading.

Summary: Existing law requires an incarcerated person in a state prison or county jail who is identified as possibly pregnant or capable of becoming pregnant during an intake health examination or at any time during incarceration to be offered a pregnancy

test upon intake or request. Existing law requires an incarcerated person who is confirmed to be pregnant to be scheduled for pregnancy examination with a physician, nurse practitioner, certified nurse-midwife, or physician assistant within 7 days. Existing law requires incarcerated pregnant persons to be provided with access to, among other things, prenatal vitamins. Existing law prohibits incarcerated pregnant persons from being tased, pepper sprayed, or exposed to other chemical weapons. This bill would additionally require incarcerated pregnant persons to be provided with free and clean bottled water and daily high-quality and high caloric nutritional meals, as specified. The bill would also prohibit incarcerated pregnant persons from being placed in solitary confinement or restrictive housing units during their pregnancy or for 12 weeks postpartum. This bill contains other related provisions and other existing laws. (Based on 05/16/2024 text)

Location: 08/15/2024 - Senate SECOND READING

Introduced: 02/13/2024

Current 08/15/24 [S Appropriations](#) (text 05/16/24)

Analysis:

Current 05/16/2024 - Amended

Text:

Last 05/16/2024

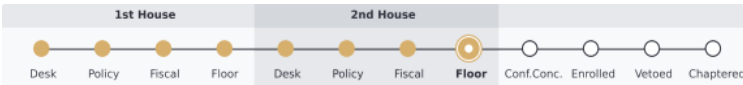
Amend:

Votes: 03/19/24 - [ASM. PUB. S.](#) (Y:7 N:0 A:1) (P)
 05/16/24 - [ASM. APPR.](#) (Y:11 N:2 A:2) (P)
 05/23/24 - [ASM. THIRD READING](#) (Y:63 N:2 A:15) (P)
 06/25/24 - [SEN. PUB. S.](#) (Y:4 N:0 A:1) (P)
 08/05/24 - [SEN. APPR.](#) (Y:7 N:0 A:0) (P)
 08/15/24 - [SEN. APPR.](#) (Y:6 N:0 A:1) (P)

[SB 1300](#) [Cortese \(D\)](#) [HTML](#) [PDF](#)

Health facility closure: public notice: inpatient psychiatric and maternity services.

Progress bar



Tracking form

Priority	Subject
High/Medium	Health

Bill information

Status: 07/03/2024 - Read second time. Ordered to third reading.

Summary: Current law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. A violation of these provisions is a crime. Under current law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Current law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Current regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Current law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital. This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric service or maternity service from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program. (Based on 06/20/2024 text)

Location: 07/03/2024 - Assembly THIRD READING

Introduced: 02/15/2024

Current 07/31/24 [A Floor Analysis](#) (text 06/20/24)

Analysis:

Current 06/20/2024 - Amended

Text:

Last 06/20/2024

Amend:

Votes: 04/03/24 - [SEN. HEALTH](#) (Y:8 N:2 A:1) (P)
 05/21/24 - [SEN. Senate 3rd Reading](#) (Y:27 N:9 A:4) (P)
 06/18/24 - [ASM. HEALTH](#) (Y:11 N:3 A:2) (P)

Total Measures: 19

Total Tracking Forms: 19