



Legislative Committee Meeting

Committee

Supervisor Erin Hannigan (Chair)
Supervisor John M. Vasquez

County Staff

Michelle Heppner
Matthew A. Davis

Monday, February 28, 2022
1:30 p.m. – 3:00 p.m.

Solano County Administration Center
675 Texas Street, Conf. Rm 6003 (6th Floor), Fairfield, CA 94533
Call in option on MS Teams: (323) 457-3408, ID 321-021-746#

MEETING AGENDA

MEETING OF THE SOLANO COUNTY LEGISLATIVE COMMITTEE

In accordance with [AB 361](#), members of the Legislative Committee and the public may attend this meeting virtually. If you attend the Legislative Committee meeting in person, you must abide by all State rules and public health guidelines regarding masking and social distancing in the meeting conference room.

- 1) **Introductions** (*Attendees*) – Supervisor Hannigan
- 2) **Additions / Deletions to the Agenda**
- 3) **Public Comment** (*Items not on the agenda*)
- 4) **Federal Legislative update** (*Paragon Government Relations*)
 - Fiscal Year 2022 Budget update
 - HH&S program funding
 - Defense Access Road Program Legislation (H.R. 6607, Rep. Garamendi)
 - Affordable Housing and Homelessness Bill – Sen Padilla
 - WRDA update
- 5) **Update from Solano County Legislative Delegation** (*Representative and/or staff*)
- 6) **State Legislative Update** (*Karen Lange, SYASL*)
 - Bill introductions, deadlines and bills of interest to Solano County
 - Budget action on COVID-19, including employee sick leave
 - Budget updates

Updates from County Staff:

Receive an update on legislative correspondence since the last Legislative Committee meeting.

- (1) CalAIM proposal regarding specialty mental health services (*Sandra Sinz, H&SS*)

Action Items / Discuss Pending Legislation:

- a) Receive an update on [SB 830 \(Portantino – D\)](#), an act to add a section to the Education Code relating to education finance, and consider taking a position on the bill (*Requested by Supervisor Monica Brown, Presented by Chris Meyers, CSEA*)
- b) Receive an update on a proposed Senate Concurrent Resolution (SCR) to designate the Interstate 780 and Interstate 80 highway interchange as “Congressional Gold Medal Memorial Interchange,” ([Dodd – D](#)) and consider taking an action on the resolution (*Requested by Supervisor Monica Brown, Presented by Nestor Aliga*)
- c) Receive an update on a proposed Assembly Concurrent Resolution (ACR) to rename the Interstate 80 Hunter Hill Rest Area to the “Medal of Honor Safety Roadside Rest Area,” ([Grayson – D](#)) and consider taking an action on the resolution (*Requested by Supervisor Monica Brown, Presented by Nestor Aliga*)
- d) Receive an update on the [Public Health Equity and Readiness Opportunity \(HERO\) initiative](#) to strengthen Public Health infrastructure and workforces statewide, including a proposed \$200 million for California Public Health departments (approximately \$2.7 million for Solano County), and consider taking a position on the initiative (*Requested by Solano County Health and Social Services, Presented by Jayleen Richards, H&SS*)
- e) Receive an update on the trailer bill language entitled the “[Alternative Health Care Services Plan](#)” – to effectuate the single statewide contract for Kaiser in the Medi-Cal program and consider taking a position on the proposed language (*Requested by Solano County Health and Social Services, Presented by Jerry Huber, H&SS and Karen Lange, SYASL*)
- f) Receive an update on [AB 1400 \(Kalra – D\)](#), an act to add Title 23 to the Government Code, relating to health care coverage, and making an appropriation therefor, and consider taking a position on the bill (*Requested by Solano County Health and Social Services, Presented by Karen Lange, SYASL*)
- g) Receive an update on Budget Item no. 5227 of the [Governor’s Proposed Budget](#), a one-time investment of \$100 million in Improvements to County Juvenile Facilities, and consider taking a position on the proposal (*Requested by Solano County Probation, Presented by Christopher Hansen, Probation*)
- h) Receive an update on [AB 1620 \(Aguiar-Curry – D\)](#), an act to add a chapter to the Food and Agriculture Code relating to weeds, and consider taking a position on the bill (*Requested by Supervisor John M. Vasquez, Presented by Ed King, Agriculture, Weights and Measures*)
- i) Receive an update on [AB 1623 \(Ramos – D\)](#), an act to repeal sections of the Revenue and Taxation Code, personal income taxes, to exclude uniformed services retirement pay, survivor benefit plan payments, and consider taking a position on the bill (*Requested by the Solano County Veteran Service Office, Presented by Michelle Heppner, CAO*)
- j) Receive an update on [AB 1773 \(Patterson – R\)](#), an act to amend the Government Code relating to agricultural land, and making an appropriation thereafter, and consider taking a position on the bill (*Received from Legislative Advocate, Presented by Karen Lange, SYASL*)

- k) Receive an update on [AB 1944 \(Lee – D\)](#), an act to amend a section of the Government Code, relating to public meetings, and consider taking a position on the bill *(Requested by the County Administrator’s Office, Presented by Karen Lange, SYASL)*

- l) Receive an update on [AB 2449 \(Rubio – D\)](#), an act to amend a section of the Government Code, relating to local government, teleconferences, and consider taking a position on the bill *(Requested by the County Administrator’s Office, Presented by Karen Lange, SYASL)*

7) Legislation of Interest to Solano County *(bill tracking report)*

8) Next Scheduled Meetings:

- Monday, March 28, 2022 starting at 1:30 p.m.
- Monday, April 25, 2022 starting at 1:30 p.m.
- Monday, May 16, 2022 starting at 1:30 p.m.

Adjourn

ERIN HANNIGAN
District 1, Vice-Chair (707) 553-5363
MONICA E. BROWN
District 2, (707) 784-3031
JAMES P. SPERING
District 3, (707) 784-6136
JOHN M. VASQUEZ
District 4, Chair (707) 784-6129
MITCH MASHBURN
District 5, (707) 784-6030

BOARD OF SUPERVISORS



BIRGITTA E. CORSELLO
County Administrator
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February 17, 2022

The Honorable Susan Eggman
Chairwoman, Senate Budget Subcommittee #3 on Health and Human Services
1021 O St., Ste. 8530
Sacramento, CA 95814

The Honorable Joaquin Arambula
Chairman, Assembly Budget Subcommittee #1 on Health and Human Services
1021 O St., Ste. 6240
Sacramento, CA 95814

Dear Chairwoman Eggman and Chairman Arambula,

In June 2021, the legislative delegation representing Solano and Sacramento Counties expressed concerns to the Administration and the Department of Health Care Services (DHCS) over DHCS' proposal to eliminate the State's Kaiser Medi-Cal carve-in for specialty mental health services for mental health patients in those two counties. The proposed transition did not include a clear definition of the population to be transferred, sufficient funding to increase the service capacity in both counties, or a quality transition of care plan involving both Kaiser and each county. In response to the concerns expressed, the legislature included trailer bill language extending the proposed transition timeline from January 1, 2022 no sooner than July 1, 2022 based on three conditions:

1. The implementation of county Behavioral Health payment reform (July 2023);
2. Both Kaiser and the respective counties submit a transition plan with continuity of care provisions to DHCS; and
3. Beneficiaries have been informed and provided the ability to request continuity of care.

Sacramento and Solano Counties were grateful for the extension beyond what was initially proposed but have grave concerns regarding funding for both counties that is required to take on the provision of services for these beneficiaries as well as ongoing concerns related to transition planning and the proposed timeline.

Since June 2021, both counties have engaged in ongoing discussions with DHCS to develop a specific set of information critical to the safe and mindful transition of these patients from Kaiser to each county. Estimates of the number of impacted beneficiaries were only just recently finalized between Solano and Sacramento Counties and DHCS with Solano County estimated to receive 2,091 new beneficiaries and Sacramento estimated to receive 4,836 new beneficiaries. No transition plans have been initiated which means the counties have no information on the needs of the proposed transfer population.

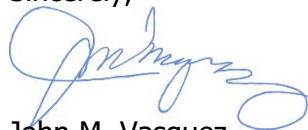
In the most recent meeting of key staff from DHCS, Solano, and Sacramento Counties in January 2022, DHCS stated that it has been funding the care for these individuals through the State's General Fund. However, DHCS made clear that the State only intends to transfer the responsibility for care to the County but has no intention of transferring the necessary funding to pay for this new responsibility. Rather, the State is directing Solano and Sacramento Counties to reach out to their statewide associations (CSAC, CBHDA) to request that the distribution methodology of 2011 Realignment allocation funding be reopened and adjusted to direct more 2011 Realignment funding to these two counties to care for this new patient population. A reallocation of 2011 Realignment funding means the State is asking all other counties accept less 2011 Realignment funding so that Solano and Sacramento may receive additional funding to cover the cost of providing services to the Kaiser beneficiaries that the State currently funds via State General Fund. As you may recall, the 2011 Realignment formulas were the product of intense, delicate negotiation and months of work.

A transfer of 2,091 Medi-Cal beneficiaries to Solano County at the current cost of \$8,018 per beneficiary per year will result in a total annual, non-claimable cost of \$16,771,467. At best, this is unsustainable, but even worse, puts in grave jeopardy the well-being of the mental health clients currently served by the County's mental health plan as well as those proposed to be transferred from Kaiser. Solano County also has an undisputed mental health care provider shortage and is currently challenged to meet the mental health needs of its existing clients. A substantial number of practitioners that do provide mental health care services in Solano County work for Kaiser, since the State has contracted with Kaiser for years to serve this population.

It is urgent that the Legislature lean into this matter: mental health patients' very well being is at stake. The County needs a reliable ongoing funding source to care for this new population and the State should not complete this transition until the counties receive written commitment of the necessary funding and all parties are satisfied that a sufficient number of providers has been identified and put under contract to serve this population which will require 24-36 months.

With these facts in hand, Solano County is requesting that the Budget Sub-Committees ensure that an ongoing funding source with an annual escalator is allocated to Sacramento and Solano Counties to care for this population is included in the final budget agreement, and that the State continues to procure for and manage the contractual relationship with Kaiser until a sufficient phalanx of mental health care providers, contractors, and placement facilities are procured by Solano County to handle the transition. Unless both matters are handled correctly, this vulnerable population could be harmed.

Sincerely,



John M. Vasquez
District 4 Supervisor, Chair of the Board
Solano County Board of Supervisors

CC: Dr. Mark Ghaly, Secretary, California Health & Human Services Agency
Michelle Baass, Director, California Department of Health Care Services
Richard Figueroa, Deputy Cabinet Secretary, Office of Governor Newsom
Sacramento County State Legislative Delegation
Solano County State Legislative Delegation

Introduced by Senator PortantinoJanuary 3, 2022

An act to add Section 41338 to the Education Code, relating to education finance.

LEGISLATIVE COUNSEL'S DIGEST

SB 830, as introduced, Portantino. Education finance: supplemental education funding.

Existing law establishes a public school financing system that requires state funding for county superintendents of schools, school districts, and charter schools to be calculated pursuant to a local control funding formula, as specified, that includes average daily attendance as a component of that calculation for these local educational agencies. Existing law requires the Superintendent of Public Instruction, on or before February 20 of each year, to make a first principal apportionment of funds and, on or before July 2 of each year, to make a 2nd principal apportionment of funds to each local educational agency.

This bill would define “average daily membership” as the quotient of the aggregate enrollment days for all pupils in a school district or county office of education, from transitional kindergarten to grade 12, inclusive, as applicable, divided by the total number of instructional days for the local educational agency in an academic year. The bill, commencing with the 2023–24 fiscal year, would authorize a county office of education or school district to apply each fiscal year to the Superintendent for supplemental education funding. The bill would require a local educational agency to receive as supplemental education funding the difference between what the local educational agency would have received under the local control funding formula based on average daily membership and what the local educational agency received under

the local control funding formula based on average daily attendance for that fiscal year, as provided. In order for a local educational agency to be eligible for supplemental educational funding, the bill would require the local educational agency to report to the Superintendent on July 1 the average daily membership for the prior academic year and to demonstrate a maintenance of effort to address chronic absenteeism and habitual truancy, as provided. The bill would require local educational agencies to use at least 50% of their supplemental education funding to supplement existing local educational agency expenditures to address chronic absenteeism and habitual truancy, as provided. The bill would condition implementation of these provisions upon the appropriation of funds for these purposes in the annual Budget Act or other statute.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 41338 is added to the Education Code,
2 to read:
3 41338. (a) For purposes of this section, the following terms
4 have the following meanings:
5 (1) “Average daily membership” means the quotient of the
6 aggregate enrollment days for all pupils in a local educational
7 agency, from transitional kindergarten to grade 12, inclusive, as
8 applicable, divided by the total number of instructional days for
9 the local educational agency in an academic year.
10 (2) “Local educational agency” means a school district or county
11 office of education.
12 (b) Commencing with the 2023–24 fiscal year, and each fiscal
13 year thereafter, a local educational agency may apply to the
14 Superintendent for supplemental education funding. A local
15 educational agency shall receive as supplemental education funding
16 an amount equal to the difference between what the local
17 educational agency would have received under the local control
18 funding formula if the local funding formula were based on average
19 daily membership instead of average daily attendance, and what
20 the local educational agency received under the local control
21 funding formula based on average daily attendance for that fiscal

1 year. In no case shall a local educational agency’s supplemental
2 education funding be less than zero dollars (\$0).

3 (c) In order to be eligible for supplemental education funding
4 under this section, a local educational agency shall comply with
5 both of the following requirements:

6 (1) Report to the Superintendent by July 1 the average daily
7 membership of the local educational agency for the prior academic
8 year. Local educational agencies shall have the opportunity to
9 clarify or confirm their average daily membership, as necessary,
10 until August 31.

11 (2) Demonstrate a maintenance of effort to address chronic
12 absenteeism and habitual truancy. To fulfill this requirement, a
13 local educational agency shall maintain at least the same per-pupil
14 spending level on staff who address chronic absenteeism and
15 habitual truancy as the local educational agency did in the 2019–20
16 school year.

17 (d) At least 50 percent of the funds allocated pursuant to this
18 section shall supplement existing local educational agency
19 expenditures to address chronic absenteeism and habitual truancy
20 by providing services and supports that have been determined to
21 improve school attendance, or addressing the root causes that
22 contribute to pupils being chronically absent or habitually truant.

23 (e) Consistent with the requirements of Section 48240, local
24 educational agencies shall continue to implement a system to
25 accurately track pupil attendance in order to raise the awareness
26 of the effects of truancy and chronic absenteeism, identify and
27 address factors contributing to habitual truancy and chronic
28 absenteeism, and ensure that pupils with attendance problems are
29 identified as early as possible to provide applicable support services
30 and interventions.

31 (f) Nothing in this section shall supersede or otherwise modify
32 Section 48240, 48260, 52060, or 60901.

33 (g) The implementation of this section is contingent upon an
34 appropriation of funds for its purpose in the annual Budget Act or
35 other statute.

O

SB 830 (Portantino)

Supplemental Funding based on Average Daily Membership

PURPOSE

To provide supplemental funding to local education agencies (LEAs), which includes school districts, charter schools* and county offices of education, based on Average Daily Membership (enrollment-based funding), which is the most equitable method to fund schools.

BACKGROUND

California has been using the Average Daily Attendance (ADA) method for calculating school funding for more than five decades. ADA is the total attendance divided by the number of school days in session. Only days in which a student is under the guidance and direction of certificated teachers are counted. ADA is always equal to or less than enrollment because students may be absent (whether excused or unexcused). The only states that use the ADA method for calculating school funding are California, Idaho, Kentucky, Mississippi, Missouri, and Texas.

Average Daily Membership (ADM) is the current counting method used by most states. ADM is an average of the number of students enrolled in the public school system over a period of time. Some states take an enrollment census over a period of a certain number of days during the school year and some count every instructional day.

Using ADA as the basis for funding schools is incredibly inequitable. Schools that serve children from low-income families are disproportionately impacted by financially penalizing schools for poor attendance. Families in these communities are far more likely to suffer from [health related issues](#), including asthma, dental disease, obesity, and other chronic illnesses that may lead to absences. Lack of reliable transportation also leads to absenteeism. ADA punishes students in the most impacted communities.

On the other hand, ADM is not only the most equitable, but it is also the most appropriate method to fund public education because school districts plan their operations based on the number of enrolled students as opposed to their attendance rate. For example, if a school enrolls 1,000 students but their attendance rate is 95%, the school must still prepare staffing, facilities, equipment, and instructional materials as if 1,000 students will attend school every day.

Student absences actually cost schools money because of the demand for additional resources to track down absent students and prepare make-up assignments.

THIS BILL

This bill allows LEAs to submit student enrollment data to the Superintendent of Public Instruction (SPI) to receive supplemental funding which provides the LEAs the difference between Local Control Funding Formula (LCFF) based on ADA and what they would receive based on ADM. This supplemental funding will provide all LEAs more funding than they currently are receiving under ADA, especially those in lower income communities that tend to have higher rates of absenteeism. The total cost of this new funding is estimated to be approximately \$3 billion.

The supplemental appropriation provided in this bill will also adjust both supplemental and concentration grants.* The enrollment count used to calculate the supplemental grant would be prior-year enrollment, current-year enrollment, or an average of the three-year enrollment counts, whichever is highest.* These options allow for appropriate levels of funding during periods of rapid enrollment growth or decline.

This bill does not relieve LEAs from their duties to continue to implement a system to accurately track pupil attendance and identify and address factors contributing to chronic absenteeism and habitual truancy. To ensure that schools continue to prioritize and address chronic absenteeism and habitual truancy, school districts would be required to maintain staffing levels of those staff responsible for addressing attendance, absenteeism, and truancy.

Additionally, at least 50% of the supplemental funds allocated under this bill must be dedicated to preventing absenteeism by providing additional services and supports that improve school attendance, addressing the root causes of chronic absenteeism and habitual truancy.

The pandemic has also demonstrated how volatile it can be to fund public education based on ADA. Enrollment-based funding will ensure that California schools are funded equitably and have greater financial stability/predictability.

SUPPORT

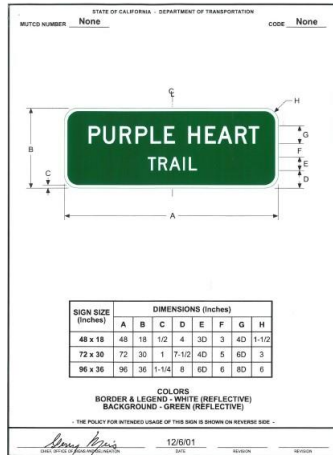
- California School Employees Association (Sponsor)
- Los Angeles Unified School District (Sponsor)

KEY CONTACTS

- Chris Masami Myers, California School Employees Association (916) 296-5864

*Provisions marked with an asterisk are expected to be added by upcoming amendments.

1. The proposed Senate Concurrent Resolution (SCR), via State Senator Bill Dodd, will designate the Interstate-780 and Interstate-80 highway interchange as "Congressional Gold Medal Memorial Interchange." The CGM is the United States Congress's highest expression of national appreciation for distinguished achievements and contributions that may be awarded to recognize individuals, groups, or institutions. This will honor all the CGM recipients from General George Washington to the African-American "Hidden Figures" NASA Mathematicians, and various Warriors including the Native American Code Talkers, Tuskegee Airmen, Women Airforce Service Pilots of WWII, Japanese American 442nd Regimental Combat Team, Montford Point Marines, Hispanic 65th Infantry Regiment, Filipino Veterans of World War II, and the Chinese American Veterans of World War II – some are living in Vallejo. (Picture: Purple Heart Sign CalTrans Specs.jpg)



It is envisioned that two (2) Cal-Trans approved signs (possibly 96” wide x 36” height) will be posted on the existing bridge; one each for the westbound and eastbound lanes of Interstate 80.

2. The proposed Assembly Concurrent Resolution (ACR), via Assemblymember Tim Grayson, will rename the Interstate-80 Hunter Hill Rest Area to the "Medal of Honor Safety Roadside Rest Area." The Medal of Honor is our Nation’s highest personal military award and the rest area will honor: James Cooney, William Halford, Alexander Parker, Richard D. Dunphy, William S. Bond, Patrick J. Burke, George Carter, Anund C. Roark, Robert H. Young, John O. Dahlgren, Frank A. Young, Johan Johansson, Richard Willis, Henry Thompson, Reinhardt J. Keppler, William Johnson, and Thomas Lakin (currently 17 total) who were born, entered service, last home of record, settled, died, and/or buried in Vallejo.



It is envisioned that seventeen (17) Cal-Trans approved signs, possibly 18” wide x 24” height with a picture of each of the honorees and a description of their award, will be posted in the area overlooking west Vallejo. (Picture: 75th D-Day Omaha Beach Normandy France.jpg)

Similar signs are posted throughout the State of California according to “2019 Named Freeways, Highways, Structures and Other Appurtenances in California” <https://dot.ca.gov/-/media/dot-media/programs/research-innovation-system-information/documents/place-names/web-2019-named-freeways-final-a11y.pdf>

SCR xxx Congressional Gold Medal Memorial Interchange (2021-22)

BILL TEXT

Senate Concurrent Resolution No. xxx

CHAPTER XXXX

Relative to the Congressional Gold Medal Memorial Interchange.

[Filed with Secretary of State Month Day, Year.]

LEGISLATIVE COUNSEL'S DIGEST

SCR xxx, Dodd. Congressional Gold Medal Memorial Interchange.

This measure would designate the I-80/I-780 highway interchange in Vallejo, CA in the County of Solano as the Congressional Gold Medal Memorial Interchange. The measure would also request the Department of Transportation to determine the cost of appropriate signs showing this special designation and, upon receiving donations from nonstate sources covering that cost, to erect those signs.

DIGEST KEY

Fiscal Committee: yes

BILL TEXT

WHEREAS, The City of Vallejo is the home of the former Mare Island Naval Shipyard and it has a large concentration of Veterans who have served honorably in the Armed Forces of the United States; and

WHEREAS, These service members have served in peacetime and war, including World War I, World War II, the Korean Conflict, the Vietnam War, the Gulf War, and the Global War On Terrorism in Iraq, Afghanistan, the Philippines, and other places; and

WHEREAS, Many of these service members are being honored by the United States government for their actions in the various theaters of war and conflict, and/or for their distinguished peacetime achievements; and

WHEREAS, The armed forces personnel sent to war or to defend our great Nation represents an extraordinary commitment, dedication, and sacrifice by the brave Soldiers, Marines, Sailors, Airmen, and their families; and

WHEREAS, The Congressional Gold Medal is the United States Congress's highest expression of national appreciation for distinguished achievements and contributions that may be awarded to recognize individuals, groups, or institutions; and

WHEREAS, The memorial interchange will honor all the Congressional Gold Medal recipients from General George Washington to the African-American "Hidden Figures" NASA Mathematicians, and various Warriors including the Native American Code Talkers, Tuskegee Airmen, Women Airforce Service Pilots of WWII, Japanese American 442nd Regimental Combat Team, Montford Point Marines, Hispanic 65th Infantry Regiment, Filipino Veterans of World War II, and the Chinese American Veterans of World War II; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature hereby designates the I-80/I-780 highway interchange in Vallejo, CA in the County of Solano as the Congressional Gold Medal Memorial Interchange; and be it further

Resolved, That the Department of Transportation is requested to determine the cost of appropriate signs consistent with the signing requirements for the state highway system showing this special designation and, upon receiving donations from nonstate sources sufficient to cover that cost, to erect those signs; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the Director of Transportation and to the author for appropriate distribution.

ACR xxx Medal of Honor Safety Roadside Rest Area (2021-22)

BILL TEXT

Assembly Concurrent Resolution No. xxx

CHAPTER XXXX

Relative to the Medal of Honor Safety Roadside Rest Area.

[Filed with Secretary of State Month Day, Year.]

LEGISLATIVE COUNSEL'S DIGEST

ACR xxx, Grayson. Medal of Honor Safety Roadside Rest Area.

This measure would designate the I-80 rest area in Vallejo, CA in the County of Solano as the Medal of Honor Safety Roadside Rest Area. The measure would also request the Department of Transportation to determine the cost of appropriate signs showing this special designation and, upon receiving donations from nonstate sources covering that cost, to erect those signs.

DIGEST KEY

Fiscal Committee: yes

BILL TEXT

WHEREAS, The City of Vallejo is the home of the former Mare Island Naval Shipyard and it has a large concentration of Veterans who have served honorably in the Armed Forces of the United States; and

WHEREAS, These service members have served in peacetime and war, including World War I, World War II, the Korean Conflict, the Vietnam War, the Gulf War, and the Global War On Terrorism in Iraq, Afghanistan, the Philippines, and other places; and

WHEREAS, Many of these service members are being honored by the United States government for their actions in the various theaters of war and conflict, and/or for sacrificing their lives to save others; and

WHEREAS, The armed forces personnel sent to war or to defend our great Nation represents an extraordinary commitment, dedication, and sacrifice by the brave Soldiers, Marines, Sailors, Airmen, and their families; and

WHEREAS, The Medal of Honor is the United States of America's highest and most prestigious personal military decoration that may be awarded to recognize United States military service members who have distinguished themselves by acts of valor and/or selfless sacrifice beyond the call of duty; and

WHEREAS, The rest area will honor all the Medal of Honor recipients who were born, entered service, last home of record, settled, died, and/or buried in Vallejo including James Cooney, William Halford, Alexander Parker, Richard D. Dunphy, William S. Bond, Patrick J. Burke, George Carter, Anund C. Roark, Robert H. Young, John O. Dahlgren, Frank A. Young, Johan Johansson, Richard Willis, Henry Thompson, Reinhardt J. Keppler, William Johnson, and Thomas Lakin (currently 17 total); now, therefore, be it

Resolved by the Assembly of the State of California, the Senate thereof concurring, That the Legislature hereby designates the I-80 rest area in Vallejo, CA in the County of Solano as the Medal of Honor Safety Roadside Rest Area; and be it further

Resolved, That the Department of Transportation is requested to determine the cost of appropriate signs consistent with the signing requirements for the state highway system showing this special designation and, upon receiving donations from nonstate sources sufficient to cover that cost, to erect those signs; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the Director of Transportation and to the author for appropriate distribution.



Office of the Mayor · Robert H. McConnell · 555 Santa Clara St., Second Floor · Vallejo · CA · 94590 · 707.648.4377

September 14, 2021

Senator Bill Dodd
State Capitol
Room 2082
Sacramento, CA 95814

Assemblymember Tim Grayson
State Capitol
P.O. Box 942849
Sacramento, CA 94249-0014

Dear Senator Dodd and Assemblymember Grayson,

On behalf of the Vallejo City Council, I am writing to provide our support for:

1. A proposed Senate Concurrent Resolution (SCR) to designate the Interstate-780 and Interstate-80 highway interchange as "Congressional Gold Medal Memorial Interchange." This will honor all the CGM recipients from General George Washington to the African-American "Hidden Figures" NASA Mathematicians, and various Warriors including the Native American Code Talkers, Tuskegee Airmen, Women Airforce Service Pilots of WWII, Japanese American 442nd Regimental Combat Team, Montford Point Marines, Hispanic 65th Infantry Regiment, Filipino Veterans of World War II, and the Chinese American Veterans of World War II.
2. A proposed Assembly Concurrent Resolution (ACR) to rename the Interstate 80 Hunter Hill Rest Area to the "Medal of Honor Safety Roadside Rest Area." The Medal of Honor is our Nation's highest personal military award and the rest area will honor: James Cooney, William Halford, Alexander Parker, Richard D. Dunphy, William S. Bond, Patrick J. Burke, George Carter, Anund C. Roark, Robert H. Young, John O. Dahlgren, Frank A. Young, Johan Johansson, Richard Willis, Henry Thompson, Reinhardt J. Keppler, William Johnson, and Thomas Lakin (currently 17 total) who were born, entered service, last home of record, settled, died, and/or buried in Vallejo.

We are proud to support the proposed SCR and ACR to ultimately respect and memorialize those who served with honor, dedication, and distinction for the United States of America, and we hope that you will wholeheartedly support this noble effort.

Sincerely,


ROBERT H. McCONNELL
Mayor, City of Vallejo

CALIFORNIA CAN'T WAIT

PUBLIC HEALTH EQUITY AND READINESS OPPORTUNITY (HERO) INITIATIVE

The California Can't Wait Coalition is a broad-based group of 84 organizations dedicated to protecting the health and safety of our communities and delivering health equity. Led by local public health departments, county governments, frontline workers, and community advocates, we urge the Legislature to remain committed to investing \$300M annually to rebuild our public health workforce and infrastructure, with \$200M dedicated to local public health departments.

Our Coalition also calls on the Legislature to dedicate a portion of the robust budget surplus to support various one-time funding requests to address public health workforce recruitment and retention challenges and provide our existing workforce with upward mobility opportunities to facilitate a pipeline of trained public health professionals.

BUDGET REQUEST

PROPOSAL DESCRIPTION

PUBLIC HEALTH WORKFORCE CAPACITY

\$300M Ongoing GF

Local and State Public Health Workforce

Pursuant to the FY 21-22 state budget agreement, dedicate \$300M ongoing to rebuild our public health workforce, with \$200M dedicated to local public health departments.

PUBLIC HEALTH RECRUITMENT AND RETENTION

\$120M one-time
(over 3 years)

Public Health Recruitment and Retention Stipend

Provide stipends for positions that the local health department deems hard to recruit and retain. Positions may include but are not limited to epidemiologists, public health laboratory directors, health officers, public health nurses, infectious disease specialists, food and disease surveillance, and information systems/data analysts. Stipends could support loan repayment, sign on bonuses, longevity bonuses, or other recruitment or retention strategies, and would include a \$10M set-aside for rural and Central Valley counties.

\$10M one-time
(over 3 years)

Waive Public Health Nurse Certification Fees

Waive public health nurse certification and recertification fees for 3 years. Funds would go directly to the Board of Registered Nursing (BRN) to cover the BRN costs previously funded through fees.

Rationale: Public health nurses are required to pay for an additional certification, but do not make as much as their counterparts who are also Registered Nurses working in different settings.

"Over the past decade local and state health departments have lost 20% of their workforce, and local health department budgets shrank by as much as 24%. Almost all funding sources for local health departments have been declining at the same time that public health threats are growing - such as natural disasters, Zika, Ebola and now COVID-19."

SOURCE: Public Health Alliance of Southern California, "Investing in our Local Health Departments: How Our Funding Decisions Today Will Determine California's Future." June 2020

**BUDGET
REQUEST**

**PROPOSAL
DESCRIPTION**

PUBLIC HEALTH TRAINING AND PIPELINE INVESTMENTS

\$12.8M one-time
(over 4 years)

Incumbent Worker Upskill Training

Establish the Public Health Workforce Career Ladder Education and Development Program to provide education and training for existing employees within the public health workforce. This will help both new and long-standing workers to obtain employment that requires an advanced degree. Participants should be required to stay within the public health workforce for five years following completion of the program and maintain eligibility for educational grants and complimentary stipends to offset up to 12 hours per workweek to complete educational requirements.

Local public health employers willing to grant existing employees the requisite time off will be eligible for enhanced grants to hire additional employees necessary to support the goals of the program.

Examples: Lab assistants seeking to become microbiologists, Bachelor of Science in Nursing (BSNs) staff seeking to become infection control nurses and community health workers seeking to become public health investigators.

\$24M one-time
(over 3 years)

California Public Health Pathways Training Corps (CA-PHC)

The CA-PHC is a workforce pathway for early-career public health professionals from diverse backgrounds and disproportionately affected communities to conduct communicable disease prevention and control, community engagement, and emergency response activities at local health department host sites. Funding would support larger cohorts and would expand the program to include interns from community colleges, CSUs and UCs.

Estimate: 100 trainees per year for 3 years.

\$6.5M one-time
(over 3 years)

California Microbiologist Training

Dedicate one-time funding to increase the number of Public Health Microbiologist Trainees in California, a requirement that must be fulfilled to become a California Certified Public Health Microbiologists (PHM's). PHMs are professional laboratorians that specialize in detecting, isolating, and identifying the microorganisms that are associated with infectious and communicable diseases. In a public health laboratory, PHM's perform analyses on specimens from humans, as well as from water supplies, food and the environment. They also provide laboratory support for the surveillance, control and prevention of communicable diseases and other health hazards in the community.

Estimate: 30 trainees per year for 3 years.

\$6.6M one-time
(over 3 years)

Public Health Lab Aspire

The Lab Aspire Program was established in 2006 to address the severe shortage of trained, qualified public health laboratory directors in California. The program trains and prepares qualified professionals to direct local California Public Health Laboratories. The funding would bring the program back to original levels of funding, increase participation, and grow the pipeline of public health laboratory directors.

\$6.5M one-time
(over 3 years)

California Epidemiologic Investigation Service (Cal-EIS) Training

Dedicate one-time funding to increase the number of fellows in the California Epidemiologic Investigation Service Training Program - a one or two-year training program to prepare epidemiologists for public health leadership positions throughout California. Fellows may be placed in CDPH Offices or in local health departments throughout the state.

Estimate: 100 fellows over 3 years.



CHEAC State Legislative Member Education Event CHEAC Member Talking Points

Below, we highlight talking points available to CHEAC Members to use during state legislator visits as part of the 2022 CHEAC State Legislative Member Education Event. These talking points are structured around the CHEAC budget requests and you are encouraged to supplement these talking points with information and examples from your jurisdiction. It is also strongly encouraged that you vet the following talking points through your county/city protocols related to legislator engagement.

Local Health Department Overview

- Briefly discuss your LHD's role in COVID-19 response activities; and
- Highlight how a lack of public health infrastructure has significantly impacted your surge and response ability and the need for the state to reinvest in public health.

Public Health Infrastructure

- Express appreciation to the Legislature for pushing for \$300 million ongoing funding for public health departments.
- Describe how a lack of public health infrastructure has made our response to COVID-19 much harder. (e.g., no surge staff, no testing resources, outdated equipment, etc.)
- Mention CHEAC's three-pronged approach for rebuilding our decimated workforce:

1. Workforce Capacity:

- Share CHEAC's support for the Governor's January budget proposal to provide \$200 million ongoing to local health departments and \$100 million to the state health department.
- Note that with this funding LHDs can expand staffing and/or retain staff hired during the pandemic with federal funding, which were limited term.
- Ask the Legislator to support the Governor's proposal.

2. Workforce Recruitment and Retention (\$130 one-time General Fund)

- Discuss challenges experienced with recruiting and retaining your public health staff. Key examples can include recruitments for public health nurses, lab directors, health officers...etc.
- Ask for the Legislature to support one-time investments of \$120 million for recruitment and retention stipends to help attract or preserve your workforce *and* \$10 million to waive public health nurse certification fees.
- Provide examples of competition that exists for your workforce, such as nurse sign on bonuses of \$15k offered by CVS and/or other health care institutions.

3. Workforce Training and Pipeline Investments

- Discuss the need for training and building up a workforce pipeline as we seek to enhance our public health staffing.
- Ask for the Legislature to support one-time investments totaling \$56.4 million to:
 - Provide current staff opportunities to pursue education during work hours to support career advancement. (Incumbent Worker Upskill Training – \$12.8m)
 - Expand the state’s Public Health Pathways Training Corp which provides a pathway for early career public health professionals from diverse backgrounds and disproportionately impacted communities to 100 trainees per year for 3 years. (CA-PHC - \$24m)
 - Increase the number of microbiologist trainees to 30 trainees per year for 3 years (CA Microbiologist Training – \$6.5m)
 - Increase funding to the Lab Aspire Program, intended to address the shortage of public health lab directors in California (PH Lab Aspire 6.6m)
 - Increase the number of epidemiologist fellows to 100 fellows over 3 years. (Cal-EIS Training – 6.5m)

Talking Points for Questions Legislators May Ask

1. Will this funding help? Will local health departments be able to find the people to hire?
 - We know that the needs are likely greater than the funding committed in the Governor’s budget proposal.
 - However, we do believe this is a great start to rebuilding our decimated infrastructure.
 - We also believe that with the recruitment and retention and workforce training and pipeline investments, we will be better positioned to hire.
 - We also believe a comprehensive study of the public health infrastructure is still necessary and encourage the Legislature to support CHEAC’s sponsored bill, AB 240, which would require this in-depth study.
2. Where does your local health department stand on the Health Equity and Racial Justice Fund or the Governor’s proposal to provide non-hospital benefits to CBOs.
 - Our local health department values our community partnerships. *Insert examples of partnership with community organizations.*
 - We also believe it is important that funding to support public health activities go through the local health department so that we can coordinate and ensure resources are reaching the communities most in need and are not duplicating existing efforts.
 - Health equity is achievable when local public health departments have the resources to bring together data, expertise, and coordinated community partnerships.
3. Does CHEAC and/or your local health department support adding the COVID-19 vaccine

to the list of required vaccines for school (SB 871, Pan) or allowing children 12 and older to consent to vaccinations (SB 866, Wiener)?

- While we don't have a position on these bills, we can say that local health departments continue to encourage our communities to get vaccinated. We know that vaccinations are a critical tool in protecting the health of our communities and keeping schools and businesses open.
- Some of the things we are doing to increase the vaccination rates include: *Share some of your local outreach and engagement strategies for vaccinations.*

CASE Update

Kaiser Contract Trailer Bill Language Released

The trailer bill language (TBL) – entitled the “Alternative Health Care Services Plan” – to effectuate the single statewide contract for Kaiser in the Medi-Cal program was [posted](#) on the Department of Finance website late Thursday. The TBL does all of the following: 1) details how individuals can enroll in the alternative health care services plan (i.e., Kaiser), 2) permits the Department of Health Care Services (DHCS) to contract with Kaiser in any geographic region of the state, and 3) allows DHCS to seek any federal approvals necessary to implement.

Under the proposed language, the following beneficiary populations enrolling in Medi-Cal managed care would be eligible to enroll, or chose to maintain their enrollment, in Kaiser:

- A beneficiary who was previously enrolled in Kaiser as their primary Medi-Cal managed care plan on or before December 31, 2023;
- An existing member of Kaiser who is transitioning into Medi-Cal managed care;
- A beneficiary who was a member of Kaiser at any time during the 12 months immediately preceding the effective date of the beneficiary’s Medi-Cal eligibility;
- A beneficiary with Kaiser family member linkage;
- A beneficiary who was previously enrolled in a primary Medi-Cal managed care plan other than the Kaiser on or before December 31, 2023, but who was assigned to and made the responsibility of the Kaiser under a subcontract with the aforementioned Medi-Cal managed care plan;
- A dual eligible beneficiary residing in a geographic region approved by the Department for this specific purpose;
- A beneficiary eligible on the basis of their receipt of services through a state foster care program.

AMENDED IN ASSEMBLY JANUARY 24, 2022

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 1400

**Introduced by Assembly Members Kalra, Lee, and Santiago
(Principal coauthors: Assembly Members ~~Chiu~~ Chiu, Ting, Bryan,
and Carrillo)**

(Principal coauthors: Senators Gonzalez, McGuire, and Wiener)
**(Coauthors: Assembly Members Friedman, McCarty, Nazarian,
Luz Rivas, Wicks, and Mia Bonta)**

(Coauthors: Senators Becker, Cortese, Laird, Kamlager, and
Wieckowski)

February 19, 2021

An act to add Title 23 (commencing with Section 100600) to the Government Code, relating to health care coverage, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1400, as amended, Kalra. Guaranteed Health Care for All.

Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds.

This bill would create the CalCare Board to govern CalCare, made up of 9 voting members with demonstrated and acknowledged expertise in health care, and appointed as provided, plus the Secretary of California Health and Human Services or their designee as a nonvoting, ex officio member. The bill would provide the board with all the powers and duties necessary to establish CalCare, including determining when individuals may start enrolling into CalCare, employing necessary staff, negotiating pricing for covered pharmaceuticals and medical supplies, establishing a prescription drug formulary, and negotiating and entering into necessary contracts. *The bill would require the board, on or before July 1, 2024, to conduct and deliver a fiscal analysis to determine whether or not CalCare may be implemented and whether revenue is more likely than not to pay for program costs, as specified.* The bill would require the board to convene a CalCare Public Advisory Committee with specified members to advise the board on all matters of policy for CalCare. The bill would establish an 11-member Advisory

Commission on Long-Term Services and Supports to advise the board on matters of policy related to long-term services and supports.

This bill would provide for the participation of health care providers in CalCare, including the requirements of a participation agreement between a health care provider and the board, provide for payment for health care items and services, and specify program participation standards. The bill would prohibit a participating provider from discriminating against a person by, among other things, reducing or denying a person's benefits under CalCare because of a specified characteristic, status, or condition of the person.

This bill would prohibit a participating provider from billing or entering into a private contract with an individual eligible for CalCare benefits regarding a covered benefit, but would authorize contracting for a health care item or service that is not a covered benefit if specified criteria are met. The bill would authorize health care providers to collectively negotiate fee-for-service rates of payment for health care items and services using a 3rd-party representative, as provided. The bill would require the board to annually determine an institutional provider's global budget, to be used to cover operating expenses related to covered health care items and services for that fiscal year, and would authorize payments under the global budget.

This bill would state the intent of the Legislature to enact legislation that would develop a revenue plan, taking into consideration anticipated federal revenue available for CalCare. The bill would create the CalCare Trust Fund in the State Treasury, as a continuously appropriated fund, consisting of any federal and state moneys received for the purposes of the act. Because the bill would create a continuously appropriated fund, it would make an appropriation.

This bill would prohibit specified provisions of this act from becoming operative until the Secretary of California Health and Human Services gives written notice to the Secretary of the Senate and the Chief Clerk of the Assembly that the CalCare Trust Fund has the revenues to fund the costs of implementing the ~~act~~. *act, the people of California have approved the necessary revenue mechanisms, and the Legislature has approved implementation of the CalCare by statute.* The California Health and Human Services Agency would be required to publish a copy of the notice on its internet website.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the

interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) The Legislature finds and declares all of the
- 2 following:
- 3 (1) Although the federal Patient Protection and Affordable Care
- 4 Act (PPACA) brought many improvements in health care and
- 5 health care coverage, PPACA still leaves many Californians
- 6 without coverage or with inadequate coverage.
- 7 (2) Californians, as individuals, employers, and taxpayers, have
- 8 experienced a rise in the cost of health care and health care
- 9 coverage in recent years, including rising premiums, deductibles,
- 10 and copayments, as well as restricted provider networks and high
- 11 out-of-network charges.
- 12 (3) Businesses have also experienced increases in the costs of
- 13 health care benefits for their employees, and many employers are
- 14 shifting a larger share of the cost of coverage to their employees
- 15 or dropping coverage entirely.
- 16 (4) Individuals often find that they are deprived of affordable
- 17 care and choice because of decisions by health benefit plans guided
- 18 by the plan’s economic needs rather than patients’ health care
- 19 needs.
- 20 (5) To address the fiscal crisis facing the health care system and
- 21 the state, and to ensure Californians get the health care they need,
- 22 comprehensive health care coverage needs to be provided.
- 23 (6) Billions of dollars that could be spent on providing equal
- 24 access to health care are wasted on administrative costs necessary
- 25 in a multipayer health care system. Resources and costs spent on
- 26 administration would be dramatically reduced in a single-payer
- 27 system, allowing health care professionals and hospitals to focus
- 28 on patient care instead.
- 29 (7) It is the intent of the Legislature to establish a comprehensive
- 30 universal single-payer health care coverage program and a health
- 31 care cost control system for the benefit of all residents of the state.

1 (b) (1) It is further the intent of the Legislature to establish the
2 California Guaranteed Health Care for All program to provide
3 universal health coverage for every Californian, funded by
4 broad-based revenue.

5 (2) It is the intent of the Legislature to work to obtain waivers
6 and other approvals relating to Medi-Cal, the federal Children's
7 Health Insurance Program, Medicare, PPACA, and any other
8 federal programs pertaining to the provision of health care so that
9 any federal funds and other subsidies that would otherwise be paid
10 to the State of California, Californians, and health care providers
11 would be paid by the federal government to the State of California
12 and deposited in the CalCare Trust Fund.

13 (3) Under those waivers and approvals, those funds would be
14 used for health care coverage that provides health care benefits
15 equal to or exceeded by those programs as well as other program
16 modifications, including elimination of cost sharing and insurance
17 premiums.

18 (4) Those programs would be replaced and merged into CalCare,
19 which will operate as a true single-payer program.

20 (5) If any necessary waivers or approvals are not obtained, it is
21 the intent of the Legislature that the state use state plan
22 amendments and seek waivers and approvals to maximize, and
23 make as seamless as possible, the use of funding from federally
24 matched public health programs and other federal health programs
25 in CalCare.

26 (6) Even if other programs, including Medi-Cal or Medicare,
27 may contribute to paying for care, it is the goal of this act that the
28 coverage be delivered by CalCare, and, as much as possible, that
29 the multiple sources of funding be pooled with other CalCare
30 program funds.

31 (c) This act does not create an employment benefit, nor does
32 the act require, prohibit, or limit providing a health care
33 employment benefit.

34 (d) (1) It is not the intent of the Legislature to change or impact
35 in any way the role or authority of a licensing board or state agency
36 that regulates the standards for or provision of health care and the
37 standards for health care providers as established under current
38 law, including the Business and Professions Code, the Health and
39 Safety Code, the Insurance Code, and the Welfare and Institutions
40 Code.

1 (2) This act would in no way authorize the CalCare Board, the
2 California Guaranteed Health Care for All program, or the
3 Secretary of California Health and Human Services to establish
4 or revise licensure standards for health care professionals or
5 providers.

6 (e) It is the intent of the Legislature that neither health
7 information technology nor clinical practice guidelines limit the
8 effective exercise of the professional judgment of physicians,
9 registered nurses, and other licensed health care professionals.
10 Physicians, registered nurses, and other licensed health care
11 professionals shall be free to override health information
12 technology and clinical practice guidelines if, in their professional
13 judgment and in accordance with their scope of practice and
14 licensure, it is in the best interest of the patient and consistent with
15 the patient’s wishes.

16 (f) (1) It is the intent of the Legislature to prohibit CalCare, a
17 state agency, a local agency, or a public employee acting under
18 color of law from providing or disclosing to anyone, including the
19 federal government, any personally identifiable information
20 obtained, including a person’s religious beliefs, practices, or
21 affiliation, national origin, ethnicity, or immigration status, for law
22 enforcement or immigration purposes.

23 (2) This act would also prohibit law enforcement agencies from
24 using CalCare’s funds, facilities, property, equipment, or personnel
25 to investigate, enforce, or assist in the investigation or enforcement
26 of a criminal, civil, or administrative violation or warrant for a
27 violation of any requirement that individuals register with the
28 federal government or any federal agency based on religion,
29 national origin, ethnicity, immigration status, or other protected
30 category as recognized in the Unruh Civil Rights Act (Part 2
31 (commencing with Section 51) of Division 1 of the Civil Code).

32 (g) It is the further intent of the Legislature to address the high
33 cost of prescription drugs and ensure they are affordable for
34 patients.

35 SEC. 2. Title 23 (commencing with Section 100600) is added
36 to the Government Code, to read:

1 TITLE 23. THE CALIFORNIA GUARANTEED HEALTH
2 CARE FOR ALL ACT

3
4 CHAPTER 1. GENERAL PROVISIONS

5
6 100600. This title shall be known, and may be cited, as the
7 California Guaranteed Health Care for All Act.

8 100601. There is hereby established in state government the
9 California Guaranteed Health Care for All program, or CalCare,
10 to be governed by the CalCare Board pursuant to Chapter 2
11 (commencing with Section 100610).

12 100602. For the purposes of this title, the following definitions
13 apply:

14 (a) “Activities of daily living” means basic personal everyday
15 activities including eating, toileting, grooming, dressing, bathing,
16 and transferring.

17 (b) “Advisory commission” means the Advisory Commission
18 on Long-Term Services and Supports established pursuant to
19 Section 100614.

20 (c) “Affordable Care Act” or “PPACA” means the federal
21 Patient Protection and Affordable Care Act (Public Law 111-148),
22 as amended by the federal Health Care and Education
23 Reconciliation Act of 2010 (Public Law 111-152), and any
24 amendments to, or regulations or guidance issued under, those
25 acts.

26 (d) “Allied health practitioner” means a group of health
27 professionals who apply their expertise to prevent disease
28 transmission and diagnose, treat, and rehabilitate people of all ages
29 and in all specialties, together with a range of technical and support
30 staff, by delivering direct patient care, rehabilitation, treatment,
31 diagnostics, and health improvement interventions to restore and
32 maintain optimal physical, sensory, psychological, cognitive, and
33 social functions. Examples include audiologists, occupational
34 therapists, social workers, and radiographers.

35 (e) “Board” means the CalCare Board described in Section
36 100610.

37 (f) “CalCare” or “California Guaranteed Health Care for All”
38 means the California Guaranteed Health Care for All program
39 established in Section 100601.

- 1 (g) “Capital expenditures” means expenses for the purchase,
 2 lease, construction, or renovation of capital facilities, health
 3 information technology, artificial intelligence, and major
 4 equipment, including costs associated with state grants, loans, lines
 5 of credit, and lease-purchase arrangements.
- 6 (h) “Carrier” means either a private health insurer holding a
 7 valid outstanding certificate of authority from the Insurance
 8 Commissioner or a health care service plan, as defined under
 9 subdivision (f) of Section 1345 of the Health and Safety Code,
 10 licensed by the Department of Managed Health Care.
- 11 (i) “Committee” means the CalCare Public Advisory Committee
 12 established pursuant to Section 100611.
- 13 (j) “County organized health system” means a health system
 14 implemented pursuant to Part 4 (commencing with Section 101525)
 15 of Division 101 of the Health and Safety Code, and Article 2.8
 16 (commencing with Section 14087.5) of Chapter 7 of Part 3 of
 17 Division 9 of the Welfare and Institutions Code.
- 18 (k) “Essential community provider” means a provider, as defined
 19 in Section 156.235(c) of Title 45 of the Code of Federal
 20 Regulations, as published February 27, 2015, in the Federal
 21 Register (80 FR 10749), that serves predominantly low-income,
 22 medically underserved individuals and that is one of the following:
- 23 (1) A community clinic, as defined in subparagraph (A) of
 24 paragraph (1) of subdivision (a) of Section 1204 of the Health and
 25 Safety Code.
- 26 (2) A free clinic, as defined in subparagraph (B) of paragraph
 27 (1) of subdivision (a) of Section 1204 of the Health and Safety
 28 Code.
- 29 (3) A federally qualified health center, as defined in Section
 30 1395x(aa)(4) or Section 1396d(l)(2)(B) of Title 42 of the United
 31 States Code.
- 32 (4) A rural health clinic, as defined in Section 1395x(aa)(2) or
 33 1396d(l)(1) of Title 42 of the United States Code.
- 34 (5) An Indian Health Service Facility, as defined in subdivision
 35 (v) of Section 2699.6500 of Title 10 of the California Code of
 36 Regulations.
- 37 (l) “Federally matched public health program” means the state’s
 38 Medi-Cal program under Title XIX of the federal Social Security
 39 Act (42 U.S.C. Sec. 1396 et seq.) and the federal Children’s Health

1 Insurance Program under Title XXI of the federal Social Security
2 Act (42 U.S.C. Sec. 1397aa et seq.).

3 (m) “Fund” means the CalCare Trust Fund established pursuant
4 to Article 2 (commencing with Section 100665) of Chapter 7.

5 (n) “Global budget” means the payment negotiated between an
6 institutional provider and the board pursuant to Section 100641.

7 (o) “Group practice” means a professional corporation under
8 the Moscone-Knox Professional Corporation Act (Part 4
9 (commencing with Section 13400) of Division 3 of Title 1 of the
10 Corporations Code) that is a single corporation or partnership
11 composed of licensed doctors of medicine, doctors of osteopathy,
12 or other licensed health care professionals, and that provides health
13 care items and services primarily directly through physicians or
14 other health care professionals who are either employees or partners
15 of the organization.

16 (p) “Health care professional” means a health care professional
17 licensed pursuant to Division 2 (commencing with Section 500)
18 of the Business and Professions Code, or licensed pursuant to the
19 Osteopathic Act or the Chiropractic Act, who, in accordance with
20 the professional’s scope of practice, may provide health care items
21 and services under this title.

22 (q) “Health care item or service” means a health care item or
23 service that is included as a benefit under CalCare.

24 (r) “Health professional education expenditures” means
25 expenditures in hospitals and other health care facilities to cover
26 costs associated with teaching and related research activities.

27 (s) “Home- and community-based services” means an integrated
28 continuum of service options available locally for older individuals
29 and functionally impaired persons who seek to maximize self-care
30 and independent living in the home or a home-like environment,
31 which includes the home- and community-based services that are
32 available through Medi-Cal pursuant to the home-~~and-community~~
33 ~~based and community-based~~ waiver program under Section 1915
34 of the federal Social Security Act (42 U.S.C. Sec. 1396n) as of
35 January 1, 2019.

36 (t) “Implementation period” means the period under paragraph
37 (6) of subdivision (e) of Section 100612 during which CalCare is
38 subject to special eligibility and financing provisions until it is
39 fully implemented under that section.

1 (u) “Institutional provider” means an entity that provides health
2 care items and services and is licensed pursuant to any of the
3 following:

4 (1) A health facility, as defined in Chapter 2 (commencing with
5 Section 1250) of Division 2 of the Health and Safety Code.

6 (2) A clinic licensed pursuant to Chapter 1 (commencing with
7 Section 1200) of Division 2 of the Health and Safety Code.

8 (3) A long-term health care facility, as defined in Section 1418
9 of the Health and Safety Code, or a program developed pursuant
10 to paragraph (1) of subdivision (i) of Section 100612.

11 (4) A county medical facility licensed pursuant to Chapter 2.5
12 (commencing with Section 1440) of Division 2 of the Health and
13 Safety Code.

14 (5) A residential care facility for persons with chronic,
15 life-threatening illness licensed pursuant to Chapter 3.01
16 (commencing with Section 1568.01) of Division 2 of the Health
17 and Safety Code.

18 (6) An Alzheimer’s ~~day care~~ *daycare* resource center licensed
19 pursuant to Chapter 3.1 (commencing with Section 1568.15) of
20 Division 2 of the Health and Safety Code.

21 (7) A residential care facility for the elderly licensed pursuant
22 to Chapter 3.2 (commencing with Section 1569) of Division 2 of
23 the Health and Safety Code.

24 (8) A hospice licensed pursuant to Chapter 8.5 (commencing
25 with Section 1745) of Division 2 of the Health and Safety Code.

26 (9) A pediatric day health and respite care facility licensed
27 pursuant to Chapter 8.6 (commencing with Section 1760) of
28 Division 2 of the Health and Safety Code.

29 (10) A mental health care provider licensed pursuant to Division
30 4 (commencing with Section 4000) of the Welfare and Institutions
31 Code.

32 (11) A federally qualified health center, as defined in Section
33 1395x(aa)(4) or 1396d(l)(2)(B) of Title 42 of the United States
34 Code.

35 (v) “Instrumental activities of daily living” means activities
36 related to living independently in the community, including meal
37 planning and preparation, managing finances, shopping for food,
38 clothing, and other essential items, performing essential household
39 chores, communicating by phone or other media, and traveling
40 around and participating in the community.

1 (w) “Local initiative” means a prepaid health plan that is
2 organized by, or designated by, a county government or county
3 governments, or organized by stakeholders, of a region designated
4 by the department to provide comprehensive health care to eligible
5 Medi-Cal beneficiaries, including the entities established pursuant
6 to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38,
7 and 14087.96 of the Welfare and Institutions Code.

8 (x) “Long-term services and supports” means long-term care,
9 treatment, maintenance, or services related to health conditions,
10 injury, or age, that are needed to support the activities of daily
11 living and the instrumental activities of daily living for a person
12 with a disability, including all long-term services and supports as
13 defined in Section 14186.1 of the Welfare and Institutions Code,
14 home- and community-based services, additional services and
15 supports identified by the board to support people with disabilities
16 to live, work, and participate in their communities, and those as
17 defined by the board.

18 (y) “Medicaid” or “medical assistance” means a program that
19 is one of the following:

20 (1) The state’s Medi-Cal program under Title XIX of the federal
21 Social Security Act (42 U.S.C. Sec. 1396 et seq.).

22 (2) The federal Children’s Health Insurance Program under
23 Title XXI of the federal Social Security Act (42 U.S.C. Sec. 1397aa
24 et seq.).

25 (z) “Medically necessary or appropriate” means the health care
26 items, services, or supplies needed or appropriate to prevent,
27 diagnose, or treat an illness, injury, condition, or disease, or its
28 symptoms, and that meet accepted standards of medicine as
29 determined by a patient’s treating physician or other individual
30 health care professional who is treating the patient, and, according
31 to that health care professional’s scope of practice and licensure,
32 is authorized to establish a medical diagnosis and has made an
33 assessment of the patient’s condition.

34 (aa) “Medicare” means Title XVIII of the federal Social Security
35 Act (42 U.S.C. Sec. 1395 et seq.) and the programs thereunder.

36 (ab) “Member” means an individual who is enrolled in CalCare.

37 (ac) “Out-of-state health care service” means a health care item
38 or service provided in person to a member while the member is
39 temporarily, for no more than 90 days, and physically located out
40 of the state under either of the following circumstances:

1 (1) It is medically necessary or appropriate that the health care
 2 item or service be provided while the member physically is out of
 3 the state.

4 (2) It is medically necessary or appropriate, and cannot be
 5 provided in the state, because the health care item or service can
 6 only be provided by a particular health care provider physically
 7 located out of the state.

8 (ad) “Participating provider” means an individual or entity that
 9 is a health care provider qualified under Section 100630 that has
 10 a participation agreement pursuant to Section 100631 in effect
 11 with the board to furnish health care items or services under
 12 CalCare.

13 (ae) “Prescription drugs” means prescription drugs as defined
 14 in subdivision (n) of Section 130501 of the Health and Safety
 15 Code.

16 (af) “Resident” means an individual whose primary place of
 17 abode is in this state, without regard to the individual’s immigration
 18 status, who meets the California residence requirements adopted
 19 by the board pursuant to subdivision (k) of Section 100610. The
 20 board shall be guided by the principles and requirements set forth
 21 in the Medi-Cal program under Article 7 (commencing with
 22 Section 50320) of Chapter 2 of Subdivision 1 of Division 3 of Title
 23 22 of the California Code of Regulations.

24 (ag) “Rural or medically underserved area” has the same
 25 meaning as a “health professional shortage area” in Section 254e
 26 of Title 42 of the United States Code.

27 100603. This title does not preempt a city, county, or city and
 28 county from adopting additional health care coverage for residents
 29 in that city, county, or city and county that provides more
 30 protections and benefits to California residents than this title.

31 100604. To the extent any law is inconsistent with this title or
 32 the legislative intent of the California Guaranteed Health Care for
 33 All Act, this title shall apply and prevail, except when explicitly
 34 provided otherwise by this title.

35

36 CHAPTER 2. GOVERNANCE

37

38 100610. (a) CalCare shall be governed by an executive board,
 39 known as the CalCare Board, consisting of nine voting members
 40 who are residents of California. The CalCare Board shall be an

1 independent public entity not affiliated with an agency or
2 department. Of the members of the board, five shall be appointed
3 by the Governor, two shall be appointed by the Senate Committee
4 on Rules, and two shall be appointed by the Speaker of the
5 Assembly. The Secretary of California Health and Human Services
6 or the secretary's designee shall serve as a nonvoting, ex officio
7 member of the board.

8 (b) (1) A member of the board, other than an ex officio member,
9 shall be appointed for a term of four years, except that the initial
10 appointment by the Senate Committee on Rules shall be for a term
11 of five years, and the initial appointment by the Speaker of the
12 Assembly shall be for a term of two years. These members may
13 be reappointed for succeeding four-year terms.

14 (2) Appointments by the Governor shall be subject to
15 confirmation by the Senate. A member of the board may continue
16 to serve until the appointment and qualification of the member's
17 successor. Vacancies shall be filled by appointment for the
18 unexpired term. The board shall elect a chairperson on an annual
19 basis.

20 (c) (1) Each person appointed to the board shall have
21 demonstrated and acknowledged expertise in health care policy
22 or delivery.

23 (2) Appointing authorities shall also consider the expertise of
24 the other members of the board and attempt to make appointments
25 so that the board's composition reflects a diversity of expertise in
26 the various aspects of health care and the diversity of various
27 regions within the state.

28 (3) Appointments to the board shall be made as follows:

29 (A) Two health care professionals who practice medicine.

30 (B) One registered nurse.

31 (C) One public health professional.

32 (D) One mental health professional.

33 (E) One member with an institutional provider background.

34 (F) One representative of a not-for-profit organization that
35 advocates for individuals who use health care in California

36 (G) One representative of a labor organization.

37 (H) One member of the committee established pursuant to
38 Section 100611, who shall serve on a rotating basis to be
39 determined by the committee.

1 (d) Each member of the board shall have the responsibility and
2 duty to meet the requirements of this title and all applicable state
3 and federal laws and regulations, to serve the public interest of the
4 individuals, employers, and taxpayers seeking health care coverage
5 through CalCare, and to ensure the operational well-being and
6 fiscal solvency of CalCare.

7 (e) In making appointments to the board, the appointing
8 authorities shall take into consideration the racial, ethnic, gender,
9 and geographical diversity of the state so that the board's
10 composition reflects the communities of California.

11 (f) (1) A member of the board or of the staff of the board shall
12 not be employed by, a consultant to, a member of the board of
13 directors of, affiliated with, or otherwise a representative of, a
14 health care professional, institutional provider, or group practice
15 while serving on the board or on the staff of the board, except
16 board members who are practicing health care professionals may
17 be employed by an institutional provider or group practice. A
18 member of the board or of the staff of the board shall not be a
19 board member or an employee of a trade association of health
20 professionals, institutional providers, or group practices while
21 serving on the board or on the staff of the board. A member of the
22 board or of the staff of the board may be a health care professional
23 if that member does not have an ownership interest in an
24 institutional provider or a professional health care practice.

25 (2) Notwithstanding Section 11009, a board member shall
26 receive compensation for service on the board. A board member
27 may receive a per diem and reimbursement for travel and other
28 necessary expenses, as provided in Section 103 of the Business
29 and Professions Code, while engaged in the performance of official
30 duties of the board.

31 (g) A member of the board shall not make, participate in making,
32 or in any way attempt to use the member's official position to
33 influence the making of a decision that the member knows, or has
34 reason to know, will have a reasonably foreseeable material
35 financial effect, distinguishable from its effect on the public
36 generally, on the member or a person in the member's immediate
37 family, or on either of the following:

38 (1) Any source of income, other than gifts and other than loans
39 by a commercial lending institution in the regular course of
40 business on terms available to the public without regard to official

1 status aggregating two hundred fifty dollars (\$250) or more in
2 value provided to, received by, or promised to the member within
3 12 months before the decision is made.

4 (2) Any business entity in which the member is a director,
5 officer, partner, trustee, employee, or holds any position of
6 management.

7 (h) There shall not be liability in a private capacity on the part
8 of the board or a member of the board, or an officer or employee
9 of the board, for or on account of an act performed or obligation
10 entered into in an official capacity, when done in good faith,
11 without intent to defraud, and in connection with the
12 administration, management, or conduct of this title or affairs
13 related to this title.

14 (i) The board shall hire an executive director to organize,
15 administer, and manage the operations of the board. The executive
16 director shall be exempt from civil service and shall serve at the
17 pleasure of the board.

18 (j) The board shall be subject to the Bagley-Keene Open Meeting
19 Act (Article 9 (commencing with Section 11120) of Chapter 1 of
20 Part 1 of Division 3 of Title 2), except that the board may hold
21 closed sessions when considering matters related to litigation,
22 personnel, contracting, and provider rates.

23 (k) The board may adopt rules and regulations as necessary to
24 implement and administer this title in accordance with the
25 Administrative Procedure Act (Chapter 3.5 (commencing with
26 Section 11340) of Part 1 of Division 3 of Title 2).

27 100611. (a) The board shall convene a CalCare Public
28 Advisory Committee to advise the board on all matters of policy
29 for CalCare. The committee shall consist of members who are
30 residents of California.

31 (b) Members of the committee shall be appointed by the board
32 for a term of two years. These members may be reappointed for
33 succeeding two-year terms.

34 (c) The members of the committee shall be as follows:

35 (1) Four health care professionals.

36 (2) One registered nurse.

37 (3) One representative of a licensed health facility.

38 (4) One representative of an essential community ~~provider~~
39 *provider*.

1 (5) One representative of a physician organization or medical
2 group.

3 (6) One behavioral health provider.

4 (7) One dentist or oral care specialist.

5 (8) One representative of private hospitals.

6 (9) One representative of public hospitals.

7 (10) One individual who is enrolled in and uses health care
8 items and services under CalCare.

9 (11) Two representatives of organizations that advocate for
10 individuals who use health care in California, including at least
11 one representative of an organization that advocates for the disabled
12 community.

13 (12) Two representatives of organized labor, including at least
14 one labor organization representing registered nurses.

15 (d) In convening the committee pursuant to this section, the
16 board shall make good faith efforts to ensure that their
17 appointments, as a whole, reflect, to the greatest extent feasible,
18 the social and geographic diversity of the state.

19 (e) Members of the committee shall serve without compensation,
20 but shall be reimbursed for actual and necessary expenses incurred
21 in the performance of their duties to the extent that reimbursement
22 for those expenses is not otherwise provided or payable by another
23 public agency or agencies, and shall receive one hundred fifty
24 dollars (\$150) for each full day of attending meetings of the
25 committee. For purposes of this section, “full day of attending a
26 meeting” means presence at, and participation in, not less than 75
27 percent of the total meeting time of the committee during any
28 particular 24-hour period.

29 (f) The committee shall meet at least once every quarter, and
30 shall solicit input on agendas and topics set by the board. All
31 meetings of the committee shall be open to the public, pursuant to
32 the Bagley-Keene Open Meeting Act (Article 9 (commencing with
33 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2).

34 (g) The committee shall elect a chairperson who shall serve for
35 two years and who may be reelected for an additional two years.

36 (h) Committee members, or their assistants, clerks, or deputies,
37 shall not use for personal benefit any information that is filed with,
38 or obtained by, the committee and that is not generally available
39 to the public.

1 100612. (a) The board shall have all powers and duties
2 necessary to establish and implement CalCare. The board shall
3 provide, under CalCare, comprehensive universal single-payer
4 health care coverage and a health care cost control system for the
5 benefit of all residents of the state.

6 (b) The board shall, to the maximum extent possible, organize,
7 administer, and market CalCare and services as a single-payer
8 program under the name “CalCare” or any other name as the board
9 determines, regardless of which law or source the definition of a
10 benefit is found, including, on a voluntary basis, retiree health
11 benefits. In implementing this title, the board shall avoid
12 jeopardizing federal financial participation in the programs that
13 are incorporated into CalCare and shall take care to promote public
14 understanding and awareness of available benefits and programs.

15 (c) The board shall consider any matter to effectuate the
16 provisions and purposes of this title. The board shall not have
17 executive, administrative, or appointive duties except as otherwise
18 provided by law.

19 (d) The board shall designate the executive director to employ
20 necessary staff and authorize reasonable, necessary expenditures
21 from the CalCare Trust Fund to pay program expenses and to
22 administer CalCare. The executive director shall hire or designate
23 another to hire staff, who shall not be exempt from civil service,
24 to implement fully the purposes and intent of CalCare. The
25 executive director, or the executive director’s designee, shall give
26 preference in hiring to all individuals displaced or unemployed as
27 a direct result of the implementation of CalCare, including as set
28 forth in Section 100615.

29 (e) The board shall do or delegate to the executive director all
30 of the following:

31 (1) Determine goals, standards, guidelines, and priorities for
32 CalCare.

33 (2) Annually assess projected revenues and expenditures and
34 ~~assure~~ *ensure* financial solvency of CalCare.

35 (3) Develop CalCare’s budget pursuant to Section 100667 to
36 ensure adequate funding to meet the health care needs of the
37 population, and review all budgets annually to ensure they address
38 disparities in service availability and health care outcomes and for
39 sufficiency of rates, fees, and prices to address disparities.

1 (4) Establish standards and criteria for the development and
2 submission of provider operating and capital expenditure requests
3 pursuant to Article 2 (commencing with Section 100640) of
4 Chapter 5.

5 (5) Establish standards and criteria for the allocation of funds
6 from the CalCare Trust Fund pursuant to Section 100667.

7 (6) Determine when individuals may begin enrolling in CalCare.
8 There shall be an implementation period that begins on the date
9 that individuals may begin enrolling in CalCare and ends on a date
10 determined by the board.

11 (7) Establish an enrollment system that ensures all eligible
12 California residents, including those who travel out of state, those
13 who have disabilities that limit their mobility, hearing, ~~vision~~
14 *vision*, or mental or cognitive capacity, those who cannot read,
15 and those who do not speak or write English, are aware of their
16 right to health care and are formally enrolled in CalCare.

17 (8) Negotiate payment rates, set payment methodologies, and
18 set prices involving aspects of CalCare and establish procedures
19 thereto, including procedures for negotiating fee-for-service
20 payment to certain participating providers pursuant to Chapter 8
21 (commencing with Section 100675).

22 (9) Oversee the establishment, as part of the administration of
23 CalCare, of the committee pursuant to Section 100611.

24 (10) Implement policies to ensure that all Californians receive
25 culturally, linguistically, and structurally competent care, pursuant
26 to Chapter 6 (commencing with Section 100650), ensure that all
27 disabled Californians receive care in accordance with the federal
28 Americans with Disabilities Act (42 U.S.C. Sec. 12101 et seq.)
29 and Section 504 of the federal Rehabilitation Act of 1973 (29
30 U.S.C. Sec. 794), and develop mechanisms and incentives to
31 achieve these purposes and a means to monitor the effectiveness
32 of efforts to achieve these purposes.

33 (11) Establish standards for mandatory reporting by participating
34 providers and penalties for failure to report, including reporting
35 of data pursuant to Section 100616 and to Section 100631.

36 (12) Implement policies to ensure that all residents of this state
37 have access to medically appropriate, coordinated mental health
38 services.

39 (13) Ensure the establishment of policies that support the public
40 health.

1 (14) Meet regularly with the committee.

2 (15) Determine an appropriate level of, and provide support
3 during the transition for, training and job placement for persons
4 who are displaced from employment as a result of the initiation of
5 CalCare pursuant to Section 100615.

6 (16) In consultation with the Department of Managed Health
7 Care, oversee the establishment of a system for resolution of
8 disputes pursuant to Section 100627 and a system for independent
9 medical review pursuant to Section 100627.

10 (17) Establish and maintain an internet website that provides
11 information to the public about CalCare that includes information
12 that supports choice of providers and facilities and informs the
13 public about meetings of the board and the committee.

14 (18) Establish a process that is accessible to all Californians for
15 CalCare to receive the concerns, opinions, ideas, and
16 recommendations of the public regarding all aspects of CalCare.

17 (19) (A) Annually prepare a written report on the
18 implementation and performance of CalCare functions during the
19 preceding fiscal year, that includes, at a minimum:

20 (i) The manner in which funds were expended.

21 (ii) The progress toward and achievement of the requirements
22 of this title.

23 (iii) CalCare's fiscal condition.

24 (iv) Recommendations for statutory changes.

25 (v) Receipt of payments from the federal government and other
26 sources.

27 (vi) Whether current year goals and priorities have been met.

28 (vii) Future goals and priorities.

29 (B) The report shall be transmitted to the Legislature and the
30 Governor, on or before October 1 of each year and at other times
31 pursuant to this division, and shall be made available to the public
32 on the internet website of CalCare.

33 (C) A report made to the Legislature pursuant to this subdivision
34 shall be submitted pursuant to Section 9795 of the Government
35 Code.

36 (f) The board may do or delegate to the executive director all
37 of the following:

38 (1) Negotiate and enter into any necessary contracts, including
39 contracts with health care providers and health care professionals.

40 (2) Sue and be sued.

1 (3) Receive and accept gifts, grants, or donations of moneys
2 from any agency of the federal government, any agency of the
3 state, and any municipality, county, or other political subdivision
4 of the state.

5 (4) Receive and accept gifts, grants, or donations from
6 individuals, associations, private foundations, and corporations,
7 in compliance with the conflict-of-interest provisions to be adopted
8 by the board by regulation.

9 (5) Share information with relevant state departments, consistent
10 with the confidentiality provisions in this title, necessary for the
11 administration of CalCare.

12 (g) A carrier may not offer benefits or cover health care items
13 or services for which coverage is offered to individuals under
14 CalCare, but may, if otherwise authorized, offer benefits to cover
15 health care items or services that are not offered to individuals
16 under CalCare. However, this title does not prohibit a carrier from
17 offering either of the following:

18 (1) Benefits to or for individuals, including their families, who
19 are employed or self-employed in the state, but who are not
20 residents of the state.

21 (2) Benefits during the implementation period to individuals
22 who enrolled or may enroll as members of CalCare.

23 (h) After the end of the implementation period, a person shall
24 not be a board member unless the person is a member of CalCare,
25 except the ex officio member.

26 (i) No later than two years after the effective date of this section,
27 the board shall develop proposals for both of the following:

28 (1) Accommodating employer retiree health benefits for people
29 who have been members of the Public Employees' Retirement
30 System, but live as retirees out of the state.

31 (2) Accommodating employer retiree health benefits for people
32 who earned or accrued those benefits while residing in the state
33 before the implementation of CalCare and live as retirees out of
34 the state.

35 (j) The board shall develop a proposal for CalCare coverage of
36 health care items and services currently covered under the workers'
37 compensation system, including whether and how to continue
38 funding for those item and services under that system and how to
39 incorporate experience rating.

1 100613. The board may contract with not-for-profit
2 organizations to provide both of the following:

3 (a) Assistance to CalCare members with respect to selection of
4 a participating provider, enrolling, obtaining health care items and
5 services, disenrolling, and other matters relating to CalCare.

6 (b) Assistance to a health care provider providing, seeking, or
7 considering whether to provide health care items and services
8 under CalCare.

9 100614. (a) There is hereby established in state government
10 an Advisory Commission on Long-Term Services and Supports,
11 to advise the board on matters of policy related to long-term
12 services and supports for CalCare.

13 (b) The advisory commission shall consist of eleven members
14 who are residents of California. Of the members of the advisory
15 commission, five shall be appointed by the Governor, three shall
16 be appointed by the Senate Committee on Rules, and three shall
17 be appointed by the Speaker of the Assembly. The members of
18 the advisory commission shall include all of the following:

19 (1) At least two people with disabilities who use long-term
20 services and supports.

21 (2) At least two older adults who use long-term services and
22 supports.

23 (3) At least two providers of long-term services and supports,
24 including one family attendant or family caregiver.

25 (4) At least one representative of a disability rights organization.

26 (5) At least one representative or member of a labor organization
27 representing workers who provide long-term services and supports.

28 (6) At least one representative of a group representing seniors.

29 (7) At least one researcher or academic in long-term services
30 and supports.

31 (c) In making appointments pursuant to this section, the
32 Governor, the Senate Committee on Rules, and the Speaker of the
33 Assembly shall make good faith efforts to ensure that their
34 appointments, as a whole, reflect, to the greatest extent feasible,
35 the diversity of the population of people who use long-term services
36 and supports, including their race, ethnicity, national origin,
37 primary language use, age, disability, sex, including gender identity
38 and sexual orientation, geographic location, and socioeconomic
39 status.

1 (d) (1) A member of the ~~board~~ *commission* may continue to
2 serve until the appointment and qualification of that member's
3 successor. Vacancies shall be filled by appointment for the
4 unexpired term.

5 (2) Members of the advisory commission shall be appointed for
6 a term of four years, except that the initial appointment by the
7 Senate Committee on Rules shall be for a term of five years, and
8 the initial appointment by the Speaker of the Assembly shall be
9 for a term of two years. These members may be reappointed for
10 succeeding four-year terms.

11 (3) Vacancies that occur shall be filled within 30 days after the
12 occurrence of the vacancy, and shall be filled in the same manner
13 in which the vacating member was initially selected or appointed.
14 The Secretary of California Health and Human Services shall notify
15 the appropriate appointing authority of any expected vacancies on
16 the long-term services and supports advisory commission.

17 (e) Members of the advisory commission shall serve without
18 compensation, but shall be reimbursed for actual and necessary
19 expenses incurred in the performance of their duties to the extent
20 that reimbursement for those expenses is not otherwise provided
21 or payable by another public agency or agencies. Members shall
22 also receive one hundred fifty dollars (\$150) for each full day of
23 attending meetings of the advisory commission. For purposes of
24 this section, "full day of attending a meeting" means presence at,
25 and participation in, not less than 75 percent of the total meeting
26 time of the advisory commission during any particular 24-hour
27 period.

28 (f) The advisory commission shall meet at least six times per
29 year in a place convenient to the public. All meetings of the
30 advisory commission shall be open to the public, pursuant to the
31 Bagley-Keene Open Meeting Act (Article 9 (commencing with
32 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2).

33 (g) The advisory commission shall elect a chairperson who shall
34 serve for two years and who may be reelected for an additional
35 two years.

36 (h) It is unlawful for the advisory commission members or any
37 of their assistants, clerks, or deputies to use for personal benefit
38 any information that is filed with, or obtained by, the advisory
39 commission and that is not generally available to the public.

1 100615. (a) The board shall provide funds from the CalCare
2 Trust Fund or funds otherwise appropriated for this purpose to the
3 Secretary of Labor and Workforce Development for program
4 assistance to individuals employed or previously employed in the
5 fields of health insurance, health care service plans, or other
6 third-party payments for health care, individuals providing services
7 to health care providers to deal with third-party payers for health
8 care, individuals who may be affected by and who may experience
9 economic dislocation as a result of the implementation of this title,
10 and individuals whose jobs may be or have been ended as a result
11 of the implementation of CalCare, consistent with otherwise
12 applicable law.

13 (b) Assistance described in subdivision (a) shall include job
14 training and retraining, job placement, preferential hiring, wage
15 replacement, retirement benefits, and education benefits.

16 100616. (a) The board shall utilize the data collected pursuant
17 to Chapter 1 (commencing with Section 128675) of Part 5 of
18 Division 107 of the Health and Safety Code to assess patient
19 outcomes and to review utilization of health care items and services
20 paid for by CalCare.

21 (b) As applicable to the type of provider, the board shall require
22 and enforce the collection and availability of all of the following
23 data to promote transparency, assess quality of care, compare
24 patient outcomes, and review utilization of health care items and
25 services paid for by CalCare, which shall be reported to the board
26 and, as applicable, the ~~Office of Statewide Health Planning and~~
27 ~~Development~~ *Department of Health Care Access and Information*
28 or the Medical Board of California:

29 (1) Inpatient discharge data, including severity of illness and
30 risk of mortality, with respect to each discharge.

31 (2) Emergency department, ambulatory surgical center, and
32 other outpatient department data, including cost data, charge data,
33 length of stay, and patients' unit of observation with respect to
34 each individual receiving health care items and services.

35 (3) For hospitals and other providers receiving global budgets,
36 annual financial data, including all of the following:

37 (A) Community benefit activities, including charity care, to
38 which Section 501(r) of Title 26 of the United States Code applies,
39 provided by the provider in dollar value at cost.

- 1 (B) Number of employees by employee classification or job
2 title and by patient care unit or department.
- 3 (C) Number of hours worked by the employees in each patient
4 care unit or department.
- 5 (D) Employee wage information by job title and patient care
6 unit or department.
- 7 (E) Number of registered nurses per staffed bed by patient care
8 unit or department.
- 9 (F) A description of all information technology, including health
10 information technology and artificial intelligence, used by the
11 provider and the dollar value of that information technology.
- 12 (G) Annual spending on information technology, including
13 health information technology, artificial intelligence, purchases,
14 upgrades, and maintenance.
- 15 (4) Risk-adjusted and raw outcome data, including:
- 16 (A) Risk-adjusted outcome reports for medical, surgical, and
17 obstetric procedures selected by the ~~Office of Statewide Health~~
18 ~~Planning and Development~~ *Department of Health Care Access*
19 *and Information* pursuant to Sections 128745 to 128750, inclusive,
20 of the Health and Safety Code.
- 21 (B) Any other risk-adjusted outcome reports that the board may
22 require for medical, surgical, and obstetric procedures and
23 conditions as it deems appropriate.
- 24 (5) A disclosure made by a provider as set forth in Article 6
25 (commencing with Section 650) of Chapter 1 of Division 2 of the
26 Business and Professions Code.
- 27 (c) (1) The Medical Board of California shall collect data for
28 the outpatient surgery settings that the ~~medical board~~ *Medical*
29 *Board of California* regulates that meets the Ambulatory Surgery
30 Data Record requirements of Section 128737 of the Health and
31 Safety Code, and shall submit that data to the CalCare board.
- 32 (2) The CalCare board shall make that data available as required
33 pursuant to subdivision (d).
- 34 (d) The board shall make all disclosed data collected under this
35 section publicly available and searchable through an internet
36 website and through the ~~Office of Statewide Health Planning and~~
37 ~~Development~~ *Department of Health Care Access and Information*
38 public data sets.
- 39 (e) Consistent with state and federal privacy laws, the board
40 shall make available data collected through CalCare to the ~~Office~~

1 of ~~Statewide Health Planning and Development~~ *Department of*
2 *Health Care Access and Information* and the California Health
3 and Human Services Agency, consistent with this title and
4 otherwise applicable law, to promote and protect public,
5 environmental, and occupational health.

6 (f) Before full implementation of CalCare, and, for providers
7 seeking to receive global budgets or salaried payments under
8 Article 2 (commencing with Section 100640) of Chapter 5, as
9 applicable, before the negotiation of initial payments, the board
10 shall provide for the collection and availability of the following
11 data:

12 (1) The number of patients served.

13 (2) The dollar value of the care provided, at cost, for all of the
14 following categories of ~~Office of Statewide Health Planning and~~
15 ~~Development~~ *Department of Health Care Access and Information*
16 data items:

17 (A) Patients receiving charity care.

18 (B) Contractual adjustments of county and indigent programs,
19 including traditional and managed care.

20 (C) Bad debts or any other unpaid charges for patient care that
21 the provider sought, but was unable to collect.

22 (g) The board shall regularly analyze information reported under
23 this section and shall establish rules and regulations to allow
24 researchers, scholars, participating providers, and others to access
25 and analyze data for purposes consistent with this title, without
26 compromising patient privacy.

27 (h) (1) The board shall establish regulations for the collection
28 and reporting of data to promote transparency, assess patient
29 outcomes, and review utilization of services provided by physicians
30 and other health care professionals, as applicable, and paid for by
31 CalCare.

32 (2) In implementing this section, the board shall utilize data that
33 is already being collected pursuant to other state or federal laws
34 and regulations whenever possible.

35 (3) Data reporting required by participating providers under this
36 section shall supplement the data collected by the ~~Office of~~
37 ~~Statewide Health Planning and Development~~ *Department of Health*
38 *Care Access and Information* and shall not modify or alter other
39 reporting requirements to governmental agencies.

1 (i) The board shall not utilize quality or other review measures
2 established under this section for the purposes of establishing
3 payment methods to providers.

4 (j) The board may coordinate and cooperate with the ~~Office of~~
5 ~~Statewide Health Planning and Development~~ *Department of Health*
6 *Care Access and Information* or other health planning agencies of
7 the state to implement the requirements of this section.

8 100617. (a) The board shall establish and use a process to
9 enter into participation agreements with health care providers and
10 other contracts with contractors. A contract entered into pursuant
11 to this title shall be exempt from Part 2 (commencing with Section
12 10100) of Division 2 of the Public Contract Code, and shall be
13 exempt from the review or approval of the Department of General
14 Services. The board shall adopt a CalCare Contracting Manual
15 incorporating procurement and contracting policies and procedures
16 that shall be followed by CalCare. The policies and procedures in
17 the manual shall be substantially similar to the provisions contained
18 in the State Contracting Manual.

19 (b) The adoption, amendment, or repeal of a regulation by the
20 board to implement this section, including the adoption of a manual
21 pursuant to subdivision (a) and any procurement process conducted
22 by CalCare in accordance with the manual, is exempt from the
23 rulemaking provisions of the Administrative Procedure Act
24 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
25 Division 3 of Title 2 of the Government Code).

26 100618. (a) Notwithstanding any other law, CalCare, a state
27 or local agency, or a public employee acting under color of law
28 shall not provide or disclose to anyone, including the federal
29 government, any personally identifiable information obtained,
30 including a person's religious beliefs, practices, or affiliation,
31 national origin, ethnicity, or immigration status, for law
32 enforcement or immigration purposes.

33 (b) Notwithstanding any other law, law enforcement agencies
34 shall not use CalCare moneys, facilities, property, equipment, or
35 personnel to investigate, enforce, or assist in the investigation or
36 enforcement of a criminal, civil, or administrative violation or
37 warrant for a violation of a requirement that individuals register
38 with the federal government or a federal agency based on religion,
39 national origin, ethnicity, immigration status, or other protected

1 category as recognized in the Unruh Civil Rights Act (Section 51
2 of the Civil Code).

3 100619. (a) *On or before July 1, 2024, the board shall conduct*
4 *and deliver a fiscal analysis to determine both of the following:*

5 (1) *Whether or not CalCare may be implemented.*

6 (2) *Whether revenue is more likely than not to be sufficient to*
7 *pay for program costs within eight years of CalCare's*
8 *implementation.*

9 (b) *The board shall contract with one or more independent*
10 *entities with the appropriate expertise to conduct the fiscal*
11 *analysis.*

12 (c) *The board shall deliver, and upon request present, the fiscal*
13 *analysis to the Chair of the Senate Committee on Health, the Chair*
14 *of the Assembly Committee on Health, the Chair of the Senate*
15 *Committee on Appropriations, and the Chair of the Assembly*
16 *Committee on Appropriations.*

17 (d) *After the board has determined whether or not CalCare may*
18 *be implemented and if program revenue is more likely than not to*
19 *be sufficient to pay for program costs within eight years of*
20 *CalCare's implementation, CalCare shall not be further*
21 *implemented until the Senate Committee on Health, Assembly*
22 *Committee on Health, Senate Committee on Appropriations, and*
23 *Assembly Committee on Appropriations consider, and the*
24 *Legislature approves, by statute, the implementation of CalCare.*

25

26 CHAPTER 3. ELIGIBILITY AND ENROLLMENT

27

28 100620. (a) Every resident of the state shall be eligible and
29 entitled to enroll as a member of CalCare.

30 (b) (1) A member shall not be required to pay a fee, payment,
31 or other charge for enrolling in or being a member of CalCare.

32 (2) A member shall not be required to pay a premium,
33 copayment, coinsurance, deductible, or any other form of cost
34 sharing for all covered benefits under CalCare.

35 (c) A college, university, or other institution of higher education
36 in the state may purchase coverage under CalCare for a student,
37 or a student's dependent, who is not a resident of the state.

38 (d) An individual entitled to benefits through CalCare may
39 obtain health care items and services from any institution, agency,
40 or individual participating provider.

1 (e) The board shall establish a process for automatic CalCare
2 enrollment at the time of birth in California.

3 100621. (a) All residents of this state, no matter what their
4 sex, race, color, religion, ancestry, national origin, disability, age,
5 previous or existing medical condition, genetic information, marital
6 status, familial status, military or veteran status, sexual orientation,
7 gender identity or expression, pregnancy, pregnancy-related
8 medical condition, including termination of pregnancy, citizenship,
9 primary language, or immigration status, are entitled to full and
10 equal accommodations, advantages, facilities, privileges, or
11 services in all health care providers participating in CalCare.

12 (b) Subdivision (a) prohibits a participating provider, or an entity
13 conducting, administering, or funding a health program or activity
14 pursuant to this title, from discriminating based upon the categories
15 described in subdivision (a) in the provision, administration, or
16 implementation of health care items and services through CalCare.

17 (c) Discrimination prohibited under this section includes the
18 following:

19 (1) Exclusion of a person from participation in or denial of the
20 benefits of CalCare, except as expressly authorized by this title
21 for the purposes of enforcing eligibility standards in Section
22 100620.

23 (2) Reduction of a person’s benefits.

24 (3) Any other discrimination by any participating provider or
25 any entity conducting, administering, or funding a health program
26 or activity pursuant to this title.

27 (d) Section 52 of the Civil Code shall apply to discrimination
28 under this section.

29 (e) Except as otherwise provided in this section, a participating
30 provider or entity is in violation of subdivision (b) if the
31 complaining party demonstrates that any of the categories listed
32 in subdivision (a) was a motivating factor for any health care
33 practice, even if other factors also motivated the practice.

34

35 CHAPTER 4. BENEFITS

36

37 100625. (a) Individuals enrolled for benefits under CalCare
38 are entitled to have payment made by CalCare to a participating
39 provider for the health care items and services in subdivision (c),
40 if medically necessary or appropriate for the maintenance of health

1 or for the prevention, diagnosis, treatment, or rehabilitation of a
2 health condition.

3 (b) The determination of medical necessity or appropriateness
4 shall be made by the member's treating physician or by a health
5 care professional who is treating that individual and is authorized
6 to make that determination in accordance with the scope of practice,
7 licensing, the program standards established in Chapter 6
8 (commencing with Section ~~100650~~ 100650), and by the board,
9 and other laws of the state.

10 (c) Covered health care benefits for members include all of the
11 following categories of health care items and services:

12 (1) Inpatient and outpatient medical and health facility services,
13 including hospital services and 24-hour-a-day emergency services.

14 (2) Inpatient and outpatient health care professional services
15 and other ambulatory patient services.

16 (3) Primary and preventive services, including chronic disease
17 management.

18 (4) Prescription drugs and biological products.

19 (5) Medical devices, equipment, appliances, and assistive
20 technology.

21 (6) Mental health and substance abuse treatment services,
22 including inpatient and outpatient care.

23 (7) Diagnostic imaging, laboratory services, and other diagnostic
24 and evaluative services.

25 (8) Comprehensive reproductive, maternity, and newborn care.

26 (9) Pediatrics.

27 (10) Oral health, audiology, and vision services.

28 (11) Rehabilitative and habilitative services and devices,
29 including inpatient and outpatient care.

30 (12) Emergency services and transportation.

31 (13) Early and periodic screening, diagnostic, and treatment
32 services as defined in Section 1396d(r) of Title 42 of the United
33 States Code.

34 (14) Necessary transportation for health care items and services
35 for persons with disabilities or who may qualify as low income.

36 (15) Long-term services and supports described in Section
37 100626, including long-term services and supports covered under
38 Medi-Cal (Chapter 7 (commencing with Section 14000) of Part 3
39 of Division 9 of the Welfare and Institutions Code) or the federal

1 Children’s Health Insurance Program (Title XXI of the federal
2 Social Security Act (42 U.S.C. Sec. 1397aa et seq.))

3 (16) Any additional health care items and services the board
4 authorizes to be added to CalCare benefits.

5 (d) The categories of covered health care items and services
6 under subdivision (c) include all the following:

7 (1) Prosthetics, eyeglasses, and hearing aids and the repair,
8 technical support, and customization needed for their use by an
9 individual.

10 (2) Child and adult immunizations.

11 (3) Hospice care.

12 (4) Care in a skilled nursing facility.

13 (5) Home health care, including health care provided in an
14 assisted living facility.

15 (6) Prenatal and postnatal care.

16 (7) Podiatric care.

17 (8) Blood and blood products.

18 (9) Dialysis.

19 (10) Community-based adult services as defined under Chapter
20 7 (commencing with Section 14000) of Part 3 of Division 9 of the
21 Welfare and Institutions Code as of January 1, 2021.

22 (11) Dietary and nutritional therapies determined appropriate
23 by the board.

24 (12) Therapies that are shown by the National Center for
25 Complementary and Integrative Health in the National Institutes
26 of Health to be safe and effective, including chiropractic care and
27 acupuncture.

28 (13) Health care items and services previously covered by
29 county integrated health and human services programs pursuant
30 to Chapter 12.96 (commencing with Section 18990) and Chapter
31 12.991 (commencing with Section 18991) of Part 6 of Division 9
32 of the Welfare and Institutions Code.

33 (14) Health care items and services previously covered by a
34 regional center for persons with developmental disabilities pursuant
35 to Chapter 5 (commencing with Section 4620) of Division 4.5 of
36 the Welfare and Institutions Code.

37 (15) Language interpretation and translation for health care
38 items and services, including sign language and braille or other
39 services needed for individuals with communication barriers.

1 (e) Covered health care items and services under CalCare
2 include all health care items and services required to be covered
3 under the following provisions, without regard to whether the
4 member would be eligible for or covered by the source referred
5 to:

6 (1) The federal Children’s Health Insurance Program (Title XXI
7 of the federal Social Security Act (42 U.S.C. Sec. 1397aa et seq.)).

8 (2) Medi-Cal (Chapter 7 (commencing with Section 14000) of
9 Part 3 of Division 9 of the Welfare and Institutions Code).

10 (3) The federal Medicare program pursuant to Title XVIII of
11 the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.).

12 (4) Health care service plans pursuant to the Knox-Keene Health
13 Care Service Plan Act of 1975 (Chapter 2.2 (commencing with
14 Section 1340) of Division 2 of the Health and Safety Code).

15 (5) Health insurers, as defined in Section 106 of the Insurance
16 Code, pursuant to Part 2 (commencing with Section 10110) of
17 Division 2 of the Insurance Code.

18 (6) All essential health benefits mandated by the federal Patient
19 Protection and Affordable Care Act as of January 1, 2017.

20 (f) Health care items and services covered under CalCare shall
21 not be subject to prior authorization or a limitation applied through
22 the use of step therapy protocols.

23 100626. (a) Subject to the other provisions of this title,
24 individuals enrolled for benefits under CalCare are entitled to have
25 payment made by CalCare to an eligible provider for long-term
26 services and supports, in accordance with the standards established
27 in this title, for care, services, diagnosis, treatment, rehabilitation,
28 or maintenance of health related to a medically determinable
29 condition, whether physical or mental, of health, injury, or age,
30 that either:

31 (1) Causes a functional limitation in performing one or more
32 activities of daily living or in instrumental activities of daily living.

33 (2) Is a disability, as defined in Section 12102(1)(A) of Title
34 42 of the United States Code, that substantially limits one or more
35 of the member’s major life activities.

36 (b) The board shall adopt regulations that provide for the
37 following:

38 (1) The determination of individual eligibility for long-term
39 services and supports under this section.

1 (2) The assessment of the long-term services and supports
2 needed for an eligible individual.

3 (3) The automatic entitlement of an individual who receives or
4 is approved to receive disability benefits from the federal Social
5 Security Administration under the federal Social Security Disability
6 Insurance program established in Title II or Title XVI of the federal
7 Social Security Act to the long-term services and supports under
8 this section.

9 (c) Long-term services and supports provided pursuant to this
10 section shall do all of the following:

11 (1) Include long-term nursing services for a member, whether
12 provided in an institution or in a home- and community-based
13 setting.

14 (2) Provide coverage for a broad spectrum of long-term services
15 and supports, including home- and community-based services,
16 other care provided through noninstitutional settings, and respite
17 care.

18 (3) Provide coverage that meets the physical, mental, and social
19 needs of a member while allowing the member the member's
20 maximum possible autonomy and the member's maximum possible
21 civic, social, and economic participation.

22 (4) Prioritize delivery of long-term services and supports through
23 home- and community-based services over institutionalization.

24 (5) Unless a member chooses otherwise, ensure that the member
25 receives home- and community-based long-term services and
26 supports regardless of the recipient's type or level of disability,
27 service need, or age.

28 (6) Have the goal of enabling persons with disabilities to receive
29 services in the least restrictive and most integrated setting
30 appropriate to the member's needs.

31 (7) Be provided in a manner that allows persons with disabilities
32 to maintain their independence, self-determination, and dignity.

33 (8) Provide long-term services and supports that are of equal
34 quality and equitably accessible across geographic regions.

35 (9) Ensure that long-term services and supports provide
36 recipients the option of self-direction of service, including under
37 the Self-Directed Services Program described in Division 4.5
38 (commencing with Section 4500) of the Welfare and Institutions
39 Code, from either the recipient or care coordinators of the
40 recipient's choosing.

1 (d) In developing regulations to implement this section, the
2 board shall consult the advisory commission established pursuant
3 to Section 100614.

4 100627. (a) (1) The board shall, on a regular basis and at least
5 annually, evaluate whether the benefits under CalCare should be
6 expanded or adjusted to promote the health of members and
7 California residents, account for changes in medical practice or
8 new information from medical research, or respond to other
9 relevant developments in health science.

10 (2) In implementing this section, the board shall not remove or
11 eliminate covered health care items and services under CalCare
12 that are listed in this chapter.

13 (b) The board shall establish a process by which health care
14 professionals, other clinicians, and members may petition the board
15 to add or expand benefits to CalCare.

16 (c) The board shall establish a process by which individuals
17 may bring a disputed health care item or service or a coverage
18 decision for review to the Independent Medical Review System
19 established in the Department of Managed Health Care pursuant
20 to Article 5.55 (commencing with Section 1374.30) of Chapter
21 2.2 of Division 2 of the Health and Safety Code.

22 (d) For the purposes of this chapter:

23 (1) “Coverage decision” means the approval or denial of health
24 care items or services by a participating provider or a health care
25 professional who is employed by or otherwise receives
26 compensation or payment for items and services furnished under
27 CalCare from a participating provider, substantially based on a
28 finding that the provision of a particular service is included or
29 excluded as a covered item or service under CalCare. A “coverage
30 decision” does not encompass a decision regarding a disputed
31 health care item or service.

32 (2) “Disputed health care item or service” means a health care
33 item or service eligible for coverage and payment under CalCare
34 that has been denied, modified, or delayed by a decision of a
35 participating provider or a health care professional who is
36 employed by or otherwise receives compensation or payment for
37 health care items and services furnished under CalCare from a
38 participating provider, in whole or in part, due to a finding that the
39 service is not medically necessary or appropriate. A decision
40 regarding a disputed health care item or service relates to the

1 practice of medicine, including early discharge from an institutional
2 provider, and is not a coverage decision.

3

4

CHAPTER 5. DELIVERY OF CARE

5

6

Article 1. Health Care Providers

7

8

100630. (a) (1) A health care provider or entity is qualified
9 to participate as a provider in CalCare if the health care provider
10 furnishes health care items and services while the provider, or, if
11 the provider is an entity, the individual health care professional of
12 the entity furnishing the health care items and services, is
13 physically present within the State of California, and if the provider
14 meets all of the following:

15

(A) The provider or entity is a health care professional, group
16 practice, or institutional health care provider licensed to practice
17 in California.

18

(B) The provider or entity agrees to accept CalCare rates as
19 payment in full for all covered health care items and services.

20

(C) The provider or entity has filed with the board a participation
21 agreement described in Section 100631.

22

(D) The provider or entity is otherwise in good standing.

23

(2) The board shall establish and maintain procedures and
24 standards for recognizing health care providers located out of the
25 state for purposes of providing coverage under CalCare for
26 members who require out-of-state health care services while the
27 member is temporarily located out of the state.

28

(b) A provider or entity shall not be qualified to furnish health
29 care items and services under CalCare if the provider or entity
30 does not provide health care items or services directly to
31 individuals, including the following:

32

(1) Entities or providers that contract with other entities or
33 providers to provide health care items and services shall not be
34 considered a qualified provider for those contracted items and
35 services.

36

(2) Entities that are approved to coordinate care plans under the
37 Medicare Advantage program established in Part C of Title XVIII
38 of the federal Social Security Act (42 U.S.C. Sec. 1851 et seq.) as
39 of January 1, 2020, but do not directly provide health care items
40 and services.

1 (c) A health care provider qualified to participate under this
2 section may provide covered health care items or services under
3 CalCare, as long as the health care provider is legally authorized
4 to provide the health care item or service for the individual and
5 under the circumstances involved.

6 (d) The board shall establish and maintain procedures for
7 members and individuals eligible to enroll in CalCare to enroll
8 onsite at a participating provider.

9 (e) The board shall establish and maintain procedures and
10 standards for members to select a primary care physician, which
11 may be an internist, a pediatrician, a physician who practices family
12 medicine, a gynecologist, a physician who practices geriatric
13 medicine, or, at the option of a member who has a chronic
14 condition that requires specialty care, a specialist health care
15 professional who regularly and continually provides treatment to
16 the member for that condition.

17 (f) A referral from a primary care provider is not required for
18 a member to see a participating provider.

19 (g) A member may choose to receive health care items and
20 services under CalCare from a participating provider, subject to
21 the willingness or availability of the provider, and consistent with
22 the provisions of this title relating to discrimination, and the
23 appropriate clinically relevant circumstances and standards.

24 100631. (a) A health care provider shall enter into a
25 participation agreement with the board to qualify as a participating
26 provider under CalCare.

27 (b) A participation agreement between the board and a health
28 care provider shall include provisions for at least the following,
29 as applicable to each provider:

30 (1) Health care items and services to members shall be furnished
31 by the provider without discrimination, as required by Section
32 100621. This paragraph does not require the provision of a type
33 or class of health care items or services that are outside the scope
34 of the provider's normal practice.

35 (2) A charge shall not be made to a member for a covered health
36 care item or service, other than for payment authorized by this
37 title. Except as described in Section 100634, a contract shall not
38 be entered into with a patient for a covered health care item or
39 service.

1 (3) The provider shall follow the policies and procedures in the
2 CalCare Contracting Manual established pursuant to Section
3 100617.

4 (4) The provider shall furnish information reasonably required
5 by the board and shall meet the reporting requirements of Sections
6 100616 and 100651 for at least the following:

7 (A) Quality review by designated entities.

8 (B) Making payments, including the examination of records as
9 necessary for the verification of information on which those
10 payments are based.

11 (C) Statistical or other studies required for the implementation
12 of this title.

13 (D) Other purposes specified by the board.

14 (5) If the provider is not an individual, the provider shall not
15 employ or use an individual or other provider that has had a
16 participation agreement terminated for cause to provide covered
17 health care items and services.

18 (6) If the provider is paid on a fee-for-service basis for covered
19 health care items and services, the provider shall submit bills and
20 required supporting documentation relating to the provision of
21 covered health care items or services within 30 days after the date
22 of providing those items or services.

23 (7) The provider shall submit information and any other required
24 supporting documentation reasonably required by the board on a
25 quarterly basis that relates to the provision of covered health care
26 items and services and describes health care items and services
27 furnished with respect to specific individuals.

28 (8) (A) If the provider receives payment based on provider data
29 on diagnosis-related coding, procedure coding, or other coding
30 system or data, the provider shall disclose the following to the
31 board:

32 (i) Any case mix indexes, diagnosis coding software, procedure
33 coding software, or other coding system utilized by the provider
34 for the purposes of meeting payment, global budget, or other
35 disclosure requirements under this title.

36 (ii) Any case mix indexes, diagnosis coding guidelines,
37 procedure coding guidelines, or coding tip sheets used by the
38 provider for the purposes of meeting payment or disclosure
39 requirements under this title.

1 (B) If the provider receives payment based on provider data on
2 diagnosis-related coding, procedure coding, or other coding system
3 or data, the provider shall not do the following:

4 (i) Use proprietary case mix indexes, diagnosis coding software,
5 procedure coding software, or other coding system for the purposes
6 of meeting payment, global budget, or other disclosure
7 requirements under this title.

8 (ii) Require another health care professional to apply case mix
9 indexes, diagnosis coding software, procedure coding software,
10 or other coding system in a manner that limits the clinical
11 diagnosis, treatment process, or a treating health care professional's
12 judgment in determining a diagnosis or treatment process, including
13 the use of leading queries or prohibitions on using certain codes.

14 (iii) Provide financial incentives or disincentives to physicians,
15 registered nurses, or other health care professionals for particular
16 coding query results or code selections.

17 (iv) Use case mix indexes, diagnosis coding software, procedure
18 coding software, or other coding system that make suggestions for
19 higher severity diagnoses or higher cost procedure coding.

20 (9) The provider shall comply with the duty of patient advocacy
21 and reporting requirements described in Section 100651.

22 (10) If the provider is not an individual, the provider shall ensure
23 that a board member, executive, or administrator of the provider
24 shall not receive compensation from, own stock or have other
25 financial investments in, or receive services as a board member of
26 an entity that contracts with or provides health care items or
27 services, including pharmaceutical products and medical devices
28 or equipment, to the provider.

29 (11) If the provider is a not-for-profit hospital subject to Article
30 2 (commencing with Section 127340) of Chapter 2 of Part 2 of
31 Division 107 of the Health and Safety Code, the hospital shall
32 submit to the board the community benefits plan developed
33 pursuant to Article 2 (commencing with Section 127340) of the
34 Health and Safety Code.

35 (12) Health care items and services to members shall be
36 furnished by a health care professional while the professional is
37 physically present within the State of California.

38 (13) The provider shall not enter into risk-bearing, risk-sharing,
39 or risk-shifting agreements with other health care providers or
40 entities other than CalCare.

1 (c) This section does not limit the formation of group practices.
2 100632. (a) A participation agreement may be terminated with
3 appropriate notice by the board for failure to meet the requirements
4 of this title or may be terminated by a provider.

5 (b) A participating provider shall be provided notice and a
6 reasonable opportunity to correct deficiencies before the board
7 terminates an agreement, unless a more immediate termination is
8 required for public safety or similar reasons.

9 (c) The procedures and penalties under the Medi-Cal program
10 for fraud or abuse pursuant to Sections 14107, 14107.11, 14107.12,
11 14107.13, 14107.2, 14107.3, 14107.4, 14107.5, and 14108 of the
12 Welfare and Institutions Code shall apply to an applicant or
13 provider under CalCare.

14 (d) For purposes of this section:

15 (1) "Applicant" means an individual, including an ordering,
16 referring, or prescribing individual, partnership, group, association,
17 corporation, institution, or entity, and the officers, directors,
18 owners, managing employees, or agents thereof, that apply to the
19 board to participate as a provider in CalCare.

20 (2) "Provider" means an individual, partnership, group,
21 association, corporation, institution, or entity, and the officers,
22 directors, owners, managing employees, or agents of a partnership,
23 group association, corporation, institution, or entity, that provides
24 services, goods, supplies, or merchandise, directly or indirectly,
25 including all ordering, referring, and prescribing, to CalCare
26 program members.

27 100633. (a) A person shall not discharge or otherwise
28 discriminate against an employee on account of the employee or
29 a person acting pursuant to a request of the employee for any of
30 the following:

31 (1) Notifying the board, executive director, or employee's
32 employer of an alleged violation of this title, including
33 communications related to carrying out the employee's job duties.

34 (2) Refusing to engage in a practice made unlawful by this title,
35 if the employee has identified the alleged illegality to the employer.

36 (3) Providing, causing to be provided, or being about to provide
37 or cause to be provided to the provider, the federal government,
38 or the Attorney General information relating to a violation of, or
39 an act or omission the provider or representative reasonably
40 believes to be a violation of, this title.

1 (4) Testifying before or otherwise providing information relevant
2 for a state or federal proceeding regarding this title or a proposed
3 amendment to this title.

4 (5) Commencing, causing to be commenced, or being about to
5 commence or cause to be commenced a proceeding under this title.

6 (6) Testifying or being about to testify in a proceeding.

7 (7) Assisting or participating, or being about to assist or
8 participate, in a proceeding or other action to carry out the purposes
9 of this title.

10 (8) Objecting to, or refusing to participate in, an activity, policy,
11 practice, or assigned task that the employee or representative
12 reasonably believes to be in violation of this title or any order,
13 rule, regulation, standard, or ban under this title.

14 (b) An employee covered by this section who alleges
15 discrimination by an employer in violation of subdivision (a) may
16 bring an action governed by the rules and procedures, legal burdens
17 of proof, and remedies applicable under the False Claims Act
18 (Article 9 (commencing with Section 12650) of Chapter 6 of Part
19 2 of Division 3 of Title 2) or Section 12990, or an action against
20 unfair competition pursuant to Chapter 5 (commencing with
21 Section 17200) of Part 2 of Division 7 of the Business and
22 Professions Code.

23 (c) (1) This section does not diminish the rights, privileges, or
24 remedies of an employee under any other law, regulation, or
25 collective bargaining agreement. The rights and remedies in this
26 section shall not be waived by an agreement, policy, form, or
27 condition of employment.

28 (2) This section does not preempt or diminish any other law or
29 regulation against discrimination, demotion, discharge, suspension,
30 threats, harassment, reprimand, retaliation, or any other manner
31 of discrimination.

32 (d) For purposes of this section:

33 (1) "Employer" means a person engaged in profit or
34 not-for-profit business or industry, including one or more
35 individuals, partnerships, associations, corporations, trusts,
36 professional membership organization including a certification,
37 disciplinary, or other professional body, unincorporated
38 organizations, nongovernmental organizations, or trustees, and
39 who is subject to liability for violating this title.

1 (2) “Employee” means an individual performing activities under
2 this title on behalf of an employer.

3 100634. (a) This section shall be effective on the date the
4 implementation period ends pursuant to paragraph (6) of
5 subdivision (e) of Section 100612.

6 (b) (1) An institutional or individual provider with a
7 participation agreement in effect shall not bill or enter into a private
8 contract with an individual eligible for benefits through CalCare
9 for a health care item or service that is a covered benefit through
10 CalCare.

11 (2) An institutional or individual provider with a participation
12 agreement in effect may bill or enter into a private contract with
13 an individual eligible for benefits through CalCare for a health
14 care item or service that is not a covered benefit through CalCare
15 if the following requirements are met:

16 (A) The contract and provider meet the requirements specified
17 in paragraphs (3) and (4).

18 (B) The health care item or service is not payable or available
19 through CalCare.

20 (C) The provider does not receive reimbursement, directly or
21 indirectly, from CalCare for the health care item or service, and
22 does not receive an amount for the health care item or service from
23 an organization that receives reimbursement, directly or indirectly,
24 for the health care item or service from CalCare.

25 (3) (A) A contract described in paragraph (2) shall be in writing
26 and signed by the individual, or authorized representative of the
27 individual, receiving the health care item or service before the
28 health care item or service is furnished pursuant to the contract,
29 and shall not be entered into at a time when the individual is facing
30 an emergency health care situation.

31 (B) A contract described in paragraph (2) shall clearly indicate
32 to the individual receiving the health care item or service that by
33 signing the contract, the individual agrees to all of the following:

34 (i) The individual shall not submit a claim or request that the
35 provider submit a claim to CalCare for the health care item or
36 service.

37 (ii) The individual is responsible for payment of the health care
38 item or service and understands that reimbursement shall not be
39 provided under CalCare for the health care item or service.

1 (iii) The individual understands that the limits under CalCare
2 do not apply to amounts that may be charged for the health care
3 item or service.

4 (iv) The individual understands that the provider is providing
5 services outside the scope of CalCare.

6 (4) A participating provider that enters into a contract described
7 in paragraph (2) shall have in effect, during the period a health
8 care item or service is to be provided pursuant to the contract, an
9 affidavit, which shall be filed with the board no later than 10 days
10 after the first contract to which the affidavit applies is entered into.
11 The affidavit shall identify the provider who is to furnish the
12 noncovered health care item or service, state that the provider will
13 not submit a claim to CalCare for a noncovered health care item
14 or service provided to a member, and be signed by the provider.

15 (5) If a provider signing an affidavit described in paragraph (4)
16 knowingly and willfully submits a claim to CalCare for a
17 noncovered health care item or service or receives reimbursement
18 or an amount for a health care item or service provided pursuant
19 to a private contract, all of the following apply:

20 (A) A contract described in paragraph (2) shall be void.

21 (B) A payment shall not be made under CalCare for a health
22 care item or service furnished by the provider during the two-year
23 period beginning on the date the affidavit was signed or the date
24 the claim was submitted, whichever is later. A payment made by
25 CalCare to the provider during that two-year period shall be
26 remitted to CalCare, plus interest.

27 (C) A payment received by the provider from the member,
28 CalCare, or other payer for a health care item or service furnished
29 during the period described in subparagraph (B) shall be remitted
30 to the payer, and damages shall be available to the payer pursuant
31 to Section 3294 of the Civil Code.

32 (6) An institutional or individual provider with a participation
33 agreement in effect may bill or enter into a private contract with
34 an individual ineligible for benefits under CalCare for a health
35 care item or service. Consistent with Section 100618, the
36 institutional or individual provider shall report to the board, on an
37 annual basis, aggregate information regarding services furnished
38 to ineligible individuals.

39 (c) (1) An institutional or individual provider without a
40 participation agreement in effect may bill or enter into a private

1 contract with an individual eligible for benefits under CalCare for
2 a health care item or service that is a covered benefit through
3 CalCare only if the contract and provider meet the requirements
4 specified in paragraphs (2) and (3).

5 (2) (A) A contract described in paragraph (1) shall be in writing
6 and signed by the individual, or authorized representative of the
7 individual, receiving the health care item or service before the item
8 or service is furnished pursuant to the contract, and shall not be
9 entered into at a time when the individual is facing an emergency
10 health care situation.

11 (B) A contract described in paragraph (1) shall clearly indicate
12 to the individual receiving the health care item or service that by
13 signing the contract, the individual agrees to all of the following:

14 (i) The individual understands that the individual has the right
15 to have the health care item or service provided by another provider
16 for which payment would be made under CalCare.

17 (ii) The individual shall not submit a claim or request that the
18 provider submit a claim to CalCare for the health care item or
19 service, even if the health care item or service is otherwise covered
20 under CalCare.

21 (iii) The individual is responsible for payment of the health care
22 item or service and understands that reimbursement shall not be
23 provided under CalCare for the health care item or service.

24 (iv) The individual understands that the limits under CalCare
25 do not apply to amounts that may be charged for the health care
26 item or service.

27 (v) The individual understands that the provider is providing
28 services outside the scope of CalCare.

29 (3) A provider that enters into a contract described in paragraph
30 (1) shall have in effect, during the period a health care item or
31 service is to be provided pursuant to the contract, an affidavit,
32 which shall be filed with the board no later than 10 days after the
33 first contract to which the affidavit applies is entered into. The
34 affidavit shall identify the provider who is to furnish the health
35 care item or service, state that the provider will not submit a claim
36 to CalCare for a health care item or service provided to a member
37 during a two-year period beginning on the date the affidavit was
38 signed, and be signed by the provider.

39 (4) If a provider who signed an affidavit described in paragraph
40 (3) knowingly and willfully submits a claim to CalCare for a health

1 care item or service or receives reimbursement or an amount for
2 a health care item or service provided pursuant to a private contract
3 described in an affidavit signed pursuant to paragraph (3), all of
4 the following apply:

5 (A) A contract described in paragraph (1) shall be void.

6 (B) A payment shall not be made under CalCare for a health
7 care item or service furnished by the provider during the two-year
8 period beginning on the date the affidavit was signed or the date
9 the claim was submitted, whichever is later. A payment made by
10 CalCare to the provider during that two-year period shall be
11 remitted to CalCare, plus interest.

12 (C) A payment received by the provider from the member,
13 CalCare program, or other payer for a health care item or service
14 furnished during the period described in subparagraph (B) shall
15 be remitted to the payer, and damages shall be available to the
16 payer pursuant to Section 3294 of the Civil Code.

17 (5) An institutional or individual provider without a participation
18 agreement in effect may bill or enter into a private contract with
19 an individual for a health care item or service that is not a benefit
20 under CalCare.

21

22 Article 2. Payment for Health Care Items and Services

23

24 100640. (a) The board shall adopt regulations regarding
25 contracting for, and establishing payment methodologies for,
26 covered health care items and services provided to members under
27 CalCare by participating providers. All payment rates under
28 CalCare shall be reasonable and reasonably related to all of the
29 following:

30 (1) The cost of efficiently providing the health care items and
31 services.

32 (2) Ensuring availability and accessibility of CalCare health
33 care services, including compliance with state requirements
34 regarding network adequacy, timely access, and language access.

35 (3) Maintaining an optimal workforce and the health care
36 facilities necessary to deliver quality, equitable health care.

37 (b) (1) Payment for health care items and services shall be
38 considered payment in full.

39 (2) A participating provider shall not charge a rate in excess of
40 the payment established through CalCare for a health care item or

1 service furnished under CalCare and shall not solicit or accept
2 payment from any member or third party for a health care item or
3 service furnished under CalCare, except as provided under a federal
4 program.

5 (3) This section does not preclude CalCare from acting as a
6 primary or secondary payer in conjunction with another third-party
7 payer when permitted by a federal program.

8 (c) Not later than the beginning of each fiscal quarter during
9 which an institutional provider of care, including a hospital, skilled
10 nursing facility, and chronic dialysis clinic, is to furnish health
11 care items and services under CalCare, the board shall pay to each
12 institutional provider a lump sum to cover all operating expenses
13 under a global budget as set forth in Section 100641. An
14 institutional provider receiving a global budget payment shall
15 accept that payment as payment in full for all operating expenses
16 for health care items and services furnished under CalCare, whether
17 inpatient or outpatient, by the institutional provider.

18 (d) (1) A group practice, county organized health system, or
19 local initiative may elect to be paid for health care items and
20 services furnished under CalCare either on a fee-for-service basis
21 under Section 100644 or on a salaried basis.

22 (2) A group practice, county organized health system, or local
23 initiative that elects to be paid on a salaried basis shall negotiate
24 salaried payment rates with the board annually, and the board shall
25 pay the group practice, county organized health system, or local
26 initiative at the beginning of each month.

27 (e) Health care items and services provided to members under
28 CalCare by individual providers or any other providers not paid
29 under subdivision (c) or (d) shall be paid for on a fee-for-service
30 basis under Section 100644.

31 (f) Capital-related expenses for specifically identified capital
32 expenditures incurred by participating providers shall meet the
33 requirements under Section 100645.

34 (g) Payment methodologies and payment rates shall include a
35 distinct component of reimbursement for direct and indirect costs
36 incurred by the institutional provider for graduate medical
37 education, as applicable.

38 (h) The board shall adopt, by regulation, payment methodologies
39 and procedures for paying for out-of-state health care services.

1 (i) (1) This article does not regulate, interfere with, diminish,
2 or abrogate a collective bargaining agreement, established
3 employee rights, or the right, obligation, or authority of a collective
4 bargaining representative under state or local law.

5 (2) This article does not compel, regulate, interfere with, or
6 duplicate the provisions of an established training program that is
7 operated under the terms of a collective bargaining agreement or
8 unilaterally by an employer or bona fide labor union.

9 (j) The board shall determine the appropriate use and allocation
10 of the special projects budget for the construction, renovation, or
11 staffing of health care facilities in rural, underserved, or health
12 professional or medical shortage areas, and to address health
13 disparities, including those based on race, ethnicity, national origin,
14 primary language use, age, disability, sex, including gender identity
15 and sexual orientation, geography, and socioeconomic status.

16 100641. (a) An institutional provider's global budget shall be
17 determined before the start of a fiscal year through negotiations
18 between the provider and the board. The global budget shall be
19 negotiated annually based on the payment factors described in
20 subdivision (d).

21 (b) An institutional provider's global budget shall be used only
22 to cover operating expenses associated with direct care for patients
23 for health care items and services covered under CalCare. An
24 institutional provider's global budget shall not be used for capital
25 expenditures, and capital expenditures shall not be included in the
26 global budget.

27 (c) The board, on a quarterly basis, shall review whether
28 requirements of the institutional provider's participation agreement
29 and negotiated global budget have been performed and shall
30 determine whether adjustment to the institutional provider's
31 payment is warranted.

32 (d) A payment negotiated pursuant to subdivision (a) shall take
33 into account, with respect to each provider, all of the following:

34 (1) The historical volume of services provided for each health
35 care item and service in the previous three-year period.

36 (2) The actual expenditures of a provider in the provider's most
37 recent Medicare cost report for each health care item and service,
38 or other cost report that may otherwise be adopted by the board,
39 compared to the following:

- 1 (A) The expenditures of other comparable institutional providers
- 2 in the state.
- 3 (B) The normative payment rates established under the
- 4 comparative payment rate systems pursuant to Section 100643,
- 5 including permissible adjustments to the rates for the health care
- 6 items and services.
- 7 (C) Projected changes in the volume and type of health care
- 8 items and services to be furnished.
- 9 (D) Employee wages.
- 10 (E) The provider’s maximum capacity to provide the health care
- 11 items and services.
- 12 (F) Education and prevention programs.
- 13 (G) Permissible adjustments to the provider’s operating budget
- 14 from the previous fiscal year due to factors including an increase
- 15 in primary or specialty care access, efforts to decrease health care
- 16 disparities in rural or medically underserved areas, a response to
- 17 emergent conditions, and proposed changes to patient care
- 18 programs at the institutional level.
- 19 (H) Any other factor determined appropriate by the board.
- 20 (3) In a rural or medically underserved area, the need to mitigate
- 21 the impact of the availability and accessibility of health care
- 22 services through increased global budget payment.
- 23 (e) A payment negotiated pursuant to subdivision (a) or payment
- 24 methodology shall not do any of the following:
- 25 (1) Take into account capital expenditures of the provider or
- 26 any other expenditure not directly associated with furnishing health
- 27 care items and services under CalCare.
- 28 (2) Be used by a provider for capital expenditures or other
- 29 expenditures associated with capital projects.
- 30 (3) Exceed the provider’s capacity to furnish health care items
- 31 and services covered under CalCare.
- 32 (4) Be used to pay or otherwise compensate a board member,
- 33 executive, or administrator of the institutional provider who has
- 34 an interest or relationship prohibited under paragraph (10) of
- 35 subdivision (b) of Section 100631 or paragraph (3) of subdivision
- 36 (c) of Section 100651.
- 37 (f) The board may negotiate changes to an institutional
- 38 provider’s global budget based on factors not prohibited under
- 39 subdivision (e) or any other provision of this title.

1 (g) Subject to subdivision (i) of Section 100640, compensation
2 costs for an employee, contractor employee, or subcontractor
3 employee of an institutional provider receiving a global budget
4 shall meet the compensation cap established in Section 4304(a)(16)
5 of Title 41 of the United States Code and its implementing
6 regulations, except that the board may establish one or more
7 narrowly targeted exceptions for scientists, engineers, or other
8 specialists upon a determination that those exceptions are needed
9 to ensure CalCare continued access to needed skills and
10 capabilities.

11 (h) A payment to an institutional provider pursuant to this
12 section shall not allow a participating provider to retain revenue
13 generated from outsourcing health care items and services covered
14 under CalCare, unless that revenue was considered part of the
15 global budget negotiation process. This subdivision shall apply to
16 revenue from outsourcing health care items and services that were
17 previously furnished by employees of the participating provider
18 who were subject to a collective bargaining agreement.

19 (i) For the purposes of this section, “operating expenses” of a
20 provider include the following:

21 (1) The costs associated with covered health care items and
22 services under CalCare, including the following:

23 (A) Compensation for health care professionals, ancillary staff,
24 and services employed or otherwise paid by an institutional
25 provider.

26 (B) Pharmaceutical products administered by health care
27 professionals at the institutional provider’s facility or facilities.

28 (C) Purchasing supplies.

29 (D) Maintenance of medical devices and health care
30 technologies, including diagnostic testing equipment, except that
31 health information technology and artificial intelligence shall be
32 considered capital expenditures, unless otherwise determined by
33 the board.

34 (E) Incidental services necessary for safe patient care.

35 (F) Patient care, education, and preventive health programs, and
36 necessary staff to implement those programs.

37 (G) Occupational health and safety programs and public health
38 programs, and necessary staff to implement those programs for
39 the continued education and health and safety of clinicians and
40 other individuals employed by the institutional provider.

1 (H) Infectious disease response preparedness, including the
2 maintenance of a one-year or 365-day stockpile of personal
3 protective equipment, occupational testing and surveillance, and
4 contact tracing.

5 (2) Administrative costs of the institutional provider.

6 100642. (a) The board shall consider an appeal of payments
7 and the global budget, filed by an institutional provider that is
8 subject to the payments or global budget, based on the following:

9 (1) The overall financial condition of the institutional provider,
10 including bankruptcy or financial solvency.

11 (2) Excessive risks to the ongoing operation of the institutional
12 provider.

13 (3) Justifiable differences in costs among providers, including
14 providing a service not available from other providers in the region,
15 or the need for health care services in rural areas with a shortage
16 of health professionals or medically underserved areas and
17 populations.

18 (4) Factors that led to increased costs for the institutional
19 provider that can reasonably be considered to be unanticipated and
20 out of the control of the provider. Those factors may include:

21 (A) Natural disasters.

22 (B) Outbreaks of epidemics or infectious diseases.

23 (C) Unanticipated facility or equipment repairs or purchases.

24 (D) Significant and unanticipated increases in pharmaceutical
25 or medical device prices.

26 (5) Changes in state or federal laws that result in a change in
27 costs.

28 (6) Reasonable increases in labor costs, including salaries and
29 benefits, and changes in collective bargaining agreements,
30 prevailing wage, or local law.

31 (b) (1) The payments set and global budget negotiated by the
32 board to be paid to the institutional provider shall stay in effect
33 during the appeal process, subject to interim relief provisions.

34 (2) The board shall have the power to grant interim relief based
35 on fairness. The board shall develop regulations governing interim
36 relief. The board shall establish uniform written procedures for
37 the submission, processing, and consideration of an interim relief
38 appeal by an institutional provider. A decision on interim relief
39 shall be granted within one month of the filing of an interim relief
40 appeal. An institutional provider shall certify in its interim relief

1 appeal that the request is made on the basis that the challenged
2 amount is arbitrary and capricious, or that the institutional provider
3 has experienced a bona fide emergency based on unanticipated
4 costs or costs outside the control of the entity, including those
5 described in paragraph (4) of subdivision (a).

6 (c) (1) In accordance with the Administrative Procedure Act
7 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
8 Division 3 of Title 2), the board may delegate the conduct of a
9 hearing to an administrative law judge, who shall issue a proposed
10 decision with findings of fact and conclusions of law.

11 (2) The administrative law judge may hold evidentiary hearings
12 and shall issue a proposed decision with findings of fact and
13 conclusions of law, including a recommended adjusted payment
14 or global budget, within four months of the filing of the appeal.

15 (3) Within 30 days of receipt of the proposed decision by the
16 administrative law judge, the board may approve, disapprove, or
17 modify the decision, and shall issue a final decision for the
18 appealing institutional provider.

19 (d) A final determination by the ~~commission~~ board shall be
20 subject to judicial review pursuant to Section 1094.5 of the Code
21 of Civil Procedure.

22 100643. (a) The board shall use existing Medicare prospective
23 payment systems to establish and serve as the comparative payment
24 rate system in global budget negotiations described in subparagraph
25 (B) of paragraph (2) of subdivision (d) of Section 100641. The
26 board shall update the comparative payment rate system annually.

27 (b) To develop the comparative payment rate system, the board
28 shall use only the operating base payment rates under each
29 Medicare prospective payment system with applicable adjustments.

30 (c) The comparative rate system shall not include value-based
31 purchasing adjustments or capital expenses base payment rates
32 that may be included in Medicare prospective payment systems.

33 (d) In the first year that global budget payments are available
34 to institutional providers, and for purposes of selecting a
35 comparative payment rate system used during initial global budget
36 negotiations for an institutional provider, the board shall take into
37 account the appropriate Medicare prospective payment system
38 from the most recent year to determine what operating base
39 payment the institutional provider would have been paid for
40 covered health care items and services furnished the preceding

1 year with applicable adjustments, excluding value-based purchasing
2 adjustments, based on the prospective payment system.

3 100644. (a) The board shall engage in good faith negotiations
4 with health care providers' representatives under Chapter 8
5 (commencing with Section ~~100800~~ 100675) to determine rates
6 of fee-for-service payment for health care items and services
7 furnished under CalCare.

8 (b) There shall be a rebuttable presumption that the Medicare
9 fee-for-service rates of reimbursement constitute reasonable
10 fee-for-service payment rates. The fee schedule shall be updated
11 annually.

12 (c) Payments to individual providers under this article shall not
13 include payments to individual providers in salaried positions at
14 institutional providers receiving global budgets under Section
15 100641 or individual health care professionals who are employed
16 by or otherwise receive compensation or payment for health care
17 items and services furnished under CalCare from group practices,
18 county organized health systems, or local initiatives that receive
19 payment under CalCare on a salaried basis.

20 (d) To establish the fee-for-service payment rates, the board
21 shall ensure that the fee schedule compensates physicians and other
22 health care professionals at a rate that reflects the value for health
23 care items and services furnished.

24 (e) In a rural or medically underserved area, the board may
25 mitigate the impact of the availability and accessibility of health
26 care services through increased individual provider payment.

27 100645. (a) (1) The board shall adopt, by regulation, payment
28 methodologies for the payment of capital expenditures for
29 specifically identified capital projects incurred by not-for-profit
30 or governmental entities that are health facilities pursuant to
31 Chapter 2 (commencing with Section 1250) of Division 2 of the
32 Health and Safety Code.

33 (2) The board shall prioritize allocation of funding under this
34 subdivision to projects that propose to use the funds to improve
35 service in a rural or medically underserved area, or to address
36 health disparities, including those based on race, ethnicity, national
37 origin, primary language use, age, disability, sex, including gender
38 identity and sexual orientation, geography, and socioeconomic
39 status. The board shall consider the impact of any prior reduction

1 in services or facility closure by a not-for-profit or governmental
2 entity as part of the application review process.

3 (3) For the purposes of funding capital expenditures under this
4 section, health care facilities and governmental entities shall apply
5 to the board in a time and manner specified by the board. All
6 capital-related expenses generated by a capital project shall have
7 received prior approval from the board to be paid under CalCare.

8 (b) Approval of an application for capital expenditures shall be
9 based on achievement of the program standards described in
10 Chapter 6 (commencing with Section 100650).

11 (c) The board shall not grant funding for capital expenditures
12 for capital projects that are financed directly or indirectly through
13 the diversion of private or other non-CalCare program funding
14 that results in reductions in care to patients, including reductions
15 in registered nursing staffing patterns and changes in emergency
16 room or primary care services or availability.

17 (d) A participating provider shall not use operating funds or
18 payments from CalCare for the operating expenses associated with
19 a capital asset that was not funded by CalCare without the approval
20 of the board.

21 (e) A participating provider shall not do either of the following:

22 (1) Use funds from CalCare designated for operating expenses
23 or payments for capital expenditures.

24 (2) Use funds from CalCare designated for capital expenditures
25 or payments for operating expenses.

26 100646. (a) (1) A margin generated by a participating provider
27 receiving a global budget under CalCare may be retained and used
28 to meet the health care needs of CalCare members.

29 (2) A participating provider shall not retain a margin if that
30 margin was generated through inappropriate limitations on access
31 to health care, compromises in the quality of care, or actions that
32 adversely affected or are likely to adversely affect the health of
33 the persons receiving services from an institutional provider, group
34 practice, or other participating provider under CalCare.

35 (3) The board shall evaluate the source of margin generation.

36 (b) A payment under CalCare, including provider payments for
37 operating expenses or capital expenditures, shall not take into
38 account, include a process for the funding of, or be used by a
39 provider for any of the following:

- 1 (1) Marketing, which does not include education and prevention
- 2 programs paid under a global budget.
- 3 (2) The profit or net revenue, or increasing the profit, net
- 4 revenue, or financial result of the provider.
- 5 (3) An incentive payment, bonus, or compensation based on
- 6 patient utilization of health care items or services or any financial
- 7 measure applied with respect to the provider or a group practice
- 8 or other entity that contracts with or provides health care items or
- 9 services, including pharmaceutical products and medical devices
- 10 or equipment, to the provider.
- 11 (4) A bonus, incentive payment, or incentive adjustment from
- 12 CalCare to a participating provider.
- 13 (5) A bonus, incentive payment, or compensation based on the
- 14 financial results of any other health care provider with which the
- 15 provider has a pecuniary interest or contractual relationship,
- 16 including employment or other compensation-based relationship.
- 17 (6) A bonus, incentive payment, or compensation based on the
- 18 financial results of an integrated health care delivery system, group
- 19 practice, or other provider.
- 20 (7) State political contributions.
- 21 (c) (1) The board shall establish and enforce penalties for
- 22 violations of this section, consistent with the Administrative
- 23 Procedure Act (Chapter 3.5 (commencing with Section 11340) of
- 24 Part 1 of Division 3 of Title 2).
- 25 (2) Penalty payments collected for violations of this section
- 26 shall be remitted to the CalCare Trust Fund for use in CalCare.
- 27 100647. (a) The board shall, in consultation with the
- 28 Department of General Services, the Department of Health Care
- 29 Services, and other relevant state agencies, negotiate prices to be
- 30 paid for pharmaceuticals, medical supplies, medical technology,
- 31 and medically necessary assistive equipment covered through
- 32 CalCare. Negotiations by the board shall be on behalf of the entire
- 33 CalCare program. A state agency shall cooperate to provide data
- 34 and other information to the board.
- 35 (b) The board shall, in consultation with the Department of
- 36 General Services, the Department of Health Care Services, the
- 37 CalCare Public Advisory Committee, patient advocacy
- 38 organizations, physicians, registered nurses, pharmacists, and other
- 39 health care professionals, establish a prescription drug formulary

1 system. To establish the prescription drug formulary system, the
2 board shall do all of the following:

3 (1) Promote the use of generic and biosimilar medications.

4 (2) Consider the clinical efficacy of medications.

5 (3) Update the formulary frequently and allow health care
6 professionals, other clinicians, and members to petition the board
7 to add new pharmaceuticals or to remove ineffective or dangerous
8 medications from the formulary.

9 (4) Consult with patient advocacy organizations, physicians,
10 nurses, pharmacists, and other health care professionals to
11 determine the clinical efficacy and need for the inclusion of specific
12 medications in the formulary.

13 (c) The prescription drug formulary system shall not require a
14 prior authorization determination for coverage under CalCare and
15 shall not apply treatment limitations through the use of step therapy
16 protocols.

17 (d) The board shall promulgate regulations regarding the use
18 of off-formulary medications that allow for patient access.

19

20 CHAPTER 6. PROGRAM STANDARDS

21

22 100650. CalCare shall establish a single standard of safe,
23 therapeutic, and effective care for all residents of the state by the
24 following means:

25 (a) The board shall establish requirements and standards, by
26 regulation, for CalCare and health care providers, consistent with
27 this title and consistent with the applicable professional practice
28 and licensure standards of health care providers and health care
29 professionals established pursuant to the Business and Professions
30 Code, the Health and Safety Code, the Insurance Code, and the
31 Welfare and Institutions Code, including requirements and
32 standards for, as applicable:

33 (1) The scope, quality, and accessibility of health care items
34 and services.

35 (2) Relations between participating providers and members.

36 (3) Relations between institutional providers, group practices,
37 and individual health care organizations, including credentialing
38 for participation in CalCare and clinical and admitting privileges,
39 and terms, methods, and rates of payment.

1 (b) The board shall establish requirements and standards, by
2 regulation, under CalCare that include provisions to promote all
3 of the following:

4 (1) Simplification, transparency, uniformity, and fairness in the
5 following:

6 (A) Health care provider credentialing for participation in
7 CalCare.

8 (B) Health care provider clinical and admitting privileges in
9 health care facilities.

10 (C) Clinical placement for educational purposes, including
11 clinical placement for prelicensure registered nursing students
12 without regard to degree type, that prioritizes nursing students in
13 public education programs.

14 (D) Payment procedures and rates.

15 (E) Claims processing.

16 (2) In-person primary and preventive care, efficient and effective
17 health care items and services, quality assurance, and promotion
18 of public, environmental, and occupational health.

19 (3) Elimination of health care disparities.

20 (4) Nondiscrimination pursuant to Section 100621.

21 (5) Accessibility of health care items and services, including
22 accessibility for people with disabilities and people with limited
23 ability to speak or understand English.

24 (6) Providing health care items and services in a culturally,
25 linguistically, and structurally competent manner.

26 (c) The board shall establish requirements and standards, to the
27 extent authorized by federal law, by regulation, for replacing and
28 merging with CalCare health care items and services and ancillary
29 services currently provided by other programs, including Medicare,
30 the Affordable Care Act, and federally matched public health
31 programs.

32 (d) A participating provider shall furnish information as required
33 by the ~~Office of Statewide Health Planning and Development~~
34 *Department of Health Care Access and Information* pursuant to
35 Sections 100616 and 100631, and to Division 107 (commencing
36 with Section 127000) of the Health and Safety Code, and permit
37 examination of that information by the board as reasonably required
38 for purposes of reviewing accessibility and utilization of health
39 care items and services, quality assurance, cost containment, the
40 making of payments, and statistical or other studies of the operation

1 of CalCare or for protection and promotion of public,
2 environmental, and occupational health.

3 (e) The board shall use the data furnished under this title to
4 ensure that clinical practices meet the utilization, quality, and
5 access standards of CalCare. The board shall not use a standard
6 developed under this chapter for the purposes of establishing a
7 payment incentive or adjustment under CalCare.

8 (f) To develop requirements and standards and making other
9 policy determinations under this chapter, the board shall consult
10 with representatives of members, health care providers, health care
11 organizations, labor organizations representing health care
12 employees, and other interested parties.

13 100651. (a) (1) As part of a health care practitioner's duty to
14 advocate for medically appropriate health care for their patients
15 pursuant to Sections 510 and 2056 of the Business and Professions
16 Code, a participating provider has a duty to act in the exclusive
17 interest of the patient.

18 (2) The duty described in paragraph (1) applies to a health care
19 professional who may be employed by a participating provider or
20 otherwise receive compensation or payment for health care items
21 and services furnished under CalCare.

22 (b) Consistent with subdivision (a) and with Sections 510 and
23 2056 of the Business and Professions Code:

24 (1) An individual's treating physician, or other health care
25 professional who is authorized to diagnose the individual in
26 accordance with all applicable scope of practice and other license
27 requirements and is treating the individual, is responsible for the
28 determination of the medically necessary or appropriate care for
29 the individual.

30 (2) A participating provider or health care professional who
31 may be employed by CalCare or otherwise receive compensation
32 or payment for health care items and services furnished under
33 CalCare from a participating provider or other person participating
34 in CalCare shall use reasonable care and diligence in safeguarding
35 an individual under the care of the provider or professional and
36 shall not impair an individual's treating physician or other health
37 care provider treating the individual from advocating for medically
38 necessary or appropriate care under this section.

- 1 (c) A health care provider or health care professional described
2 in subdivision (a) violates the duty established under this section
3 for any of the following:
- 4 (1) Having a pecuniary interest or relationship, including an
5 interest or relationship disclosed under subdivision (d), that impairs
6 the provider’s ability to provide medically necessary or appropriate
7 care.
 - 8 (2) Accepting a bonus, incentive payment, or compensation
9 based on any of the following:
 - 10 (A) A patient’s utilization of services.
 - 11 (B) The financial results of another health care provider with
12 which the participating provider has a pecuniary interest or
13 contractual relationship, including employment or other
14 compensation-based relationship, or of a person that contracts with
15 or provides health care items or services, including pharmaceutical
16 products and medical devices or equipment, to the provider.
 - 17 (C) The financial results of an institutional provider, group
18 practice, or person that contracts with, provides health care items
19 or services under, or otherwise receives payment from CalCare.
 - 20 (3) Having a board member, executive, or administrator that
21 receives compensation from, owns stock, or has other financial
22 investments in, or serves as a board member of an entity that
23 contracts with or provides health care items or services, including
24 pharmaceutical products and medical devices or equipment, to the
25 provider.
- 26 (d) To evaluate and review compliance with this section, a
27 participating provider shall report, at least annually, to the ~~Office~~
28 ~~of Statewide Health Planning and Development~~ *Department of*
29 *Health Care Access and Information* all of the following:
- 30 (1) A beneficial interest required to be disclosed to a patient
31 pursuant to Section 654.2 of the Business and Professions Code.
 - 32 (2) A membership, proprietary interest, coownership, or
33 profit-sharing arrangement, required to be disclosed to a patient
34 pursuant to Section 654.1 of the Business and Professions Code.
 - 35 (3) A subcontract entered into that contains incentive plans that
36 involve general payments, including capitation payments or shared
37 risk agreements, that are not tied to specific medical decisions
38 involving specific members or groups of members with similar
39 medical conditions.

1 (4) Bonus or other incentive arrangements used in compensation
2 agreements with another health care provider or an entity that
3 contracts with or provides health care items or services, including
4 pharmaceutical products and medical devices or equipment, to the
5 provider.

6 (5) An offer, delivery, receipt, or acceptance of rebates, refunds,
7 commission, preference, patronage dividend, discount, or other
8 consideration for a referral made in exception to Section 650 of
9 the Business and Professions Code.

10 (e) The board may adopt regulations as necessary to implement
11 and enforce this section and may adopt regulations to expand
12 reporting requirements under this section.

13 (f) For purposes of this section, “person” means an individual,
14 partnership, corporation, limited liability company, or other
15 organization, or any combination thereof, including a medical
16 group practice, independent practice association, preferred provider
17 organization, foundation, hospital medical staff and governing
18 body, or payer.

19 100652. (a) An individual’s treating physician, nurse, or other
20 health care professional, in implementing a patient’s medical or
21 nursing care plan and in accordance with their scope of practice
22 and licensure, may override health information technology or
23 clinical practice guidelines, including standards and guidelines
24 implemented by a participating provider through the use of health
25 information technology, including electronic health record
26 technology, clinical decision support technology, and computerized
27 order entry programs.

28 (b) An override described in subdivision (a) shall, in the
29 independent professional judgment of the treating physician, ~~nurse~~
30 *nurse*, or other health care professional, meet all of the following
31 requirements:

32 (1) The override is consistent with the treating physician’s,
33 ~~nurse’s~~ *nurse’s*, or other health care professional’s determination
34 of medical necessity or appropriateness or nursing assessment.

35 (2) The override is in the best interest of the patient.

36 (3) The override is consistent with the patient’s wishes.

CHAPTER 7. FUNDING

Article 1. Federal Health Programs and Funding

100660. (a) (1) The board is authorized to and shall seek all federal waivers and other federal approvals and arrangements and submit state plan amendments as necessary to operate CalCare consistent with this title.

(2) The board is authorized to apply for a federal waiver or federal approval as necessary to receive funds to operate CalCare pursuant to paragraph (1), including a waiver under Section 18052 of Title 42 of the United States Code.

(3) The board shall apply for federal waivers or federal approval pursuant to paragraph (1) by January 1, ~~2023~~ 2024.

(b) (1) The board shall apply to the United States Secretary of Health and Human Services or other appropriate federal official for all waivers of requirements, and make other arrangements, under Medicare, any federally matched public health program, the Affordable Care Act, and any other federal programs or laws, as appropriate, that are necessary to enable all CalCare members to receive all benefits under CalCare through CalCare, to enable the state to implement this title, and to allow the state to receive and deposit all federal payments under those programs, including funds that may be provided in lieu of premium tax credits, cost-sharing subsidies, and small business tax credits, in the State Treasury to the credit of the CalCare Trust Fund, created pursuant to Section 100665, and to use those funds for CalCare and other provisions under this title.

(2) To the fullest extent possible, the board shall negotiate arrangements with the federal government to ensure that federal payments are paid to CalCare in place of federal funding of, or tax benefits for, federally matched public health programs or federal health programs. To the extent any federal funding is not paid directly to CalCare, the state shall direct the funding and moneys to CalCare.

(3) The board may require members or applicants to provide information necessary for CalCare to comply with any waiver or arrangement under this title. Information provided by members to the board for the purposes of this subdivision shall not be used for any other purpose.

1 (4) The board may take any additional actions necessary to
2 effectively implement CalCare to the maximum extent possible
3 as an independent single-payer program consistent with this title.
4 It is the intent of the ~~legislature~~ *Legislature* to establish CalCare,
5 to the fullest extent possible, as an independent agency.

6 (c) The board may take actions consistent with this article to
7 enable CalCare to administer Medicare in California. CalCare shall
8 be a provider of supplemental insurance coverage and shall provide
9 premium assistance for drug coverage under Medicare Part D for
10 eligible members of CalCare.

11 (d) The board may waive or modify the applicability of any
12 provisions of this title relating to any federally matched public
13 health program or Medicare, as necessary, to implement any waiver
14 or arrangement under this section or to maximize the federal
15 benefits to CalCare under this section.

16 (e) The board may apply for coverage for, and enroll, any
17 eligible member under any federally matched public health program
18 or Medicare. Enrollment in a federally matched public health
19 program or Medicare shall not cause a member to lose a health
20 care item or service provided by CalCare or diminish any right the
21 member would otherwise have.

22 (f) (1) Notwithstanding any other law, the board, by regulation,
23 shall increase the income eligibility level, increase or eliminate
24 the resource test for eligibility, simplify any procedural or
25 documentation requirement for enrollment, and increase the
26 benefits for any federally matched public health program and for
27 any program in order to reduce or eliminate an individual's
28 coinsurance, cost-sharing, or premium obligations or increase an
29 individual's eligibility for any federal financial support related to
30 Medicare or the Affordable Care Act.

31 (2) The board may act under this subdivision, upon a finding
32 approved by the Director of Finance and the board that the action
33 does all of the following:

34 (A) Will help to increase the number of members who are
35 eligible for and enrolled in federally matched public health
36 programs, or for any program to reduce or eliminate an individual's
37 coinsurance, cost-sharing, or premium obligations or increase an
38 individual's eligibility for any federal financial support related to
39 Medicare or the Affordable Care Act.

1 (B) Will not diminish any individual's access to a health care
2 item or service or right the individual would otherwise have.

3 (C) Is in the interest of CalCare.

4 (D) Does not require or has received any necessary federal
5 waivers or approvals to ensure federal financial participation.

6 (g) To enable the board to apply for coverage for, and enroll,
7 any eligible member under any federally matched public health
8 program or Medicare, the board may require that every member
9 or applicant provide the information necessary to enable the board
10 to determine whether the applicant is eligible for a federally
11 matched public health program or for Medicare, or any program
12 or benefit under Medicare.

13 (h) As a condition of continued eligibility for health care items
14 and services under CalCare, a member who is eligible for benefits
15 under Medicare shall enroll in Medicare, including Parts A, B, and
16 D.

17 (i) The board shall provide premium assistance for all members
18 enrolling in a Medicare Part D drug coverage plan under Section
19 1860D of Title XVIII of the federal Social Security Act (42 U.S.C.
20 Sec. 1395w-101 et seq.), limited to the low-income benchmark
21 premium amount established by the federal Centers for Medicare
22 and Medicaid Services and any other amount the federal agency
23 establishes under its de minimis premium policy, except that those
24 payments made on behalf of members enrolled in a Medicare
25 Advantage plan may exceed the low-income benchmark premium
26 amount if determined to be cost effective to CalCare.

27 (j) If the board has reasonable grounds to believe that a member
28 may be eligible for an income-related subsidy under Section
29 1860D-14 of Title XVIII of the federal Social Security Act (42
30 U.S.C. Sec. 1395w-114), the member shall provide, and authorize
31 CalCare to obtain, any information or documentation required to
32 establish the member's eligibility for that subsidy. The board shall
33 attempt to obtain as much of the information and documentation
34 as possible from records that are available to it.

35 (k) The board shall make a reasonable effort to notify members
36 of their obligations under this section. After a reasonable effort
37 has been made to contact the member, the member shall be notified
38 in writing that the member has 60 days to provide the required
39 information. If the required information is not provided within the
40 60-day period, the member's coverage under CalCare may be

1 suspended until the issue is resolved. Information provided by a
2 member to the board for the purposes of this section shall not be
3 used for any other purpose.

4 (I) The board shall assume responsibility for all benefits and
5 services paid for by the federal government with those funds.

6

7

Article 2. CalCare Trust Fund

8

9

10 100665. (a) The CalCare Trust Fund is hereby created in the
11 State Treasury for the purposes of this title to be administered by
12 the CalCare Board. Notwithstanding Section 13340, all moneys
13 in the fund shall be continuously appropriated without regard to
14 fiscal year for the purposes of this title. Any moneys in the fund
15 that are unexpended or unencumbered at the end of a fiscal year
16 may be carried forward to the next succeeding fiscal year.

17 (b) Notwithstanding any other law, moneys deposited in the
18 fund shall not be loaned to, or borrowed by, any other special fund
19 or the General Fund, a county general fund or any other county
20 fund, or any other fund.

21 (c) The board shall establish and maintain a prudent reserve in
22 the fund to enable it to respond to costs including those of an
23 epidemic, pandemic, natural disaster, or other health emergency,
24 or market-shift adjustments related to patient volume.

25 (d) The board or staff of the board shall not utilize any funds
26 intended for the administrative and operational expenses of the
27 board for staff retreats, promotional giveaways, excessive executive
28 compensation, or promotion of federal or state legislative or
29 regulatory modifications.

30 (e) Notwithstanding Section 16305.7, all interest earned on the
31 moneys that have been deposited into the fund shall be retained
32 in the fund and used for purposes consistent with the fund.

33 (f) The fund shall consist of all of the following:

34 (1) All moneys obtained pursuant to legislation enacted as
35 proposed under Section 100670.

36 (2) Federal payments received as a result of any waiver of
37 requirements granted or other arrangements agreed to by the United
38 States Secretary of Health and Human Services or other appropriate
39 federal officials for health care programs established under
40 Medicare, any federally matched public health program, or the
Affordable Care Act.

1 (3) The amounts paid by the State Department of Health Care
2 Services that are equivalent to those amounts that are paid on behalf
3 of residents of this state under Medicare, any federally matched
4 public health program, or the Affordable Care Act for health
5 benefits that are equivalent to health benefits covered under
6 CalCare.

7 (4) Federal and state funds for purposes of the provision of
8 services authorized under Title XX of the federal Social Security
9 Act (42 U.S.C. Sec. 1397 et seq.) that would otherwise be covered
10 under CalCare.

11 (5) State moneys that would otherwise be appropriated to any
12 governmental agency, office, program, instrumentality, or
13 institution that provides health care items or services for services
14 and benefits covered under CalCare. Payments to the fund pursuant
15 to this section shall be in an amount equal to the money
16 appropriated for those purposes in the fiscal year beginning
17 immediately preceding the effective date of this title.

18 (g) All federal moneys shall be placed into the CalCare Federal
19 Funds Account, which is hereby created within the CalCare Trust
20 Fund.

21 (h) Moneys in the CalCare Trust Fund shall only be used for
22 the purposes established in this title.

23 (i) *(1) Before the delivery of the fiscal analysis required*
24 *pursuant to Section 100619:*

25 *(A) Moneys in the CalCare Trust fund shall not be used for*
26 *startup and administrative costs to implement Section 100612.*

27 *(B) Moneys in the CalCare Trust Fund may be used to design*
28 *and commission the fiscal analysis required pursuant to Section*
29 *100619.*

30 *(2) After delivery of the fiscal analysis required pursuant to*
31 *Section 100619, moneys in the CalCare Trust Fund may be used*
32 *for startup and administrative costs to implement Section 100612*
33 *only if the Legislature approves the implementation of CalCare*
34 *by statute, pursuant to subdivision (d) of Section 100619.*

35 100667. (a) The board annually shall prepare a budget for
36 CalCare that specifies a budget for all expenditures to be made for
37 covered health care items and services and shall establish
38 allocations for each of the budget components under subdivision
39 (b) that shall cover a three-year period.

1 (b) The CalCare budget shall consist of at least the following
2 components:

- 3 (1) An operating budget.
- 4 (2) A capital expenditures budget.
- 5 (3) A special projects budget.
- 6 (4) Program standards activities.
- 7 (5) Health professional education expenditures.
- 8 (6) Administrative costs.
- 9 (7) Prevention and public health activities.

10 (c) The board shall allocate the funds received among the
11 components described in subdivision (b) to ensure the following:

- 12 (1) The operating budget allows for participating providers to
13 meet the health care needs of the population.
- 14 (2) A fair allocation to the special projects budget to meet the
15 purposes described in subdivision (f) in a reasonable timeframe.
- 16 (3) A fair allocation for program standards activities.
- 17 (4) The health professional education expenditures component
18 is sufficient to meet the need for covered health care items and
19 services.

20 (d) The operating budget described in paragraph (1) of
21 subdivision (b) shall be used for payments to providers for health
22 care items and services furnished by participating providers under
23 CalCare.

24 (e) The capital expenditures budget described in paragraph (2)
25 of subdivision (b) shall be used for the construction or renovation
26 of health care facilities, excluding congregate or segregated
27 facilities for individuals with disabilities who receive long-term
28 services and supports under CalCare, and other capital
29 expenditures.

30 (f) (1) The special projects budget shall be used for the payment
31 to not-for-profit or governmental entities that are health facilities
32 pursuant to Chapter 2 (commencing with Section 1250) of Division
33 2 of the Health and Safety Code for the construction or renovation
34 of health care facilities, major equipment purchases, staffing in a
35 rural or medically underserved area, and to address health
36 disparities, including those based on race, ethnicity, national origin,
37 primary language use, age, disability, sex, including gender identity
38 and sexual orientation, geography, and socioeconomic status.

39 (2) To mitigate the impact of the payments on the availability
40 and accessibility of health care services, the special projects budget

1 may be used to increase payment to providers in a rural or
 2 medically underserved area.
 3 (g) For up to five years following the date on which benefits
 4 first become available under CalCare, at least 1 percent of the
 5 budget shall be allocated to programs providing transition
 6 assistance pursuant to Section 100615.

7
 8 Article 3. CalCare Financing
 9

10 100670. (a) It is the intent of the Legislature to enact legislation
 11 that would develop a revenue plan, taking into consideration
 12 anticipated federal revenue available for CalCare. In developing
 13 the revenue plan, it is the intent of the Legislature to consult with
 14 appropriate officials and stakeholders.

15 (b) It is the intent of the Legislature to enact legislation that
 16 would require all state revenues from CalCare to be deposited in
 17 an account within the CalCare Trust Fund to be established and
 18 known as the CalCare Trust Fund Account.

19
 20 CHAPTER 8. COLLECTIVE NEGOTIATION BY HEALTH CARE
 21 PROVIDERS WITH CALCARE
 22

23 Article 1. Definitions
 24

25 100675. For purposes of this chapter, the following definitions
 26 apply:

27 (a) (1) "Health care provider" means a person who is licensed,
 28 certified, registered, or authorized to practice a health care
 29 profession pursuant to Division 2 (commencing with Section 500)
 30 of the Business and Professions Code and who is either of the
 31 following:

32 (A) An individual who practices that profession as a health care
 33 professional or as an independent contractor.

34 (B) An owner, officer, shareholder, or proprietor of a health
 35 care group practice that has elected to receive fee-for-service
 36 payments from CalCare pursuant to subdivision (d) of Section
 37 100640.

38 (2) A health care provider licensed, certified, registered, or
 39 authorized to practice a health care profession pursuant to Division
 40 2 (commencing with Section 500) of the Business and Professions

1 Code who practices as an employee of a health care provider is
2 not a health care provider for purposes of this chapter.

3 (b) “Health care provider’s representative” means a third party
4 that is authorized by a health care provider to negotiate on their
5 behalf with CalCare over terms and conditions affecting those
6 health care providers.

7
8
9

Article 2. Authorized Collective Negotiation

10 100676. (a) Health care providers may meet and communicate
11 for the purpose of collectively negotiating with CalCare on any
12 matter relating to CalCare fee-for-service rates of payment for
13 health care items and services or procedures related to
14 fee-for-service payment under CalCare.

15 (b) This chapter does not allow a strike of CalCare by health
16 care providers related to the collective negotiations.

17 (c) This chapter does not allow or authorize terms or conditions
18 that would impede the ability of CalCare to comply with applicable
19 state or federal law.

20
21
22

Article 3. Collective Negotiation Requirements

23 100677. (a) Collective negotiation under this chapter shall
24 meet all of the following requirements:

25 (1) A health care provider may communicate with other health
26 care providers regarding the terms and conditions to be negotiated
27 with CalCare.

28 (2) A health care provider may communicate with a health care
29 provider’s representative.

30 (3) A health care provider’s representative is the only party
31 authorized to negotiate with CalCare on behalf of the health care
32 providers as a group.

33 (4) A health care provider can be bound by the terms and
34 conditions negotiated by the health care provider’s representative.

35 (b) This chapter does not affect or limit the right of a health care
36 provider or group of health care providers to collectively petition
37 a governmental entity for a change in a law, rule, or regulation.

38 (c) This chapter does not affect or limit collective action or
39 collective bargaining on the part of a health care provider with the

1 health care provider’s employer or any other lawful collective
2 action or collective bargaining.

3 100678. (a) Before engaging in collective negotiations with
4 CalCare on behalf of health care providers, a health care provider’s
5 representative shall file with the board, in the manner prescribed
6 by the board, information identifying the representative, the
7 representative’s plan of operation, and the representative’s
8 procedures to ensure compliance with this chapter.

9 (b) A person who acts as the representative of negotiating parties
10 under this chapter shall pay a fee to the board to act as a
11 representative. The board, by regulation, shall set fees in amounts
12 deemed reasonable and necessary to cover the costs incurred by
13 the board in administering this chapter.

14
15 Article 4. Prohibited Collective Action

16
17 100679. (a) This chapter does not authorize competing health
18 care providers to act in concert in response to a health care
19 provider’s representative’s discussions or negotiations with
20 CalCare, except as authorized by other law.

21 (b) A health care provider’s representative shall not negotiate
22 an agreement that excludes, limits the participation or
23 reimbursement of, or otherwise limits the scope of services to be
24 provided by a health care provider or group of health care providers
25 with respect to the performance of services that are within the
26 health care provider’s scope of practice, license, registration, or
27 certificate.

28
29 CHAPTER 9. OPERATIVE DATE

30
31 100680. (a) Notwithstanding any other law, this title, except
32 for Chapter 1 (commencing with Section ~~100600~~ and 100600),
33 Chapter 2 (commencing with Section 100610), and Article 1
34 (commencing with Section 100660) of Chapter 7, shall not become
35 operative until the date the Secretary of California Health and
36 Human Services notifies the Secretary of the Senate and the Chief
37 Clerk of the Assembly in writing that the secretary has determined
38 that the CalCare Trust Fund has the revenues to fund the costs of
39 implementing this title.

1 (b) The California Health and Human Services Agency shall
2 publish a copy of the notice on its internet website.

3 (c) *The Secretary of California Health and Human Services*
4 *shall make a notification pursuant to subdivision (a) only if the*
5 *Legislature approves the implementation of CalCare by statute,*
6 *pursuant to subdivision (d) of Section 100619.*

7 (d) *Notwithstanding any other law, this title, except for Chapter*
8 *1 (commencing with Section 100600), Chapter 2 (commencing*
9 *with Section 100610), and Article 1 (commencing with Section*
10 *100660) of Chapter 7, shall not become operative until the people*
11 *of California approve a proposition that creates the revenue*
12 *mechanisms necessary to implement this title, after taking into*
13 *consideration consolidation of existing revenues for health care*
14 *coverage and anticipated savings from a single-payer health care*
15 *coverage and a health care cost control system.*

16 SEC. 3. The provisions of this act are severable. If any
17 provision of this act or its application is held invalid, that invalidity
18 shall not affect other provisions or applications that can be given
19 effect without the invalid provision or application.

20 SEC. 4. The Legislature finds and declares that Section 2 of
21 this act, which adds Sections 100610, 100616, and 100618 to the
22 Government Code, imposes a limitation on the public's right of
23 access to the meetings of public bodies or the writings of public
24 officials and agencies within the meaning of Section 3 of Article
25 I of the California Constitution. Pursuant to that constitutional
26 provision, the Legislature makes the following findings to
27 demonstrate the interest protected by this limitation and the need
28 for protecting that interest:

29 In order to protect private, confidential, and proprietary
30 information, it is necessary for that information to remain
31 confidential.

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To: All Members of the Senate Subcommittee 5 on Corrections, Public Safety, Judiciary, Labor and Transportation

All Members of the Assembly Budget Subcommittee No. 5 on Public Safety

From: Danielle Sanchez, Legislative Director
Chief Probation Officers of California

Date: January 31, 2022

Re: Governor's Proposal for \$100 Million to Upgrade County Juvenile Facilities

On behalf of the Chief Probation Officers of California (CPOC), we appreciate the Governor's budget proposal to invest \$100 million to update county juvenile facilities which reflects and recognizes the local need to enhance the juvenile justice continuum following the State's realignment of the entire juvenile justice continuum to counties.

We look forward to learning more about the specifics of the proposal and working with the Legislature and the Administration to assist county probation departments in successfully effectuating DJJ realignment and supporting the needs of youth.

We continue to identify the importance of a positive youth development environment for all youth in our care. We have youth currently in our facilities that need the benefit of the State's support in assisting counties in addressing the gaps identified in the SB 823 plans related to our facilities. To address the current needs, we would ask that the funding be appropriated in a way that allows counties to modernize existing facilities quickly in order to serve youth that are already in our care today.

We also want to underscore that investing in facility upgrades is not a mutually exclusive option to continuing the important and needed work to enhance other parts of the continuum and maintain the focus on prevention and diversion to prevent youth from entering the system. Investing in efforts to reduce youth entering the system and investing in facilities to best serve youth in secure settings are both necessary parts of the juvenile justice continuum. This proposal recognizes that where the court determines a secure track is necessary for youth, the facilities and spaces in which a youth will reside for a period of time while receiving youth-centered programming and services should best meet the rehabilitative and safety needs of youth, and facility upgrades are foundational in effectuating this.

Probation Chiefs look forward to the conversations with the Legislature and Administration to further discuss needs identified in local planning and the continued and important work together to plan and provide for the needs of youth being served by counties.

ASSEMBLY BILL

No. 1620

Introduced by Assembly Member Aguiar-Curry

January 10, 2022

An act to add Chapter 1.5 (commencing with Section 7401) to Part 4 of Division 4 of the Food and Agricultural Code, relating to weeds.

LEGISLATIVE COUNSEL'S DIGEST

AB 1620, as introduced, Aguiar-Curry. Broomrape Control Program.

Existing law establishes within state government the Department of Food and Agriculture in order to promote and protect the agricultural industry of the state. Existing law provides for the regulation of weeds and pest seeds generally.

This bill would establish the Broomrape Control Board within the Department of Food and Agriculture to advise the Secretary of Food and Agriculture and make recommendations on all matters relating to Broomrape, as specified. The bill would require the secretary to appoint at least 12 members to the board, consisting of at least 3 representatives from each specified geographical district and that are persons recommended by the tomato industry and approved by the secretary. The bill would authorize the secretary to appoint a public member and ex officio nonvoting members to the board, as specified.

The bill would require the board to recommend specified actions to the secretary, including, among other things, conducting research related to Broomrape, surveying, detecting, analyzing, and treating causes of Broomrape, and establishing an annual assessment rate or schedule of rates to be paid equally by producers and handlers. The bill would require the secretary, upon receipt of a recommendation from the board for the adoption of regulations, to accept, reject, or request that the

board provide additional information within 30 working days. The bill would authorize the secretary to adjust the assessment rate or schedule of rates from time to time when recommended by the board and would require the assessments collected from producers to be paid by handlers to the secretary. The bill would provide that any assessment that is imposed on the producer or handler is a personal debt of the person assessed and would require the payment of a specified penalty if the assessment is not paid. The bill would require any funds received by the secretary pursuant to the above provision and from other sources to benefit the Broomrape Control Program to be deposited in an account specified by the board to be expended for the purposes, administration, and enforcement of the program.

The bill would require the above provisions to become inoperative on December 31, 2027, unless a later enacted statute extends the date on which it becomes inoperative. Upon termination, the bill would require any remaining funds received pursuant to the above provisions to be refunded on a pro rata basis to all persons from whom assessments were collected during the 12-month period before the inoperative date, unless the secretary finds the amounts returnable are minimal and therefore impractical to refund, or the person who paid the assessment cannot be located, in which case the funds may be used for Broomrape control or related research activities.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Chapter 1.5 (commencing with Section 7401) is
2 added to Part 4 of Division 4 of the Food and Agricultural Code,
3 to read:

4
5 CHAPTER 1.5. BROOMRAPE CONTROL PROGRAM

6
7 Article 1. General Provisions

8
9 7401. The Legislature hereby finds and declares all of the
10 following:

11 (a) Broomrape is an invasive weed that presents a clear and
12 present danger to California’s tomato industry and several other

1 commodities grown in California due to its harmful impact on crop
2 yields.

3 (b) The state’s agricultural economy could be rapidly and
4 seriously damaged if measures are not expanded to prevent the
5 spread of Broomrape, which can produce an estimated 10,000 to
6 100,000 seeds per infectious plant.

7 (c) Financial support for the purposes of this chapter shall be
8 provided by commodities designated in this chapter or included
9 by the board and concurred in by the secretary in accordance with
10 procedures specified in this chapter, and by public funds when
11 available.

12 (d) The necessity of controlling Broomrape is recognized as
13 being in the public interest.

14 (e) This chapter is enacted in the exercise of the police power
15 of the state for the purpose of protecting the health, peace, safety,
16 and general welfare of the people of this state.

17 7402. There is hereby established in the department a
18 Broomrape Control Program.

19

20

Article 2. Definitions

21

22 7405. Unless the context requires otherwise, the following
23 definitions govern the construction of this chapter:

24 (a) “Board” means the Broomrape Control Board.

25 (b) “Broomrape” or “Orobanche” means a small parasitic
26 herbaceous plant.

27 (c) “Department” means the Department of Food and
28 Agriculture.

29 (d) (1) “Districts” consists of the following geographical areas:

30 (A) District 1: The Counties of Butte, Colusa, Glenn, Placer,
31 Solano, Sutter, Yolo, and Yuba.

32 (B) District 2: The Counties of Alameda, Contra Costa,
33 Sacramento, San Benito, San Joaquin, Santa Clara, and Stanislaus.

34 (C) District 3: The Counties of Fresno, Madera, Merced,
35 Monterey, San Luis Obispo, Santa Barbara, and Santa Cruz.

36 (D) District 4: The Counties of Imperial, Kern, Kings, Riverside
37 and Tulare, and that portion of the County of Los Angeles lying
38 north of the San Gabriel Mountains.

39 (2) When necessary to accomplish the purposes of this chapter,
40 additional areas of the state may be added to these districts or

1 additional districts may be established when recommended by the
2 board and approved by the secretary.

3 (e) “Handler” means a person or entity who receives tomatoes
4 from a producer and who prepares the tomatoes for processing.

5 (f) “Person” means a producer, handler, or any other entity that
6 holds title to tomatoes subject to assessment pursuant to this
7 chapter.

8 (g) “Producer” means a person engaged in the commercial
9 production of processing tomatoes in California.

10 (h) “Secretary” means the Secretary of Food and Agriculture.

11
12 Article 3. Broomrape Control Board

13
14 7410. There is hereby established in the department a
15 Broomrape Control Board.

16 7411. (a) The secretary shall appoint at least 12 members to
17 the board. The board shall consist of at least three representatives
18 from each district and shall be comprised of persons recommended
19 by the tomato industry and approved by the secretary.

20 (b) The term of service and other board related operational issues
21 shall be established by the board and approved by the secretary.

22 (c) The secretary may appoint a public member to the board
23 from a list of persons provided by the board who do not have a
24 financial interest in any commodities subject to this chapter but
25 may have general knowledge of commercial agricultural practices.
26 The public member shall have the same voting and other rights
27 and immunities as other members of the board.

28 (d) The secretary, in consultation with the board, may appoint
29 nonvoting ex officio members to the board, including, but not
30 limited to, county agricultural commissioners, pest control advisors,
31 and representatives of the University of California and California
32 State University system.

33 7412. Persons appointed to the board are intended to represent
34 and further the interest of the particular agricultural commodities
35 concerned, and that the representation and furtherance is intended
36 to serve the public interest and accordingly is tantamount to, and
37 constitutes, the public generally within the meaning of Section
38 87103 of the Government Code.

39 7413. A member or agent of the board shall not be personally
40 liable for the actions of the board or the department. A member or

1 agent of the board shall not be responsible individually in any way
2 to any other person for errors in judgment, mistakes, or other acts,
3 by either commission or omission, as a principal, agent, or
4 employee except for their own individual acts of dishonesty or
5 crime. A member or agent of the board is not responsible
6 individually for an act or omission of any other member or agent
7 of the board or the department. Liability is several and not joint,
8 and a member or agent of the board is not liable for the default of
9 any other member or agent of the board or the department.

10

11 Article 4. Powers and Duties

12

13 7420. The board shall recommend specific actions to the
14 secretary, including, but not limited to, all of the following:

- 15 (a) Conducting research related to Broomrape.
- 16 (b) Disseminating technical information and progress reports
17 to stakeholders.
- 18 (c) Surveying, detecting, analyzing, and treating causes of
19 Broomrape.
- 20 (d) Funding activities required to accomplish the purposes of
21 this chapter.
- 22 (e) Establishing an annual assessment rate or schedule of rates
23 that shall be paid equally by producers and handlers.
- 24 (f) Establishing an annual budget.
- 25 (g) Specifying other commodities produced in California that
26 shall be subject to this chapter, increasing membership on the board
27 to include producers and handlers of those commodities, and
28 establishing an assessment rate consistent with expenditures needed
29 to accomplish the purposes of this chapter.
- 30 (h) Adoption of regulations recommended by the board relating
31 to Broomrape.

32 7421. Upon receipt of a recommendation from the board for
33 the adoption of regulations, the secretary shall do one of the
34 following within 30 working days:

- 35 (a) Initiate appropriate action to implement the recommendation
36 of the board.
- 37 (b) Decline to initiate action on the recommendation of the board
38 and provide the board with a written statement of reasons for the
39 decision.

1 (c) Request that the board provide additional information
2 regarding the recommendation.

3 7422. The board shall authorize reimbursement of the secretary
4 for all expenditures incurred by the secretary in carrying out the
5 duties and responsibilities specified in this chapter.

6 7423. The secretary shall not receive reimbursement for costs
7 that exceed expenditures authorized in the annual budget without
8 first receiving authorization from the board.

9

10 Article 5. Assessments

11

12 7430. (a) The board shall recommend an assessment rate or
13 schedule of rates for approval by the secretary.

14 (b) The secretary may adjust the assessment rate or schedule of
15 rates from time to time when recommended by the board.

16 (c) The assessment rate or schedule of rates may vary from
17 district to district and from commodity to commodity based on
18 the degree of vulnerability to damage from Broomrape experienced
19 by producers.

20 7431. The assessments collected from producers shall be paid
21 by handlers to the secretary as provided by the secretary.

22 7432. (a) Any assessment that is imposed on the producer or
23 handler pursuant to this article is a personal debt of the person
24 assessed.

25 (b) Failure to collect the assessment does not exempt the person
26 assessed from liability and does not relieve a person from the
27 obligation to pay the assessment.

28 (c) Any person who fails to file a report or pay the assessment
29 or otherwise comply with this chapter shall pay a penalty of 10
30 percent of the amount of the assessment determined to be due,
31 and, in addition, shall pay 1.5 percent interest per month on the
32 unpaid balance of the assessment and the penalty.

33 7433. Any funds received by the secretary pursuant to this
34 article and from other sources to benefit the Broomrape Control
35 Program shall be deposited in an account specified by the board
36 and shall be expended for the purposes, administration, and
37 enforcement of this chapter.

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Article 6. Enforcement

7435. The secretary may establish and enforce provisions consistent with the intent expressed in this chapter and any action shall be liberally construed to effectuate the intent of this chapter.

Article 7. Operation

7440. This chapter shall become inoperative on December 31, 2027, unless a later enacted statute extends the date on which it becomes inoperative.

7441. Upon termination of this chapter, any remaining funds received pursuant to this chapter shall be refunded on a pro rata basis to all persons from whom assessments were collected during the 12-month period before the inoperative date, unless the secretary finds the amounts returnable are minimal and therefore impractical to refund, or the person who paid the assessment cannot be located, in which case the funds may be used for Broomrape control or related research activities.

ASSEMBLY BILL

No. 1623

Introduced by Assembly Member Ramos

January 10, 2022

An act to add and repeal Sections 17132.9 and 17132.10 of the Revenue and Taxation Code, relating to taxation, to take effect immediately, tax levy.

LEGISLATIVE COUNSEL'S DIGEST

AB 1623, as introduced, Ramos. Personal income taxes: exclusion: uniformed services retirement pay: survivor benefit plan payments.

The Personal Income Tax Law imposes a tax on individual taxpayers measured by the taxpayer's taxable income for the taxable year, but excludes certain items of income from the computation of tax, including an exclusion for combat-related special compensation.

This bill, for taxable years beginning on or after January 1, 2023, and before January 1, 2033, would exclude from gross income retirement pay received by a taxpayer from the federal government for service performed in the uniformed services, as defined, during the taxable year. The bill, for taxable years beginning on or after January 1, 2023, and before January 1, 2023, would also exclude from gross income annuity payments received by a qualified taxpayer, as defined, pursuant to a United States Department of Defense Survivor Benefit Plan during the taxable year. The bill would make related findings and declarations.

Existing law requires any bill authorizing a new tax expenditure to contain, among other things, specific goals, purposes, and objectives that the tax expenditure will achieve, detailed performance indicators, and data collection requirements.

This bill also would include additional information required for any bill authorizing a new tax expenditure. The bill would require the Franchise Tax Board and the Department of Veterans Affairs to provide any data requested by the Legislative Analyst to write the report, and would make taxpayer information received by the Legislative Analyst subject to limitation on the collection and use of that information. By expanding the scope of a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would take effect immediately as a tax levy.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) Servicemembers are eligible to retire from the military after
- 4 20 years of service. These retirees devoted the prime years of their
- 5 life to defending the freedom of all Americans.
- 6 (b) To preserve the current policy of an all-volunteer force while
- 7 still maintaining critical skills and readiness requires the retention
- 8 of qualified military personnel, both enlisted and officers. This
- 9 retention of military professionals also saves the costs to the
- 10 taxpayer associated with training replacement personnel in essential
- 11 skills.
- 12 (c) Retired members of the nation’s two nonarmed uniformed
- 13 services, which consist of the commissioned corps of the United
- 14 States Public Health Service and the National Oceanic and
- 15 Atmospheric Administration Commissioned Officer Corps, also
- 16 provide valuable service to the nation’s health and environmental
- 17 safety.
- 18 (d) Providing a state income tax exclusion to retirees of the
- 19 uniformed services not only signifies the gratitude of Californians
- 20 for these men and women who chose to serve our country, it also

1 benefits the state and local economies by helping to retain skilled
2 and motivated individuals in California.

3 (e) The number one issue for employers in California is
4 attracting a qualified workforce. Approximately 60,000 high-tech
5 jobs are unfilled. Uniformed service retirees are highly skilled,
6 often in areas requiring technical and management expertise. These
7 men and women often continue to be valuable assets to our schools,
8 local charities, and nonprofit organizations.

9 (f) Substantial new federal funds are infused into the state and
10 local economies not only from retirement pay, but also from the
11 full taxation of their second careers. These retirees may also qualify
12 for federal veterans' benefits, which further bring new monies into
13 the state.

14 (g) The United States Department of Defense's Survivor Benefit
15 Plan allows a retiree to ensure, after death, a continuous lifetime
16 annuity for their dependents. The maximum annuity for a spouse
17 is based on 55 percent of the member's retirement pay. Eligible
18 children may also be beneficiaries. State income taxation of these
19 funds, which are critical to the economic well-being of those who
20 have suffered the loss of a husband, wife, father, or mother, can
21 place the surviving family members in risk of falling into the state
22 and local safety nets.

23 SEC. 2. Section 17132.9 is added to the Revenue and Taxation
24 Code, to read:

25 17132.9. (a) For taxable years beginning on or after January
26 1, 2023, and before January 1, 2033, gross income shall not include
27 retirement pay received by a qualified taxpayer from the federal
28 government for service in the uniformed services during the taxable
29 year.

30 (b) For purposes of this section, the following definitions apply:

31 (1) "Armed forces of the United States" includes all regular and
32 reserve components of the uniformed services which are subject
33 to the jurisdiction of the Secretary of Defense, the Secretary of the
34 Army, the Secretary of the Navy, or the Secretary of the Air Force,
35 and each term also includes the Coast Guard and United States
36 Space Force. The members of such forces include commissioned
37 officers and personnel below the grade of commissioned officers
38 in such forces.

39 (2) "Qualified taxpayer" means a person who is over 60 years
40 of age.

1 (3) “Uniformed services” means the Armed Forces of the United
 2 States, the Army National Guard and the Air National Guard when
 3 engaged in active duty for training, inactive duty training, or
 4 full-time National Guard duty, the commissioned corps of the
 5 United States Public Health Service, and the National Oceanic and
 6 Atmospheric Administration Commissioned Officer Corps.

7 (c) This section shall remain in effect only until December 1,
 8 2033, and as of that date is repealed.

9 SEC. 3. Section 17132.10 is added to the Revenue and Taxation
 10 Code, to read:

11 17132.10. (a) For taxable years beginning on or after January
 12 1, 2023, and before January 1, 2033, gross income shall not include
 13 annuity payments received by a qualified taxpayer pursuant to a
 14 United States Department of Defense Survivor Benefit Plan during
 15 the taxable year.

16 (b) For purposes of this section, the following definitions apply:

17 (1) “Qualified taxpayer” means the surviving spouse or other
 18 named beneficiary of a plan.

19 (2) “United States Department of Defense Survivor Benefit
 20 Plan” or “plan” means a survivor benefit plan established pursuant
 21 to Sections 1447 to 1455, inclusive, of Title 10 of the United States
 22 Code.

23 (c) This section shall remain in effect only until December 1,
 24 2033, and as of that date is repealed.

25 SEC. 4. For purposes of complying with the requirements of
 26 Section 41 of the Revenue and Taxation Code, with respect to the
 27 exclusion allowed by Sections 17132.9 and 17123.10 of the
 28 Revenue and Taxation Code, as added by this act, hereafter “the
 29 exclusions,” the Legislature finds and declares the following:

30 (a) The specific goals, purposes, and objectives of the exclusions
 31 are as follows:

32 (1) To honor the service of California veterans and provide
 33 fiscal relief so they and their families will remain or retire in
 34 California.

35 (2) To increase the number of highly skilled retired veterans in
 36 California’s workforce.

37 (b) Detailed performance indicators for the Legislature to use
 38 in determining whether the exclusions meet the goals, purposes,
 39 and objectives described in subdivision (a) are as follows:

1 (1) The number of veterans and survivor benefit plan
2 beneficiaries taking advantage of the tax exclusions.

3 (2) The economic security of veterans and survivor benefit plan
4 beneficiaries in California.

5 (3) The number of retired veterans and survivor benefit plan
6 beneficiaries leaving California.

7 (c) The data collection requirements for the exclusions are as
8 follows:

9 (1) On or before December 1, 2033, the Legislative Analyst, in
10 collaboration with the Department of Veterans Affairs, shall write
11 and submit a report to the Legislature on the effectiveness of the
12 exclusions. The report shall include, but not be limited to, an
13 analysis of the number of veterans and survivor benefit plan
14 beneficiaries taking advantage of the exclusions, the impact of the
15 exclusions on the economic security of veterans and survivor
16 benefit plan beneficiaries in California, and the number of retired
17 veterans and survivor benefit plan beneficiaries leaving California.
18 The report shall be submitted in compliance with Section 9795 of
19 the Government Code.

20 (2) To write the report required by this subdivision, the
21 Legislative Analyst may request information from the Franchise
22 Tax Board and the Department of Veterans Affairs.

23 (3) Notwithstanding Section 19542 of the Revenue and Taxation
24 Code, the Franchise Tax Board and the Department of Veterans
25 Affairs shall provide any data requested by the Legislative Analyst
26 pursuant to this subdivision. Taxpayer information received
27 pursuant to this section by the Legislative Analyst is subject to
28 Section 19542 of the Revenue and Taxation Code.

29 SEC. 5. No reimbursement is required by this act pursuant to
30 Section 6 of Article XIII B of the California Constitution because
31 the only costs that may be incurred by a local agency or school
32 district will be incurred because this act creates a new crime or
33 infraction, eliminates a crime or infraction, or changes the penalty
34 for a crime or infraction, within the meaning of Section 17556 of
35 the Government Code, or changes the definition of a crime within
36 the meaning of Section 6 of Article XIII B of the California
37 Constitution.

1 SEC. 6. This act provides for a tax levy within the meaning of
2 Article IV of the California Constitution and shall go into
3 immediate effect.

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SUMMARY

AB 1623 will provide a state tax exemption for retired members of the uniformed services at age 60. This bill will also exempt recipients of the Department of Defense’s (DoD) Survivor Benefits Program. Since uniform services and California National Guard retirement pay stops upon death of the retiree, the DoD provides a continuous lifetime annuity for their dependents as an inflation-adjusted monthly income

BACKGROUND

California currently is one of only nine states that fully tax the pay of its 146,000 military retirees. Many factors affect the decision of members of the Armed Forces regarding where they will live after retirement. Climate, housing costs, where they have been based, and employment opportunities are important. Whether or not a state taxes their military pension benefits is also a factor. Between 2000 and 2016, the nation’s population of military retirees increased by 17%. California, which was one of only five states that saw a reduction in the number of its military retirees, saw a decline of 17%. By 2025, after ten years of implementation, the economic gains for California would be substantial:

- 12,600 more jobs
- \$830 million added to total personal income
- \$1.27 billion added to GSP
- \$2.0 billion added to total business sales

A total of 31 states do not tax military pensions. A total of 9 states, including California, fully tax military retiree compensation: California, Georgia, Montana, New Mexico, North Dakota, Oregon, Rhode Island, Vermont, and Virginia. The remaining 10 states have various special exemptions depending on the state. Factors Driving the Number of Military Retirees in Each State and Growth. The decision of military retirees on where to live depends on many economic and other factors.

The 40 plus year old retirees by homes, pay taxes, virtually no cost to the state social systems. They have few children enrolled in schools. Uniform Retirees and the California National Guard continue to contribute to their community and the state.

This bill will benefit those who have served our country in uniform as well as surviving spouses and dependent minors of military retirees and will also benefit the state and local economies by attracting and retaining skilled workforce participants.

PROBLEM

Currently, a top issue for employers in California is attracting a qualified workforce. Approximately 60,000 high-tech jobs are unfilled. Uniformed Service retirees are highly skilled, often in areas requiring technical and management expertise. These men and women often continue to be valuable assets to our schools, local charities, and non-profit organizations.

Substantial new federal funds are infused into the state and local economies not only from retirement pay, but also from the full taxation of their second careers. These retirees may also qualify for federal veterans’ benefits, which further bring new monies into the state.

SOLUTION

AB 1623 recognizes the vital services these uniformed service members contribute to our nation and seeks to extend a state benefit to those who served for twenty years, which is the retirement age for these organizations. This bill also recognizes our state National Guard and their services to our state especially during these trying times during the pandemic. This bill provides that the exemption benefit begins at 60 years of age and the exemption sunsets in 2033.

The purpose of the bill is twofold; to honor those who dedicated their life to serving their country, and to retain and attract uniformed service retirees to California for the purposes of strengthening the state’s skilled workforce, bringing stability to communities, and contributing to the state and local tax base. Uniformed service retirees invariably pursue a second career, and it behooves California to find ways to keep them in our state.

SPONSOR

Military Officers Association of America-
California Council of Chapters

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ASSEMBLY BILL

No. 1773

**Introduced by Assembly Member Patterson
(Coauthors: Assembly Members Choi, Gallagher, Mathis, and
Smith)**

(Coauthors: Senators Grove, Jones, and Nielsen)

February 3, 2022

An act to amend Section 16148 of the Government Code, relating to agricultural land, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1773, as introduced, Patterson. Williamson Act: subvention payments: appropriation.

The Williamson Act, also known as the California Land Conservation Act of 1965, authorizes a city or county to enter into contracts with owners of land devoted to agricultural use, whereby the owners agree to continue using the property for that purpose, and the city or county agrees to value the land accordingly for purposes of property taxation. Existing law sets forth procedures for reimbursing cities and counties for property tax revenues not received as a result of these contracts and continuously appropriates General Fund moneys for that purpose.

This bill, for the 2022–23 fiscal year, would appropriate an additional \$40,000,000 from the General Fund to the Controller to make subvention payments to counties, as provided, in proportion to the losses incurred by those counties by reason of the reduction of assessed property taxes. The bill would make various findings in this regard.

Vote: $\frac{2}{3}$. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) The preservation of our limited supply of agricultural land
4 helps to protect the state’s economic resources, not only for the
5 maintenance of the agricultural economy of the state but also for
6 the assurance of adequate, healthful, and nutritious food for future
7 residents of this state and nation.

8 (b) The discouragement of premature and unnecessary
9 conversion of agricultural land to urban uses is a matter of public
10 interest, and benefits to urban residents because it discourages
11 noncontiguous urban development patterns that increase the cost
12 of community services and vehicle miles traveled.

13 (c) The preservation of agricultural lands as open space is also
14 a public benefit, and agricultural production on such lands
15 constitutes an important physical, social aesthetic, and economic
16 asset to existing and future residents of the state.

17 (d) The preservation of agricultural land within scenic highway
18 corridors and wildlife habitat areas is also of great value to the
19 state because of its scenic beauty and as habitat for wildlife that
20 contributes to biological diversity.

21 (e) Recent research has found that an acre of urban land emits
22 70 times as much greenhouse gases as an acre of irrigated cropland.
23 The Williamson Act (Chapter 7 (commencing with Section 51200)
24 of Part 1 of Division 1 of Title 5 of the Government Code) helps
25 keep farmland and open space from being converted to urban use.

26 (f) The open-space subvention program (Chapter 3 (commencing
27 with Section 16140) of Part 1 of Division 4 of Title 2 of the
28 Government Code) is crucial not only to counties’ continued
29 participation in preserving agricultural land, but also to the state’s
30 continued role in overseeing California’s most important land
31 conservation program.

32 SEC. 2. Section 16148 of the Government Code is amended
33 to read:

34 16148. ~~Zero dollars (\$0)~~ *Forty million dollars (\$40,000,000)*
35 is appropriated for the ~~2010–11~~ 2022–23 fiscal year from the
36 General Fund to the Controller to make subvention payments to
37 counties pursuant to Section 16140 in proportion to the losses

- 1 incurred by those counties by reason of the reduction of assessed
- 2 property taxes.

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ASSEMBLY BILL

No. 1944

Introduced by Assembly Members Lee and Cristina Garcia

February 10, 2022

An act to amend Section 54953 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL'S DIGEST

AB 1944, as introduced, Lee. Local government: open and public meetings.

Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.

Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a

declared state of emergency is in effect, or in other situations related to public health.

This bill would specify that if a member of a legislative body elects to teleconference from a location that is not public, the address does not need to be identified in the notice and agenda or be accessible to the public when the legislative body has elected to allow members to participate via teleconferencing.

This bill would require all open and public meetings of a legislative body that elects to use teleconferencing to provide a video stream accessible to members of the public and an option for members of the public to address the body remotely during the public comment period through an audio-visual or call-in option.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 54953 of the Government Code, as
- 2 amended by Section 3 of Chapter 165 of the Statutes of 2021, is
- 3 amended to read:
- 4 54953. (a) All meetings of the legislative body of a local
- 5 agency shall be open and public, and all persons shall be permitted
- 6 to attend any meeting of the legislative body of a local agency,
- 7 except as otherwise provided in this chapter.
- 8 (b) (1) Notwithstanding any other provision of law, the
- 9 legislative body of a local agency may use teleconferencing for
- 10 the benefit of the public and the legislative body of a local agency

1 in connection with any meeting or proceeding authorized by law.
2 The teleconferenced meeting or proceeding shall comply with all
3 otherwise applicable requirements of this chapter and all otherwise
4 applicable provisions of law relating to a specific type of meeting
5 or proceeding.

6 (2) Teleconferencing, as authorized by this section, may be used
7 for all purposes in connection with any meeting within the subject
8 matter jurisdiction of the legislative body. All votes taken during
9 a teleconferenced meeting shall be by rollcall.

10 (3) If the legislative body of a local agency elects to use
11 teleconferencing, it shall post agendas at all teleconference
12 locations and conduct teleconference meetings in a manner that
13 protects the statutory and constitutional rights of the parties or the
14 public appearing before the legislative body of a local agency.
15 Each teleconference location shall be identified in the notice and
16 agenda of the meeting or proceeding, and each teleconference
17 location shall be accessible to the ~~public~~. *public, except as provided*
18 *in subparagraph (A)*. During the teleconference, at least a quorum
19 of the members of the legislative body shall participate from
20 locations within the boundaries of the territory over which the
21 local agency exercises jurisdiction, except as provided in
22 subdivisions (d) and (e). The agenda shall provide an opportunity
23 for members of the public to address the legislative body directly
24 pursuant to Section 54954.3 at each teleconference ~~location~~.
25 *location, except as provided in subparagraph (A)*.

26 (A) *If a member of a legislative body elects to teleconference*
27 *from a location that is not public, the address does not need to be*
28 *identified in the notice and agenda or be accessible to the public*
29 *when the legislative body has elected to allow members to*
30 *participate via teleconferencing.*

31 (B) *If a legislative body elects to use teleconferencing, they shall*
32 *provide both of the following:*

33 (i) *A video stream accessible to members of the public.*

34 (ii) *An option for members of the public to address the body*
35 *remotely during the public comment period through an audio-visual*
36 *or call-in option.*

37 (4) For the purposes of this section, “teleconference” means a
38 meeting of a legislative body, the members of which are in different
39 locations, connected by electronic means, through either audio or

1 video, or both. Nothing in this section shall prohibit a local agency
2 from providing the public with additional teleconference locations.

3 (5) *For the purposes of this section, “video streaming” means*
4 *media in which the data from a live filming or a video file is*
5 *continuously delivered via the internet to a remote user, allowing*
6 *a video to be viewed online by the public without being downloaded*
7 *on a host computer or device.*

8 (c) (1) No legislative body shall take action by secret ballot,
9 whether preliminary or final.

10 (2) The legislative body of a local agency shall publicly report
11 any action taken and the vote or abstention on that action of each
12 member present for the action.

13 (3) Prior to taking final action, the legislative body shall orally
14 report a summary of a recommendation for a final action on the
15 salaries, salary schedules, or compensation paid in the form of
16 fringe benefits of a local agency executive, as defined in
17 subdivision (d) of Section 3511.1, during the open meeting in
18 which the final action is to be taken. This paragraph shall not affect
19 the public’s right under the California Public Records Act (Chapter
20 3.5 (commencing with Section 6250) of Division 7 of Title 1) to
21 inspect or copy records created or received in the process of
22 developing the recommendation.

23 (d) (1) Notwithstanding the provisions relating to a quorum in
24 paragraph (3) of subdivision (b), if a health authority conducts a
25 teleconference meeting, members who are outside the jurisdiction
26 of the authority may be counted toward the establishment of a
27 quorum when participating in the teleconference if at least 50
28 percent of the number of members that would establish a quorum
29 are present within the boundaries of the territory over which the
30 authority exercises jurisdiction, and the health authority provides
31 a teleconference number, and associated access codes, if any, that
32 allows any person to call in to participate in the meeting and the
33 number and access codes are identified in the notice and agenda
34 of the meeting.

35 (2) Nothing in this subdivision shall be construed as
36 discouraging health authority members from regularly meeting at
37 a common physical site within the jurisdiction of the authority or
38 from using teleconference locations within or near the jurisdiction
39 of the authority. A teleconference meeting for which a quorum is

1 established pursuant to this subdivision shall be subject to all other
2 requirements of this section.

3 (3) For purposes of this subdivision, a health authority means
4 any entity created pursuant to Sections 14018.7, 14087.31,
5 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare
6 and Institutions Code, any joint powers authority created pursuant
7 to Article 1 (commencing with Section 6500) of Chapter 5 of
8 Division 7 for the purpose of contracting pursuant to Section
9 14087.3 of the Welfare and Institutions Code, and any advisory
10 committee to a county-sponsored health plan licensed pursuant to
11 Chapter 2.2 (commencing with Section 1340) of Division 2 of the
12 Health and Safety Code if the advisory committee has 12 or more
13 members.

14 (e) (1) A local agency may use teleconferencing without
15 complying with the requirements of paragraph (3) of subdivision
16 (b) if the legislative body complies with the requirements of
17 paragraph (2) of this subdivision in any of the following
18 circumstances:

19 (A) The legislative body holds a meeting during a proclaimed
20 state of emergency, and state or local officials have imposed or
21 recommended measures to promote social distancing.

22 (B) The legislative body holds a meeting during a proclaimed
23 state of emergency for the purpose of determining, by majority
24 vote, whether as a result of the emergency, meeting in person
25 would present imminent risks to the health or safety of attendees.

26 (C) The legislative body holds a meeting during a proclaimed
27 state of emergency and has determined, by majority vote, pursuant
28 to subparagraph (B), that, as a result of the emergency, meeting
29 in person would present imminent risks to the health or safety of
30 attendees.

31 (2) A legislative body that holds a meeting pursuant to this
32 subdivision shall do all of the following:

33 (A) The legislative body shall give notice of the meeting and
34 post agendas as otherwise required by this chapter.

35 (B) The legislative body shall allow members of the public to
36 access the meeting and the agenda shall provide an opportunity
37 for members of the public to address the legislative body directly
38 pursuant to Section 54954.3. In each instance in which notice of
39 the time of the teleconferenced meeting is otherwise given or the
40 agenda for the meeting is otherwise posted, the legislative body

1 shall also give notice of the means by which members of the public
2 may access the meeting and offer public comment. The agenda
3 shall identify and include an opportunity for all persons to attend
4 via a call-in option or an internet-based service option. This
5 subparagraph shall not be construed to require the legislative body
6 to provide a physical location from which the public may attend
7 or comment.

8 (C) The legislative body shall conduct teleconference meetings
9 in a manner that protects the statutory and constitutional rights of
10 the parties and the public appearing before the legislative body of
11 a local agency.

12 (D) In the event of a disruption which prevents the public agency
13 from broadcasting the meeting to members of the public using the
14 call-in option or internet-based service option, or in the event of
15 a disruption within the local agency's control which prevents
16 members of the public from offering public comments using the
17 call-in option or internet-based service option, the body shall take
18 no further action on items appearing on the meeting agenda until
19 public access to the meeting via the call-in option or internet-based
20 service option is restored. Actions taken on agenda items during
21 a disruption which prevents the public agency from broadcasting
22 the meeting may be challenged pursuant to Section 54960.1.

23 (E) The legislative body shall not require public comments to
24 be submitted in advance of the meeting and must provide an
25 opportunity for the public to address the legislative body and offer
26 comment in real time. This subparagraph shall not be construed
27 to require the legislative body to provide a physical location from
28 which the public may attend or comment.

29 (F) Notwithstanding Section 54953.3, an individual desiring to
30 provide public comment through the use of an internet website, or
31 other online platform, not under the control of the local legislative
32 body, that requires registration to log in to a teleconference may
33 be required to register as required by the third-party internet
34 website or online platform to participate.

35 (G) (i) A legislative body that provides a timed public comment
36 period for each agenda item shall not close the public comment
37 period for the agenda item, or the opportunity to register, pursuant
38 to subparagraph (F), to provide public comment until that timed
39 public comment period has elapsed.

1 (ii) A legislative body that does not provide a timed public
2 comment period, but takes public comment separately on each
3 agenda item, shall allow a reasonable amount of time per agenda
4 item to allow public members the opportunity to provide public
5 comment, including time for members of the public to register
6 pursuant to subparagraph (F), or otherwise be recognized for the
7 purpose of providing public comment.

8 (iii) A legislative body that provides a timed general public
9 comment period that does not correspond to a specific agenda item
10 shall not close the public comment period or the opportunity to
11 register, pursuant to subparagraph (F), until the timed general
12 public comment period has elapsed.

13 (3) If a state of emergency remains active, or state or local
14 officials have imposed or recommended measures to promote
15 social distancing, in order to continue to teleconference without
16 compliance with paragraph (3) of subdivision (b), the legislative
17 body shall, not later than 30 days after teleconferencing for the
18 first time pursuant to subparagraph (A), (B), or (C) of paragraph
19 (1), and every 30 days thereafter, make the following findings by
20 majority vote:

21 (A) The legislative body has reconsidered the circumstances of
22 the state of emergency.

23 (B) Any of the following circumstances exist:

24 (i) The state of emergency continues to directly impact the
25 ability of the members to meet safely in person.

26 (ii) State or local officials continue to impose or recommend
27 measures to promote social distancing.

28 (4) For the purposes of this subdivision, “state of emergency”
29 means a state of emergency proclaimed pursuant to Section 8625
30 of the California Emergency Services Act (Article 1 (commencing
31 with Section 8550) of Chapter 7 of Division 1 of Title 2).

32 (f) This section shall remain in effect only until January 1, 2024,
33 and as of that date is repealed.

34 SEC. 2. Section 54953 of the Government Code, as added by
35 Section 4 of Chapter 165 of the Statutes of 2021, is amended to
36 read:

37 54953. (a) All meetings of the legislative body of a local
38 agency shall be open and public, and all persons shall be permitted
39 to attend any meeting of the legislative body of a local agency,
40 except as otherwise provided in this chapter.

1 (b) (1) Notwithstanding any other provision of law, the
 2 legislative body of a local agency may use teleconferencing for
 3 the benefit of the public and the legislative body of a local agency
 4 in connection with any meeting or proceeding authorized by law.
 5 The teleconferenced meeting or proceeding shall comply with all
 6 requirements of this chapter and all otherwise applicable provisions
 7 of law relating to a specific type of meeting or proceeding.

8 (2) Teleconferencing, as authorized by this section, may be used
 9 for all purposes in connection with any meeting within the subject
 10 matter jurisdiction of the legislative body. All votes taken during
 11 a teleconferenced meeting shall be by rollcall.

12 (3) If the legislative body of a local agency elects to use
 13 teleconferencing, it shall post agendas at all teleconference
 14 locations and conduct teleconference meetings in a manner that
 15 protects the statutory and constitutional rights of the parties or the
 16 public appearing before the legislative body of a local agency.
 17 Each teleconference location shall be identified in the notice and
 18 agenda of the meeting or proceeding, and each teleconference
 19 location shall be accessible to the ~~public~~ *public, except as provided*
 20 *in subparagraph (A)*. During the teleconference, at least a quorum
 21 of the members of the legislative body shall participate from
 22 locations within the boundaries of the territory over which the
 23 local agency exercises jurisdiction, except as provided in
 24 subdivision (d). The agenda shall provide an opportunity for
 25 members of the public to address the legislative body directly
 26 pursuant to Section 54954.3 at each teleconference ~~location~~
 27 *location, except as provided in subparagraph (A)*.

28 (A) *If a member of a legislative body elects to teleconference*
 29 *from a location that is not public, the address does not need to be*
 30 *identified in the notice and agenda, or be accessible to the public*
 31 *when the legislative body has elected to allow members to*
 32 *participate via teleconferencing.*

33 (B) *If a legislative body elects to use teleconferencing, they shall*
 34 *provide both of the following:*

- 35 (i) *A video stream accessible to members of the public.*
- 36 (ii) *An option for members of the public to address the body*
 37 *remotely during the public comment period through an audio-visual*
 38 *or call-in option.*

39 (4) For the purposes of this section, “teleconference” means a
 40 meeting of a legislative body, the members of which are in different

1 locations, connected by electronic means, through either audio or
2 video, or both. Nothing in this section shall prohibit a local agency
3 from providing the public with additional teleconference locations

4 (5) *For the purposes of this section, “video streaming” means*
5 *media in which the data from a live filming or a video file is*
6 *continuously delivered via the internet to a remote user, allowing*
7 *a video to be viewed online by the public without being downloaded*
8 *on a host computer or device.*

9 (c) (1) No legislative body shall take action by secret ballot,
10 whether preliminary or final.

11 (2) The legislative body of a local agency shall publicly report
12 any action taken and the vote or abstention on that action of each
13 member present for the action.

14 (3) Prior to taking final action, the legislative body shall orally
15 report a summary of a recommendation for a final action on the
16 salaries, salary schedules, or compensation paid in the form of
17 fringe benefits of a local agency executive, as defined in
18 subdivision (d) of Section 3511.1, during the open meeting in
19 which the final action is to be taken. This paragraph shall not affect
20 the public’s right under the California Public Records Act (Chapter
21 3.5 (commencing with Section 6250) of Division 7 of Title 1) to
22 inspect or copy records created or received in the process of
23 developing the recommendation.

24 (d) (1) Notwithstanding the provisions relating to a quorum in
25 paragraph (3) of subdivision (b), if a health authority conducts a
26 teleconference meeting, members who are outside the jurisdiction
27 of the authority may be counted toward the establishment of a
28 quorum when participating in the teleconference if at least 50
29 percent of the number of members that would establish a quorum
30 are present within the boundaries of the territory over which the
31 authority exercises jurisdiction, and the health authority provides
32 a teleconference number, and associated access codes, if any, that
33 allows any person to call in to participate in the meeting and the
34 number and access codes are identified in the notice and agenda
35 of the meeting.

36 (2) Nothing in this subdivision shall be construed as
37 discouraging health authority members from regularly meeting at
38 a common physical site within the jurisdiction of the authority or
39 from using teleconference locations within or near the jurisdiction
40 of the authority. A teleconference meeting for which a quorum is

1 established pursuant to this subdivision shall be subject to all other
2 requirements of this section.

3 (3) For purposes of this subdivision, a health authority means
4 any entity created pursuant to Sections 14018.7, 14087.31,
5 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare
6 and Institutions Code, any joint powers authority created pursuant
7 to Article 1 (commencing with Section 6500) of Chapter 5 of
8 Division 7 for the purpose of contracting pursuant to Section
9 14087.3 of the Welfare and Institutions Code, and any advisory
10 committee to a county-sponsored health plan licensed pursuant to
11 Chapter 2.2 (commencing with Section 1340) of Division 2 of the
12 Health and Safety Code if the advisory committee has 12 or more
13 members.

14 (e) This section shall become operative January 1, 2024.

15 SEC. 3. The Legislature finds and declares that Sections 1 and
16 2 of this act, which amends Section 54953 of the Government
17 Code, further, within the meaning of paragraph (7) of subdivision
18 (b) of Section 3 of Article I of the California Constitution, the
19 purposes of that constitutional section as it relates to the right of
20 public access to the meetings of local public bodies or the writings
21 of local public officials and local agencies. Pursuant to paragraph
22 (7) of subdivision (b) of Section 3 of Article I of the California
23 Constitution, the Legislature makes the following findings:

24 This act is necessary to ensure minimum standards for public
25 participation allowing for greater public participation in
26 teleconference meetings.

27 SEC. 4. (a) The Legislature finds and declares that during the
28 COVID-19 public health emergency, certain requirements of the
29 Ralph M. Brown Act (Chapter 9 (commencing with Section 54950)
30 of Part 1 of Division 2 of Title 5 of the Government Code) and the
31 Bagley-Keene Open Meeting Act (Article 9 (commencing with
32 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of
33 the Government Code) were suspended by Executive Order No.
34 N-29-20. Audio and video teleconference were widely used to
35 conduct public meetings in lieu of physical location meetings, and
36 public meetings conducted by teleconference during the COVID-19
37 public health emergency have been productive, have increased
38 public participation by all members of the public regardless of
39 their location in the state and ability to travel to physical meeting
40 locations, have protected the health and safety of civil servants

1 and the public, and have reduced travel costs incurred by members
2 of state bodies and reduced work hours spent traveling to and from
3 meetings.

4 (b) The Legislature finds and declares that Sections 1 and 2 of
5 this act, which amend Section 54953 of the Government Code,
6 imposes a potential limitation on the public's right of access to the
7 meetings of public bodies or the writings of public officials and
8 agencies within the meaning of Section 3 of Article I of the
9 California Constitution. Pursuant to that constitutional provision,
10 the Legislature makes the following findings to demonstrate the
11 interest protected by this potential limitation and the need for
12 protecting that interest:

13 By removing the requirement for each teleconference location
14 to be identified in the notice and agenda, including the member's
15 private home address, this act protects the personal, private
16 information of public officials and their families while preserving
17 the public's right to access information concerning the conduct of
18 the people's business.

ASSEMBLY BILL

No. 2449

Introduced by Assembly Member Blanca Rubio

February 17, 2022

An act to amend Section 54953 of the Government Code, relating to local government.

LEGISLATIVE COUNSEL'S DIGEST

AB 2449, as introduced, Blanca Rubio. Open meetings: local agencies: teleconferences.

Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.

Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a

declared state of emergency is in effect, or in other situations related to public health.

This bill would authorize a local agency to use teleconferencing without complying with those specified teleconferencing requirements if at least a quorum of the members of the legislative body participates in person from a singular location clearly identified on the agenda that is open to the public and situated within the local agency’s jurisdiction. The bill would impose prescribed requirements for this exception relating to notice, agendas, the means and manner of access, and procedures for disruptions. The bill would require the legislative body to implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with federal law.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 54953 of the Government Code, as
- 2 amended by Section 3 of Chapter 165 of the Statutes of 2021, is
- 3 amended to read:
- 4 54953. (a) All meetings of the legislative body of a local
- 5 agency shall be open and public, and all persons shall be permitted
- 6 to attend any meeting of the legislative body of a local agency,
- 7 except as otherwise provided in this chapter.
- 8 (b) (1) Notwithstanding any other provision of law, the
- 9 legislative body of a local agency may use teleconferencing for

1 the benefit of the public and the legislative body of a local agency
2 in connection with any meeting or proceeding authorized by law.
3 The teleconferenced meeting or proceeding shall comply with all
4 otherwise applicable requirements of this chapter and all otherwise
5 applicable provisions of law relating to a specific type of meeting
6 or proceeding.

7 (2) Teleconferencing, as authorized by this section, may be used
8 for all purposes in connection with any meeting within the subject
9 matter jurisdiction of the legislative body. All votes taken during
10 a teleconferenced meeting shall be by rollcall.

11 (3) If the legislative body of a local agency elects to use
12 teleconferencing, it shall post agendas at all teleconference
13 locations and conduct teleconference meetings in a manner that
14 protects the statutory and constitutional rights of the parties or the
15 public appearing before the legislative body of a local agency.
16 Each teleconference location shall be identified in the notice and
17 agenda of the meeting or proceeding, and each teleconference
18 location shall be accessible to the public. During the teleconference,
19 at least a quorum of the members of the legislative body shall
20 participate from locations within the boundaries of the territory
21 over which the local agency exercises jurisdiction, except as
22 provided in subdivisions (d) and (e). The agenda shall provide an
23 opportunity for members of the public to address the legislative
24 body directly pursuant to Section 54954.3 at each teleconference
25 location.

26 (4) For the purposes of this section, “teleconference” means a
27 meeting of a legislative body, the members of which are in different
28 locations, connected by electronic means, through either audio or
29 video, or both. Nothing in this section shall prohibit a local agency
30 from providing the public with additional teleconference locations.

31 (c) (1) No legislative body shall take action by secret ballot,
32 whether preliminary or final.

33 (2) The legislative body of a local agency shall publicly report
34 any action taken and the vote or abstention on that action of each
35 member present for the action.

36 (3) Prior to taking final action, the legislative body shall orally
37 report a summary of a recommendation for a final action on the
38 salaries, salary schedules, or compensation paid in the form of
39 fringe benefits of a local agency executive, as defined in
40 subdivision (d) of Section 3511.1, during the open meeting in

1 which the final action is to be taken. This paragraph shall not affect
 2 the public’s right under the California Public Records Act ~~(Chapter~~
 3 ~~3.5 (commencing with Section 6250) of Division 7 of Title 1)~~
 4 *(Division 10 (commencing with Section 7920.000) of Title 1)* to
 5 inspect or copy records created or received in the process of
 6 developing the recommendation.

7 (d) (1) Notwithstanding the provisions relating to a quorum in
 8 paragraph (3) of subdivision (b), if a health authority conducts a
 9 teleconference meeting, members who are outside the jurisdiction
 10 of the authority may be counted toward the establishment of a
 11 quorum when participating in the teleconference if at least 50
 12 percent of the number of members that would establish a quorum
 13 are present within the boundaries of the territory over which the
 14 authority exercises jurisdiction, and the health authority provides
 15 a teleconference number, and associated access codes, if any, that
 16 allows any person to call in to participate in the meeting and the
 17 number and access codes are identified in the notice and agenda
 18 of the meeting.

19 (2) Nothing in this subdivision shall be construed as
 20 discouraging health authority members from regularly meeting at
 21 a common physical site within the jurisdiction of the authority or
 22 from using teleconference locations within or near the jurisdiction
 23 of the authority. A teleconference meeting for which a quorum is
 24 established pursuant to this subdivision shall be subject to all other
 25 requirements of this section.

26 (3) For purposes of this subdivision, a health authority means
 27 any entity created pursuant to Sections 14018.7, 14087.31,
 28 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare
 29 and Institutions Code, any joint powers authority created pursuant
 30 to Article 1 (commencing with Section 6500) of Chapter 5 of
 31 Division 7 for the purpose of contracting pursuant to Section
 32 14087.3 of the Welfare and Institutions Code, and any advisory
 33 committee to a county-sponsored health plan licensed pursuant to
 34 Chapter 2.2 (commencing with Section 1340) of Division 2 of the
 35 Health and Safety Code if the advisory committee has 12 or more
 36 members.

37 (e) (1) A local agency may use teleconferencing without
 38 complying with the requirements of paragraph (3) of subdivision
 39 (b) if the legislative body complies with the requirements of

1 paragraph (2) of this subdivision in any of the following
2 circumstances:

3 (A) The legislative body holds a meeting during a proclaimed
4 state of emergency, and state or local officials have imposed or
5 recommended measures to promote social distancing.

6 (B) The legislative body holds a meeting during a proclaimed
7 state of emergency for the purpose of determining, by majority
8 vote, whether as a result of the emergency, meeting in person
9 would present imminent risks to the health or safety of attendees.

10 (C) The legislative body holds a meeting during a proclaimed
11 state of emergency and has determined, by majority vote, pursuant
12 to subparagraph (B), that, as a result of the emergency, meeting
13 in person would present imminent risks to the health or safety of
14 attendees.

15 (2) A legislative body that holds a meeting pursuant to this
16 subdivision shall do all of the following:

17 (A) The legislative body shall give notice of the meeting and
18 post agendas as otherwise required by this chapter.

19 (B) The legislative body shall allow members of the public to
20 access the meeting and the agenda shall provide an opportunity
21 for members of the public to address the legislative body directly
22 pursuant to Section 54954.3. In each instance in which notice of
23 the time of the teleconferenced meeting is otherwise given or the
24 agenda for the meeting is otherwise posted, the legislative body
25 shall also give notice of the means by which members of the public
26 may access the meeting and offer public comment. The agenda
27 shall identify and include an opportunity for all persons to attend
28 via a call-in option or an internet-based service option. This
29 subparagraph shall not be construed to require the legislative body
30 to provide a physical location from which the public may attend
31 or comment.

32 (C) The legislative body shall conduct teleconference meetings
33 in a manner that protects the statutory and constitutional rights of
34 the parties and the public appearing before the legislative body of
35 a local agency.

36 (D) In the event of a disruption~~which~~ *that* prevents the public
37 agency from broadcasting the meeting to members of the public
38 using the call-in option or internet-based service option, or in the
39 event of a disruption within the local agency's control~~which~~ *that*
40 prevents members of the public from offering public comments

1 using the call-in option or internet-based service option, the body
2 shall take no further action on items appearing on the meeting
3 agenda until public access to the meeting via the call-in option or
4 internet-based service option is restored. Actions taken on agenda
5 items during a disruption ~~which~~ *that* prevents the public agency
6 from broadcasting the meeting may be challenged pursuant to
7 Section 54960.1.

8 (E) The legislative body shall not require public comments to
9 be submitted in advance of the meeting and must provide an
10 opportunity for the public to address the legislative body and offer
11 comment in real time. This subparagraph shall not be construed
12 to require the legislative body to provide a physical location from
13 which the public may attend or comment.

14 (F) Notwithstanding Section 54953.3, an individual desiring to
15 provide public comment through the use of an internet website, or
16 other online platform, not under the control of the local legislative
17 body, that requires registration to log in to a teleconference may
18 be required to register as required by the third-party internet
19 website or online platform to participate.

20 (G) (i) A legislative body that provides a timed public comment
21 period for each agenda item shall not close the public comment
22 period for the agenda item, or the opportunity to register, pursuant
23 to subparagraph (F), to provide public comment until that timed
24 public comment period has elapsed.

25 (ii) A legislative body that does not provide a timed public
26 comment period, but takes public comment separately on each
27 agenda item, shall allow a reasonable amount of time per agenda
28 item to allow public members the opportunity to provide public
29 comment, including time for members of the public to register
30 pursuant to subparagraph (F), or otherwise be recognized for the
31 purpose of providing public comment.

32 (iii) A legislative body that provides a timed general public
33 comment period that does not correspond to a specific agenda item
34 shall not close the public comment period or the opportunity to
35 register, pursuant to subparagraph (F), until the timed general
36 public comment period has elapsed.

37 (3) If a state of emergency remains active, or state or local
38 officials have imposed or recommended measures to promote
39 social distancing, in order to continue to teleconference without
40 compliance with paragraph (3) of subdivision (b), the legislative

1 body shall, not later than 30 days after teleconferencing for the
2 first time pursuant to subparagraph (A), (B), or (C) of paragraph
3 (1), and every 30 days thereafter, make the following findings by
4 majority vote:

5 (A) The legislative body has reconsidered the circumstances of
6 the state of emergency.

7 (B) Any of the following circumstances exist:

8 (i) The state of emergency continues to directly impact the
9 ability of the members to meet safely in person.

10 (ii) State or local officials continue to impose or recommend
11 measures to promote social distancing.

12 (4) For the purposes of this subdivision, “state of emergency”
13 means a state of emergency proclaimed pursuant to Section 8625
14 of the California Emergency Services Act (Article 1 (commencing
15 with Section 8550) of Chapter 7 of Division 1 of Title 2).

16 (f) *A local agency may use teleconferencing without complying
17 with paragraph (3) of subdivision (b) if, during the teleconference
18 meeting, at least a quorum of the members of the legislative body
19 participates in person from a singular location clearly identified
20 on the agenda, which location shall be open to the public and
21 situated within the boundaries of the territory over which the local
22 agency exercises jurisdiction and the legislative body complies
23 with all of the following:*

24 (1) *The legislative body shall give notice of the meeting and
25 post agendas as otherwise required by this chapter.*

26 (2) *All members of the legislative body attending the meeting
27 by teleconference shall participate only through both audio and
28 visual technology.*

29 (3) *The legislative body shall allow members of the public to
30 access the meeting and the agenda shall provide an opportunity
31 for members of the public to address the legislative body directly
32 pursuant to Section 54954.3. In each instance in which notice of
33 the time of the meeting is otherwise given or the agenda for the
34 meeting is otherwise posted, the legislative body shall also give
35 notice of the means by which members of the public may access
36 the meeting and offer public comment. The agenda shall identify
37 and include an opportunity for all persons to attend via a call-in
38 option or an internet-based service option, and an opportunity for
39 members of the public to attend and address the legislative body
40 at the in-person location of the meeting.*

1 (4) *The legislative body shall conduct teleconference meetings*
2 *in a manner that protects the statutory and constitutional rights*
3 *of the parties and the public appearing before the legislative body*
4 *of a local agency.*

5 (5) *In the event of a disruption that prevents the public agency*
6 *from broadcasting the meeting to members of the public using the*
7 *call-in option or internet-based service option, or in the event of*
8 *a disruption within the local agency's control that prevents*
9 *members of the public from offering public comments using the*
10 *call-in option or internet-based service option, the body shall take*
11 *no further action on items appearing on the meeting agenda until*
12 *public access to the meeting via the call-in option or internet-based*
13 *service option is restored. Actions taken on agenda items during*
14 *a disruption that prevents the public agency from broadcasting*
15 *the meeting may be challenged pursuant to Section 54960.1.*

16 (6) *The legislative body shall not require public comments to*
17 *be submitted in advance of the meeting and must provide an*
18 *opportunity for the public to address the legislative body and offer*
19 *comment in real time.*

20 (7) *Notwithstanding Section 54953.3, an individual desiring to*
21 *provide public comment through the use of an internet website, or*
22 *other online platform, not under the control of the local legislative*
23 *body, that requires registration to log in to a teleconference may*
24 *be required to register as required by the third-party internet*
25 *website or online platform to participate.*

26 (8) *The legislative body shall have and implement a procedure*
27 *for receiving and swiftly resolving requests for reasonable*
28 *accommodation for individuals with disabilities, consistent with*
29 *the federal Americans with Disabilities Act of 1990 (42 U.S.C.*
30 *Sec. 12132), and resolving any doubt in favor of accessibility. In*
31 *each instance in which notice of the time of the meeting is otherwise*
32 *given or the agenda for the meeting is otherwise posted, the*
33 *legislative body shall also give notice of the procedure for receiving*
34 *and resolving requests for accommodation.*

35 (f)

36 (g) *This section shall remain in effect only until January 1, 2024,*
37 *and as of that date is repealed.*

38 SEC. 2. Section 54953 of the Government Code, as added by
39 Section 4 of Chapter 165 of the Statutes of 2021, is amended to
40 read:

1 54953. (a) All meetings of the legislative body of a local
2 agency shall be open and public, and all persons shall be permitted
3 to attend any meeting of the legislative body of a local agency,
4 except as otherwise provided in this chapter.

5 (b) (1) Notwithstanding any other provision of law, the
6 legislative body of a local agency may use teleconferencing for
7 the benefit of the public and the legislative body of a local agency
8 in connection with any meeting or proceeding authorized by law.
9 The teleconferenced meeting or proceeding shall comply with all
10 requirements of this chapter and all otherwise applicable provisions
11 of law relating to a specific type of meeting or proceeding.

12 (2) Teleconferencing, as authorized by this section, may be used
13 for all purposes in connection with any meeting within the subject
14 matter jurisdiction of the legislative body. All votes taken during
15 a teleconferenced meeting shall be by rollcall.

16 (3) If the legislative body of a local agency elects to use
17 teleconferencing, it shall post agendas at all teleconference
18 locations and conduct teleconference meetings in a manner that
19 protects the statutory and constitutional rights of the parties or the
20 public appearing before the legislative body of a local agency.
21 Each teleconference location shall be identified in the notice and
22 agenda of the meeting or proceeding, and each teleconference
23 location shall be accessible to the public. During the teleconference,
24 at least a quorum of the members of the legislative body shall
25 participate from locations within the boundaries of the territory
26 over which the local agency exercises jurisdiction, except as
27 provided in subdivision (d). The agenda shall provide an
28 opportunity for members of the public to address the legislative
29 body directly pursuant to Section 54954.3 at each teleconference
30 location.

31 (4) For the purposes of this section, “teleconference” means a
32 meeting of a legislative body, the members of which are in different
33 locations, connected by electronic means, through either audio or
34 video, or both. Nothing in this section shall prohibit a local agency
35 from providing the public with additional teleconference locations

36 (c) (1) No legislative body shall take action by secret ballot,
37 whether preliminary or final.

38 (2) The legislative body of a local agency shall publicly report
39 any action taken and the vote or abstention on that action of each
40 member present for the action.

1 (3) Prior to taking final action, the legislative body shall orally
 2 report a summary of a recommendation for a final action on the
 3 salaries, salary schedules, or compensation paid in the form of
 4 fringe benefits of a local agency executive, as defined in
 5 subdivision (d) of Section 3511.1, during the open meeting in
 6 which the final action is to be taken. This paragraph shall not affect
 7 the public’s right under the California Public Records Act (~~Chapter~~
 8 ~~3.5 (commencing with Section 6250) of Division 7 of Title 1)~~
 9 *(Division 10 (commencing with Section 7920.000) of Title 1)* to
 10 inspect or copy records created or received in the process of
 11 developing the recommendation.

12 (d) (1) Notwithstanding the provisions relating to a quorum in
 13 paragraph (3) of subdivision (b), if a health authority conducts a
 14 teleconference meeting, members who are outside the jurisdiction
 15 of the authority may be counted toward the establishment of a
 16 quorum when participating in the teleconference if at least 50
 17 percent of the number of members that would establish a quorum
 18 are present within the boundaries of the territory over which the
 19 authority exercises jurisdiction, and the health authority provides
 20 a teleconference number, and associated access codes, if any, that
 21 allows any person to call in to participate in the meeting and the
 22 number and access codes are identified in the notice and agenda
 23 of the meeting.

24 (2) Nothing in this subdivision shall be construed as
 25 discouraging health authority members from regularly meeting at
 26 a common physical site within the jurisdiction of the authority or
 27 from using teleconference locations within or near the jurisdiction
 28 of the authority. A teleconference meeting for which a quorum is
 29 established pursuant to this subdivision shall be subject to all other
 30 requirements of this section.

31 (3) For purposes of this subdivision, a health authority means
 32 any entity created pursuant to Sections 14018.7, 14087.31,
 33 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare
 34 and Institutions Code, any joint powers authority created pursuant
 35 to Article 1 (commencing with Section 6500) of Chapter 5 of
 36 Division 7 for the purpose of contracting pursuant to Section
 37 14087.3 of the Welfare and Institutions Code, and any advisory
 38 committee to a county-sponsored health plan licensed pursuant to
 39 Chapter 2.2 (commencing with Section 1340) of Division 2 of the

1 Health and Safety Code if the advisory committee has 12 or more
2 members.

3 *(e) A local agency may use teleconferencing without complying*
4 *with the requirements of paragraph (3) of subdivision (b) if, during*
5 *the teleconference meeting, at least a quorum of the members of*
6 *the legislative body participates in person from a singular location*
7 *clearly identified on the agenda, which location shall be open to*
8 *the public and situated within the boundaries of the territory over*
9 *which the local agency exercises jurisdiction and the legislative*
10 *body complies with all of the following:*

11 *(1) The legislative body shall give notice of the meeting and*
12 *post agendas as otherwise required by this chapter.*

13 *(2) All members of the legislative body attending the meeting*
14 *by teleconference shall participate only through both audio and*
15 *visual technology.*

16 *(3) The legislative body shall allow members of the public to*
17 *access the meeting and the agenda shall provide an opportunity*
18 *for members of the public to address the legislative body directly*
19 *pursuant to Section 54954.3. In each instance in which notice of*
20 *the time of the meeting is otherwise given or the agenda for the*
21 *meeting is otherwise posted, the legislative body shall also give*
22 *notice of the means by which members of the public may access*
23 *the meeting and offer public comment. The agenda shall identify*
24 *and include an opportunity for all persons to attend via a call-in*
25 *option or an internet-based service option, and an opportunity for*
26 *members of the public to attend and address the legislative body*
27 *at the in-person location of the meeting.*

28 *(4) The legislative body shall conduct teleconference meetings*
29 *in a manner that protects the statutory and constitutional rights*
30 *of the parties and the public appearing before the legislative body*
31 *of a local agency.*

32 *(5) In the event of a disruption that prevents the public agency*
33 *from broadcasting the meeting to members of the public using the*
34 *call-in option or internet-based service option, or in the event of*
35 *a disruption within the local agency's control that prevents*
36 *members of the public from offering public comments using the*
37 *call-in option or internet-based service option, the body shall take*
38 *no further action on items appearing on the meeting agenda until*
39 *public access to the meeting via the call-in option or internet-based*
40 *service option is restored. Actions taken on agenda items during*

1 *a disruption that prevents the public agency from broadcasting*
 2 *the meeting may be challenged pursuant to Section 54960.1.*

3 (6) *The legislative body shall not require public comments to*
 4 *be submitted in advance of the meeting and must provide an*
 5 *opportunity for the public to address the legislative body and offer*
 6 *comment in real time.*

7 (7) *Notwithstanding Section 54953.3, an individual desiring to*
 8 *provide public comment through the use of an internet website, or*
 9 *other online platform, not under the control of the local legislative*
 10 *body, that requires registration to log in to a teleconference may*
 11 *be required to register as required by the third-party internet*
 12 *website or online platform to participate.*

13 (8) *The legislative body shall have and implement a procedure*
 14 *for receiving and swiftly resolving requests for reasonable*
 15 *accommodation for individuals with disabilities, consistent with*
 16 *the federal Americans with Disabilities Act of 1990 (42 U.S.C.*
 17 *Sec. 12132), and resolving any doubt in favor of accessibility. In*
 18 *each instance in which notice of the time of the meeting is otherwise*
 19 *given or the agenda for the meeting is otherwise posted, the*
 20 *legislative body shall also give notice of the procedure for receiving*
 21 *and resolving requests for accommodation.*

22 (e)

23 (f) This section shall become operative January 1, 2024.

24 SEC. 3. The Legislature finds and declares that Sections 1 and
 25 2 of this act, which amend Section 54953 of the Government Code,
 26 impose a limitation on the public’s right of access to the meetings
 27 of public bodies or the writings of public officials and agencies
 28 within the meaning of Section 3 of Article I of the California
 29 Constitution. Pursuant to that constitutional provision, the
 30 Legislature makes the following findings to demonstrate the interest
 31 protected by this limitation and the need for protecting that interest:

32 By removing the requirement for agendas to be placed at the
 33 location of each public official participating in a public meeting
 34 remotely, including from the member’s private home or hospital
 35 room, this act protects the personal, private information of public
 36 officials and their families while preserving the public’s right to
 37 access information concerning the conduct of the people’s business.

38 SEC. 4. The Legislature finds and declares that Sections 1 and
 39 2 of this act, which amend Section 54953 of the Government Code,
 40 further, within the meaning of paragraph (7) of subdivision (b) of

1 Section 3 of Article I of the California Constitution, the purposes
2 of that constitutional section as it relates to the right of public
3 access to the meetings of local public bodies or the writings of
4 local public officials and local agencies. Pursuant to paragraph (7)
5 of subdivision (b) of Section 3 of Article I of the California
6 Constitution, the Legislature makes the following findings:

7 This act is necessary to ensure minimum standards for public
8 participation and notice requirements allowing for greater public
9 participation in teleconference meetings.

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Solano County Legislation of Interest
Saturday, February 19, 2022

Bill ID/Topic	Location	Summary	Position
SUPPORT			
AB 170 Ting D Budget Act of 2022.	Senate Budget and Fiscal Review 2/16/2022-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on B. & F.R.	This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2022. Last Amended: 2/16/2022	Support
ACA 1 Aguiar-Curry D Local government financing: affordable housing and public infrastructure: voter approval.	Assembly Local Government 4/22/2021-Referred to Coms. on L. GOV. and APPR.	(1)The California Constitution prohibits the ad valorem tax rate on real property from exceeding 1% of the full cash value of the property, subject to certain exceptions.This measure would create an additional exception to the 1% limit that would authorize a city, county, city and county, or special district to levy an ad valorem tax to service bonded indebtedness incurred to fund the construction, reconstruction, rehabilitation, or replacement of public infrastructure, affordable housing, or permanent supportive housing, or the acquisition or lease of real property for those purposes, if the proposition proposing that tax is approved by 55% of the voters of the city, county, or city and county, as applicable, and the proposition includes specified accountability requirements. The measure would specify that these provisions apply to any city, county, city and county, or special district measure imposing an ad valorem tax to pay the interest and redemption charges on bonded indebtedness for these purposes that is submitted at the same election as this measure.This bill contains other related provisions and other existing laws.	Support
OTHER MONITORED LEGISLATION			
AB 155 Committee on Budget Budget Act of 2022.	Senate Budget and Fiscal Review 2/16/2022-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on B. & F.R.	This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2022. Last Amended: 2/16/2022	

<p>AB 321 Valladares R</p> <p>Childcare services: enrollment priority.</p>	<p>Senate Rules</p> <p>1/27/2022-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.</p>	<p>The Child Care and Development Services Act, administered by the State Department of Social Services, requires the department to administer childcare and development programs that offer a full range of services to eligible children from infancy to 13 years of age, inclusive. The Early Education Act requires the Superintendent of Public Instruction to, among other things, provide an inclusive and cost-effective preschool program. Both acts require that families meet specified requirements to be eligible for federal- and state-subsidized childcare and development services and preschool programs, including, among other requirements, that the family needs childcare services or full-day preschool because, among other reasons, the family is homeless, the child’s parents are seeking employment or permanent housing, or the child’s parents are employed. Existing law requires both the Superintendent of Public Instruction and the State Department of Social Services to adopt rules and regulations on eligibility, enrollment, and priority of services needed to implement their respective acts. Existing law specifies priority for services pursuant to the acts and requires that first priority be given to neglected or abused children, as specified. Existing law also requires that 2nd priority be given equally to all eligible families, regardless of the number of parents in the home, that are income eligible. Existing law further requires that if 2 or more families are in the same priority in relation to income, the family that has a child with exceptional needs shall be admitted first. This bill would additionally require that priority be given to a child from a family in which the primary home language is a language other than English if there are no families with a child with exceptional needs. The bill would make related findings and declarations. Last Amended: 1/3/2022</p>	
<p>AB 662 Rodriguez D</p> <p>Mental health: dispatch and response protocols: working group.</p>	<p>Senate Rules</p> <p>1/25/2022-In Senate. Read first time. To Com. on RLS. for assignment.</p>	<p>Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including by a peace officer, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. This bill would require the California Health and Human Services Agency to convene a working group, as specified, no later than July 1, 2022, to examine the existing dispatch and response protocols when providing emergency medical services to an individual who may require evaluation and treatment for a mental health disorder. The bill would require the working group to develop recommendations for improvements to those dispatch and response protocols and recommend amendments to existing law, including, but not limited to, the provisions governing involuntarily taking an individual into temporary custody for a mental health evaluation and treatment. The bill would require the working group to submit periodic reports to the Legislature every 6 months to update the Legislature on its progress, and to submit a final report of its recommendations to the Legislature on or before January 1, 2024. This bill contains other existing laws. Last Amended: 4/28/2021</p>	
<p>AB 895 Holden D</p> <p>Skilled nursing facilities and intermediate care facilities: notice to prospective residents.</p>	<p>Senate Rules</p> <p>1/27/2022-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.</p>	<p>The Long-Term Care, Health, Safety, and Security Act of 1973 generally requires the State Department of Public Health to license and regulate long-term health care facilities and to establish an inspection and reporting system to ensure that long-term health care facilities are in compliance with state statutes and regulations. Existing law defines a “long-term health care facility” to include, among other facility types, a skilled nursing facility and an intermediate care facility. A violation of the provisions relating to the operation or maintenance of a long-term health care facility is a misdemeanor. This bill would require a skilled nursing facility or intermediate care facility to provide a prospective resident of a skilled nursing facility or intermediate care facility, or their representative, prior to or at the time of admission, a written notice that includes specified contact information for the local long-term care ombudsman and links to specified websites relating to these facilities. The bill would require the notice to include a statement that it is intended as a resource for purposes of accessing additional information regarding resident care at the facility and reporting resident complaints. By expanding the definition of a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended: 1/13/2022</p>	
<p>AB 1348 McCarty D</p> <p>Youth athletics: chronic traumatic encephalopathy.</p>	<p>Senate Rules</p> <p>1/20/2022-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.</p>	<p>Under the California Youth Football Act, a youth sports organization, as defined, that conducts a tackle football program must comply with certain requirements, including, among other things, having a licensed medical professional, which may include a state-licensed emergency medical technician, paramedic, or higher-level licensed medical professional, present during games. This bill would require the Surgeon General to convene a Commission on Chronic Traumatic Encephalopathy and Youth Football to investigate issues related to the risks of brain injury associated with participation in youth football, and to provide recommendations to the Governor and Legislature on strategies to reduce this risk, including the minimum appropriate age for participation in youth tackle football. The bill would require the Surgeon General to publish a report on their internet website on or before July 1, 2023, with the findings of the commission. Last Amended: 4/21/2021</p>	

<p>AB 1502 Muratsuchi D</p> <p>Freestanding skilled nursing facilities.</p>	<p>Senate Rules</p> <p>2/1/2022-In Senate. Read first time. To Com. on RLS. for assignment.</p>	<p>Existing law requires the State Department of Public Health to license, inspect, and regulate skilled nursing facilities, as defined, and prohibits a person, firm, partnership, association, corporation, or political subdivision of the state, or other governmental agency within the state from operating, establishing, managing, conducting, or maintaining a skilled nursing facility in this state, without first obtaining a license from the department. Existing law prohibits a person from acquiring a beneficial interest of 5% or more in any corporation or partnership licensed to operate a skilled nursing facility, or in any management company under contract with a licensee of a skilled nursing facility, or from becoming an officer or director of, or general partner in, a corporation, partnership, or management company without the prior written approval of the department. Existing law requires a licensee for a skilled nursing facility to provide written notice of a proposed change in licensee or management company to all residents of the facility and their representatives at least 90 days prior to a finalization of the sale, transfer of operation, or other change or transfer of ownership interests, except as specified. Existing law imposes criminal penalties on a person who violates the licensing and regulatory requirements imposed on skilled nursing facilities. This bill would prohibit a person, firm, entity, partnership, trust, association, corporation, or political subdivision of the state, or other governmental agency within the state from acquiring, operating, establishing, managing, conducting, or maintaining a freestanding skilled nursing facility without first obtaining a license from the department for that purpose. The bill would specify the requirements to apply for a license, including affirmatively establishing suitability, as defined, providing the department with the applicant's Medicare and Medicaid cost reports for all nursing facilities owned or managed by the applicant for the past 5 years in this and other states, and, if the applicant is part of a chain, providing a diagram indicating the relationship between the applicant and the persons or entities, as defined, that are part of the chain. The bill would require the department to post all applications for a license and its supporting documents on the internet, as specified, and allow for public comment on applications, which the department would be required to review and consider, as specified. The bill would make all applications and other documents prepared in relation to these provisions public records, in accordance with any applicable federal or state privacy laws. The bill would authorize or require the department to deny an application for licensure, or to revoke a license, under certain circumstances. The bill would require a licensee to update specific information included in their license application. By expanding the duties on licensees, this bill would expand an existing crime, thereby imposing a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended: 1/13/2022</p>	
<p>AB 1611 Davies R</p> <p>Oil spills: notification of hitting pipelines: civil penalties.</p>	<p>Assembly Natural Resources</p> <p>1/14/2022-Referred to Coms. on NAT. RES. and JUD.</p>	<p>The Lempert-Keene-Seastrand Oil Spill Prevention and Response Act generally requires the administrator for oil spill response, acting at the direction of the Governor, to implement activities relating to oil spill response, including emergency drills and preparedness, and oil spill containment and cleanup. Existing law makes it a felony to, among other things, fail to notify the Office of Emergency Services regarding an oil spill. This bill would require a person to notify specified state and federal entities that a vessel hit or likely hit a pipeline in waters of the state, within 24 hours of knowing that the vessel did so or likely did so, and would subject that person to a civil penalty of not less than \$10,000 and not more than \$50,000. The bill would subject a person to an additional civil penalty of up to \$1,000 per gallon spilled in excess of 1,000 gallons of oil that was discharged from the pipeline when that person fails to provide this notification.</p>	

<p>AB 1675 Ward D</p> <p>Teacher credentialing : spouses of active duty members of the Armed Forces: expedited application process.</p>	<p>Assembly Education</p> <p>1/27/2022-Referred to Com. on ED.</p>	<p>Existing law requires the Commission on Teacher Credentialing to establish standards for the issuance and renewal of credentials, certificates, and permits. Existing law establishes that a preliminary teaching credential shall be valid for 5 years, pending completion of the clear credential program. Existing law requires the commission to grant or deny a completed application for a credential within 7 days of the date that the commission received the application if the applicant supplies the commission with evidence that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and holds a valid teaching credential in another state, district, or territory of the United States. This bill instead would require the commission to issue or deny a preliminary 5-year or clear multiple subject, single subject, or education specialist teaching credential within 7 days of the date that the commission received an application if the applicant submits evidence that (1) the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders, (2) holds a valid, unexpired, professional-level teaching credential in a comparable area of certification to the California credential in another state, district, or territory of the United States, and (3) verifies successful completion of a criminal background check, as provided. The bill would clarify that these requirements for the clear teaching credential are in addition to other existing education, experience, and knowledge requirements for the clear teaching credential. The bill also would require the commission to publish information about credentialing options available to military veterans, members of the military, and their spouses prominently on the home page of the commission’s internet website.</p>	
<p>AB 1774 Seyarto R</p> <p>California Environmental Quality Act: water conveyance or storage projects: judicial review.</p>	<p>Assembly Natural Resources</p> <p>2/10/2022-Referred to Coms. on NAT. RES. and JUD.</p>	<p>The California Environmental Quality Act (CEQA) requires a lead agency, as defined, to prepare, or cause to be prepared, and certify the completion of an environmental impact report (EIR) on a project that the lead agency proposes to carry out or approve that may have a significant effect on the environment or to adopt a negative declaration if it finds that the project will not have that effect. CEQA also requires a lead agency to prepare a mitigated negative declaration for a project that may have a significant effect on the environment if revisions in the project would avoid or mitigate that effect and there is no substantial evidence that the project, as revised, would have a significant effect on the environment. CEQA establishes a procedure by which a person may seek judicial review of the decision of the lead agency made pursuant to CEQA. This bill would require the Judicial Council to adopt rules of court applicable to actions or proceedings brought to attack, review, set aside, void, or annul the certification or adoption of an environmental impact report for water conveyance or storage projects, as defined, or the granting of project approvals, including any appeals to the court of appeal or the Supreme Court, to be resolved, to the extent feasible, within 270 days of the filing of the certified record of proceedings with the court to an action or proceeding seeking judicial review of the lead agency’s action related to those projects. The bill would require the lead agency to prepare the record of proceedings for a water conveyance or storage project, as provided, and to include a specified notice in the draft EIR and final EIR for the water conveyance or storage project. By imposing additional duties on lead agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 1845 Calderon D</p> <p>Metropolitan Water District of Southern California: alternative project delivery methods.</p>	<p>Assembly Local Government</p> <p>2/18/2022-Referred to Coms. on L. GOV. and W.,P., & W.</p>	<p>Existing law generally sets forth the requirements for the solicitation and evaluation of bids and the awarding of contracts by local agencies for public works contracts. Existing law authorizes certain entities, including the Department of General Services, the Military Department, the Department of Corrections and Rehabilitation, and specified local agencies, to use the design-build procurement process, as prescribed, for specified public works. This bill would authorize the Metropolitan Water District of Southern California to use the design-build procurement process for certain regional recycled water projects or other water infrastructure projects. The bill would define “design-build” to mean a project delivery process in which both the design and construction of a project are procured from a single entity. The bill would require the district, if using this procurement process, to follow certain procedures, including preparing and issuing a request for qualifications, preparing a request for proposals including the scope and needs of the project or contract, and awarding projects based on certain criteria for projects utilizing either lowest responsible bidder or best value selection criteria. This bill contains other related provisions and other existing laws.</p>	

<p>AB 1897 Wicks D</p> <p>Nonvehicular air pollution control: refineries: penalties.</p>	<p>Assembly Natural Resources</p> <p>2/18/2022-Referred to Coms. on NAT. RES. and JUD.</p>	<p>Existing law prohibits a person from discharging from nonvehicular sources air contaminants or other materials that cause injury, detriment, nuisance, or annoyance to the public, or that endanger the comfort, repose, health, or safety of the public, or that cause, or have a natural tendency to cause, injury or damage to business or property, as specified. Under existing law, a person who violates this provision is guilty of a misdemeanor, as specified, or is strictly liable for a civil penalty of not more than \$10,000, unless that person alleges by affirmative defense and establishes that the act was not the result of intentional or negligent conduct, in which case the person is strictly liable for a civil penalty of not more than \$5,000. A person who violates this provision and who acts negligently, knowingly, willfully and intentionally, or with reckless disregard, is liable for a civil penalty in a greater amount, as specified. Existing law precludes prosecution under specified statutes if civil penalties are recovered pursuant to the above provisions for the same offense. This bill would make a person who violates this provision liable for a civil penalty of not more than \$30,000 if the violation results from a discharge from a stationary source required by federal law to be included in an operating permit program established pursuant to Title V of the federal Clean Air Act, and the stationary source is a refinery, the discharge results in a severe disruption to the community, the discharge contains or includes one or more toxic air contaminants, as specified, and 25 or more people are exposed to the discharge. The bill would additionally make a person who violates this provision liable for a civil penalty of not more than \$100,000 for a subsequent violation within a 12-month period. The bill would prohibit this provision from applying if the violation is caused by unforeseen and unforeseeable criminal acts, acts of war, acts of terrorism, or civil unrest. The bill would additionally preclude prosecution under specified statutes if civil penalties are recovered pursuant to this provision.</p>	
<p>AB 1906 Stone D</p> <p>Voluntary stream restoration: property owner liability: indemnification: claims.</p>	<p>Assembly Water, Parks and Wildlife</p> <p>2/18/2022-Referred to Coms. on W.,P., & W. and JUD.</p>	<p>Existing law requires a qualifying state agency, as defined, that funds a project to restore fish and wildlife habitats to indemnify and hold harmless a real property owner who voluntarily allows their real property to be used for the project from civil liability for property damage or personal injury resulting from the project if the project qualifies for a specified exemption and meets specified requirements. Existing law authorizes a qualifying state agency to indemnify and hold harmless a real property owner who voluntarily allows their real property to be used for that project from civil liability for property damage or personal injury resulting from the project in the case the project does not meet the specified exemption. Existing law requires the costs of any civil liability incurred by a qualifying state agency to be promptly paid from the General Fund, and requires those costs to be submitted as a claim by the real property owner to the Department of General Services pursuant to specified provisions. This bill would delete the requirement that those costs be submitted as a claim by the real property owner to the Department of General Services, and would authorize the department to adopt any regulations necessary to establish a process for paying claims arising pursuant to these provisions. This bill contains other related provisions.</p>	
<p>AB 2056 Grayson D</p> <p>Bar pilots: pilotage rates: pilot boat surcharge.</p>	<p>Assembly Print</p> <p>2/15/2022-From printer. May be heard in committee March 17.</p>	<p>Existing law provides for the regulation and licensing of pilots for Monterey Bay and the Bays of San Francisco, San Pablo, and Suisun. Existing law also establishes, in the Transportation Agency, a Board of Pilot Commissioners for the Bays of San Francisco, San Pablo, and Suisun and prescribes the membership, functions, and duties of the board with regard to the licensure and regulation of bar pilots. Existing law prescribes the rates of bar pilotage fees required to be charged by pilots and paid by vessels inward and outward bound through those bays. Existing law also imposes, among other things, an incremental rate of additional mills per high gross registered ton as is necessary and authorized by the board to recover a pilot's costs of obtaining new pilot boats and of funding design and engineering modifications, which is required to be identified as a pilot boat surcharge on a pilot's invoices and accounted for separately in a pilot's monthly account of all moneys or other compensation received by the pilot as a result of pilotage services. This bill would specify, for purposes of the pilot boat surcharge provisions, that the costs of obtaining new pilot boats includes the costs of repowering existing pilot boats or the acquisition of new pilot boats in order to meet the requirements of any rule governing the emissions of commercial harbor craft imposed by the State Air Resources Board. This bill contains other related provisions.</p>	

<p>AB 2062 Salas D</p> <p>Local law enforcement hiring grants.</p>	<p>Assembly Print</p> <p>2/15/2022-From printer. May be heard in committee March 17.</p>	<p>Existing law provides for the training and certification of local peace officers, including police and sheriff deputies. Existing law also requires criminal justice and delinquency prevention planning districts to be established for the purpose of coordinating local criminal justice activities and planning for the use of state and federal action funds made available through any grant programs. This bill, upon appropriation of funds for this purpose in the annual Budget Act and until January 1, 2029, would require the Board of State and Community Corrections to establish a grant program to provide \$50,000,000 in grants to local law enforcement agencies to incentivize peace officers to work in local law enforcement agencies that are in underserved communities and to live in the communities that they are serving. The bill would require grant funds to be used to provide a 5-year supplement to peace officer salaries in local law enforcement agencies that are in underserved communities that have had a homicide rate higher than the state average for the past 5 years or more and where the peace officer lives within 5 miles of the office in which they work. The bill would require local law enforcement agencies that receive grants to report specified information to the board annually and would require the board to report to the Legislature and the Governor's office on the efficacy of the program, as prescribed, on or before July 1, 2028.</p>	
<p>AB 2070 Bauer-Kahan D</p> <p>Electrical corporations: high fire risk areas: hot work and deenergization events: notice requirements</p>	<p>Assembly Print</p> <p>2/15/2022-From printer. May be heard in committee March 17.</p>	<p>Under the Public Utilities Act, the Public Utilities Commission has regulatory authority over electrical corporations. Existing law requires each electrical corporation to annually prepare and submit a wildfire mitigation plan, which includes a description of the electrical corporation's procedures for notifying customers who may be impacted by the deenergizing of electrical lines. Existing law requires those procedures to direct notification to all affected public safety offices, critical first responders, health care facilities, and operators of telecommunications infrastructure. This bill would require an electrical corporation to notify a fire protection district, as defined, at least 24 hours before performing specified actions, including, but not limited to, the initiation of a deenergization event, within the district's jurisdiction, except as provided. The bill would subject an electrical corporation that fails to provide sufficient notice to a civil penalty of \$500. The bill would require an electrical corporation to compensate a fire protection district for the district's costs to retain a single emergency medical transport team in preparation for, or in response to, the initiation of a deenergization event if specified requirements are satisfied. This bill contains other related provisions and other existing laws.</p>	
<p>AB 2137 Maienschein D</p> <p>Family justice centers.</p>	<p>Assembly Print</p> <p>2/15/2022-From printer. May be heard in committee March 18.</p>	<p>Existing law authorizes a city, county, city and county, or community-based nonprofit organization to establish a family justice center to assist victims of domestic violence, sexual assault, elder or dependent adult abuse, and human trafficking, to ensure that victims of abuse are able to access all needed services in one location in order to enhance victim safety, increase offender accountability, and improve access to services for victims of domestic violence, sexual assault, elder or dependent adult abuse, and human trafficking. This bill would require family justice centers to develop a partnership with their local city attorney's office to create a gun violence restraining order center in order to assist victims with obtaining a gun violence restraining order, if appropriate.</p>	
<p>AB 2157 Rubio, Blanca D</p> <p>Urban water use objectives: indoor residential water use.</p>	<p>Assembly Print</p> <p>2/15/2022-From printer. May be heard in committee March 18.</p>	<p>Existing law requires the Department of Water Resources, in coordination with the State Water Resources Control Board, and in collaboration with and input from stakeholders, to conduct necessary studies and investigations and authorizes the department and the board to jointly recommend to the Legislature a standard for indoor residential water use. Existing law, until January 1, 2025, establishes 55 gallons per capita daily as the standard for indoor residential water use, beginning January 1, 2025, establishes the greater of 52.5 gallons per capita daily or a standard recommended by the department and the board as the standard for indoor residential water use, and beginning January 1, 2030, establishes the greater of 50 gallons per capita daily or a standard recommended by the department and the board as the standard for indoor residential water use. This bill would make a nonsubstantive change to the provision requiring the department and the board to collaborate with, and seek input from, stakeholders with regard to the studies, investigations, and report.</p>	
<p>AB 2213 Aguiar-Curry D</p> <p>Department of Food and Agriculture: research funding: winegrapes: smoke exposure.</p>	<p>Assembly Print</p> <p>2/15/2022-From printer. May be heard in committee March 18.</p>	<p>Existing law establishes the Department of Food and Agriculture, under the control of the Secretary of Food and Agriculture, to promote and protect the agricultural industry of the state. Existing law authorizes the department to expend in accordance with law all money that is made available for its use. This bill would require the department, upon appropriation by the Legislature in the Budget Act of 2022, to provide funding for research to investigate accurate measurement of smoke compounds in winegrapes and wine, methods to mitigate the damage to winegrapes and wine that can occur from exposure to smoke, and methods to prevent smoke damage to winegrapes and wine. The bill would require the department to establish an advisory committee of specified members appointed by the secretary to provide recommendations to the secretary for funding research proposals submitted to the department under these provisions. The bill would make these provisions inoperative on January 1, 2028, or when all funds appropriated by the Legislature pursuant to the Budget Act of 2022 for these provisions have been disbursed, whichever is later.</p>	

<p>AB 2264 Bloom D</p> <p>Pedestrian crossing signals.</p>	<p>Assembly Print</p> <p>2/17/2022-From printer. May be heard in committee March 19.</p>	<p>Under existing law, a pedestrian control signal showing a “WALK” or approved “Walking Person” symbol means a pedestrian may proceed across the roadway in the direction of the signal. Under existing law, a pedestrian facing a flashing “DON’T WALK” or “WAIT” or approved “Upraised Hand” symbol with a “countdown” signal, as specified, means a pedestrian may start crossing the roadway in the direction of the signal but requires the pedestrian to finish crossing prior to the display of the steady “DON’T WALK” or “WAIT” or approved “Upraised Hand” symbol, as specified. This bill would require the Department of Transportation and local authorities to update all pedestrian control signals to operate giving a pedestrian a head start between 3 to 7 seconds to enter an intersection with a corresponding circular green signal, as specified. This bill contains other related provisions and other existing laws.</p>	
<p>AB 2304 Bonta, Mia D</p> <p>Nutrition Assistance: “Food as Medicine.”</p>	<p>Assembly Print</p> <p>2/17/2022-From printer. May be heard in committee March 19.</p>	<p>Existing law provides for the California Health and Human Services Agency, which includes the State Department of Health Care Services, the State Department of Public Health, and the State Department of Social Services. Existing law establishes various programs and services under those departments, including the Medi-Cal program, under which qualified low-income individuals receive health care services, such as enteral nutrition products, the California Special Supplemental Nutrition Program for Women, Infants, and Children, which is administered by the State Department of Public Health and counties and under which nutrition and other assistance are provided to eligible individuals who have been determined to be at nutritional risk, and the CalFresh program, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. This bill would declare the intent of the Legislature to enact the Wilma Chan Food as Medicine Act of 2022.</p>	
<p>AB 2313 Bloom D</p> <p>Water: judges and adjudications .</p>	<p>Assembly Print</p> <p>2/17/2022-From printer. May be heard in committee March 19.</p>	<p>(1)Existing law authorizes the Judicial Council to conduct institutes and seminars for the purpose of orienting judges to new judicial assignments, keeping them informed concerning new developments in the law, and promoting uniformity in judicial procedure, as specified. This bill would encourage the Judicial Council to establish a program that provides training and education to judges in specified actions relating to water, as defined. The bill would provide that the program may be funded by an appropriation from the General Fund in the annual Budget Act or another statute. The bill would authorize the Chairperson of the Judicial Council to assign to certain actions relating to water a judge with that training or education. This bill contains other related provisions and other existing laws.</p>	
<p>AB 2321 Jones-Sawyer D</p> <p>Juveniles: room confinement.</p>	<p>Assembly Print</p> <p>2/17/2022-From printer. May be heard in committee March 19.</p>	<p>Existing law places restrictions on the use of room confinement of minors or wards who are confined in a juvenile facility, as specified, and requires the placement of a minor or ward in room confinement to be conducted in accordance with specified guidelines. Existing law excludes from the definition of room confinement the confinement of a minor or ward in a single-person room or cell for brief periods of locked room confinement necessary for required institutional operations. This bill would limit that exclusion to periods of confinement no longer than one hour. The bill would also require minors and wards who are confined to be provided reasonable access to toilets at all hours. By increasing the duties of local entities in connection with local juvenile facilities, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>AB 2387 Garcia, Eduardo D</p> <p>Safe Drinking Water, Wildfire Prevention, Drought Preparation, Flood Protection, Extreme Heat Mitigation, and Workforce Development Bond Act of 2022.</p>	<p>Assembly Print</p> <p>2/18/2022-From printer. May be heard in committee March 20.</p>	<p>The California Drought, Water, Parks, Climate, Coastal Protection, and Outdoor Access For All Act of 2018, approved by the voters as Proposition 68 at the June 5, 2018, statewide primary direct election, authorizes the issuance of bonds in the amount of \$4,100,000,000 pursuant to the State General Obligation Bond Law to finance a drought, water, parks, climate, coastal protection, and outdoor access for all program. Article XVI of the California Constitution requires measures authorizing general obligation bonds to specify the single object or work to be funded by the bonds and further requires a bond act to be approved by a 2/3 vote of each house of the Legislature and a majority of the voters. This bill would enact the Safe Drinking Water, Wildfire Prevention, Drought Preparation, Flood Protection, Extreme Heat Mitigation, and Workforce Development Bond Act of 2022, which, if approved by the voters, would authorize the issuance of bonds in the amount of \$7,430,000,000 pursuant to the State General Obligation Bond Law to finance projects for safe drinking water, wildfire prevention, drought preparation, flood protection, extreme heat mitigation, and workforce development programs. This bill contains other related provisions.</p>	

<p>AB 2500 Arambula D</p> <p>Farm to Hospital Grant Pilot Program.</p>	<p>Assembly Print</p> <p>2/18/2022-From printer. May be heard in committee March 20.</p>	<p>Existing law creates the Office of Farm to Fork within the Department of Food and Agriculture, and requires the office, to the extent that resources are available, to work with various entities, as prescribed, to increase the amount of agricultural products available to underserved communities and schools in the state. This bill would, upon appropriation and until January 1, 2031, establish the Farm to Hospital Grant Pilot Program, which the office would administer, to award competitive grants to eligible applicants to provide hospital patients with meals prepared from California-sourced agricultural products, as specified. The bill would require the office, in consultation with the State Department of Public Health, to develop grant criteria to evaluate proposals from eligible applicants. The bill would authorize grant recipients to use grant moneys only for specified purposes, and require them to report specified information to the office and State Department of Public Health. The bill would require the office, in consultation with the State Department of Public Health, on or before January 1, 2027, to submit to the Legislature a report on the pilot program.</p>	
<p>AB 2581 Salas D</p> <p>Health care service plans: mental health and substance use disorders: provider credentials.</p>	<p>Assembly Print</p> <p>2/18/2022-Introduced. To print.</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan contract issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. This bill would provide that no reimbursement is required by this act for a specified reason. This bill contains other existing laws.</p>	
<p>AB 2605 Villapudua D</p> <p>Water quality: state certification.</p>	<p>Assembly Print</p> <p>2/18/2022-Introduced. To print.</p>	<p>Under existing law, the State Water Resources Control Board and the California regional water quality control boards prescribe waste discharge requirements in accordance with the Federal Water Pollution Control Act and the Porter-Cologne Water Quality Control Act. Under federal law, any applicant seeking a federal license or permit for an activity that may result in any discharge into the navigable waters of the United States is required to first seek a state water quality certification, as specified. The Porter-Cologne Water Quality Control Act authorizes the state board to certify or provide a statement to a federal agency, as required pursuant to federal law, that there is reasonable assurance that an activity of any person subject to the jurisdiction of the state board will not reduce water quality below applicable standards. The federal act provides that if a state fails or refuses to act on a request for this certification within a reasonable period of time, which shall not exceed one year after receipt of the request, then the state certification requirements are waived with respect to the federal application. This bill would authorize the state board to delegate its authority regarding the above-described issuance of a certificate or statement to the regional boards. The bill would require a project proponent, as defined, to request a pre-filing meeting with the state board, as specified. The bill would require the state board to act on the certification within 60 days, except as specified, and would provide that a failure or refusal to act on a certification request within that period of time waives the certification requirement for a license or permit. The bill would require a certification request to the state board for either an individual license or permit or a general license or permit to contain specified information. The bill would require the state board to take specified actions depending on whether it grants, grants with conditions, or denies the certification request.</p>	
<p>AB 2639 Quirk D</p> <p>Water quality control plans and water rights permits.</p>	<p>Assembly Print</p> <p>2/18/2022-Introduced. To print.</p>	<p>Existing law establishes the State Water Resources Control Board and the 9 California regional water quality control boards as the principal state agencies with authority over matters relating to water quality. Existing law requires the state board to formulate and adopt state policy for water quality control. Existing law authorizes the state board to adopt water quality control plans for waters that require water quality standards pursuant to the Federal Water Pollution Control Act, and those plans supersede any regional water quality control plans for the same waters to the extent of any conflict. This bill would require the state board, on or before December 31, 2023, to adopt a final update of a specified water quality control plan for the Bay-Delta and to implement the final San Joaquin River/Southern Delta update of that specified water quality control plan, as provided. The bill would prohibit the state board from approving any new water right permits or extensions of time for any existing permits resulting in new or increased diversions to surface water storage from the Sacramento River/San Joaquin River watershed until the state board has taken those actions.</p>	

<p>AB 2721 Lee D</p> <p>Bay Area Air Quality Management District: district board: compensation and expenses.</p>	<p>Assembly Print</p> <p>2/18/2022-Introduced. To print.</p>	<p>Existing law establishes the Bay Area Air Quality Management District, which is vested with the authority to regulate air emissions located in the boundaries of the Counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, and Santa Clara and portions of the Counties of Solano and Sonoma. Existing law establishes a district board to govern the district and prescribes the membership of the district board. Existing law authorizes the district board to provide, by ordinance, compensation for board members for attending meetings or while on official business of the district and also requires board members to receive actual and necessary expenses incurred in the performance of their duties, as specified. This bill would state the intent of the Legislature to enact subsequent legislation that would make changes to the compensation and expenses that members of the district board receive in the performance of their board duties.</p>	
<p>AB 2742 Friedman D</p> <p>Water meters: urban water suppliers.</p>	<p>Assembly Print</p> <p>2/18/2022-Introduced. To print.</p>	<p>The Water Measurement Law generally requires the installation of a water meter as a condition of new water service on and after January 1, 1992. The law, with certain exceptions, requires an urban water supplier to install water meters on all municipal and industrial service connections that are located in its service area on or before January 1, 2025. This bill would delay that requirement for an urban water supplier to install the water meters to on or before January 1, 2030.</p>	
<p>AB 2805 Bauer-Kahan D</p> <p>Department of Fish and Game: advance mitigation and regional conservation investment strategies.</p>	<p>Assembly Print</p> <p>2/18/2022-Introduced. To print.</p>	<p>(1)Existing law establishes the Department of Fish and Wildlife in the Natural Resources Agency. Under existing law, the department has jurisdiction over the conservation, protection, and management of fish, wildlife, native plants, and habitat necessary for biologically sustainable populations of those species. Existing law authorizes the department, or any other public agency, to propose a regional conservation investment strategy, to be developed in consultation with applicable local agencies that have land use authority, for the purpose of informing science-based nonbinding and voluntary conservation actions and habitat enhancement actions that would advance the conservation of focal species and provide voluntary nonbinding guidance for various activities. Existing law authorizes the department to approve a regional conservation investment strategy only if one or more state agencies request approval of the strategy through a letter sent to the Director of Fish and Wildlife, as prescribed. Existing law requires the strategy to contain specified information and authorizes inclusion of a regional conservation assessment proposed by the department or any other public agency, and approved by the department, in the strategy. Existing law authorizes the department to approve a regional conservation investment strategy or amended strategy for an initial period of up to 10 years after a public meeting and a public comment period regarding the proposed strategy or amended strategy have been held and after it finds that the strategy meets certain requirements. This bill would authorize the department, any other public agency, or federally recognized tribe to propose a regional conservation investment strategy, as provided. The bill would eliminate a restriction on the department that authorizes the department to approve a regional conservation investment strategy only if one or more state agencies request approval through a letter sent to the Director of Fish and Wildlife and a requirement that a regional conservation investment strategy include an explanation of the extent that the strategy is consistent with any previously approved or amended strategy. The bill would require a regional conservation assessment to, among other things, be consistent and complement any regional federal habitat conservation plan that overlaps with the ecoregion or subecoregion included in the assessment. The bill would make various changes to provisions requiring the department or public agency, as specified, to provide notice, hold public meetings, and provide for, receive, and respond to public comment during the public comment period before approving a regional conservation investment strategy or amended strategy. This bill contains other related provisions and other existing laws.</p>	
<p>AB 2807 Bonta, Mia D</p> <p>Transportation funding programs: eligibility: public transportation ferries.</p>	<p>Assembly Print</p> <p>2/18/2022-Introduced. To print.</p>	<p>(1)Existing law establishes the California Clean Truck, Bus, and Off-Road Vehicle and Equipment Technology Program, which is administered by the State Air Resources Board, in conjunction with the State Energy Resources Conservation and Development Commission, to fund development, demonstration, precommercial pilot, and early commercial deployment of zero- and near-zero-emission truck, bus, and off-road vehicle and equipment technologies. This bill would expand the purposes of the program to include the funding of the development, demonstration, precommercial pilot, and early commercial deployment of zero- and near-zero-emission public transportation ferry technologies. This bill contains other related provisions and other existing laws.</p>	

<p>AB 2858 Dahle Megan R</p> <p>Fish and wildlife: safe harbor agreements.</p>	<p>Assembly Print</p> <p>2/18/2022-Introduced. To print.</p>	<p>Existing law, the California State Safe Harbor Agreement Program Act, establishes a program that encourages landowners to manage their lands voluntarily to benefit endangered, threatened, or candidate species, or declining or vulnerable species, and not be subject to additional regulatory restrictions as a result of their conservation efforts. The act requires the Department of Fish and Wildlife, to the maximum extent practicable, to prioritize the review of, and decision to approve, a safe harbor agreement if the property proposed to be enrolled in the agreement is encumbered by a conservation easement that requires a permanent commitment to protect, restore, and maintain habitat conditions, provided that the department finds that practices consistent with the conservation easement can reasonably be expected to provide a net conservation benefit to the species listed in the application. This bill would state the intent of the Legislature to enact subsequent legislation that would require safe harbor agreements authorized pursuant to the act to be reviewed and either approved and signed, or denied, by the department in a specified period of time upon receipt of all documents required by the act.</p>	
<p>SB 45 Portantino D</p> <p>Short-lived climate pollutants: organic waste reduction goals: local jurisdiction assistance.</p>	<p>Assembly Desk</p> <p>1/24/2022-Read third time. Passed. (Ayes 36. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.</p>	<p>Current law requires the Department of Resources Recycling and Recovery, in consultation with the State Air Resources Board, to adopt regulations to achieve the organic waste reduction goals established by the state board for 2020 and 2025, as provided. Current law requires the department, no later than July 1, 2020, and in consultation with the state board, to analyze the progress that the waste sector, state government, and local governments have made in achieving these organic waste reduction goals. This bill would require the department, in consultation with the state board, to provide assistance to local jurisdictions, including, but not limited to, any funding appropriated by the Legislature in the annual Budget Act, for purposes of assisting local agencies to comply with these provisions, including any regulations adopted by the department. Last Amended: 1/3/2022</p>	
<p>SB 107 Wiener D</p> <p>CalFresh.</p>	<p>Assembly Desk</p> <p>1/6/2022-Read third time. Passed. (Ayes 32. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.</p>	<p>Existing federal law provides for the Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law requires the State Department of Social Services, in conjunction with the State Department of Public Health and appropriate stakeholders, to develop and submit to the Legislature a community outreach and education campaign to help families learn about, and apply for, CalFresh. This bill would require the State Department of Social Services, in order to increase client access and retention within CalFresh, to participate in the Elderly Simplified Application Project, a demonstration project operated by the United States Department of Agriculture, Food and Nutrition Service. The bill would require the department, on or before January 1, 2023, to develop a CalFresh user-centered application for seniors 60 years of age or older and for people with disabilities who are eligible to be enrolled in the Elderly Simplified Application Project. This bill contains other related provisions and other existing laws. Last Amended: 2/18/2021</p>	
<p>SB 135 Committee on Budget and Fiscal Review</p> <p>Budget Act of 2022.</p>	<p>Assembly Budget</p> <p>2/15/2022-From committee with author's amendments. Read second time and amended. Re-referred to Com. on BUDGET. (Amended on 2/15/2022)</p>	<p>This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2022. Last Amended: 2/15/2022</p>	
<p>SB 234 Wiener D</p> <p>Transition Aged Youth Housing Program.</p>	<p>Assembly Desk</p> <p>1/6/2022-Read third time. Passed. (Ayes 32. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.</p>	<p>Existing law establishes the Homeless Coordinating and Financing Council and requires the council to set and measure progress toward goals to prevent and end homelessness among youth in California by setting specific, measurable goals aimed at preventing and ending homelessness among youth in the state and defining outcome measures and gathering data related to the goals. This bill would establish the Transition Aged Youth Housing Program for the purpose of creating housing for transition aged youth under 26 years of age, who have been removed from their homes, are experiencing homelessness unaccompanied by a parent or legal guardian, or are under the jurisdiction of a court, as specified, and would require the council to develop, implement, and administer the program. This bill contains other related provisions. Last Amended: 4/26/2021</p>	

<p>SB 364 Skinner D</p> <p>Pupil meals.</p>	<p>Assembly Desk</p> <p>1/26/2022-Read third time. Passed. (Ayes 37. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.</p>	<p>(1)Existing law establishes a system of public elementary and secondary schools in this state. This system comprises local educational agencies throughout the state that provide instruction to pupils in kindergarten and grades 1 to 12, inclusive, at schoolsites operated by these agencies.This bill would require the State Department of Education to certify that applications for free or reduced-price meals made electronically available online by school district governing boards or county offices of education comply with specified requirements, including provisions prohibiting the misuse of information provided online by applicants. The bill would require applications for free and reduced-price meals, which are authorized to be submitted at any time during a schoolday, to be processed within 30 days of submission. To the extent that this provision would impose new duties on local educational agencies, it would constitute a state-mandated local program. The bill would make private third-party vendors who violate its provisions subject to specified civil penalties. The bill would specify that its provisions would not prevent the use of information provided by a school meal applicant from being used by a governmental entity to increase access to a government-administered anti-hunger program. The bill would authorize each school district and county superintendent of schools to establish a secured internet website providing access to an online data collection form as part of the annual enrollment process, and would require the department to host a sample application by an unspecified date, unless the Superintendent of Public Instruction determines that use of the form would negatively impact the local control funding formula.This bill contains other related provisions and other existing laws. Last Amended: 1/20/2022</p>	
<p>SB 450 Hertzberg D</p> <p>Fire protection: fire districts: funding: working group: report.</p>	<p>Assembly Desk</p> <p>1/18/2022-Read third time. Passed. (Ayes 34. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.</p>	<p>Existing law creates in the Office of the State Fire Marshal a State Board of Fire Services, as provided. Existing law requires the board to make full and complete studies, recommendations, and reports to the Governor and the Legislature for the purpose of recommending the establishment of minimum standards with respect to fire protection, as provided. Section 2.2 of Article XIII A of the California Constitution establishes the Special District Fire Response Fund as a subaccount within the California Fire Response Fund within the State Treasury. Existing law requires moneys in the Special District Fire Response Fund to be appropriated by the Legislature for the purpose of funding fire suppression staffing in underfunded special districts that provide fire protection services, as provided.This bill would require the board, on or before February 15, 2022, to convene a working group, with specified representatives, to discuss and make recommendations on the most efficient mechanisms and structure to administer the Special District Fire Response Fund. The bill would require the working group to hold its first meeting no later than March 1, 2022, and to hold 6 additional meetings no later than May 1, 2022, as provided. The bill would require the working group to provide a report to the Legislature and the Department of Finance that includes a set of recommendations regarding the administration of the Special District Fire Response Fund, including, among other things, recommendations relating to mechanisms to ensure that underfunded special districts that provide fire protection services are aware of funding opportunities in the fund, as provided. Last Amended: 3/10/2021</p>	
<p>SB 532 Caballero D</p> <p>Pupil instruction: high school coursework and graduation requirements : exemptions.</p>	<p>Assembly Desk</p> <p>1/24/2022-Read third time. Passed. (Ayes 36. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.</p>	<p>(1)Existing law requires a local educational agency, as defined, to exempt a pupil in foster care, a pupil who is a homeless child or youth, a former juvenile court school pupil, a pupil who is a child of a military family, or a pupil who is a migratory child who transfers between schools any time after the completion of the pupil's 2nd year of high school, or a pupil participating in an English language proficiency program for newly arrived immigrant pupils and who is in their 3rd or 4th year of high school, from all coursework and other requirements adopted by the governing body of the local educational agency that are in addition to the statewide coursework requirements necessary to receive a diploma of graduation from high school, unless the local educational agency makes a finding that the pupil is reasonably able to complete the local educational agency's graduation requirements in time to graduate from high school by the end of the pupil's 4th year of high school.This bill, among other things, would require the local educational agency to inform a pupil in foster care or a pupil who is a homeless child or youth, and the person holding the right to make educational decisions for the pupil, of the pupil's right to remain in the pupil's school of origin if the local educational agency determines the pupil is reasonably able to complete the local educational agency's graduation requirements within the pupil's 5th year of high school. For a pupil in foster care, a pupil who is a homeless child or youth, a former juvenile court school pupil, a pupil who is a child of a military family, a pupil who is a migratory child, or a pupil participating in an English language proficiency program for newly arrived immigrant pupils the bill would require the local educational agency to provide an option for the pupil to remain in school for a 5th year to complete the statewide course requirements in order to graduate from high school if the local educational agency determines that the pupil is reasonably able to complete these requirements, but is not reasonably able to complete the local graduation requirements, within the pupil's 5th year of high school.This bill contains other related provisions and other existing laws. Last Amended: 4/8/2021</p>	

<p>SB 833 Dodd D</p> <p>Community Energy Resilience Act of 2022.</p>	<p>Senate Energy, Utilities and Communications</p> <p>1/19/2022-Referred to Com. on E., U. & C.</p>	<p>Existing law establishes within the Natural Resources Agency the State Energy Resources Conservation and Development Commission. Existing law assigns the commission various duties, including applying for and accepting grants, contributions, and appropriations, and awarding grants consistent with the goals and objectives of a program or activity the commission is authorized to implement or administer. This bill, the Community Energy Resilience Act of 2022, would require the commission to develop and implement a grant program for local governments to develop community energy resilience plans and expedite permit review of distributed energy resources by local governments. The bill would require the plans to be consistent with the city, county, or city and county general plan and other local government planning documents. The bill would require a plan to, among other things, identify critical facilities, locations and facilities where the construction of microgrids or other distributed energy sources could meet local resilience needs, and potential funding sources for implementing projects in the plan, as specified. As a condition of receiving grant funding, the bill would require a local government to submit its plan to the commission within 6 months of adopting the plan.</p>	
<p>SB 842 Dodd D</p> <p>Health care: medical goods: reuse and redistribution.</p>	<p>Senate Human Services</p> <p>2/7/2022-Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 31. Noes 6.) Joint Rule 55 suspended. (Ayes 31. Noes 6.)</p>	<p>Existing law, the Mello-Granlund Older Californians Act, reflects the policy mandates and directives of the Older Americans Act of 1965, as amended, and sets forth the state’s commitment to its older population and other populations served by the programs administered by the California Department of Aging. This bill would require the department, upon appropriation by the Legislature, to establish a comprehensive 3-year pilot program in the Counties of Contra Costa, Napa, and Solano to facilitate the reuse and redistribution of durable medical equipment and other home health supplies. The bill would require the department to contract in each county with a local nonprofit agency to oversee the program and would require the contracting nonprofit agency to, at a minimum, develop a computerized system to track the inventory of equipment and supplies available for reuse and redistribution and organize pickup and delivery of equipment and supplies. The bill would require the department, on or before January 1, 2026, to submit a report to the Assembly Committee on Aging and Long-Term Care, the Assembly Committee on Health, and the Senate Committee on Health that includes an evaluation of the success of the pilot program and challenges in implementation, among other things. The bill would repeal its provisions on January 1, 2030.</p>	
<p>SB 852 Dodd D</p> <p>Climate resilience districts: formation: funding mechanisms.</p>	<p>Senate Gov. & F.</p> <p>2/7/2022-Art. IV. Sec. 8(a) of the Constitution dispensed with. (Ayes 31. Noes 6.) Joint Rule 55 suspended. (Ayes 31. Noes 6.)</p>	<p>Existing law authorizes certain local agencies to form a community revitalization authority (authority) within a community revitalization and investment area, as defined, to carry out provisions of the Community Redevelopment Law in that area for purposes related to, among other things, infrastructure, affordable housing, and economic revitalization. Existing law provides for the financing of these activities by, among other things, the issuance of bonds serviced by property tax increment revenues, and requires the authority to adopt a community revitalization and investment plan for the community revitalization and investment area that includes elements describing and governing revitalization activities. This bill would authorize a city, county, city and county, special district, or a combination of any of those entities to form a climate resilience district for the purposes of raising and allocating funding for eligible projects and the operating expenses of eligible projects. The bill would define “eligible project” to mean projects that address sea level rise, extreme heat, extreme cold, the risk of wildfire, drought, and the risk of flooding, as specified. The bill would authorize a district created pursuant to these provisions to have boundaries that are identical to the boundaries of the participating entities or within the boundaries of the participating entities. The bill would authorize specified local entities to adopt a resolution to provide property tax increment revenues to the district. The bill would also authorize specified local entities to adopt a resolution allocating other tax revenues to the district, subject to certain requirements. The bill would provide for the financing of the activities of the district by, among other things, levying a benefit assessment, special tax, property-related fee, or other service charge or fee consistent with the requirements of the California Constitution. The bill would require each district to prepare an annual expenditure plan and an operating budget and capital improvement budget, which must be adopted by the governing body of the district and subject to review and revision at least annually. By imposing duties on counties in the administration of tax revenues and elections of a climate resilience district, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	

<p>SB 880 Laird D</p> <p>Water diversion: monitoring and reporting: University of California Cooperative Extension.</p>	<p>Senate Natural Resources and Water</p> <p>2/11/2022-Set for hearing March 8.</p> <p>3/8/2022 9 a.m. - <i>John L. Burton</i> <i>Hearing Room (4203)</i> <i>SENATE NATURAL RESOURCES AND WATER, STERN,</i> <i>Chair</i></p>	<p>Existing law requires a person who diverts 10 acre-feet of water or more per year under a permit or license to install and maintain a device or employ a method capable of measuring the rate of direct diversion, rate of collection to storage, and rate of withdrawal or release from storage, as specified and with certain exceptions. Existing law requires the measurements to be made using the best available technologies and best professional practices using a device or methods satisfactory to the State Water Resources Control Board. Existing law authorizes the board to adopt regulations requiring measurement and reporting of water diversion and use by persons including, but not limited to, those authorized to appropriate water under a permit, license, or registration for small irrigation use or livestock stockpond use, or a certification for livestock stockpond use. Existing law, until January 1, 2023, requires any diverter, who has completed an instructional course regarding the devices or measurement method administered by the University of California Cooperative Extension, including passage of a proficiency test before the completion of the course, to be considered a qualified individual when installing and maintaining devices or implementing methods of measurement that were taught in the course for the diverter's diversion. Existing law also requires the University of California Cooperative Extension and the board to develop the curriculum of the course and the proficiency test. This bill would indefinitely extend the above-described provisions. This bill contains other existing laws.</p>	
<p>SB 890 Nielsen R</p> <p>Department of Water Resources: Water Storage and Conveyance Fund: water storage and conveyance.</p>	<p>Senate Natural Resources and Water</p> <p>2/11/2022-Set for hearing March 8.</p> <p>3/8/2022 9 a.m. - <i>John L. Burton</i> <i>Hearing Room (4203)</i> <i>SENATE NATURAL RESOURCES AND WATER, STERN,</i> <i>Chair</i></p>	<p>Under existing law, the United States Bureau of Reclamation operates the federal Central Valley Project and the Department of Water Resources operates the State Water Project to supply water to persons and entities in the state. Existing law requires the Friant-Kern Canal to be of such capacity as the department determines necessary to furnish an adequate supply of water for beneficial purposes in the area to be served by the canal. This bill would establish the Water Storage and Conveyance Fund in the State Treasury to be administered by the department. The bill would require all moneys deposited in the fund to be expended, upon appropriation by the Legislature, in support of subsidence repair and reservoir storage costs, including environmental planning, permitting, design, and construction and all necessary road and bridge upgrades required to accommodate capacity improvements. The bill would require the department to expend from the fund, upon appropriation by the Legislature, specified monetary amounts to complete funding for the construction of the Sites Reservoir, and to restore the capacity of 4 specified water conveyance systems, as prescribed, with 2 of those 4 expenditures being in the form of a grant to the Friant Water Authority and to the San Luis and Delta-Mendota Water Authority. This bill would make these provisions inoperative on July 1, 2030, and would repeal it as of January 1, 2031. This bill contains other related provisions.</p>	
<p>SB 896 Dodd D</p> <p>Wildfires: defensible space: grant programs: local governments.</p>	<p>Senate Natural Resources and Water</p> <p>2/11/2022-Set for hearing March 8.</p> <p>3/8/2022 9 a.m. - <i>John L. Burton</i> <i>Hearing Room (4203)</i> <i>SENATE NATURAL RESOURCES AND WATER, STERN,</i> <i>Chair</i></p>	<p>Existing law requires a person who owns, leases, controls, operates, or maintains a building or structure in, upon, or adjoining a mountainous area, forest-covered lands, shrub-covered lands, grass-covered lands, or land that is covered with flammable material to maintain defensible space of 100 feet from each side. Existing law requires the Director of Forestry and Fire Protection to establish a statewide program to allow qualified entities, including counties and other political subdivisions of the state, to support and augment the Department of Forestry and Fire Protection in its defensible space and home hardening assessment and education efforts. Existing law requires the director to establish a common reporting platform that allows defensible space and home hardening assessment data, collected by the qualified entities, to be reported to the department. This bill would require any local government entity that is qualified to conduct these defensible space assessments in very high and high fire hazard severity zones and that reports that information to the department, to report that information using the common reporting platform. The bill would require the department, on December 31, 2023, and annually thereafter, to report to the Legislature all defensible space data collected through the common reporting platform, as provided. This bill contains other related provisions and other existing laws.</p>	
<p>SB 917 Becker D</p> <p>Seamless Transit Transformation Act.</p>	<p>Senate Transportation</p> <p>2/16/2022-Referred to Com. on TRANS.</p>	<p>Existing law creates the Metropolitan Transportation Commission, as a local area planning agency and not as a part of the executive branch of the state government, to provide comprehensive regional transportation planning for the region comprised of the City and County of San Francisco and the Counties of Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, and Sonoma. This bill would require the commission to develop and adopt a Connected Network Plan, adopt an integrated transit fare structure, develop a comprehensive, standardized regional transit mapping and wayfinding system, develop an implementation and maintenance strategy and funding plan, and establish open data standards, as specified. The bill would require the region's transit agencies, as defined, to comply with those established integrated fare structure, regional transit mapping and wayfinding system, implementation and maintenance strategy and funding plan, and open data standards, as provided. This bill contains other related provisions and other existing laws.</p>	

<p>SB 926 Dodd D</p> <p>Prescribed Fire Liability Pilot Program: Prescribed Fire Claims Fund.</p>	<p>Senate Natural Resources and Water</p> <p>2/16/2022-Referred to Coms. on N.R. & W. and G.O.</p>	<p>Existing law authorizes a person, firm, or corporation, or a group or combination of persons, firms, corporations, or groups, that owns or controls brush-covered land, forest lands, woodland, grassland, shrubland, or any combination thereof within a state responsibility area to apply to the Department of Forestry and Fire Protection for permission to utilize prescribed burning for specified public purposes. Existing law requires, on or before January 1, 2020, the Forest Management Task Force, or its successor entity, in coordination with the Department of Insurance, to develop recommendations for the implementation of an insurance pool or other mechanism for prescribed burn managers that reduces the cost of conducting prescribed fire while maintaining adequate liability protection when conducting prescribed burns. This bill would delete the provision requiring the task force to develop recommendations for the implementation of an insurance pool or other mechanisms for prescribed burn managers. The bill would require the Department of Forestry and Fire Protection to establish, consistent with the Budget Act of 2021, the Prescribed Fire Liability Pilot Program to support coverage for losses from permitted prescribed fires by nonpublic entities, such as Native American tribes, private landowners, and other nongovernmental entities through the Prescribed Fire Claims Fund, which the bill would establish. The bill would require that the \$20,000,000 appropriated by the Legislature to the department in the Budget Act of 2021, and any other funds appropriated by the Legislature for the above purpose, be deposited into the fund, and would prescribe requirements for use of these moneys. The bill would designate the Director of General Services to administer the claims fund, and require the director to administer and oversee the claims fund to assist in increasing the pace and scale of prescribed fire or cultural burn projects to provide public benefits to the state, as provided. The bill would authorize the director, with the concurrence of the Insurance Commissioner and the Director of Forestry and Fire Protection, to develop policies and procedures for the operation and administration of the claims fund, as provided. The bill would require the director to report to the relevant policy and fiscal committees of the Legislature, as specified, and require the Department of Finance, on or before July 1, 2024, to audit the claims fund and also report to the relevant policy and fiscal committee of the Legislature. This bill contains other related provisions and other existing laws.</p>	
<p>SB 947 Wilk R</p> <p>Whistleblowers: private entities awarded no-bid contracts.</p>	<p>Senate Judiciary</p> <p>2/16/2022-Referred to Com. on JUD.</p>	<p>The California Whistleblower Protection Act authorizes the California State Auditor to receive and investigate complaints about state employees or state agencies that have engaged in improper governmental activities, as defined. The act applies to state agencies, as defined, and to the University of California, the California State University, and courts, as specified. Under the act, a person who intentionally engages in acts of reprisal, retaliation, threats, coercion or similar acts against a state employee, University of California employee, California State University employee, court employee, or an applicant for such employment for having made a protected disclosure, as defined, is subject to civil liability and criminal penalties. This bill would expand these provisions to certain private entities awarded no-bid contracts, as defined, and their employees. Because this bill would create a new crime, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>SB 957 Laird D</p> <p>Airport land use commissions.</p>	<p>Senate Rules</p> <p>2/16/2022-Referred to Com. on RLS.</p>	<p>The State Aeronautics Act governs the creation and operation of airports in this state. The act requires a county in which there is an airport served by a scheduled airline, with certain exceptions, to establish an airport land use commission. The act additionally requires each county in which there is an airport operated for the benefit of the public to establish an airport land use commission, but authorizes the board of supervisors of a county, upon making certain findings, to declare that the county is exempt from establishing an airport land use commission. In any county not having a commission or a body designated to carry out the responsibilities of a commission, the act authorizes any owner of a public airport to initiate proceedings for the creation of a commission by presenting a request to the board of supervisors that a commission be created and showing the need for the commission to the satisfaction of the board of supervisors. This bill would make a nonsubstantive change to the latter provision.</p>	

<p>SB 1030 Limón D</p> <p>Pipeline safety: records.</p>	<p>Senate Rules</p> <p>2/15/2022-From printer.</p>	<p>The Elder California Pipeline Safety Act of 1981 requires the State Fire Marshal to administer provisions regulating the inspection of intrastate pipelines that transport hazardous liquids. The act requires a pipeline operator to make available to the State Fire Marshal, or any officers or employees authorized by the State Fire Marshal, upon presentation of appropriate credentials, any records, maps, or written procedures that are required by the act to be kept by the pipeline operator and which concern accident reporting, design, construction, testing, or operation and maintenance. The act authorizes the State Fire Marshal, or any officer or employee authorized by the State Fire Marshal, to enter, inspect, and examine, at reasonable times and in a reasonable manner, the records and properties of any pipeline operators that are required to be inspected and examined to determine whether the pipeline operator is in compliance with the act. A person who willfully and knowingly violates the act or a regulation issued pursuant to the act is, upon conviction, subject to a fine, imprisonment, or both a fine and imprisonment, as provided. This bill would revise and recast those provisions and would authorize the State Fire Marshal, for purposes of carrying out the requirements of state or federal law relating to hazardous liquid pipeline safety, to require the owner or operator of a pipeline to establish and maintain records, make reports, and provide any information that the State Fire Marshal reasonably requires, as provided. The bill would authorize the State Fire Marshal to disclose records, reports, or other information required to be maintained pursuant to the act to an officer, employee, or authorized representative of the state or the United States for purposes of carrying out the requirements of the act or the federal Hazardous Liquid Pipeline Safety Act, or when relevant to a proceeding pursuant to the act. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p>	
<p>SB 1050 Dodd D</p> <p>State Route 37 Toll Bridge Act.</p>	<p>Senate Rules</p> <p>2/15/2022-From printer.</p>	<p>The California Toll Bridge Authority Act makes the California Transportation Commission, together with the Department of Transportation, responsible for building and acquiring toll facilities and related transportation facilities. This bill would create the SR-37 Toll Authority as a public instrumentality of the state, which would be governed by the same board as that governing the Bay Area Infrastructure Financing Authority. The bill would require the authority to operate and maintain tolling infrastructure, including by installing toll facilities, and collect tolls for the use of the Sonoma Creek Bridge, and would authorize the authority to design and construct improvements on the bridge and a specified segment of State Route 37 in accordance with programming and scheduling requirements adopted by the authority. The bill would authorize the authority to issue bonds payable from the revenues derived from those tolls. The bill would authorize revenues from the toll bridge to be used for specified purposes, including capital improvements to repair or rehabilitate the toll bridge, to expand toll bridge capacity, to improve toll bridge or corridor operations, to reduce the demand for travel in the corridor, and to increase public transit, carpool, vanpool, and nonmotorized options on the toll bridge or in the segment of State Route 37, as specified. The bill would require the authority to develop and approve an expenditure plan for the revenues of the toll bridge, and any related toll bridge revenue bonds, and to update that plan at least every 3 years. The bill would require that the authority's toll schedule provide a 50% discount to qualifying high-occupancy vehicles and between a 25% and 50%, inclusive, discount to low-income drivers who reside in the Counties of Marin, Napa, Solano, or Sonoma. This bill contains other related provisions and other existing laws.</p>	
<p>SB 1065 Eggman D</p> <p>California Abandoned and Derelict Commercial Vessel Program.</p>	<p>Senate Rules</p> <p>2/15/2022-From printer.</p>	<p>Existing law establishes within the Natural Resources Agency, the State Lands Commission consisting of the Controller, the Lieutenant Governor, and the Director of Finance. Existing law vests in the commission exclusive jurisdiction over all ungranted tidelands and submerged lands owned by the state, and of the beds of navigable rivers, streams, lakes, bays, estuaries, inlets, and straits, including tidelands and submerged lands. Existing law authorizes the commission to take immediate action to remove from areas under its jurisdiction a vessel that is left unattended and is moored, docked, beached, or made fast to land in a position as to obstruct the normal movement of traffic or in a condition as to create a hazard to navigation, other vessels using a waterway, or the property of another. Existing law requires the commission, in consultation with other relevant state and local agencies directly involved in the removal of abandoned vessels, by July 1, 2019, to develop a plan for the removal of abandoned commercial vessels. This bill would establish the California Abandoned and Derelict Commercial Vessel Program within the Natural Resources Agency, to be administered by the commission, to bring federal, state, and local agencies together to identify, prioritize, and, upon appropriation by the Legislature, fund the removal of abandoned and derelict commercial vessels from waters of the state, as defined. The bill would require the commission, as part of the program, to create an inventory of abandoned and derelict commercial vessels on the waters of the state, as provided, and develop a plan to prevent or reduce these abandoned and derelict commercial vessels. This bill contains other related provisions.</p>	

<p>SB 1076 Archuleta D</p> <p>Lead-based paint.</p>	<p>Senate Rules</p> <p>2/15/2022-From printer.</p>	<p>Existing law requires the State Department of Public Health to implement and administer a residential lead-based paint hazard reduction program, as specified, including adopting regulations regarding accreditation of providers of health and safety training to employees who engage in or supervise lead-related construction work, as defined, and certification of employees who have successfully completed that training. Existing law requires the department to adopt regulations to establish and impose fees for those accreditations and certifications and for licensing entities engaged in lead-related occupations, as specified. Existing law requires those fees to be deposited into the Lead-Related Construction Fund, as specified, and to be available upon appropriation by the Legislature. This bill would require the department to review and amend its regulations governing lead-related construction work, including training and certification for workers and accreditation for trainers in lead-safe work practices, to comply with existing state regulations and the United States Environmental Protection Agency’s Lead Renovation, Repair, and Painting Rule, as specified. The bill would require the adoption of those regulations to establish fee provisions for those certifications and accreditations. The bill would require the fees to be deposited into the Lead-Related Construction Fund. The bill would require the department to adopt emergency regulations to implement these provisions, as specified. This bill contains other related provisions and other existing laws.</p>	
<p>SB 1084 Hurtado D</p> <p>Property ownership: foreign governments.</p>	<p>Senate Rules</p> <p>2/15/2022-From printer.</p>	<p>Existing law provides that all property has an owner, whether that owner is the state, and the property is public, or the owner is an individual, and the property is private. This bill would prohibit a foreign government from purchasing, acquiring, or holding an interest in agricultural land within the State of California. The bill would exempt land held by foreign governments before January 1, 2023, from that prohibition. This bill contains other related provisions and other existing laws.</p>	
<p>SB 1140 Umburg D</p> <p>Opioid Settlement Fund.</p>	<p>Senate Rules</p> <p>2/17/2022-From printer.</p>	<p>Existing law, the California Uniform Controlled Substances Act, classifies opioids as Schedule II controlled substances and imposes various restrictions on the prescription of those drugs. Under existing law, the State Department of Public Health licenses and regulates manufacturers of drugs or devices in the state, and the California State Board of Pharmacy licenses and regulates wholesalers of dangerous drugs or devices, as specified. This bill would create the Opioid Settlement Fund to receive opioid-related settlement funds to which the state is entitled under any opioid-related settlement. The bill would require that moneys deposited into the fund be used, upon an appropriation, for the purpose of alleviating or remediating the opioid crisis, subject to the terms of the opioid-related settlements and any corresponding court orders, and following specified approaches. This bill contains other related provisions and other existing laws.</p>	
<p>SB 1218 Hurtado D</p> <p>Delta Stewardship Council: annual water supply reliability estimation.</p>	<p>Senate Rules</p> <p>2/18/2022-From printer.</p>	<p>Existing law, the Sacramento-San Joaquin Delta Reform Act of 2009, establishes the Delta Stewardship Council, which is required to develop, adopt, and commence implementation of a comprehensive management plan, known as the Delta Plan, for the Sacramento-San Joaquin Delta. This bill would require the council, at least once annually, to publish on its internet website, in consultation with relevant state and federal agencies and the public, a water supply reliability estimation for the water flows into the Delta and out of the Straits of Carquinez and into the San Francisco Bay.</p>	
<p>SB 1219 Hurtado D</p> <p>Water: State Water Resources Control Board dissolution: Blue Ribbon Commission.</p>	<p>Senate Rules</p> <p>2/18/2022-From printer.</p>	<p>Existing law establishes the State Water Resources Control Board within the California Environmental Protection Agency with specified duties relating to, among other things, administering water rights, the Porter-Cologne Water Quality Control Act, and the California Safe Drinking Water Act. Existing law establishes the Department of Water Resources within the Natural Resources Agency and prescribes the jurisdiction and various general administrative authorities and duties of the department regarding, among other things, matters pertaining to water resources and dams in the state. This bill would dissolve the board as of January 1, 2025. The bill would designate the department as the successor to the board and would vest the department with all of the powers, duties, purposes, responsibilities, and jurisdiction vested in the board under existing law, including, but not limited to, those laws under which permits or licenses to appropriate water are issued, denied, or revoked, under which the functions of water pollution and quality control are exercised, and under which drinking water is regulated. This bill contains other related provisions.</p>	

<p>SB 1220 Hurtado D</p> <p>Sustainable Groundwater Management Act: groundwater sustainability plans.</p>	<p>Senate Rules</p> <p>2/18/2022-From printer.</p>	<p>Existing law, the Sustainable Groundwater Management Act, requires all groundwater basins designated as high- or medium-priority basins by the Department of Water Resources that are designated as basins subject to critical conditions of overdraft to be managed under a groundwater sustainability plan or coordinated groundwater sustainability plans by January 31, 2020, and requires all other groundwater basins designated as high- or medium-priority basins to be managed under a groundwater sustainability plan or coordinated groundwater sustainability plans by January 31, 2022, except as specified. This bill would provide that nothing in those provisions relating to making submissions to the department shall be construed to prohibit groundwater sustainability agencies that have developed multiple groundwater sustainability plans for a basin from amending the coordination agreement following department issuance of an assessment of the plans. This bill contains other existing laws.</p>	
<p>SB 1221 Hurtado D</p> <p>Wastewater operator certification program.</p>	<p>Senate Rules</p> <p>2/18/2022-From printer.</p>	<p>Existing law requires the State Water Resources Control Board to examine and certify persons as to their qualifications to operate water treatment plants and water distribution systems. Existing law requires the certification to indicate the classification of water treatment plant or water distribution system that the person is qualified to operate. Existing law requires the board to issue a water treatment operator certificate and water distribution operator certificate by reciprocity to any person holding a valid, unexpired, comparable certification issued by another state, the United States, prescribed territories or tribal governments, or a unit of any of these. Existing law requires the board to classify types of wastewater treatment plants for the purpose of determining the levels of competence necessary to operate them. Existing law requires a person who operates a nonexempt wastewater treatment plant to possess a valid, unexpired wastewater certificate, as defined. Existing law requires the board to develop and specify in its regulations the training necessary to qualify a person for a wastewater certificate for each type and class of plant. Existing law authorizes the board to accept experience in lieu of qualification training. This bill would make a nonsubstantive change in the provision regarding accepting experience in lieu of qualification training.</p>	
<p>SB 1292 Stern D</p> <p>Accessory dwelling units: setbacks.</p>	<p>Senate Rules</p> <p>2/18/2022-Introduced. Read first time. To Com. on RLS. for assignment. To print. Article IV Section 8(a) of the Constitution and Joint Rule 55 dispensed with February 7, 2022, suspending the 30 calendar day requirement.</p>	<p>The Planning and Zoning Law, among other things, provides for the creation of accessory dwelling units by local ordinance, or, if a local agency has not adopted an ordinance, by ministerial approval, in accordance with specified standards and conditions. Existing law prohibits a local agency's accessory dwelling unit ordinance from imposing a setback requirement of more than 4 feet from the side and rear lot lines for an accessory dwelling unit that is not converted from an existing structure or a new structure constructed in the same location and to the same dimensions as an existing structure. This bill would remove the above-described prohibition on a local agency's accessory dwelling unit ordinance, and would instead provide that the rear and side yard setback requirements for accessory dwelling units may be set by the local agency. The bill would authorize an accessory dwelling unit applicant to submit a request to the local agency for an alternative rear and side yard setback requirement if the local agency's setback requirements make the building of the accessory dwelling unit infeasible. The bill would prohibit any rear and side yard setback requirements established pursuant to these provisions from being greater than those in effect as of January 1, 2020. The bill would specify that if the local agency did not have an accessory dwelling unit ordinance as of January 1, 2020, the applicable rear and side yard setback requirement is 4 feet. This bill contains other related provisions and other existing laws.</p>	