<table>
<thead>
<tr>
<th>Item #</th>
<th>Sponsor</th>
<th>Summary</th>
<th>Status</th>
<th>Organization &amp; Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 14</td>
<td>Aguiar-Curry</td>
<td>Communications: broadband services: California Advanced Services Fund. Fund: deaf and disabled telecommunications program: surcharges. (1)Existing law establishes the State Department of Education in state government, and vests the department with specified powers and duties relating to the state’s public school system. This bill would authorize local educational agencies to report to the department their pupils’ estimated needs for computing devices and internet connectivity adequate for at-home learning. The bill would require the department, in consultation with the Public Utilities Commission, to compile that information and to annually post that compiled information on the department’s internet website. (2)Existing law establishes the Governor’s Office of Business and Economic Development, known as “GO-Biz,” within the Governor’s office to serve the Governor as the lead entity for economic strategy and the marketing of California on issues relating to business development, private sector investment, and economic growth. This bill would require the office to coordinate with other relevant state and local agencies and national organizations to explore ways to facilitate streamlining of local land use approvals and construction permit processes for projects related to broadband infrastructure deployment and connectivity. (3) (1) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund (CASF) program to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and the substantial social benefits of advanced information and communications technologies. Existing law requires the commission, in approving CASF infrastructure projects, to give preference to projects in areas where only dial-up internet service is available or where no internet service is available. Existing law authorizes the commission to impose a surcharge to collect $330,000,000 for deposit into the CASF beginning January 1, 2018, and continuing through the 2022 calendar year. Existing law establishes 4 accounts: the Broadband Infrastructure Grant Account, the Rural and Urban Regional Broadband Consortia Grant Account, the Broadband Public Housing Account, and the Broadband Adoption Account within the CASF and specifies the amount of surcharge revenues to be deposited into each account, account within the CASF, subject to appropriation by the Legislature. Existing law specifies, among other things, eligibility criteria for grants awarded from each of those accounts. This bill would require the commission, in approving CASF infrastructure projects, to instead prioritize projects in unserved areas, as defined, where internet connectivity is available only at speeds at or below 10 megabits per second (mbps) downstream and one mbps upstream or areas with...</td>
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<td></td>
<td>10/8/21 Chaptered by Secretary of State</td>
<td>CSL (support)</td>
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Existing law requires the commission, until April 1, 2023, to annually require CASF therefor, and instead authorize the commission to collect up to $150,000,000 per year to impose the surcharge to fund the CASF program through imposition of a new surcharge commencing January 1, 2022, until either December 31, 2032, or the commission has approved funding for infrastructure projects that will provide broadband access to no less than 98% of California households in each county region, whichever occurs first. The bill would repeal, among other things, the eligibility criteria for grants awarded from the CASF accounts, including to authorize local agencies to apply for funding pursuant to the CASF program, as specified. The bill would authorize the commission to require a performance metrics plan to improve the efficiency of the administration of grants awarded from the Broadband Adoption Account. Existing law requires the commission to annually offer an existing facility-based broadband provider the opportunity to demonstrate that it will deploy broadband or upgrade existing facilities to a delineated unserved area within 180 days. Existing law prohibits the commission from approving funding from the Broadband Infrastructure Grant Account for a project to deploy broadband to a delineated unserved area if the existing facility-based broadband provider demonstrates to the commission, in response to the commission’s annual offer, that it will deploy broadband or upgrade existing broadband service throughout the project area. This bill would repeal that requirement and prohibition. Existing law requires any moneys in the Broadband Public Housing Account that have not been awarded by December 31, 2020, to be transferred back to the Broadband Infrastructure Grant Account. This bill would repeal that requirement.

Existing law requires the commission to conduct interim and final financial and performance audits of the implementation and effectiveness of the CASF program for specified purposes, to report the interim findings to the Legislature by April 1, 2020, and to report the final findings by April 1, 2023. Existing law repeals this requirement on January 1, 2027. This bill would instead require the commission, on or before April 1, 2023, and biennially thereafter, to conduct a fiscal and performance audit of the implementation and effectiveness of the CASF program for those purposes and to report those findings to the Legislature. The bill would require the commission to submit that report indefinitely.

Existing law requires the commission, until April 1, 2023, to annually provide a report specified information to the Legislature, that includes certain information, Legislature, including the...
remaining unserved areas in the state, the status of the CASF balance, and the projected amount to be collected in each year.

This bill would require the commission to **submit that report indefinitely.** This bill would authorize the commission to require each internet service provider, as defined, to report specified information regarding each free, low-cost, income-qualified, or affordable internet service plan advertised by the provider.

(2) Existing law requires the commission to require interconnected Voice over Internet Protocol service providers to collect and remit surcharges on their California intrastate revenues in support of the public purpose program funds. Existing law authorizes those providers to use certain methodologies to identify their intrastate revenues subject to the surcharge. This bill would repeal that authorization to use those methodologies.

(3) Existing law establishes the *Deaf and Disabled Telecommunications Program* deaf and disabled telecommunications program and requires the commission to establish a rate recovery mechanism through a surcharge not to exceed \( \frac{1}{2} \times \frac{1}{2} \) of 1% uniformly applied to a subscriber’s intrastate telephone service, other than one-way radio paging service and universal telephone service, until January 1, 2025, to allow providers of equipment and service pursuant to that program to recover their costs as they are incurred.

This bill would **revise those requirements** to instead require the commission to administer a surcharge to collect revenues of up to $100,000,000 per year until January 1, 2025, subject to an annual appropriation of moneys by the Legislature, to allow providers of equipment and service pursuant to the deaf and disabled telecommunications program to recover their costs as they are incurred.

(4) Under existing law, a violation of the Public Utilities Act or any order, decision, rule, direction, demand, or requirement of the commission is a crime. Because certain of the above provisions would be part of the act and a violation of a commission action implementing this bill’s requirements would be a crime, the 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.

(5) **This bill would become effective only if SB 4 of the 2021–22 Regular Session is enacted and takes effect on or before January 1, 2022.**
<table>
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<tr>
<th>Bill</th>
<th>Sponsor</th>
<th>Text</th>
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| AB 23 | Chen | **Benefits: eligibility determination: inmates.**
Existing law authorizes the Employment Development Department (department) to administer the federal-state unemployment insurance program and provides for the payment of unemployment compensation benefits to eligible individuals who are unemployed through no fault of their own. Existing law establishes procedures for the filing, determination, and payment of benefit claims, and those benefits are payable from the Unemployment Fund. Existing law requires the department to promptly pay benefits if it finds the claimant is eligible and to promptly deny benefits if it finds the claimant is ineligible for benefits. Existing law requires the department to consider facts submitted by an employer in making this determination and also provides for the department to audit claims, as specified.
This bill would, beginning July 1, 2021, require the department, as part of its process for determining eligibility for unemployment insurance benefits, cross-check all claimant information with state and county correctional facility inmate data in an effort to detect fraudulent applications.
This bill would declare that it is to take effect immediately as an urgency statute. |
| 1/11/21 Referred to Com. On INS and P & CP
12/08/21 From printer.
12/7/21 Read first time. | CSL Support |
| AB 29 | Cooper | **State bodies: meetings.**
Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.
This bill would require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting. The bill would require those writings or materials to be made available on the state body’s internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier. The bill would prohibit a state body from discussing those writings or materials, or from taking action on an item to which those writings or materials pertain, at a meeting of the state body unless the state body has complied with these provisions. |
| 5/13/21/ Set for Hearing on 5/20/21
4/15/21 Set for hearing on 4/21/21
4/12/21 From committee: do pass and re-refer to Com on APPR. Re-referred to Com on APPR
1/11/21 Referred to Com. On GO
12/8/21 From Printers.
12/7/20 Read first time. To print. | CSL Support |
| AB 71 | Luz Rivas | **Homelessness Funding: Bring California Home Act**
(1) The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides |
| 6/3/21 Ordered to inactive file at the request of Assembly Member Luz Rivas | |
| 6/18/21 CWDA stated it became 2-year bill | |
various exclusions from gross income. Existing federal law, for purposes of determining a taxpayer’s gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided.

This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer’s global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any regulation, standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act.

The Corporation Tax Law, when the income of a taxpayer subject to tax under that law is derived from or attributable to sources both within and without the state, generally requires that the tax be measured by the net income derived from or attributable to sources within this state, as provided. Notwithstanding this requirement, the Corporation Tax Law authorizes a qualified taxpayer, as defined, to elect to determine its income derived from or attributable to sources within this state pursuant to a water’s-edge election, as provided. For taxable years beginning on or after January 1, 2003, existing law requires that a water’s-edge election be made on an original, timely filed return for the year of the election, as provided, and provides for the continued effect or termination of that election. This bill, beginning January 1, 2022, would require that a taxpayer that makes a water’s-edge election under these provisions take into account 50% of the global intangible low-taxed income and 40% of the repatriation income of its affiliated corporations, as those terms are defined. The bill would allow a taxpayer, for calendar year 2022 only, the opportunity to revoke a water’s-edge election if the taxpayer includes global intangible low-taxed income pursuant to these provisions. The bill would prohibit the total of all business credits, as defined, and all credits allowed under specified provisions of the Corporation Tax Law, with specified exceptions, from reducing the additional tax liability added by this bill’s provisions by more than $5,000,000, as provided. The bill would exempt any regulation, standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act.

This bill would state the intent of the Legislature that any revenue resulting from the above-described changes to the Personal Income Tax Law and the Corporation Tax Law be used for purposes of the Bring California Home Act, as described below.

(2) Existing law requires the Governor to create the Homeless Coordinating and Financing Council (council). Existing law specifies the duties of the coordinating council, including creating partnerships among state agencies and departments, local government agencies, and specified federal agencies and private entities, for the purpose of arriving at specific strategies to end homelessness. Existing law requires the Governor to appoint up to 19 members of the council, including although it is moving through the budget Justice in Aging – related to MPA Goal 1
representatives from specified state agencies and departments, and a formerly homeless person and a formerly homeless youth who both live in California, and requires the Senate Committee on Rules and the Speaker of the Assembly to each appoint one member to the council from 2 different stakeholder organizations.
This bill would delete the provisions relating to the appointment authority of the Governor and the Legislature, and would instead restructure the council, including requiring the council to be composed of prescribed individuals, including the directors of specified state agencies and departments, such as the State Department of Public Health. The bill would require the council to seek guidance from, and meet with, an advisory committee composed of specified individuals, including a survivor of gender-based violence who formerly experienced homelessness and a formerly homeless person who lives in California.
This bill would require the council, its technical services provider, or an entity with which the council contracts to identify, analyze, and collect various data in regards to homelessness in this state, including identifying state programs that provide housing or housing-based services to persons experiencing homelessness, as provided. The bill would require the council to report on this information to specified committees of the Legislature by July 31, 2022. The bill would require the council to seek technical assistance offered by the United States Department of Housing and Urban Development, if available, for purposes of conducting this statewide needs and gaps analysis. The bill would require a state department or agency with a member on the council to assist in data collection for the analysis by responding to data requests within 180 days, as specified.
The bill would require the council to convene a funder’s workgroup, composed of specified individuals, including staff of the council and staff working for agencies or departments represented on the council, to accomplish prescribed goals, and would authorize that workgroup to invite philanthropic organizations focused on ending homelessness, reducing health disparities, ending domestic violence, or ensuring Californians do not exit foster care or incarceration to homelessness to participate in specific meetings. The bill would require the workgroup to perform specified duties, including collaborating with state agency staff to develop a universal application for service providers and other entities to apply to agencies and departments represented on the council for funding for homeless services and housing, and to coordinate state agencies and departments to reduce the risk of long-term homelessness by developing specific protocols and procedures that accomplish prescribed goals, such as assisting individuals reentering communities from jails and prisons with housing navigation, housing acquisition support, and obtaining permanent housing.
Existing law requires agencies and departments administering state programs to collaborate with the council to adopt guidelines to revise or adopt guidelines and regulations to incorporate core components of Housing First, as provided. Existing law defines “state programs” for these purposes to mean any programs a California state agency or department funds, implements, or administers for the purpose of providing housing or housing-based services to people experiencing homelessness or
at risk of homelessness, but excludes federally funded programs with inconsistent requirements or programs that fund emergency shelters. This bill would delete the exclusion for programs that fund emergency shelters from this definition of “state programs,” thereby expanding the scope of programs required to incorporate core components of Housing First, as described above. (3) Existing law establishes, among various other programs intended to address homelessness in this state, the Homeless Housing, Assistance, and Prevention program for the purpose of providing jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. Existing law provides for the allocation of funding under the program among continuums of care, cities, and counties in 2 rounds, the first of which is administered by the Business, Consumer Services, and Housing Agency and the second of which is administered by the coordinating council. This bill would enact the Bring California Home Act, which would establish the Bring California Home Fund in the State Treasury and continuously appropriate moneys in that fund for the purpose of implementing that act. The bill would require the Controller to annually transfer specified amounts, determined as provided by the Franchise Tax Board based on the above-described changes made by this bill to the Personal Income Tax Law and the Corporation Tax Law, to the Bring California Home Fund. The bill would require that recipients and subrecipients under the program ensure that any expenditure of moneys allocated to them serve the eligible population, unless otherwise expressly provided in the bill. The bill would define various terms for these purposes. The bill would require the council to administer allocations to counties and continuums of care that apply jointly and to large cities, as provided. The bill would require the council to set aside $200,000,000 for bonus awards, as provided. Of the remaining amount in the fund, the bill would require the council to allocate 60% to counties and continuums of care applying jointly and 40% to large cities, in accordance with a specified formula and subject to certain requirements. The bill would establish eligibility criteria for a county and continuum of care or a large city to receive an allocation under these provisions and specify the eligible uses for those moneys. The bill would authorize a jointly applying county and continuum of care to request that the State Department of Social Services contract with local agencies or nonprofit organizations providing the housing and housing-based services under the program in exchange for a percentage of the allocation to the county and continuum of care for administrative costs, as provided. The bill would require the council to allocate available funding in 2-year cycles, with the first round allocated no later than March 31, 2023, and to develop a simple application that an eligible entity may use to apply for funding, as well as common standards for recipients to monitor, report, and ensure accountability, provide services, and subsidize housing. The bill would require the council and each recipient to establish performance outcomes for the initial cycle and to establish outcome
goals before each subsequent grant cycle, as provided, and require the council to award bonus funding to a recipient, if the recipient has achieved those performance outcomes, or reduce or deny that bonus funding if the recipient has not achieved those performance outcomes.

The bill, except as otherwise provided, would require each recipient to contractually obligate 100% of the amount allocated to it within 3 years, for the first grant cycle, or 1 year, for each subsequent cycle, and to expend the entirety of that amount within 4 years, for the first grant cycle, or 2 years, for each subsequent cycle. If a recipient fails to comply with these deadlines, uses moneys allocated to it for an unauthorized purpose, or fails to apply for an allocation within the initial award cycle, the bill would require the council to either select an alternative entity to administer the recipient’s allocation in accordance with specified requirements or solely establish performance outcomes and program priorities for that recipient jurisdiction and work with local, regional, or statewide entities to administer the allocation on behalf of the recipient.

The bill would require each recipient to annually report to the council specified information relating to allocations made under these provisions. The bill would require the council to conduct regular monitoring and audits of the activities and outcomes of recipients that are joint county-continuum of care applicants or large cities. No later than January 1, 2024, and every 5th January 1 thereafter, the bill would require the council to evaluate the outcomes of this program and submit a report, containing specified information, to specified committees of the Legislature. The bill would require the council to establish an advisory committee to inform state and local policies, practices, and programs with respect to the experiences of specified demographic groups experiencing homelessness.

(4) 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 pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. By January 1, 2025, this bill would require the department to seek federal approval for a Medi-Cal benefit to fund prescribed services, including housing navigation and housing acquisition support services, for beneficiaries experiencing homelessness, to convene a stakeholder advisory group representing counties, health care consumers, and homeless advocates in developing this plan, to work with counties to determine an effective process for funding the state’s share of the federal medical assistance percentage, and to pursue philanthropic funding to carry out the administrative duties related to these provisions. The bill would authorize the department to use up to 20% of the county-continuum allocation from the Bring California Home Fund, as described above, to pay for the state’s federal medical assistance percentage associated with this benefit.

(5) This bill would declare that it is to take effect immediately as an urgency statute.
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.

<table>
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<tr>
<th>Bill</th>
<th>Gonzalez</th>
<th>Paid Family Leave: Weekly Benefit Amount</th>
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<tbody>
<tr>
<td>AB 123</td>
<td>Gonzalez</td>
<td>Existing unemployment compensation disability law requires workers to pay contribution rates based on, among other things, wages received in employment and benefit disbursement, for payment into the Unemployment Compensation Disability Fund, a special fund in the State Treasury. That fund is continuously appropriated for the purpose of providing disability benefits and making payment of expenses in administering those provisions. Existing unemployment compensation disability law provides a formula for determining benefits available to qualifying disabled individuals. Under existing law, for periods of disability commencing on and after January 1, 2023, if the amount of wages paid an individual during the quarter of their disability base period in which those wages were highest exceeds $1,749.20, the weekly benefit amount is 55% of those wages divided by 13. Under existing law, a benefit that is not a multiple of $1 shall be computed to the next higher multiple of $1, and the amount of the benefit is prohibited from exceeding the maximum workers’ compensation temporary disability indemnity weekly benefit amount. Under existing law, the maximum amount of benefits payable to an individual during any one disability benefit period is 52 times their weekly benefit amount, as specified. Existing law establishes, within the above state disability insurance program, a family temporary disability insurance program, also known as the paid family leave program, for the provision of wage replacement benefits for up to 8 weeks to workers who take time off work to care for a seriously ill family member or to bond with a minor child within one year of birth or placement, as specified. Existing law defines “weekly benefit amount” for purposes of both employee contributions and benefits under this program to mean the amount of weekly benefits available to qualifying disabled individuals.</td>
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individuals pursuant to unemployment compensation disability law, calculated pursuant to specified formulas partly based on the applicable percentage of the wages paid to an individual for employment by employers during the quarter of the individual’s disability base period in which these wages were highest, but not to exceed the maximum workers’ compensation temporary disability indemnity weekly benefit amount established by the Department of Industrial Relations. This bill would revise the formula for determining benefits available pursuant to the family temporary disability insurance program, formulas described above for periods of disability commencing after January 1, 2022, but before January 1, 2025, by redefining the weekly benefit amount to be equal to 90% of the wages paid to an individual for employment by employers during the quarter of the individual’s disability base period in which these wages were highest, divided by 13, but not exceeding the maximum workers’ compensation temporary disability indemnity weekly benefit amount established by the Department of Industrial Relations, depending on the amount of wages paid to the individual for employment by employers during the quarter of the individual’s disability base period in which these wages were highest. The bill would, for periods of disability commencing after January 1, 2025, increase the wage replacement percentages to be equal to 70% or 90% depending on the amount of wages paid to the individual for employment by employers during the quarter of the individual’s disability base period in which these wages were highest. The bill, however, would only make these revisions to the formula applicable to only the first 12 weeks of benefits for disability benefits that are not the paid family leave program. By providing for the deposit of additional contributions in, and by authorizing an increase in disbursements from, the Unemployment Compensation Disability Fund, this bill would make an appropriation.

AB 234 Ramos Office of Suicide Prevention Existing law authorizes the State Department of Public Health to establish the Office of Suicide Prevention within the department, and requires the office to perform specified duties, including providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and reporting on progress to reduce rates of suicide, and authorize the office to apply for and use federal, state, and foundation grants. This bill would remove the limitation that, should the office be established, all duties and responsibilities of the office be carried out using existing staff and resources.

AB 279 Muratsuchi Intermediate Care Facilities: COVID-19 (1) Existing law requires the State Department of Public Health to license, inspect, and regulate intermediate care facilities (ICF) and skilled nursing facilities (SNF). Existing law generally requires an ICF or SNF to comply with certain procedures and disclosures when transferring ownership or management of the facility, as specified. Existing law imposes criminal penalties on a person who violates the requirements imposed on these facilities.
This bill, until July 1, 2022, would prohibit an ICF or SNF, as defined, from terminating or making significant quality-of-care changes to its skilled nursing or supportive care services, or from transferring a resident to another ICF or SNF, during any declared state of emergency relating to the coronavirus disease 2019 (COVID-19), except if the owner files a bankruptcy petition. Besides the exception of a bankruptcy petition, the bill would authorize a resident transfer during the state of emergency only if the transfer is deemed medically necessary by an attending physician, a public health authority, as specified, or if the impacted resident or their representative provides written consent, as specified. The bill would also prohibit, during the same type of state of emergency or until July 1, 2022, any changes in all conditions for the sale of assets imposed by the Attorney General, except if the owner of an ICF or SNF files a bankruptcy petition.

The bill would require, for 6 months after termination of the same type of state of emergency, the owner of an ICF or SNF to issue a 90-day advance notice of any proposed sale or termination of the licensed operation of the facility to each resident and their representatives before the sale or termination goes into effect. The bill would also prohibit, during the same type of state of emergency, any changes in all conditions for the sale of assets imposed by the Attorney General, except if the owner of an ICF or SNF files a bankruptcy petition.

During the same type of state of emergency or until July 1, 2022, if a resident of an ICF or SNF, or an individual temporarily transferred to an ICF or SNF, has tested positive for COVID-19 within the previous 14 calendar days, the bill would require the ICF or SNF to notify all residents and their representatives about the existence of a new case of COVID-19, as specified, subject to state and federal privacy laws.

The bill, for 6 months after termination of the same type of state of emergency or until January 1, 2023, would require the owner of an ICF or SNF to issue a 90-day advance notice of any proposed sale or termination of the licensed operation of the facility to each resident and their representatives before the sale or termination goes into effect.

By expanding the requirements and prohibitions imposed on a licensee of an ICF or SNF, and thereby expanding the scope of a crime, this bill would impose a state-mandated local program.

The bill would repeal these provisions on January 1, 2026.

(2) 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.

AB 305 Maienschein Veteran Services: Notice
Existing law requires every state agency that requests on any written form or written publication, or through its internet website, whether a person is a veteran, to request that information in a specified manner.

8/26/21 In Assembly. Concurrence in Senate amendments pending. May be considered on or after August 28 pursuant to Assembly Rule 77
8/16/21 Read second time. Ordered to third reading.
7/15/21 From committee: do pass
7/8/21 From committee with author’s amendments: amend and re-refer to committee. Read second time and re-referred to Com on Appr
6/30/21 Set for hearing on 7/15/21
6/28/21 Read second time and amended. Re-referred to Com on Appr
6/24/21 From committee: amend and do pass as amended and re-refer to Com on APPR
6/16/21 In committee: hearing postponed by committee
6/8/21 From committee chair with author’s amendments: amend, and re-refer to committee. Read second time, amended, and re-referred to Com on Health.
6/3/21 Set for hearing on 6/16/21
5/27/21 Referred to Com on Health
5/13/21 In Senate. Read first time. To Com. on RLS. for assignment.

9/1/21 Ordered to inactive file at the request of Senator Eggman
8/20/21 Read second time and amended. Ordered returned to second reading
This bill would require specified governmental agencies to include, at their next scheduled update, additional questions on their intake and application forms, except as provided, to determine whether a person is affiliated with the Armed Forces of the United States. The bill would require those agencies, through the intake or application form, to request permission from that person to transmit their contact information to the Department of Veterans Affairs so that the person may be notified of potential eligibility to receive state and federal veterans benefits. This bill would require the agencies to electronically transmit to the Department of Veterans Affairs specified information regarding each person who has identified that they, or their spouse, legal partner, parent, or child, served in the Armed Forces of the United States and has consented to be contacted about military, veterans, family member, or survivor benefits. By requiring community college districts to comply with these requirements, this bill would impose a state-mandated local program. This bill would request the Regents of the University of California to comply with the above-described provisions. 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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

**AB 323**

Kalra

**Long-term health facilities.**

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. The term “long-term health care facility” includes, among other types of facilities, a skilled nursing facility and intermediate care facility. The act defines a class “A” violation as a violation that the department determines presents either (1) imminent danger that death or serious harm to the patients or residents of the long-term health care facility would result therefrom, or (2) substantial probability that death or serious physical harm to patients or residents of the long-term health care facility would result therefrom. The act defines a class “AA” violation as a class “A” violation that the department determines to have been a direct proximate cause of death of a patient or resident of the facility. The act defines a class “B” violation as a violation that the department determines has a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class “AA” or “A” violations. Class “B” violations are also, unless otherwise determined by the department to be a class “A” violation, any violation of a patient’s rights as set forth in specified regulations that is determined by the department to cause, or under circumstances likely to cause, significant harm or injury to the patient.

8/26/21 From committee: amend, and do pass as amended
8/19/21 Set for hearing on 8/26/21
7/15/21 In committee: referred to suspense file
6/30/21 From committee: do pass and re-refer to Com on Appr with recommendation: to consent calendar.
Re-referred to Com on Appr
6/30/21 Set for hearing on 7/15/21
6/22/21 From committee: do pass and re-refer to Com on M & VA with recommendation: to Consent Calendar. Re-referred to Com on M & VA

10/4/21 Chaptered by Secretary of State
10/4/21 Approved by Governor
9/13/21 Enrolled and presented to Governor at 3pm.
9/7/21 Senate amendments concurred in. To engrossing and enrolling
9/2/21 In Assembly. Concurrence in Senate amendments pending. May be considered on or after Sept 4 pursuant to Assembly Rule 77
9/2/21 Read third time. Passed. Ordered to Assembly
8/17/21 Read second time. Ordered to third reading

CSL Support
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<tr>
<th>Code</th>
<th>Name</th>
<th>Text</th>
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<tr>
<td>AB 344</td>
<td>Flora</td>
<td>Established an Older Adult Mental Health System of Care Act. The bill would require the Director of the Department of Health Care Services to oversee the system, including developing regulations. The bill would require the Director to report to the entities that authorized the program. The bill would also require the Director to develop a plan for the system, including identifying funding sources and setting priorities. The bill would provide that the plan must be submitted to the Legislature by a majority vote. Existing law authorizes the MHSA to be amended by a majority vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA. This bill would instead require the county to retain the statement in the provider’s file for a period of 7 years.</td>
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<tr>
<td>AB 383</td>
<td>Salas</td>
<td>Mental Behavioral health: older adults. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by a majority vote. This bill would establish within the State Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would describe the responsibilities of the administrator, including developing outcome and related indicators for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that authorized the program.</td>
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8/16/21 From committee: be ordered to second reading pursuant to Senate Rule 28.8
7/15/21 Read second time and amended. Re-referred to Com on Appr.

2/12/21 Referred to Com on Human services
1/29/21 From printer
1/28/21 Read first time. To print

8/19/21 Set for hearing on 8/26/21
7/15/21 Set for hearing on 8/16/21
7/7/21 From committee: do pass and re-refer to Com on Appr. Re-referred to Com on Appr.
6/24/21 Set for hearing on 7/6/21
6/21/21 Read second time and amended. Re-referred to Com on Human Services
6/17/21 From committee: Amend, and do pass as amended and re-refer to Com on Human Services
6/9/21 Referred to Coms on Health and Human services.
5/28/21 In Senate. Read first time. Referred to Com on Rls for assignment.

CSL Sponsored MPA Goal 2
administer the MHSA on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department’s internet website. The bill would also require the administrator to develop a strategy and standardized training for all county mental behavioral health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators. This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.

Protection of Patient Choice in Telehealth Provider Act
(1) Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under existing law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions.

This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend, endorse, arrange for, or otherwise select a licensee for the specific service in a specific manner.

(2) 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 provides for the regulation of health insurers by the Department of Insurance. Existing law requires a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee or insured on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment.

This bill would delete that date restriction, thereby extending the telehealth reimbursement parity requirement for all contracts between a health care service plan or a health insurer and a health care provider. The bill would provide that these provisions are severable.

The bill would also enact the Protection of Patient Choice in Telehealth Provider Act, and would require a health care service plan and a health insurer to comply with specified notice and consent requirements if the plan or insurer offers a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider, as defined. For an enrollee or insured that receives specialty telehealth services for a mental or behavioral health condition, the bill would require that the enrollee or insured be given the option of continuing to receive that service with the contracting health care service plan or health insurer.
individual health professional, a contracting clinic, or a contracting health facility. The bill would exempt specified health care service plan contracts and Medi-Cal managed care plan contracts from those provisions. The bill would require the State Department of Health Care Services to consider the appropriateness of applying those requirements to the Medi-Cal program, as specified. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

(3) 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.

6/14/21 set for Hearing on 6/23/21. 6/14/21 From committee, with author’s amendments. Amen and re-referred to committee. Read second time and re-referred to Com on Health.

6/9/21 Referred to Com on Health. 5/28/21 In Senate. Read first time. Referred to Com on Rls for assignment.

AB 470 Carrillo Medi-Cal: Eligibility Existing law, the Medi-Cal Act, 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. Existing law requires Medi-Cal benefits to be provided to individuals eligible for services pursuant to prescribed standards, including a modified adjusted gross income (MAGI) eligibility standard. Existing law prohibits the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. Existing federal law authorizes a state to establish a non-MAGI standard for determining the eligibility of specified individuals, and existing law imposes the use of a resources test for establishing Medi-Cal eligibility for prescribed populations.

This bill would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the department to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the department to implement this prohibition by various means, including provider bulletins, without taking regulatory authority. By January 1, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition, and to update its notices and forms to delete any reference to limitations on resources or assets. Because counties are required to make Medi-Cal eligibility determinations, and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. With respect to the prohibition on resources, the bill would make various conforming and technical changes to the Medi-Cal Act.

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.

8/19/21 Set for hearing on 8/26/21 7/1/1 Set for hearing on 7/15/21 6/30/21 From committee: do pass and re-refer to Com on APPR. Re-referred to Com on Appr


5/27/21 Read third time. Ordered to the senate.

5/24/21 Read second time. Ordered to third reading.

5/20/21 From committee: do pass. 5/13/21/ Set for Hearing on 5/20/21 4/22/21 Set for Hearing on 4/28/21 4/14/21 Re-referred to Com on APPR 4/12/21 From committee: Amend. And do pass as amended and re-refer to Com on APPR.


Western Center; Justice in Aging (Self Sufficiency Tracking) MPA Goal 2
This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

AB 499  Rubio  
Referral Source for RCFE: Duties  
(1) The California Residential Care Facilities for the Elderly Act generally requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. The act prohibits a placement agency, as defined, from placing an individual in a licensed residential care facility for the elderly if the individual, because of a health condition, cannot be cared for within the limits of the license or requires inpatient care in a health facility. The act requires an employee of a placement agency who knows, or reasonably suspects, that a facility is improperly operating without a license to report the facility to the department, and requires the department to investigate those reports. The act further requires a placement agency to notify the appropriate licensing agency of any known or suspected incidents that would jeopardize the health or safety of residents in a facility. The act specifically makes a violation of these requirements a crime.

This bill would recast the requirements on a placement agency and its employees to instead be requirements on a referral source, defined to mean any specified county department, state-funded program, agency, or person that is engaged in identifying senior housing options at residential care facilities for the elderly. The bill would prohibit a referral source from, among other things, referring a person to a residential care facility for the elderly in which the referral source has an ownership or management interest without a waiver. The bill would require a referral source, before sending a compensated referral to a residential care facility for the elderly, to provide a senior or their representative with specific written, electronic, or verbal disclosures that include, among others, the referral source’s privacy policy. The bill would additionally require a compensated referral source to comply with additional requirements that include, among others, maintaining a minimum amount of liability insurance coverage. The bill would impose criminal penalties and civil penalties for a violation of these provisions, as specified. By expanding the existing crime under the act and specifying new criminal penalties, this bill would impose a state-mandated local program.

(2) 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.
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<th>Bill</th>
<th>Sponsor</th>
<th>Title</th>
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<tr>
<td>AB 574</td>
<td>Chen</td>
<td>Guardians ad litem: mental illnesses</td>
<td>Existing law authorizes a court, on its own motion or on request of certain specified persons, to appoint a guardian ad litem in a probate proceeding, as specified, to represent the interests of certain persons, including a minor or an incapacitated person. Existing law prohibits the appointment of a public guardian as a guardian ad litem in a probate proceeding, unless the court finds that no other qualified person is willing to act as a guardian ad litem. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Existing law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Existing law, for the purposes of involuntary commitment and conservatorship, defines “gravely disabled,” among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the person’s basic personal needs for food, clothing, or shelter. This bill would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency. The bill would authorize certain persons to petition the court for the appointment of a guardian ad litem under these provisions, and would establish the procedures that would govern the filing of a petition, its notice provisions, and court procedures. Under certain circumstances, the bill would require the court to appoint the public defender or private counsel to represent a person who is the subject of a petition.</td>
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<tr>
<td>AB 580</td>
<td>Rodriguez</td>
<td>Emergency Services: Vulnerable Populations</td>
<td>Existing law, the California Emergency Services Act, establishes, within the office of the Governor, the Office of Emergency Services (OES) under the supervision of the Director of Emergency Services. Existing law makes OES responsible for addressing natural, technological, or manmade disasters and emergencies, including activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. Existing law requires OES to establish a standardized emergency management system for use by all emergency response agencies. Existing law requires the director to appoint representatives of the disabled community to serve on pertinent committees related to that system, and to ensure that the needs of the disabled community are met within that system by ensuring certain committee recommendations include the needs of people with disabilities. This bill instead would require the director to appoint representatives of the access and functional needs population, provided a majority of appointees are from specified groups, to serve on those committees and to ensure the needs of that population are met within that system. Under existing law, political subdivisions, as defined, have full power during a local emergency to provide mutual aid to any affected area in accordance with local ordinances, resolutions, emergency plans, and other local directives.</td>
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<td>2/18/21 Referred to Coms on Health and Jud</td>
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<td>2/12/21 From printer. May be heard in committee March 14</td>
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<td>2/11/21 Read first time. To print</td>
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plans, or agreements. Existing law defines “emergency plan” for these purposes to mean official and approved documents that describe the principles and methods to be applied in carrying out emergency operations or rendering mutual aid during emergencies. Existing law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan and to include representatives from the access and functional needs population, as defined, regarding that integration.

This bill would require a county to send a copy of its emergency plan to OES on or before March 1, 2022, and upon any update to the plan after that date. By creating a new duty for counties, this bill would impose a state-mandated local program. The bill would require OES, if requested, in consultation with representatives of people with a variety of access and functional needs, to review the emergency plan of each county to determine whether the plans are consistent with certain best practices and guidance, as specified. The bill would require OES to report to the Legislature and to post on its internet website the results of its review. The bill would require counties to develop and revise emergency plans to address the issues identified by OES in OES’s review. The bill would require OES OES, if requested, to provide technical assistance to a county in developing and revising its emergency plan to address the issues that the office identified in its review.

Existing law, on or before July 1, 2019, requires OES, in consultation with specified groups and entities, including the disability community, to develop guidelines for alerting and warning the public of an emergency, as specified, and to provide each city and county with a copy of the guidelines. Existing law requires OES, within 6 months of making those guidelines available and at least annually, to develop an alert and warning training that includes information regarding certain emergency alert systems and the alert and warning guidelines.

This bill, instead, would require OES to develop those guidelines on or before July 1, 2022, would include the access and functional needs community, as provided, instead of the disability community in the list of groups that OES is required to consult, and would require OES to develop the alert and warning training with involvement of representatives of the access and functional needs community. Existing law requires OES, in cooperation with involved state and local agencies, to complete an after-action report within 180 days after each declared disaster that reviews public safety response and disaster recovery activities.

This bill would require OES to include conclusions and recommendations based on findings in the report, and to disseminate annually guidance that summarizes those conclusions and recommendations.

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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

9/3/21 Read third time and amended. Ordered to second reading
9/1/21 Ordered to third reading
8/31/21 From special consent calendar
8/26/21 Read second time. Ordered to third reading
8/26/21 From committee: do pass
8/19/21 Set for hearing on 8/26/21
7/5/21 In committee: referred to suspense file
6/24/21 Set for hearing 7/5/21
6/22/21 From committee: do pass and re-refer to Com on APPR with recommendation: to consent calendar.
Re-referred to Com on APPR
6/14/21 set for Hearing on 6/22/21.
5/27/21 Referred to Com on G.O.
5/13/21 In Senate. Read first time. To Com. on RLS. for assignment.
5/13/21 Read third time. Passed. Ordered to the Senate. (Ayes 75. Noes 0.)
5/6/21 Read second time. Ordered to Consent Calendar.
5/5/21 From committee: Do pass. To consent calendar.
4/29/21 set for Hearing on 5/5/21
4/20/21 From committee: do pass. To consent calendar
4/13/21 Set for Hearing on 4/19/21
4/13/21 Re-referred to Com on EM
4/12/21 From committee chair with author’s amendments: Amend and re-refer to Com on EM. Read second time and amended.
4/6/21 Re-referred to Com on EM
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<tbody>
<tr>
<td>AB 596</td>
<td>Nguyen</td>
<td>Appointed legal counsel</td>
<td>2/18/21 Referred to Com on Jud</td>
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<td>The Guardianship-Conservatorship Law authorizes the court to appoint private legal counsel for a ward, a proposed ward, a conservatee, or a proposed conservatee in any proceeding under its provisions if the court determines the person is not otherwise represented by legal counsel and that the appointment would be helpful to the resolution of the matter or is necessary to protect the person’s interests. The law requires the court to appoint the public defender or private counsel to represent the interest of a conservatee, proposed conservatee, or person alleged to lack legal capacity for assistance in particular proceedings that include, among others, proceedings to establish a conservatorship or to remove the conservator. This bill would require an attorney, who is appointed under these provisions and determines that a conservatee or proposed conservatee is unable to communicate, to report the nature of that inability to the court, and would require the court, upon a determination of the inability to communicate, to discharge the appointed attorney and appoint a guardian ad litem. The bill would specifically require an attorney who is appointed under these provisions to represent a conservatee, a proposed conservatee, or person alleged to lack legal capacity to act as an advocate for the client, and would prohibit the attorney from substituting their own judgment for that of the client’s expressed interests.</td>
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<td>AB 636</td>
<td>Maienschein</td>
<td>Financial Abuse of Elder or Dependent Adults</td>
<td>10/7/21 Chaptered by Secretary of State</td>
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<td>Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes procedures and requirements for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law makes specified reports, including reports of known or suspected financial abuse of an elder or dependent adult, confidential. Existing law requires information relevant to the incident of elder or dependent adult abuse to be given to specified investigators, including investigators from an adult protective services agency, a local law enforcement agency, and the probate court. This bill would also authorize information relevant to the incident of elder or dependent adult abuse to be given to a federal law enforcement agency, under certain circumstances, for the sole purpose of investigating a financial crime committed against the elder or dependent adult and would authorize the information to be given to a local code enforcement agency for the sole purpose of investigating an unlicensed care facility where the health and safety of an elder or dependent adult resident is at risk. This bill would incorporate additional changes to Section 15633.5 of the Welfare and Institutions Code proposed by SB 823 to be operative only if this bill and SB 823 are enacted and this bill is enacted last.</td>
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<td>AB 665</td>
<td>Garcia</td>
<td>Care Facilities: internet access.</td>
<td>10/4/21 Chaptered by Secretary of State.</td>
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<td>MPA Goal 3</td>
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Under existing law, the State Department of Social Services is required to license, inspect, and regulate various types of care facilities, including community care facilities, residential care facilities for persons with chronic life-threatening illness, and residential care facilities for the elderly. Existing law imposes criminal penalties on a person who violates these provisions, or who willfully or repeatedly violates any rule or regulation adopted under these provisions. This bill would require residential facilities serving adults, residential care facilities for persons with chronic life-threatening illness, and residential care facilities for the elderly with existing internet service to provide at least one common internet access tool, such as a computer with videoconferencing technology with microphone and camera functions, for clients and residents to device that can support real-time interactive applications, is equipped with videoconferencing technology, and is dedicated for client or resident use, as specified. Because a violation of the bill would be a misdemeanor, the bill would create 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. 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. 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.

AB 695 Arambula

Elder and Dependent Adults

(1) Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. The act prescribes damages in a civil action for abuse of an elder or dependent adult, and authorizes protective orders in those cases. Among other things, existing law requires a mandated reporter of suspected financial abuse of an elder or dependent adult to report financial abuse in a specified manner. Existing law makes it a crime for a mandated reporter, as specified, to fail to make a report under the act. Existing law requires each county welfare department to establish and support a system of protective services for elderly and dependent adults who may be subjected to neglect, abuse, or exploitation, or who are unable to protect their own interests, and requires each county to establish an adult protective services program. The bill would authorize a local adult protective services agency, local law enforcement agency, and the Department of Business Oversight to disclose to a mandated reporter of suspected financial abuse of an elder or dependent adult or their employer, upon request, the general status or final disposition of any investigation that arose from a report made by that mandated reporter of suspected financial abuse of an elder or dependent adult.

10/4/21 Approved by Governor 9/8/21 Enrolled and presented to Governor at 4:30pm 9/1/21 Senate amendments concurred in. To engrossing and enrolling. 9/1/21 Assembly Rule 77 suspended. 8/31/21 In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 2 pursuant to Assembly Rule 77 8/30/21 Read third time. Passed. Ordered to Assembly. 8/17/21 Read second time. Ordered to third reading 8/16/21 From committee: be ordered to second reading pursuant to Senate Rule 28.8 7/15/21 Set for hearing on 8/16/21 7/7/21 From committee: do pass and re-refer to Com on Appr. Re-referred to Com on Appr.

8/19/21 Set for hearing on 8/26/21 7/15/21 Set for hearing on 8/16/21 7/14/21 From committee: do pass and re-refer to Com on Appr. Re-referred to Com on Appr. 7/7/21 From committee: do pass and re-refer to Com on Jud. Re-referred to Com on Jud. 6/29/21 From committee chair, with author’s amendments: amend and re-refer to committee. Read second time, amended, and referred to Com on Human Services 6/23/21 Set for Hearing on 7/13/21 6/16/21 Referred to Coms on Human Services and Jud

CWDA; Justice in Aging – related to MPA goal 1
(2) Existing law establishes the Home Safe Program, which requires the State Department of Social Services to award grants to counties, tribes, or groups of counties or tribes, that provide services to elder and dependent adults who experience abuse, neglect, and exploitation and otherwise meet the eligibility criteria for adult protective services, for the purpose of providing prescribed housing-related supports to eligible individuals. This bill would expand the list of housing-related supports and services to include services to support housing transitions. Existing law requires counties that receive grants under the Home Safe Program to provide matching funds, and requires grantees applying for additional grant money to provide a description on how those requested funds are to be used. This bill would provide that, on and after the effective date of the bill, grantees are not required to match any funding provided that is above the base level of funding provided in the Budget Act of 2020. The bill would instead require grantees that administer a Home Safe Program to submit a streamlined application and program update to the department in lieu of an application.

(2) The Elder Abuse and Dependent Adult Civil Protection Act requires, as part of the procedures described in paragraph (1), establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law requires each county welfare department to establish and support a system of protective services for elderly and dependent adults who may be subjected to neglect, abuse, or exploitation or who are unable to protect their own interests, and requires each county to establish an adult protective services program. The act requires each county’s adult protective services program to include specific policies and procedures, including provisions for emergency shelter or in-home protection. Existing law applies the definitions of the act on provisions relating to the county adult protective services program. For purposes of the act, existing law defines an “elder” as a person who is 65 years of age or older and a “dependent adult” as an adult between 18 and 64 years of age who has specific limitations. This bill would additionally require the policies and procedures to include provisions for homeless prevention and longer term housing assistance and support through the Home Safe Program. By imposing additional duties on counties in the administration of their adult protective services programs, this bill would impose a state-mandated local program. The bill would authorize a county that receives grant funds under the Home Safe Program to, as part of providing case management services to elder or dependent adults who require adult protective services, provide housing assistance to those who are homeless or at risk of becoming homeless. If an elder or dependent adult comes to the attention of adult protective services because they are homeless, and an investigation indicates that they are homeless because they have a serious mental illness or substance use disorder, the bill would require the county to refer the adult to the appropriate state or local agency to receive services and supports. By imposing additional duties on counties in the administration of their adult protective services programs, this bill would impose a state-mandated local program.
This bill would impose a state-mandated local program. The bill would authorize a county adult protective services agency and the Home Safe Program to refer an individual with complex or intensive needs to the appropriate state or local agencies for services that support the individual’s safety goals.

For the purposes of investigating or providing services under an adult protective services program, this bill would instead define an “elder” as a person who is 60 years of age or older and a “dependent adult” as a person who is between 18 and 59 years of age, inclusive, and has those specific limitations. The bill would also specifically identify that a person in that age range with traumatic brain injuries or cognitive impairments is a dependent adult. By requiring counties to provide services to additional individuals, and by expanding the scope of a crime under the Elder Abuse and Dependent Adult Civil Protection Act, this bill would impose a state-mandated local program.

This bill would require the department to convene a workgroup to develop recommendations to create or establish a statewide adult protective services case management or data warehouse system. The bill would require the department to submit the recommendations to the Legislature by November 1, 2022.

(4) (3) 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 specified reasons.

AB 774 Voepel Senior Legal Services
Existing law requires the California Department of Aging to establish a task force of certain members to study and make recommendations to the Legislature on the improvement of legal services delivery to senior citizens in California by exploring specified matters, including ways to ensure uniformity in the provision of legal services throughout the state and the possible establishment of a statewide legal hotline for seniors. Existing law requires the task force to report and make its recommendations to the Legislature on or before September 1, 2002.

This bill would require the department to establish a similar task force to assess the implementation of the recommendations made pursuant to the above-mentioned provisions, make additional recommendations by exploring the same matters explored by the initial task force, and to report the assessment and make its recommendations to the Legislature on or before September 1, 2023.

AB 848 Calderon Medi-Cal: Long Term Care: Personal Needs Allowance
Increases the personal needs allowance from $35 to $80 per month and annually adjusts the allowance by the same percentage as the Consumer Price Index.
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<tr>
<th>Bill</th>
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<th>Description</th>
<th>Legislative History</th>
<th>Recommendation</th>
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<tr>
<td>AB 849</td>
<td>Reyes</td>
<td>Skilled Nursing Facilities: Intermediate Care Facilities: Liability</td>
<td>Existing law authorizes a current or former resident or patient of a skilled nursing facility or intermediate care facility, as defined, to bring a civil action against the licensee of a facility who violates any of specified rights of the resident or patient or any other right provided for by federal or state law or regulation. Existing law makes the licensee liable for up to $500. Existing case law interpreting that provision held that the $500 limit on civil damages applies to each action and not to each violation. This bill would also authorize the legal representative, personal representative, or successor in interest of a current or former resident or patient of a skilled nursing facility or intermediate care facility to bring that civil action. The bill, for violations that occur on or after March 1, 2021, would make the licensee liable for up to $500 per violation and would prescribe required factors that may to be considered in assessing the amount of the damages, including, among others, the nature and seriousness of each violation.</td>
<td>10/4/21 Chaptered by Secretary of State 10/4/21 Approved by Governor 9/13/21 Enrolled and presented to Governor at 3pm. 9/7/21 Senate amendments concurred in. To engrossing and enrolling 9/2/21 In Assembly. Concurrence in Senate amendments pending. May be considered on or after Sept. 4 pursuant to Assembly Rule 77 9/2/21 Read third time. Passed. Ordered to Assembly</td>
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<td>AB 911/SB 515</td>
<td>Nazarian/Pan</td>
<td>Long-Term Services and Supports</td>
<td>Existing law, contingent upon the appropriation of funds for that purpose by the Legislature, establishes the Aging and Disability Resource Connection (ADRC) program, to be administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. By executive order, the Governor has ordered that a master plan for aging be developed and issued to serve as a blueprint to implement strategies and partnerships that promote healthy aging and prepare the state for upcoming demographic changes. The executive order requires the Secretary of California Health and Human Services to convene a Master Plan for Aging Stakeholder Advisory Committee, which includes a Long-Term Care Subcommittee. Existing law requires the secretary, in coordination with the Director of the California Department of Aging, to lead the development and implementation of the master plan established pursuant to that executive order. Existing law requires the secretary and the director, with the assistance of the workgroup, to work with specified agencies, as needed, to identify policies, efficiencies, and strategies necessary to implement the master plan. Existing law requires the workgroup to solicit input and gather information to assist with the implementation of the master plan.</td>
<td>4/13/21 Re-referred to Com on Aging &amp; LTC 4/12/21 From committee chair with author’s amendments. Amend and re-refer to Com on Aging &amp; LTC. Read second time and amended. 3/2/21 Set for hearing on 4/6/21 9am 2/25/21 Referred to Coms on Aging &amp; LTC and Human Services 2/18/21 From priner. May be heard in committee March 20 2/17/21 Read first time. To print.</td>
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<tr>
<td>Bill</td>
<td>Author</td>
<td>Description</td>
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<td>AB 1083</td>
<td>Nazarian</td>
<td>Senior Affordable Housing: Nursing Pilot Program</td>
<td>5/13/21</td>
<td>Set for Hearing on 5/20/21</td>
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<td>This bill would require the Department of Aging to establish and administer the Housing Plus Services Nursing Pilot Program in the Counties of Los Angeles, Orange, Riverside, Sacramento, and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purposes of hiring one full-time registered nurse to work at 3 senior citizen housing developments in each county to provide health education, navigation, coaching, and care to residents. The bill would require the department to submit a report to specified legislative committees and state agencies on or before January 1, 2026, and would repeal the program as of January 1, 2027.</td>
<td>4/22/21</td>
<td>Set for hearing on 4/28/21</td>
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<td>4/20/21</td>
<td>From committee: do pass and re-refer to Com on APPR with recommendation: to consent calendar. Re-referred to Com on APPR 3/9/21 Set for Hearing on 4/20/21</td>
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<tr>
<td>AB 1176</td>
<td>Garcia &amp; Santiago</td>
<td>Communications: Universal Broadband service: California Connect Fund</td>
<td>5/12/21</td>
<td>In committee: Set, first hearing. Referred to APPR. suspense file.</td>
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<td>This bill would establish the California Connect Fund in the State Treasury, subject to the conditions and restrictions applicable to the existing universal service funds described above. The bill would, until January 1, 2031, require the commission to develop, implement, and administer the California Connect Program to ensure that high-speed broadband service is available to every household in the state at affordable rates. The bill would require the commission, on or before January 1, 2023, to adopt rules to implement the program, including rules that establish eligibility criteria for the program and the amount of, and requirements for, subsidies under the program. The bill would require the commission to perform outreach to increase program participation, to coordinate with relevant state agencies and departments to increase program participation and increase the efficacy of enrollment, and to collect data on existing affordable internet service plans that may meet program criteria. The bill would require the commission to annually report to the Legislature on the status of the program, including its success and any recommendations for modifications to the program, as provided.</td>
<td>4/29/21</td>
<td>From committee: Do pass and re-refer to Com on APPR. Re-referred to Com on APPR 4/20/21 Re-referred to Com on C &amp; C 4/19/21 From committee chair with author’s amendments: Amend and re-refer to Com on C &amp; C. Read second time and amended</td>
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<td>AB 1234</td>
<td>Arambula</td>
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<td><strong>Physician Orders for Life Sustaining Treatment Forms: Registry</strong>&lt;br&gt;Existing law defines a request regarding resuscitative measures as a written document, signed by an individual with capacity, or a legally recognized health care decisionmaker, and the individual’s physician, directing a health care provider regarding resuscitative measures. Existing law defines a Physician Orders for Life Sustaining Treatment form, which is commonly referred to as a POLST form, and provides that a request regarding resuscitative measures includes a POLST form. Existing law requires that a POLST form and the medical intervention and procedures offered by the form be explained by a health care provider. Existing law distinguishes a request regarding resuscitative measures from an advance health care directive. Under existing law, an advance care directive or substantially similar instrument executed in another state or jurisdiction is valid and enforceable to the same extent as an advance care directive validly executed in this state, as specified, and authorizes a physician or other health care provider to presume that an advance care directive or similar document is valid in the absence of knowledge to the contrary. This bill would establish similar provisions relating to the validity and enforceability of POLST forms and would allow an electronic signature to be used for the purposes of an advance health care directive and POLST form. The bill would enact the California POLST eRegistry Act, which would require the California Health and Human Services Agency to create a statewide electronic POLST registry system for the purpose of collecting a patient’s POLST information received from a health care provider or the provider’s electronic signature.</td>
<td>4/12/21 Re-referred to Com on Health. 4/8/21 From committee with author’s amendments. Amend and re-refer to Com on Health. Read second time and amended. 3/4/21 Referred to Coms on Health and Jud. 2/22/21 Read first time. 2/20/21 From printer. May be heard in committee March 22. 2/19/21 From printer. May be heard in committee March 21. 2/18/21 Read first time. To print.</td>
<td>2/18/21 Read first time. To print. 3/4/21 Referred to Com on C &amp; C. 2/19/21 From printer. May be heard in committee March 21. 4/14/21 In committee: set first hearing. Hearing canceled at request of author. 4/8/21 Set for hearing on 4/28/21.</td>
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<td>Bill Number</td>
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<td>AB 1243</td>
<td>Blanca Rubio</td>
<td>Protective Orders: Elder and dependent Abuse</td>
<td>Existing law authorizes an elder or dependent adult who has suffered abuse, or another person who is legally authorized to seek that relief on behalf of that elder or dependent adult, to seek a protective order and governs the procedures for issuing that order. Existing law defines protective order for purposes of these provisions to include an order enjoining a party from specified forms of abuse, including attacking, stalking, threatening, or harassing an elder or dependent adult, an order excluding a party from the elder or dependent adult’s residence, or an order enjoining a party from specified behavior that the court determines is necessary. This bill would include within the definition of protective order an order enjoining a party from isolating an elder or dependent adult. The bill would require certain requirements to be met for that order to be issued, including a showing by a preponderance of the evidence that the respondent’s past act or acts of isolation of the elder or dependent adult prevented contact with the interested party and that the elder or dependent adult desires contact with the interested party, as specified. The bill would also include within the definition of protective order as necessary to implement those changes on or before February 1, 2023.</td>
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<td>AB 1300</td>
<td>Voepel</td>
<td>Residential Care Facilities for the Elderly: Electronic Monitoring</td>
<td>This bill would enact the Electronic Monitoring in Residential Care Facilities for the Elderly Act to authorize the use of electronic monitoring devices either inside a resident’s room by a resident or in certain areas of a facility by the facility under specified conditions. For the use of a personal electronic monitoring device inside a resident’s room by a resident, the bill would require, among other things, the resident or the resident’s representative, as defined, to provide the facility with a completed notification and consent form, as specified, that includes the consent of the resident’s roommate, if any. The bill would also require the resident or the resident’s representative to post a sign at the entrance to the resident’s room stating that the room is monitored electronically. For the use of a facility electronic monitoring device, the bill would require the facility to, among other things, post signage at all entrances and exits that provides notice of electronic monitoring, archive the electronic monitoring digital data for 365 days, and provide the department access to the data</td>
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**AB 1243**

*Chaptered by Secretary of State*

*Approved by Governor*

*Enrolled and presented to Governor at 3pm*

*Enrolled and presented to the Governor at 3 pm.*

*Senate amendments concurred in.*

*Ordered to engrossing and enrolling.*

*In Assembly. Concurrence in Senate amendments pending.*

*Read third time. Passed. Ordered to the Assembly.*

*Read second time. Ordered to third reading.*

**AB 1300**

*Set for hearing 4/7/21*

*Referred to Coms on Human Services and P. and C.P.*

*Read first time.*

*From printer. May be heard in committee March 22.*

*Introduced. To print.*
upon 24 hours’ notice. By expanding the duties of licensed facilities under the act with regard to authorizing residents and facilities to conduct electronic monitoring under these conditions, the bill would expand an existing crime, thereby imposing a state-mandated local program. The bill would make it a misdemeanor to knowingly hamper, obstruct, tamper with, or destroy a personal electronic monitoring device or a facility electronic monitoring device or the recordings made therefrom, except as provided. The bill would make it a felony to knowingly hamper, obstruct, tamper with, or destroy a personal electronic monitoring device or a facility electronic monitoring device or the recordings made therefrom in the commission of, or in the attempt to conceal the commission of, a felony. By creating new crimes, the bill would impose a state-mandated local program.

| SB 48   | Limon | Medi-Cal: annual cognitive health assessment. 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 pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Subject to an appropriation by the Legislature for this purpose, this bill would expand the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. The bill would make a Medi-Cal provider eligible to receive the payment for this benefit only if they comply with certain requirements, including completing cognitive health assessment training. The bill would require the department to determine specified training and validated tools in consultation with prescribed entities, including the State Department of Public Health’s Alzheimer’s Disease Program. By January 1, 2024, and every 2 years thereafter, the bill would require the department to consolidate and analyze data related to the benefit, and to post information on the utilization and payment of, and payment for, the benefit on its internet website. The bill would authorize the department to implement these provisions by various means, including all-plan letters, without taking regulatory action, and would condition the implementation of these provisions to the extent federal approvals are obtained and federal financial participation is available. | 10/4/21 Chaptered by Secretary of State. 10/4/21 Approved by Governor 9/17/21 Enrolled and presented to Governor at 1:30pm. 9/9/21 Assembly amendments concurred in. Ordered to engrossing and enrolling 9/8/21 From committee: That the Assembly amendments be concurred in 9/7/21 Set for hearing Sept. 8 9/3/21 From committee: Be re-referred to Com on Health pursuant to Senate Rule 29. Re-referred to Com on Health | CSL Support MPA Goal 2 |
| SB 56   | Durazo | Medi-Cal: Eligibility 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. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. | 6/23/21 From committee: do pass and re-refer to Com on APPR. Re-referred to Com on APPR 6/23/21 Co-authors were revised revised 6/14/21 Set for Hearing on 6/22/21. | CSL (support) MPA Goal 2 |
Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, and extends eligibility for full-scope Medi-Cal benefits to individuals under 25 years of age, and who are otherwise eligible for those benefits but for their immigration status. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director’s determination, and requires the department to maximize federal financial participation for purposes of implementing the requirements. Existing law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals full scope with full scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective January 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. The bill would delete provisions delaying implementation until the director makes the determination described above. The bill would require the department to seek federal approvals to obtain federal financial participation to implement these requirements, would require that state-only funds be used for those benefits if federal financial participation is unavailable. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.

Existing law authorizes the department, in implementing the above provisions, to contract, as necessary, on a bid or nonbid basis, and establishes an accelerated process for issuing contracts pursuant to the above provisions. Existing law authorizes those contracts to be on a noncompetitive bid basis and exempt from specified laws, policies, procedures, and regulations. This bill would make the above provision inapplicable to any contracts newly entered into, or renewed, on or after January 1, 2022.

The bill would make various conforming or technical changes to related provisions.

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.
<table>
<thead>
<tr>
<th>SB 91</th>
<th>Com Budget &amp; Fiscal Review</th>
<th>Extend eviction moratorium until June 30, 2021. Provide rental assistance for tenants facing financial hardship due to COVID.</th>
<th>1/29/21 Chaptered by Secretary of State</th>
<th>MPA Goal 1</th>
</tr>
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<tr>
<td>SB 107</td>
<td>Weiner</td>
<td><strong>CalFresh</strong>. 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. Existing law requires each county welfare department, to the extent permitted by federal law, to exempt a household from complying with face-to-face interview requirements for the purpose of determining eligibility at initial application and recertification. This bill would, to the extent permitted by federal law, give an individual the option to apply, report, and recertify for CalFresh in person, by mail, online, or by telephone, and permit an individual to complete the interview requirement and client signature by telephone. The bill would authorize counties to implement any method of telephonic or electronic signature that is supported by county business practice and technology. The bill would require the department, with the input of stakeholders, to develop and execute a plan of support for counties that have not already implemented a telephone-based application and renewal process and to provide technical assistance and resources. The bill would require the application process to satisfy specified criteria, including simple, user-friendly language and instructions. The bill would require certain counties to comply with these provisions beginning on or before January 1, 2023, and require the remaining counties to comply with the provisions beginning on or before January 1, 2024. By imposing new duties on counties, 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.</td>
<td>6/1/21 Ordered to inactive file on request of Senator Wiener. 3/22/21 From committee: be ordered to second reading pursuant to Senate rule 28.8 3/12/21 Set for hearing on 3/22/21 3/10/21 From committee: Do pass and re-refer to Com on APPR. Re-referred to APPR 2/23/21 Set for Hearing march 9 2/18/21 From committee with authors amendments. Read second time and amended. Re-referred to Co on Human Services 1/28/21 referred to Com. On Human S. 1/11/21 Read first time. 1/5/21 Introduced. To Com. On RLS for assignment. To print.</td>
<td>CSL (support) MPA Goal 5</td>
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<td>Bill Number</td>
<td>Author</td>
<td>Description</td>
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<td>SB 221</td>
<td>Weiner</td>
<td>This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements, as specified. The bill would additionally require, commencing July 1, 2022, a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards. If a health care service plan is operating in a service area that has a shortage of providers and the plan is not able to meet the geographic and timely access standards for providing mental health or substance use disorder services with an in-network provider, the bill would require the plan, including a Medi-Cal Managed Care Plan, to arrange coverage outside the plan’s contracted network. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the 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.</td>
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<td>SB 256</td>
<td>Pan</td>
<td>Existing law establishes 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 by, and funded pursuant to, federal Medicaid program provisions. Under existing law, health care services are provided under the Medi-Cal program pursuant to a schedule of benefits, and those benefits are provided to beneficiaries through various health care delivery systems, including fee-for-service and managed care. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a Medi-Cal managed care plan. Existing law</td>
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10/8/21 Chaptered by Secretary of State  
10/8/21 Approved by Governor  
9/15/21 Enrolled and presented to Governor at 2:30pm.  
9/21 Assembly amendments concurred in. Ordered to engrossing and enrolling  
9/21 In Senate. Concurrence in Assembly amendments pending  
9/21 Read third time. Passed. Ordered to Senate  
9/3/21 Ordered to third reading  
9/3/21 Read third time and amended  
9/1/21 Ordered to third reading  
9/1/21 Read third time and amended  
8/30/21 Read second time. Ordered to third reading  
8/26/21 From committee: do pass  
8/19/21 Set for hearing on 8/26/21. Placed on suspense file  
8/11/21 Set for Hearing on 8/19/21  
7/7/21 From committee: do pass and re-refer to Com on Appr. Re-referred to Com on Appr.  
5/24/21 Ordered to special consent calendar.  
5/20/21 From committee: do pass. Read second time. Ordered to third reading  
5/17/21 Set for Hearing on 5/20/21  

CSL Support (Self Sufficiency tracking)  
MPA Goal 2
imposes various requirements on Medi-Cal managed care plan contractors, and requires the department to pay capitations rates to health plans participating in the Medi-Cal managed care program using actuarial methods. Existing law authorizes the department to establish, and requires the department to utilize, health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts, and requires those developed rates to include identified information, such as health-plan-specific encounter and claims data.

Existing law, the Medi-Cal 2020 Demonstration Project Act, requires the department to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program, the Whole Person Care pilot program, and the Dental Transformation Initiative, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. Existing federal law authorizes specified managed care entities that participate in a state’s Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan.

This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative, and would condition its implementation on receipt of any necessary federal approvals and availability of federal financial participation. To implement the CalAIM initiative, the bill would authorize the department to enter into exclusive or nonexclusive contracts, or amend existing contracts, and to implement these provisions by various means, including provider bulletins. For purposes of the CalAIM initiative, this bill would additionally authorize the department to standardize those populations that are subject to mandatory enrollment in a Medi-Cal managed care plan across aid code groups and Medi-Cal managed care models. Commencing January 1, 2023, the bill would require the department to implement the Population Health Management Program under the Medi-Cal managed care delivery system to improve health outcomes, care coordination, and efficiency through application of standardized health management requirements. The bill would require the department to require each Medi-Cal managed care plan to develop and maintain a beneficiary-centered population health management program that meets specified standards, including identifying and mitigating social determinants of health and reducing health disparities or inequities. The bill would require the department to consult with specified stakeholders, including the State Department of Public Health, to establish requirements for the population health management program, as specified, and, beginning January 1, 2024, would require the department to annually develop and issue a public report, which includes prescribed information, on this program.
Under the CalAIM initiative, this bill would require the department to implement an enhanced care management (ECM) benefit designed to address the clinical and nonclinical needs on a whole-person-care basis for certain target populations of Medi-Cal beneficiaries enrolled in Medi-Cal managed care plans, as specified. The bill would require Medi-Cal managed care plans to consult and collaborate with county mental health plans for the delivery of enhanced care management ECM services for beneficiaries with certain health conditions, including serious mental illness, to maximize federal reimbursement and minimize duplication of services and services. The bill would require the department to require those plans to report specified information related to this benefit, the ECM benefit and would require the department to annually publicly report on the utilization of ECM in a manner that allows for an analysis of demographic populations, as specified. As part of the CalAIM initiative, and commencing January 1, 2022, this bill would require the department to authorize Medi-Cal managed care plans to elect to cover those services or settings approved by the department as cost effective and medically appropriate in the comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. The bill would provide that in lieu of services include specified services, such as housing transition navigation services, recuperative care, and asthma remediation. The bill would require the department to establish metrics for, and conduct an annual evaluation of, the utilization and effectiveness of in lieu of services, and to publicly report, as prescribed, the evaluation and conduct the evaluation in a specified manner. Commencing January 1, 2022, this bill would require the department, subject to appropriation, to make incentive payments available to qualifying Medi-Cal managed care plans that meet predefined milestones and metrics associated with implementation of applicable components of the CalAIM initiative, and to consult with specified entities, including Medi-Cal managed care plans, to establish the methodology pursuant to prescribed standards. This bill would authorize the department to establish capitation rates to contracted health plans on a regional basis in lieu of health plan and county-specific rates, and would require the department to consult with affected entities and individuals, including consumer representatives. Before the implementation of a regional-based capitation rate, the bill would require the department to report to the Legislature on specified matters, including how these rates are to be established. This bill would make its provisions severable and would make other legislative findings and declarations.

| SB 258 | Laird (Coauthors: Senators Atkins, Eggman, and) | Aging | Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. Existing law requires the department, in allocating specified state and federal funding to area agencies on aging, to 7/23/21 Chaptered by Secretary of State 7/23/21 Approved by Governor 7/20/21 Enrolled and presented to Governor | CWDA MPA Goal 3 |
Wiener) (Coauthors: Assembly Members Cervantes, Lee, Low, and Ward) ensure that priority consideration is given to criteria that reflect the state’s intent to target services to those in greatest economic or social need. Existing law defines “greatest social need” to mean the need caused by noneconomic factors, including physical and mental disabilities, that restrict an individual’s ability to perform normal daily tasks or that threaten the individual’s capacity to live independently. This bill would revise this definition to include human immunodeficiency virus (HIV) status as a specified noneconomic factor.

### Medi-Cal: California Community Transitions Program

Existing law establishes 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. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 90 consecutive days. Existing law requires the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Existing law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days, and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030. This bill would require the department to implement and administer the California Community Transitions program to provide services for qualified beneficiaries who have resided in the facility for 60 days or longer. The bill would require a lead organization to provide services under the program. The bill would require program services to include prescribed services, such as transition coordination services. The bill would authorize a Medi-Cal beneficiary to participate in this program if the Medi-Cal beneficiary meets certain requirements, and would require eligible Medi-Cal beneficiaries to continue to receive program services once they have transitioned into a qualified residence. The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement this program, and to administer the program in a manner that attempts to maximize federal financial participation if that program is not reauthorized or if there are insufficient funds.

7/15/21 In Senate. Ordered to engrossing and enrolling. 7/15/21 Read third time. Passed. Ordered to Senate. 7/8/21 Read second time. Ordered to consent calendar.

**SB 281 Dodd**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>7/6/21</td>
<td>Set for first hearing but cancelled at the request of the author</td>
</tr>
<tr>
<td>6/7/21</td>
<td>Set for hearing on 7/6/21</td>
</tr>
<tr>
<td>5/10/21</td>
<td>In Assembly. Read first time. Held at desk.</td>
</tr>
<tr>
<td>5/4/21</td>
<td>From committee: Be ordered to second reading pursuant to Senate Rule 28.8 and ordered to consent calendar.</td>
</tr>
<tr>
<td>4/20/21</td>
<td>Set for hearing on 5/3/21</td>
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<tr>
<td>3/18/21</td>
<td>Read second time and amended. Re-referred to Com. on APPR.</td>
</tr>
<tr>
<td>3/17/21</td>
<td>From committee: Do pass as amended and re-refer to Com. on APPR with recommendation: To consent calendar.</td>
</tr>
<tr>
<td>3/3/21</td>
<td>From committee with author’s amendments. Read second time and amended. Re-referred to Com. On Health</td>
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<tr>
<td>3/2/21</td>
<td>Set for hearing on 3/17/21 1pm</td>
</tr>
<tr>
<td>2/22/21</td>
<td>Joint Rule 55 suspended.</td>
</tr>
<tr>
<td>2/22/21</td>
<td>Art. IV. Sec 8(a) of the Constitution dispensed with.</td>
</tr>
<tr>
<td>2/10/21</td>
<td>Referred to Com on Health</td>
</tr>
<tr>
<td>2/2/21</td>
<td>From printer. May be acted upon after March 4</td>
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</tbody>
</table>

(Self Sufficiency tracking) MPA Goal 2
End of Life

Existing law, the End of Life Option Act, until January 1, 2026, authorizes an adult who meets certain qualifications, and who has been determined by their attending physician to be suffering from a terminal disease, as defined, to make a request for an aid-in-dying drug for the purpose of ending their life. Existing law establishes the procedures for making these requests, including that 2 oral requests be made a minimum of 15 days apart, specified forms to request an aid-in-dying drug be submitted, under specified circumstances, and a final attestation be completed. Existing law requires specified information to be documented in the individual’s medical record, including, among other things, all oral and written requests for an aid-in-dying drug.

This bill would allow for an individual to qualify for aid-in-dying medication by making 2 oral requests a minimum of 48 hours apart. The bill would eliminate the requirement that an individual who is prescribed and ingests aid-in-dying medication make a final attestation. The bill would require that the date of all oral and written requests be documented in an individual’s medical record and would require that upon a transfer of care, that record be provided to the qualified individual. The bill would extend the operation of the act indefinitely, until January 1, 2031, thereby imposing a state-mandated local program by extending the operation of crimes for specified violations of the act.

Existing law makes individual health care providers immune from liability for refusing to engage in activities authorized pursuant to its provisions, including providing information about the act or referring an individual to a provider who prescribes aid-in-dying medication.

This bill would require a health care provider who is unable or unwilling to participate in activities authorized pursuant to the act voluntary, and makes individual health care providers immune from liability for refusing to engage in activities authorized pursuant to its provisions, including providing information about the act or referring an individual to a provider who prescribes aid-in-dying medication.

This bill would require a health care provider to prohibit its employees, independent contractors, or other persons or entities, including other health care providers, from participating under the act, including acting as a consulting physician, while on the premises owned or under the management or direct control of that prohibiting health care provider, or while acting within the course and scope of any employment by, or contract with, the prohibiting health care provider.

This bill would instead authorize a health care entity to prohibit employees and contractors, as specified, from participating under the act while on the entity’s premises or in the course of their employment. The bill would prohibit a health care provider or health care entity from engaging in false, misleading, or deceptive practices relating to their willingness to qualify an individual or provide a prescription for an aid-in-dying medication to a qualified individual. The bill would require a health care entity to post its current policy regarding medical aid in dying on its internet website.
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.

**SB 441**

**Hurtado**

**Health Care Workforce Training Programs: Geriatric Medicine**

Existing law establishes the Office of Statewide Health Planning and Development in the California Health and Human Services Agency, which oversees various scholarship programs to improve access to health care, including the Steven M. Thompson Physician Corps Loan Repayment Program, which provides for the repayment of educational loans obtained by a physician and surgeon who practices in a medically underserved area of the state. Existing law requires the office to maintain a Health Professions Career Opportunity Program tasked with supporting and encouraging minority health professionals in training to practice in health professional shortage areas of California, among other duties. Existing law provides that in administering the National Health Service Corps Loan Repayment Program in accordance with federal law and regulations, the office is required to strive, whenever feasible, to equitably distribute loan repayment awards between eligible urban and rural program sites, and after taking into account the availability of health care services in the communities to be served and the number of individuals to be served in each program site.

This bill would require the office to include students and professionals with training in geriatrics in administering the Health Professions Career Opportunity Program, National Health Service Corps Loan Repayment Program, and the Steven M. Thompson Physician Corps Loan Repayment Program. The bill would also state the intent of the Legislature to provide geriatricians practicing in underserved areas access to existing loan repayment programs offered by the state, encouraging more geriatric care providers to practice in federally designated health provider shortage areas and addressing the state’s shortage of geriatricians.

Existing law, the Song-Brown Health Care Workforce Training Act, provides for specified training programs for certain health care workers, including family physicians, registered nurses, nurse practitioners, and physician assistants. Existing law establishes a state medical contract program with accredited medical schools, hospitals, and other programs and institutions to increase the number of students and residents receiving quality education and training in specified primary care specialties and maximize the delivery of primary care and family physician services to underserved areas of the state.

This bill would add geriatric medicine to the list of specified primary care specialties under the program. The bill would add training in geriatric medicine to the definition of a “family physician” as that term is used in the act.

6/3/21 Referred to Coms. On Health and Jud
5/28/21 In Assembly. Read first time. Held at desk.
5/28/21 Read third time. Ordered to the Assembly.

8/19/21 Set for hearing on 8/26/21
6/24/21 Set for hearing on 6/30/21
6/8/21 From committee: do pass and re-refer to Com on APPR. Re-referred to Com on APPR
6/8/21 Co-authors revised.
5/20/25 Referred to Com on Health
5/10/21 In Assembly. Read first time. Held at desk.
5/10/21 Read third time. Passed. Ordered to Assembly.
5/5/21 Read second time. Ordered to consent calendar.
5/4/21 From committee: Be ordered to second reading pursuant to Senate Rule 28.8 and ordered to consent calendar.
4/20/21 Set for Hearing 5/3/21
4/8/21 From committee: Do pass and re-refer to Com on Appr with recommendation: To consent calendar. Re-referred to Com on Appr
3/22/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Health
3/19/21 Set for Hearing on 4/7/21
2/25/21 Referred to Com on Health
2/22/21 Joint Rule 55 suspended
2/22/21 Art. IV, Sec. 8(a) of the Constitution dispensed with

CWDA Sent support letter
6/4/21
<table>
<thead>
<tr>
<th>SB 460</th>
<th>Pan</th>
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<tr>
<td>SB 460, as amended, Pan. <strong>Office of the Patient Representative. Long-term health facilities: patient representatives.</strong> This bill would create the Office of the Patient Representative in the Department of Aging to train, certify, provide, and oversee patient representatives to protect the rights of nursing home residents, as specified. The bill would, among other things, require the office to establish appropriate eligibility, training, certification, and continuing education requirements for patient representatives and to convene a group of stakeholders to advise the office regarding the eligibility requirements. The bill would, among other things, require the office to collect and analyze data, including the number of residents represented, the number of interdisciplinary team meetings attended, and the number of cases in which judicial review was sought and to present that data in an annual public report delivered to the Legislature and posted on the office’s internet website. The bill would require patient representatives to perform various duties including reviewing the determinations that the resident lacks decisionmaking capacity, as defined, to make decisions and no surrogate decisionmaker is available, as specified. Existing law requires the attending physician and surgeon of a resident in a skilled nursing facility or intermediate care facility that prescribes or orders a medical intervention of a resident that requires the informed consent of a resident who lacks capacity to provide that consent and who does not have a person with legal authority to make those decisions on behalf of the resident to inform the skilled nursing facility or intermediate care facility. Existing law requires the facility to conduct an interdisciplinary team review of the prescribed medical intervention prior to the administration of the medical intervention, subject to specified proceedings. Existing law authorizes a medical intervention prior to the facility convening an interdisciplinary team review in the case of an emergency, under specified circumstances. Existing law imposes civil penalties for a violation of these provisions. This bill would require the physician and surgeon to document the determination that the resident lacks capacity, as defined, in the resident’s medical record, and would require the skilled nursing facility or intermediate care facility to identify, or use due diligence to search for, a surrogate decisionmaker, as defined. The bill would require, among other things, if the resident lacks capacity and there is no surrogate decisionmaker, the skilled nursing facility or intermediate care facility to provide written notice to the resident and to the Office of the Patient Representative, as specified. The bill would require a copy of the notice to be included in the resident’s records and to include specified information, including notice that the resident has the right to a patient representative. The bill would require the Office of the Patient Representative to designate someone to serve as the patient’s representative if no family member or friend is available to serve in that capacity, and would prohibit a patient representative from being, among others, an employee or former employee of the facility, as specified.</td>
<td>5/26/21 Ordered to inactive file on request of Senator Pan. 5/24/21 Ordered to special consent calendar. 5/20/21 From committee: do pass. Read second time. Ordered to third reading. 5/13/21/ Set for hearing on 5/20/21 4/20/21 Set for hearing on 5/3/21 4/14/21 From committee: Do pass and re-refer to Com. on APPR with recommendation: To consent calendar. (Ayes 11. Noes 0.) (April 14). Re-referred to Com. on APPR. 4/8/21 Set for hearing on 4/14/21 4/6/21 Set for hearing on 4/21/21 3/24/21 From committee: Do pass and re-refer to Com on Health with recommendation: To consent calendar. Re-referred to Com on Health 3/16/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Human Services 3/9/21 Set for hearing March 23 2/25/21 Referral to Com on Jud rescinded because of the limitations placed on committee hearings due to ongoing health and safety risks of COVID-19 2/25/21 Referred to Coms on Human Services and Health and Jud</td>
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<td>SB 515</td>
<td>Pan</td>
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| SB 591 | Senior Citizens: Intergenerational Housing Developments | Existing law requires the covenants, conditions, and restrictions or other documents or written policy of a senior citizen housing development to set forth the limitations on occupancy, residency, or use on the basis of age. Existing law requires that the limitations on age require, at a minimum, that the persons commencing any occupancy of a dwelling unit include a senior citizen who intends to reside in the unit as their primary residence on a permanent basis. Existing law defines “senior citizen housing development” for these purposes as a residential development for senior citizens that has at

| SB 591 | Senior Citizens: Intergenerational Housing Developments | Existing law requires the covenants, conditions, and restrictions or other documents or written policy of a senior citizen housing development to set forth the limitations on occupancy, residency, or use on the basis of age. Existing law requires that the limitations on age require, at a minimum, that the persons commencing any occupancy of a dwelling unit include a senior citizen who intends to reside in the unit as their primary residence on a permanent basis. Existing law defines “senior citizen housing development” for these purposes as a residential development for senior citizens that has at
| 9/28/21 Chaptered by Secretary of State | 9/28/21 Signed by Governor 9/3/21 Enrolled and presented to Governor at 2pm |

<p>| MPA Goal 1 | 37 |</p>
<table>
<thead>
<tr>
<th>SB 648</th>
<th>Hurato</th>
<th>Care Facilities</th>
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<tr>
<td>Existing law defines “qualifying resident” or “senior citizen” to mean a person 62 years of age or older, or 55 years of age or older in a senior citizen housing development. This bill would authorize the establishment of an intergenerational housing development that includes senior citizens along with caregivers and transition age youth, if specified conditions are satisfied. The bill would require that the covenants, conditions, and restrictions and other documents or written policy for the development set forth the limitations on occupancy, residency, or use. The bill would prescribe definitions for “senior citizen” and “transition age youth” for these purposes. The bill would require at least 80% of the occupied dwelling units in an intergenerational housing development to be occupied by at least one senior citizen, as specified, and up to 20% of the occupied dwelling units in the development to be occupied by at least one caregiver or transition age youth, as specified. The bill would require the development to be affordable to lower income households. The bill would prescribe an optional process to be applied if a unit ceases to house a caregiver or transition age youth. The bill would prohibit the eviction or lease termination of a family with those purposes. Existing law states the intent of the Legislature to authorize an assessment on home care services, including IHSS. This bill would require the department to distribute up to $4,000 monthly stipends of 8/30/21 Assembly amendments concurred in. Ordered to engrossing and enrolling.</td>
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$1,000 per resident to facilities that meet specified criteria. The bill would require the department to, among other things, establish guidelines for the distribution of the stipends, as specified, monthly stipends to facilities that provide residential care to specific types of residents and to distribute those stipends for the pilot program. The bill would require facilities that receive the stipend to report to the department specified information, including a brief description of how the stipend was used to benefit residents. By expanding the duties of these facilities, the bill would expand an existing crime applicable to those facilities, thereby imposing a state-mandated local program. The bill would require the department to evaluate the program, as specified, program using specified criteria and to report that information to the relevant policy committees of the Legislature. The bill would require the department to implement these provisions in order to maximize federal funding and would authorize the department to implement the provisions through an all-county letter or similar instruction. The bill would provide for the termination of the pilot program on June 30, 2026, as specified. By expanding the scope of an existing crime, the bill would impose a state-mandated local program.

The bill would appropriate $150,000,000 from the General Fund to the department to provide stipends and cover administrative costs, as specified.

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.

<table>
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<tr>
<th>SB 675</th>
<th>Bogh</th>
<th>Property Taxation: Automated Clearing House Payments</th>
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<td>Existing law requires real property taxes to be paid in 2 installments and requires the tax collector to collect those taxes. Existing law authorizes the tax collector, with the approval of the county board of supervisors, to accept partial payment of real property taxes from the taxpayer in the case of a deficiency in the payment of those taxes.</td>
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<td>This bill would authorize a county board of supervisors to adopt a resolution or ordinance to implement a monthly property tax payment program, which would authorize a qualified taxpayer, as defined, to pay, in monthly installments, their real property taxes on their principal residence, as defined. The bill would authorize the ordinance or resolution implementing the program to set forth specific procedures for purposes of determining delinquency and default, as specified. The bill would require the monthly tax payment to be allocated among the county, cities, special districts, and school entities in proportion to the amounts of all valorem property tax revenue otherwise allocated among those entities, revenues received by the county from property tax payments pursuant to the bill’s provisions to be distributed in the same manner and time as all other property tax apportionments pursuant to applicable state law and related procedures and 5/7/21 Set for hearing May 17. 5/6/21 May 10 Hearing cancelled at request of author 5/6/21 Set for Hearing on 5/17/21 4/29/21 Set for Hearing on 5/10/21 4/21/21 From committee: do pass and re-refer to Com on APPR with recommendation: to consent calendar. Re-referred to Com on APPR 4/14/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Human services 4/13/3/21 Referred to Com on Human services 2/22/21 Joint Rule 55 suspended.</td>
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<td>agreements established by the county auditor. The bill would exclude from its provisions property for which an escrow account is established, as provided.</td>
<td>5/24/21 Ordered to second reading.</td>
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