

# California TRC Nov. 2019 Legislative Report

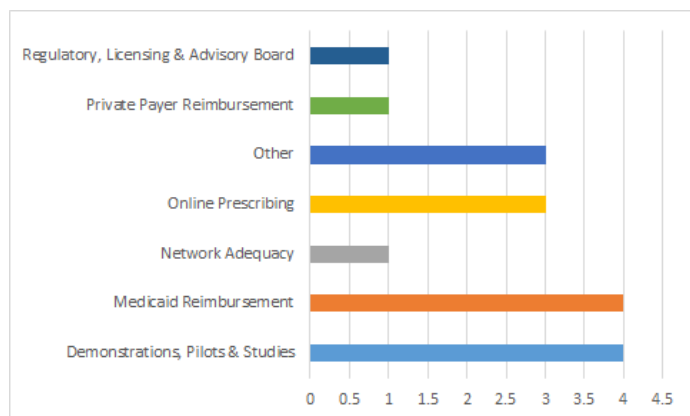
Last Updated: November 27, 2019

The CA Telehealth Resource Center provides telehealth technical assistance to the state of California.

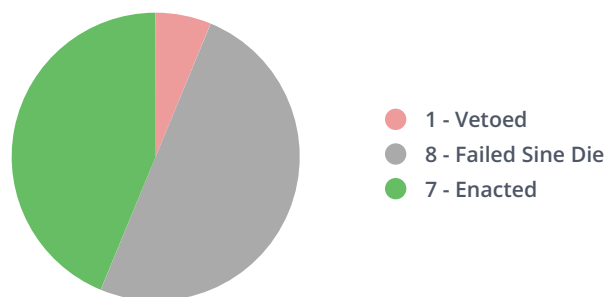
A few notes about this report:

1. Bills are organized into specific telehealth "topic area".
2. The Fiscal Note (FN) Outlook: The left hand column indicates the bill's Pre-Floor Score, and the right hand column indicates the bill's actual Floor Score of the last chamber it was in (either Senate or House).
3. Regulations are listed at the end in order of their publication date.
4. If you would like to learn more about any piece of legislation or regulation, the bill numbers and regulation titles are clickable and link out to additional information.

## Bills by Topic



## Bills by Status



## All Bills by Topic Area

### Demonstrations, Grants & Pilot Projects (4)

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 78</a>	Re Referred To Com On B F R 2019 06 26	Failed sine die	None	None

**Title**  
Health.

#### Description

AB 78, as amended, Committee on Budget. Health. (1) Existing law requires the State Department of Public Health to approve or deny an application submitted by a general acute care hospital or an acute psychiatric hospital to the department's centralized applications unit within specified deadlines and further requires the department to develop a centralized applications advice

**Bill Summary:** Requires the Department of Public Health to allocate funds towards local health jurisdictions for sexually transmitted disease prevention and control activities. To the extent possible, funds can be directed to "technology, telehealth, and digital platforms and applications to enhance immediate access to screening, testing, and treatment, as well as partner activities in order to speed activities and to reduce administrative costs."

program and an automated application system. Existing law provides that the resources necessary to implement these requirements be made available, upon appropriation by the Legislature, from the Internal Departmental Quality Improvement Account. This bill would delete the provision specifying that the resources necessary to implement these requirements be made available, upon appropriation by the Legislature, from the Internal Departmental Quality Improvement Account.(2) Existing law establishes the Office of AIDS in the State Department of Public Health as the lead agency within the state responsible for coordinating state programs, services, and activities relating to the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), and AIDS related conditions (ARC), including the CARE Services Program and the AIDS Drug Assistance Program (ADAP). Existing law, to the extent that state and federal funds are appropriated in the annual Budget Act for these purposes, authorizes the Director of Public Health to administer the ADAP to provide drug treatments to persons infected with HIV and AIDS, and to establish uniform standards of financial eligibility for the drugs under the program, in accordance with applicable federal law. This bill would rename the CARE Services Program the HIV Care Program. The bill would, commencing April 1, 2020, require the State Department of Public Health to apply the same financial eligibility requirements for the purposes of administering the HIV Care Program as those set forth for the ADAP.(3) Existing law, the Childhood Lead Poisoning Prevention Act of 1991, requires the State Department of Public Health to adopt regulations establishing a standard of care at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. Existing law requires a laboratory that performs a blood lead analysis on a specimen of human blood drawn in California to report specified information to the State Department of Public Health for each analysis on every person tested. Existing law requires that all information reported be confidential, except that the department is authorized to share the information for the purpose of surveillance, ca... (click bill link to see more).

**Primary Sponsors**

Joaquin Arambula, Richard Bloom, David Chiu, Jim Cooper, Jim Frazier, Cristina Garcia, Reggie Jones-Sawyer, Monique Limon, Kevin McCarty, Jose Medina, Kevin Mullin, Al Muratsuchi, Adrin Nazarian, Patrick O'Donnell, James Ramos, Eloise Reyes, Luz Rivas, Blanca Rubio, Mark Stone, Shirley Weber, Buffy Wicks, Jim Wood, Assembly Committee on Budget

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 1676</a>	In Committee Held Under Submission 2019 05 16	Failed sine die	None	None

#### Title

Health care: mental health.

#### Description

AB 1676, as amended, Maienschein. Health care: mental health. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. Existing law also requires health care service plans and health insurers, by July 1, 2019, to develop maternal mental health programs, as specified. This bill would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require the consultation to be done by telephone or telehealth video, and would authorize the consultation to include guidance on providing triage services and referrals to evidence based treatment options, including psychotherapy. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to maintain records and data pertaining to the utilization of the program and the availability of psychiatrists in order to facilitate ongoing changes and improvements, as necessary. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement by a health care service plan 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.

#### Primary Sponsors

Brian Maienschein

**Bill Summary:** Would require health care service plans and health insurers to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist in order to quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. Would require the plans to communicate information relating to the telehealth program at least twice a year in writing.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">SB 12</a>	August 30 Hearing Held In Committee And Under Submission 2019 08 30	Failed sine die	None	None

#### Title

Mental health services: youth.

#### Description

SB 12, as amended, Beall. Mental health services: youth. Existing law, the Children's Mental Health Services Act, establishes an interagency system of care for the delivery of mental health services to seriously emotionally and behaviorally disturbed children and their families. Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, also funds a system of county mental health plans for the provision of mental health services, as specified. Existing law provides for the operation and administration of various mental health programs by the Mental Health Services Oversight and Accountability Commission. This bill would require the commission, subject to an appropriation, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified. The bill would authorize the commission to establish the core components of the program, subject to specified criteria, and would require the commission to develop the selection criteria and process for awarding funding to local entities for these purposes. The bill would authorize the commission to implement these provisions by means of an informational letter, bulletins, or similar instructions.

#### Primary Sponsors

Jim Beall, Anthony Portantino

**Bill Summary:** Would require the Mental Health Services Oversight and Accountability Commission, subject to the availability of funds, to administer an Integrated Youth Mental Health Program to establish local centers to provide integrated youth mental health services for youths 12 years of age to 25 years of age. The program is intended to reach adolescents and young adults in clinical sites, online, in schools, and other venues.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">SB 78</a>	Chaptered By Secretary Of State Chapter 38 Statutes Of 2019 2019 06 27	Enacted	None	None

**Title**  
Health.

**Description**

SB 78, Committee on Budget and Fiscal Review. Health. (1) Existing law requires the State Department of Public Health to approve or deny an application submitted by a general acute care hospital or an acute psychiatric hospital to the department's centralized applications unit within specified deadlines and further requires the department to develop a centralized applications advice program and an automated application system. Existing law provides that the resources necessary to implement these requirements be made available, upon appropriation by the Legislature, from the Internal Departmental Quality Improvement Account. This bill would delete the provision specifying that the resources necessary to implement these requirements be made available, upon appropriation by the Legislature, from the Internal Departmental Quality Improvement Account. (2) Existing law establishes the Office of AIDS in the State Department of Public Health as the lead agency within the state responsible for coordinating state programs, services, and activities relating to the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), and AIDS related conditions (ARC), including the CARE Services Program and the AIDS Drug Assistance Program (ADAP). Existing law, to the extent that state and federal funds are appropriated in the annual Budget Act for these purposes, authorizes the Director of Public Health to administer the ADAP to provide drug treatments to persons infected with HIV and AIDS, and to establish uniform standards of financial eligibility for the drugs under the program, in accordance with applicable federal law. This bill would rename the CARE Services Program the HIV Care Program. The bill would, commencing April 1, 2020, require the State Department of Public Health to apply the same financial eligibility requirements for the purposes of administering the HIV Care Program as those set forth for the ADAP. (3) Existing law, the Childhood Lead Poisoning Prevention Act of 1991, requires the State Department of Public Health to adopt regulations establishing a standard of care at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. Existing law requires a laboratory that performs a blood lead analysis on a specimen of human blood drawn in California to report specified information to the State Department of Public Health for each analysis on every person tested. Existing law requires that all information reported be confidential, except that the department is authorized to share the information for the purpose of surveillance, case... (click bill link to see more).

**Primary Sponsors**

Senate Committee on Budget and Fiscal Review

**Bill Summary:** Requires the Public Health Department to allocate funds to local health jurisdictions for sexually transmitted disease prevention and control activities. In awarding funds, the Department shall authorize jurisdictions to include innovative and impactful prevention and control activities, to include technology, telehealth and digital platforms and applications to enhance immediate access to screening, testing and treatment as well as partner activities in order to speed activities to reduce administrative costs.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 744</a>	Chaptered By Secretary Of State Chapter 867 Statutes Of 2019 2019 10 13	Enacted	None	None

#### Title

Health care coverage: telehealth.

#### Description

AB 744, Aguiar-Curry. Health care coverage: telehealth. 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. Under existing law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Existing law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. 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 prohibits a health care service plan or health insurer from requiring that in-person contact occur between a health care provider and a patient, and from limiting the type of setting where services are provided, before payment is made for covered services provided appropriately through telehealth services. This bill would require a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan and a health care provider for the provision of health care services to an enrollee or subscriber, or a contract issued, amended, or renewed on or after January 1, 2021, between a health insurer and a health care provider for an alternative rate of payment to specify that the health care service plan or health insurer reimburse a health care provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. The bill would authorize a health care service plan or health insurer to offer a contract or policy containing a copayment or coinsurance requirement f... (click bill link to see more).

#### Primary Sponsors

Cecilia Aguiar-Curry

**Bill Summary:** Requires a contract issued, amended, or renewed on or after January 1, 2021 to specify that the health care service plan or health insurer reimburse a healthcare provider for the diagnosis, consultation, or treatment through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. Prohibits a policy or health plan from imposing an annual or lifetime dollar maximum for telehealth services as well as from imposing a deductible, copayment, or coinsurance or other durational benefit limitation or maximum for benefits or services that are not equally imposed on all terms and services covered under the contract. Final amendments included qualified autism service providers/professionals within scope; specifies that AB 744 does not affect network adequacy; and specifies that payment parity would not apply to Medi-Cal managed care plans.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 848</a>	Vetoed By Governor 2019 10 13	Vetoed	None	None

**Title**

Medi-Cal: covered benefits: continuous glucose monitors.

**Description**

AB 848, Gray. Medi-Cal: covered benefits: continuous glucose monitors. 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. Existing law establishes a schedule of covered benefits under the Medi-Cal program. Existing law also generally requires pharmaceutical manufacturers to provide to the department a state rebate for certain drug products that have been added to the Medi-Cal list of contract drugs, that are approved for the treatment of acquired immunodeficiency syndrome (AIDS), or an AIDS-related condition, or cancer, and that are reimbursed through the Medi-Cal outpatient fee-for-service drug program, as specified. This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors and related supplies required for use with those monitors to the schedule of benefits under the Medi-Cal program for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. The bill would also authorize the department to require the manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would require the department to cover continuous glucose monitors and related supplies in accordance with these provisions and would authorize the department to implement, interpret, or make specific these provisions by means of all-county letters or similar instructions, without taking any further regulatory action.

**Primary Sponsors**

Adam Gray

**Bill Summary:** This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors and related supplies required for use with those monitors to the schedule of benefits under the Medi-Cal program for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. The bill would also authorize the department to require the manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 1494</a>	Chaptered By Secretary Of State Chapter 829 Statutes Of 2019 2019 10 12	Enacted	None	None

#### Title

Medi-Cal: telehealth: state of emergency.

#### Description

AB 1494, Aguiar-Curry. Medi-Cal: telehealth: state of emergency. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth, as defined, subject to reimbursement policies adopted by the department to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursed pursuant to the Medi-Cal program. Existing law, for purposes of payment for covered treatment or services provided through telehealth, prohibits the department from limiting the type of setting where services are provided for the patient or by the health care provider. This bill would provide that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. The bill would authorize the department to apply this provision to services provided by another enrolled fee-for-service Medi-Cal provider, clinic, or facility during or immediately following a state of emergency. The bill would require that telehealth services, telephonic services, and other specified services be reimbursable when provided by one of those entities during or immediately following a state of emergency. The bill would condition the implementation of these provisions to the extent that the department obtains federal approval and federal matching funds. The bill would require the department to issue, on or before July 1, 2020, guidance for those entities to facilitate reimbursement for the above-described services, including certain instructions on the submission of claims for telehealth or telephonic services. The bill would authorize the department to implement the provisions by various means, including provider bulletins, and would require the department to adopt regulations, for purposes of the guidance, by January 1, 2024.

#### Primary Sponsors

Cecilia Aguiar-Curry

**Bill Summary:** Provides that neither face-to-face contact, nor a patient's physical presence on the premises of an enrolled community clinic, is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a state of emergency, as specified. Requires that telehealth services, telephonic services, and other specified services be reimbursable when provided by one of those entities during or immediately following a state of emergency. The bill also requires the Department to issue guidance for these entities to facilitate reimbursement.



State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">SB 66</a>	Ordered To Inactive File On Request Of Assembly Member Calderon 2019 09 11	Failed sine die	None	None

#### Title

Medi-Cal: federally qualified health center and rural health clinic services.

#### Description

SB 66, as amended, Atkins. Medi-Cal: federally qualified health center and rural health clinic services. 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. Existing law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill would also include a licensed acupuncturist within those health care professionals covered under the definition of "visit." The bill would require the department, by July 1, 2020, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to reflect certain changes described in the bill, and to seek necessary federal approvals. The bill would also make conforming and technical changes.

#### Primary Sponsors

Toni Atkins, Mike McGuire

**Bill Summary:** This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.

## Network Adequacy (1)

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 1642</a>	Chaptered By Secretary Of State Chapter 465 Statutes Of 2019 2019 10 02	Enacted	None	None

#### Title

Medi-Cal: managed care plans.

#### Description

AB 1642, Wood. Medi-Cal: managed care plans. (1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services are provided to qualified, low-income persons through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal regulations require a state that contracts with specified Medicaid managed care plans to develop and enforce network adequacy standards, to ensure that services covered under the Medicaid state plan are available and accessible to enrollees of specified Medicaid managed care plans in a timely manner, and to contract with a qualified external quality review organization (EQRO) to produce annually an external quality review technical report that summarizes findings on access and quality of care. Existing state law establishes, until January 1, 2022, certain time and distance and appointment time standards for specified services consistent with those federal regulations to ensure that Medi-Cal managed care covered services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, and authorizes a Medi-Cal managed care plan to request approval from the department to use alternative access standards for the time and distance standards if specified conditions are met, including that the Medi-Cal managed care plan has exhausted all reasonable options to obtain providers to meet the applicable standard. Existing state law requires a Medi-Cal managed care plan to provide annually to the department, or upon the department's request, a report that demonstrates the Medi-Cal managed care plan's compliance with time and distance standards, and requires the EQRO to compile various data, by plan and by county, related to time and distance standards, including the number of requests for alternative access standards in the plan service area for time and distance. This bill would require a Medi-Cal managed care plan to provide to the department additional information in its request for the alternative access standards, including a description of the reasons justifying the alternative access standards, and to demonstrate to the department how the Medi-Cal managed care plan arranged for the delivery of Medi-Cal covered services to Medi-Cal enrollees, such as through the use of Medi-Cal covered transportation. The bill would require the department to evaluate, as part of its review and approval of an alternative access standard, if the resulting time and distance is reasonable to expect a beneficiary to travel to receive care. The bill would r... (click bill link to see more).

#### Primary Sponsors

Jim Wood

**Bill Summary:** Medi-Cal managed care plans will be required to provide the Department of Health Care Services with additional information when requesting alternative access standards when meeting network adequacy. Telehealth is specified as one way to offer alternative access.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 156</a>	Referred To Com On B P 2019 01 24	Failed sine die	None	None

#### Title

Eye care: remote assessment.

#### Description

AB 156, as introduced, Voepel. Eye care: remote assessment. Existing law restricts to a physician and surgeon licensed by the Medical Board of California or optometrist licensed by the State Board of Optometry the power to prescribe ophthalmic devices, including spectacle or contact lenses. Existing law establishes standards for spectacle lens and contact lens prescriptions. Existing law prohibits any person other than licensed physicians and surgeons, licensed optometrists, or registered dispensing opticians from dispensing, selling, or furnishing prescription lenses, except as provided in the Nonresident Contact Lens Seller Registration Act. This bill would prohibit a person from operating an assessment mechanism to conduct an eye assessment or to generate a prescription for contact lenses or visual aid glasses to a patient at a California residence unless prescribed requirements are met. The bill would define "assessment mechanism" to mean an automated or virtual equipment, application, or technology designed to be used on a telephone, a computer, or an internet-based device that may be used either in person or remotely to conduct an eye assessment and includes artificial intelligence devices and any equipment that is used to perform an eye assessment. The bill would define other terms for its purposes. The bill would prohibit a person from operating an assessment mechanism to conduct an eye assessment or generate a prescription to a California patient that is under 18 years of age or to a California patient that has not received an in-person comprehensive eye health examination by an optometrist or physician and surgeon within the previous 24 months. The bill would require that the evaluation, treatment, and consultation recommendations by a licensed optometrist or physician and surgeon utilizing an assessment mechanism be held to the same standards of appropriate practice as those in traditional in-person clinical settings. The bill would make a knowing violation of these provisions subject to civil penalties and enforceable by the Attorney General.

#### Primary Sponsors

Randy Voepel

**Bill Summary:** The bill would prohibit a person from operating an assessment mechanism (meaning virtual equipment, application or technology that can be computer or internet based) to conduct an eye assessment or generate a prescription to a California patient that is under 18 years of age or to a California patient that has not received an in-person comprehensive eye health examination by an optometrist or physician and surgeon within the previous 24 months.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 1264</a>	Chaptered By Secretary Of State Chapter 741 Statutes Of 2019 2019 10 11	Enacted	None	None

**Title**

Medical Practice Act: dangerous drugs: appropriate prior examination.

**Description**

AB 1264, Petrie-Norris. Medical Practice Act: dangerous drugs: appropriate prior examination. The Medical Practice Act provides for the licensure and regulation of the practice of medicine. The act makes it unprofessional conduct for a licensee to prescribe, dispense, or furnish dangerous drugs without an appropriate prior examination and a medical indication. This bill would specify that an appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, as specified, provided that the licensee complies with the appropriate standard of care. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Cottie Petrie-Norris

**Bill Summary:** Specifies that an appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including but not limited to a self screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">SB 24</a>	Chaptered By Secretary Of State Chapter 740 Statutes Of 2019 2019 10 11	Enacted	None	None

#### Title

Public health: public university student health centers: abortion by medication techniques.

#### Description

SB 24, Leyva. Public health: public university student health centers: abortion by medication techniques. Existing law establishes the University of California, under the administration of the Regents of the University of California, and the California State University, under the administration of the Trustees of the California State University, as 2 of the segments of public postsecondary education in this state. This bill would express findings and declarations of the Legislature relating to the availability of abortion by medication techniques at on-campus student health centers at public postsecondary educational institutions in the state. The bill would require, on and after January 1, 2023, each student health care services clinic on a California State University or University of California campus to offer abortion by medication techniques, as specified. The bill would require the Commission on the Status of Women and Girls to administer the College Student Health Center Sexual and Reproductive Health Preparation Fund, which the bill would establish. The bill would continuously appropriate the moneys in that fund to the commission for allocations to each public university student health care services clinic for specified activities in preparation for providing abortion by medication techniques, thereby making an appropriation. The bill would provide that its requirements would be implemented only if, and to the extent that, a total of at least \$10,290,000 in private moneys is made available to the fund in a timely manner on or after January 1, 2020. The bill would require the commission to submit a report to the Legislature, on or before December 31, 2021, and on or before December 31 of every year thereafter until December 31, 2026, that includes, but is not necessarily limited to, specified information relating to abortion by medication techniques at these student health clinics.

#### Primary Sponsors

Connie Leyva, Wendy Carrillo

**Bill Summary:** Beginning Jan. 1, 2023, requires each public university student health center to offer abortion by medication techniques onsite and allows the service to be performed by providers on staff at the student health center, through telehealth services or by providers associated with a contracted external agency.

Other (3)

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 384</a>	In Committee Held Under Submission 2019 08 30	Failed sine die	None	None

#### Title

Information privacy: digital health feedback systems.

#### Description

AB 384, as amended, Chau. Information privacy: digital health feedback systems. Existing law, the Confidentiality of Medical Information Act, generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as otherwise specified. Existing law defines "medical information" for purposes of these provisions to mean certain individually identifiable health information in possession of or derived from a provider of health care, among others. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would define "personal health record information" for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual's mental or physical condition that is collected by an FDA-approved commercial internet website, online service, or product that is used by an individual at the direction of a provider of health care with the primary purpose of collecting the individual's individually identifiable personal health record information through a direct measurement of an individual's mental or physical condition or through user input regarding an individual's mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. Because the bill would expand the definition of a crime, it 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.

#### Primary Sponsors

Ed Chau

**Bill Summary:** This bill would define "personal health record information" for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual's mental or physical condition that is collected by an FDA-approved commercial internet website, online service, or product that is used by an individual at the direction of a provider of health care with the primary purpose of collecting the individual's individually identifiable personal health record information through a direct measurement of an individual's mental or physical condition or through user input regarding an individual's mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. Because the bill would expand the definition of a crime, it would impose a state-mandated local program.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 537</a>	In Committee Held Under Submission 2019 05 16	Failed sine die	None	None

**Title**

Medi-Cal managed care: quality improvement and value-based financial incentive program.

**Description**

AB 537, as introduced, Wood. Medi-Cal managed care: quality improvement and value-based financial incentive program. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care health plans, including through a county organized health system and geographic managed care. This bill would require, commencing January 1, 2022, a Medi-Cal managed care plan to meet a minimum performance level (MPL) that improves the quality of health care and reduces health disparities for enrollees, as specified. The bill would require the department to establish both a quality assessment and performance improvement program and a value-based financial incentive program to ensure that a Medi-Cal managed care plan achieves an MPL. The bill would, among other things, require the department to establish a public stakeholder process in the planning, development, and ongoing oversight of the programs. The bill would require the department to annually and publicly report the results of the quality assessment and performance improvement program on the department's internet website. The bill would require the department to utilize the results of the quality improvement and value-based financial incentive program to inform a publicly reported Quality Rating System for Medi-Cal managed care plans, subject to federal approval.

**Primary Sponsors**

Jim Wood

**Bill Summary:** Would require, beginning January 1, 2022, a Medi-Cal managed care plan to meet a minimum performance level that improves the quality of health care and reduces health disparities for enrollees, as specified. The Department of Health Care Services would be required to establish both a quality assessment and performance improvement program as well as a value-based financial incentive program to ensure that a Medi-Cal managed care plan achieves the minimum performance level.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">SB 612</a>	May 16 Hearing Held In Committee And Under Submission 2019 05 16	Failed sine die	None	None

#### Title

Health care: data reporting.

#### Description

SB 612, as introduced, Pan. Health care: data reporting. 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 establishes the Office of Statewide Health Planning and Development (OSHPD) in the California Health and Human Services Agency to regulate health planning and research development. This bill would require a health care service plan, health insurer, and medical group to report specified information to OSHPD on or before January 1, 2021, and on or before January 1 annually thereafter, on its participation in collaboratives and activities, including a program in which an enrollee or insured receives comprehensive transitional care or the supportive and therapeutic needs of an enrollee or insured are addressed in a holistic fashion. The bill would require OSHPD to compile and publish, on or before April 1, 2021, and on or before April 1 annually thereafter, the aggregate information received, organized by health care service plan, health insurer, and medical group, on its internet website. 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. 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.

#### Primary Sponsors

Richard Pan

**Bill Summary:** Would require health care service plans, including Medi-Cal managed care plans and medical groups, to report to the Office of Statewide Health Planning and Development, its participation in specific collaboratives and activities. This includes reporting services and support that are geographically located as close as possible to an enrollee and, if available, offered through nontraditional settings, including telehealth.

## Private Payer Reimbursement (1)



State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 744</a>	Chaptered By Secretary Of State Chapter 867 Statutes Of 2019 2019 10 13	Enacted	None	None

#### Title

Health care coverage: telehealth.

#### Description

AB 744, Aguiar-Curry. Health care coverage: telehealth. 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. Under existing law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Existing law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. 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 prohibits a health care service plan or health insurer from requiring that in-person contact occur between a health care provider and a patient, and from limiting the type of setting where services are provided, before payment is made for covered services provided appropriately through telehealth services. This bill would require a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan and a health care provider for the provision of health care services to an enrollee or subscriber, or a contract issued, amended, or renewed on or after January 1, 2021, between a health insurer and a health care provider for an alternative rate of payment to specify that the health care service plan or health insurer reimburse a health care provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. The bill would authorize a health care service plan or health insurer to offer a contract or policy containing a copayment or coinsurance requirement f... (click bill link to see more).

#### Primary Sponsors

Cecilia Aguiar-Curry

#### Bill Summary:

Requires a contract issued, amended, or renewed on or after January 1, 2021 to specify that the health care service plan or health insurer reimburse a healthcare provider for the diagnosis, consultation, or treatment through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. Prohibits a policy or health plan from imposing an annual or lifetime dollar maximum for telehealth services as well as from imposing a deductible, copayment, or coinsurance or other durational benefit limitation or maximum for benefits or services that are not equally imposed on all terms and services covered under the contract. Final amendments included qualified autism service providers/professionals within scope; specifies that AB 744 does not affect network adequacy; and specifies that payment parity would not apply to Medi-Cal managed care plans.

State	Bill Number	Last Action	Status	Position	Priority
CA	<a href="#">AB 1519</a>	Chaptered By Secretary Of State Chapter 865 Statutes Of 2019 2019 10 13	Enacted	None	None

#### Title

Healing arts.

#### Description

AB 1519, Low. Healing arts. (1) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California and authorizes the board to appoint an executive officer to exercise powers and perform duties delegated by the board to the executive officer. The act requires the Governor, the Senate Committee on Rules, and the Speaker of the Assembly to appoint specified members of the board, and authorizes the Governor to remove a member of the board from office at any time for continued neglect of duty, incompetency, or unprofessional or dishonorable conduct. These provisions are in effect only until January 1, 2020, and, upon repeal of those provisions, the board will be subject to review by the appropriate policy committees of the Legislature. This bill would instead authorize the appointing authority to remove from office at any time a member of the board appointed by that authority for the reasons specified above. The bill would revise and recast additional provisions relating to administration of the act, and would extend the provisions relating to the Dental Board of California and the executive officer to January 1, 2024. The Dental Practice Act requires the board to approve foreign dental schools based on specified standards. Existing law requires a foreign dental school seeking approval to submit an application to the board, including, among other things, a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Existing law requires the foreign dental school to submit a specified registration fee and to pay the board's reasonable costs and expenses to conduct an approval survey. Existing law requires an approved institution to submit a renewal application every 7 years and to pay a specified renewal fee. This bill, beginning January 1, 2020, would prohibit the board from accepting new applications for approval of foreign dental schools and would instead require foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the board. The bill would require previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved. The Dental Practice Act requires an applicant for licensure under the act to furnish fingerprint cards for submission to state and federal criminal justice agencies to determine, among other things, whether the applicant has a record of any cri... (click bill link to see more).

**Bill Summary:** This bill would specify that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice shall apply to healthcare providers who provide telehealth services. It would also require that entities providing dental services through telehealth make available the name, telephone number, practice address and CA state license number of any dentist who is involved in the provision of services to a patient prior to the rendering of services and when requested by a patient.

#### Primary Sponsors

Evan Low

# CA TRC Regulatory Tracking

Nov 27, 2019

Total State Regs Exported : 2

#	State	Ref #	Status	Type	Intro Date	Document Count
1	CA		Proposed Rule	Regular	May 17, 2019	1
<b>Issues</b>		Regulatory, Licensing & Advisory Boards				
<b>Labels</b>						
<b>Title</b>	<a href="#">Telemedicine</a>					
<b>Agency</b>	VETERINARY MEDICAL BOARD (CA)					
<b>Description</b>	<p>A. Informative Digest BPC section 4808 authorizes the Board to adopt, amend, or repeal such rules and regulations as may be reasonably necessary to enable it to carry into effect the provisions of the Veterinary Medicine Practice Act. This regulatory proposal would amend CCR section 2032.1. Specifically, the Board is proposing the following: Amend subdivision (d) of section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to make conforming technical corrections to the “drug” and “dangerous drug” cross-references to the BPC. Add subdivision (e) to section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to clarify that a person may not practice veterinary medicine in this state except within the context of a veterinarian–client–patient relationship (VCPR), which cannot be established solely by telephonic or electronic means. Add subdivision (f) to section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to clarify BPC sections 686 and 2290.5 that telemedicine, as provided by animal health care practitioners, shall be conducted within an existing VCPR, with the exception of advice given in an “emergency,” as defined in BCP section 4840.5, until the patient(s) can be seen or transported to a veterinarian. In new subdivision (f) of section 2032.1, define “telemedicine” to mean the mode of delivering animal health care services via communication technologies to facilitate consultation, treatment, and care management of the patient.</p> <p>B. Policy Statement Overview/Anticipated Benefits of Proposal Policy Statement Overview The primary mission of the Board is to protect consumers and animals through the development and maintenance of professional standards. The proposed regulations regarding telemedicine were developed to address the increasing use of telemedicine in veterinary practices. This proposal was developed by considering the American Veterinarian Medical Association (AVMA) and the American Association of Veterinary State Boards (AAVSB) policies regarding telemedicine. Telemedicine is currently authorized under BPC section 686 for all health care practitioners licensed under Division 2 of the BPC, which includes veterinarians. However, that section makes practitioners subject to certain requirements under the Medical Practice Act, which does not generally apply to veterinary services. This proposal defines “telemedicine” for veterinary purposes and states that it can be used as a delivery of health care services only after a VCPR has been established in person. Without the prior establishment of this relationship, a veterinarian is unable to provide the appropriate level of care and diagnosis needed to assist the animal patient effectively. Anticipated Benefits of Proposed Regulatory Action The proposal will provide appropriate restrictions on the provision of telemedicine by clarifying the requirements to establish a VCPR before providing telemedicine. By requiring a veterinarian to have personally examined the animal patient and documented the animal’s medical history as part of establishing the VCPR before providing telemedicine services, the animal patient will receive better care if the consumer needs to communicate with the veterinarian via electronic or telephonic communication following in– person examination. Accordingly, this regulatory proposal promotes the safety of animals and the public by regulating telemedicine treatment. The proposal will also provide appropriate guidelines for providing telemedicine, which will benefit veterinarians who implement telemedicine services into their practice.</p> <p>C. Consistency and Compatibility with Existing State Regulations While there are multiple CCRs and federal regulations that deal with human telemedicine, the Board has determined this proposal would be the only state regulation that deals with the subject area of animal telemedicine. The Board has evaluated this regulatory proposal and found that it is neither inconsistent nor incompatible with existing state regulations.</p>					
<b>Regulation Summary</b>	The proposal will provide restrictions on the provision of telemedicine by clarifying the requirements to establish a Veterinarian Client Patient Relationship before providing telemedicine. The proposal will also provide guidelines for providing telemedicine.					

#	State	Ref #	Status	Type	Intro Date	Document Count
2	CA		Final Rule	Regular	Dec 09, 2016	4
<b>Issues</b> Other, Regulatory, Licensing & Advisory Boards						
<b>Labels</b>						
<b>Title</b>		<a href="#">Stroke Critical Care System</a>				
<b>Agency</b>		EMERGENCY MEDICAL SERVICES AUTHORITY (CA)				
<b>Description</b>						
<b>Regulation Summary</b>		Establishes rules to clarify and make specific the requirements for a local EMS agency to develop and implement a stroke critical care system including the submission of a Stroke Critical Care System Plan and plan updates to EMSA. Provides a definition for telehealth.				