NOTICE OF A REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' WHOLE-CHILD MODEL FAMILY ADVISORY COMMITTEE

TUESDAY, OCTOBER 27, 2020
9:30 A.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-N
ORANGE, CALIFORNIA 92868

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged not to attend the meeting in person. As an alternative, members of the public may:

1) **Listen to the live audio at +1 (415) 930-5321- Access Code: 976-740-687 or**
2) **Participate via Webinar at: https://attendee.gotowebinar.com/register/4291029255752426255 rather than attending in person. Webinar instructions are provided below.**

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. PUBLIC COMMENT
At this time, members of the public may address the Whole-Child Model Family Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

IV. APPROVE MINUTES

A. Approve Minutes of the August 25, 2020 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

V. MANAGEMENT REPORTS

A. Chief Executive Officer Report
B. Chief Operating Officer Report
C. Chief Medical Officer Report

VI. INFORMATIONAL ITEMS

A. Whole-Child Model Family Advisory Committee Member Updates
B. California Children Services Advisory Group Update
C. California Children Services Aging Out Transition
D. Medi-Cal Rx Update
E. Federal and State Legislative Update

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

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WEBINAR INFORMATION

1. **Please register for the Whole-Child Model Family Advisory Committee Meeting on October 27, 2020 9:30 AM PDT at:**

   https://attendee.gotowebinar.com/register/4291029255752426255

2. **After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.**

   Note: This link should not be shared with others; it is unique to you.

   Before joining, be sure to check system requirements to avoid any connection issues.

3. **Choose one of the following audio options:**

   TO USE YOUR COMPUTER'S AUDIO:
   When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

   --OR--

   TO USE YOUR TELEPHONE:
   If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

   United States: **+1 (415) 930-5321**
   Access Code: **976-740-687**
   Audio PIN: Shown after joining the webinar

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MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE

August 25, 2020

A Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee (WCM FAC) was held on August 25, 2020, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Richard Sanchez, Interim Chief Executive Officer called the meeting to order at 9:39 a.m.

ESTABLISH QUORUM

Members Present: Maura Byron; Sandra Cortez-Schultz; Brenda Deeley; Jacqui Knudsen; Kathleen Lear; Monica Maier; Kristen Rogers

Members Absent: Cathleen Collins; Malissa Watson

Others Present: Richard Sanchez, Interim Chief Executive Officer; Ladan Khamseh, Chief Operations Officer; David Ramirez, M.D., Chief Medical Officer; Gary Crockett, Chief Counsel; TC Roady, Director, Regulatory Affairs; Emily Fonda, M.D., Deputy Chief Medical Officer; Belinda Abeyta, Executive Director, Operations; Betsy Ha, Executive Director, Population Management; Candice Gomez, Executive Director, Program Implementation; Thanh-Tam Nguyen, M.D., Medical Director; TC Roady, Director, Regulatory Affairs; Kris Gericke, Director, Pharmacy Management; Albert Cardenas, Director, Customer Service; Vy Nguyen, Manager, Customer Service; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant

Richard Sanchez, CalOptima's Interim Chief Executive Officer welcomed the members to the meeting and mentioned that there was a need to appoint an acting Chair and Vice Chair for the meeting . Following a request for volunteers, Kristen Rogers agreed to serve as acting Chair for meeting and Brenda Deeley agreed to serve as the acting Vice Chair. Both were confirmed by a roll-call vote.

MINUTES

Approve the Minutes of the June 23, 2020 Special Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

Action: ***On motion of Member Byron, seconded and carried, the WCM FAC Committee approved the minutes of the June 23, 2020 meeting. (Motion carried 7-0-0)***

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PUBLIC COMMENT

No Public Comments

REPORTS

Consider Recommendation of WCM FAC Chair and Vice Chair

WCM FAC received a letter of interest from Kristen Rogers, Authorized Family Member Representative for the Chair position. After no further nominations from the floor, Member Byron requested a motion to recommend Kristen Rogers as the WCM FAC Chair for FY 2020-22.

Action: ***On motion of Member Deeley, seconded and carried, the Committee approved the recommendation of Kristen Rogers as the WCM FAC Chair (Motion carried 7-0-0; Members Collins and Watson absent)***

WCM FAC also received a letter of interest from Brenda Deeley, Authorized Family Member Representative for the Vice Chair position. There were no further nominations from the floor, Member Byron asked for a motion to recommend Brenda Deeley as the WCM FAC Vice Chair for 2020-22.

Action: ***On motion of Member Cortez-Schultz, seconded and carried, the Committee approved the recommendation of the Brenda Deeley as the Vice Chair (Motion carried 7-0-0; Members Collins and Watson absent)***

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Richard Sanchez, Interim Chief Executive Officer (CEO), told the committee that the Department of Health Care Services (DHCS) had notified CalOptima that they would be looking at rate reductions related to the Medi-Cal Expansion which could be implemented as early as January 1, 2021. He also noted that more information will be forthcoming from DHCS and that he would keep the WCM FAC updated.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer, discussed the medical group reassignment for approximately 7,000 of CalOptima's members. She noted that the members were notified via mail regarding their new primary care physician (PCP) reassignment. Ms. Khamseh also updated the members of the Qualified Medicare Beneficiary (QMB) outreach program and noted that letters were sent out to members who have Part B Medicare but also qualify for Part A. She provided an update on the results of the 2019 QMB outreach as well as an update on the status of the DHCS Network Certification requirement.

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Chief Medical Officer Update
David Ramirez, M.D., Chief Medical Officer, provided a COVID-19 update and noted that testing capabilities have increased in Orange County and new testing sites have opened throughout the County with a large site at the Anaheim Convention Center. Dr. Ramirez discussed the virtual care or telehealth options that are available to CalOptima and its members.

INFORMATION ITEMS

Whole-Child Model Member Updates
Acting Chair Rogers reminded the members that there were still two Authorized Family Member seats available and asked for help with recruitment for these seats. Acting Chair Rogers also announced that there would be a Joint Meeting on October 8, 2020 for all the Board Advisory Committees and that more information would be sent out closer to the date. She also reminded the members that the committee would still hold their regular scheduled meeting on October 27, 2020 at 9:30 AM.

Whole-Child Model Update
Thanh-Tam Nguyen, M.D., Medical Director, Medical Management, provided an update on the bi-weekly meetings between CalOptima and the Orange County California Children's Services (OC CCS). She noted that while there have been changes to staff at OC CCS, CalOptima continues to have close collaboration with them. Dr. Nguyen also discussed the All-Plan Letter (APL) 18-023 and noted that Case management has been working with families to transition care from out-of-network to in-network when in-network care is available. She also discussed how there were decreased numbers of admission, emergency department visits of Whole-Child Model eligible members in the second quarter of 2020. She noted that the telehealth visits increased significantly especially at CHOC. Dr. Nguyen also noted that CalOptima continues to participate in the OCC3 Collaborative.

Pharmacy Carve-Out Update
Kris Gericke, Director, Pharmacy Management presented on the DHCS Medi-Cal Pharmacy Carve-Out program that will become effective on January 1, 2021. She noted that DHCS had announced that Magellan Health Care had been appointed as the Pharmacy Benefits Manager (PBM). Ms. Gericke noted that members will receive three mailings, two letters from DHCS at 90 and 60-day intervals and a 30-day letter from CalOptima to all Medi-Cal members alerting them of the new PBM.

Federal and State Legislative Update
TC Roady, Director, Regulatory Affairs, provided a brief verbal update on the State's COVID-19 response noting DHCS and Centers for Medicare and Medicaid Services (CMS) guidance. Mr. Roady also announced that the Medi-Cal Pharmacy Carve-Out effective date is January 1, 2021.

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ADJOURNMENT

Acting Vice Chair Deeley announced that the next meeting would be a joint meeting on October 8, 2020 at 8:00 a.m.

Hearing no further business, Acting Vice Chair Deeley adjourned the meeting at 10:49 a.m.

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Cheryl Simmons
Staff to the Advisory Committees

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MEMORANDUM

DATE:	September 23, 2020
TO:	CalOptima Board of Directors
FROM:	Richard Sanchez, Interim CEO
SUBJECT:	CEO Report — October 1, 2020, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

CalOptima Recognizes 25 Years of Service to Orange County
Starting in October, CalOptima will recognize our 25th anniversary and roots as a local solution to improve access to quality health care services for low-income Orange County residents. As a public agency, CalOptima has always worked in partnership with private health networks, connecting members with thousands of providers in a unique public-private health care system. Across 25 years, CalOptima has grown from 180,000 members to nearly 768,000 members. To celebrate CalOptima's anniversary and our ongoing collaborative partnerships, the October 1 Board meeting will include a presentation reflecting on major milestones and expressing appreciation to stakeholders. Separately, CalOptima will implement a special logo on various communications for the anniversary year and honor employees for their contribution to the agency's success at an October 21 All Hands meeting.

Intergovernmental Transfer (IGT) 10 Funds May Bridge Proposed Rate Reductions
For the past few months, CalOptima has been making the provider community aware of possible rate adjustments in January 2021 by the Department of Health Care Services (DHCS) for Medi-Cal Expansion and Managed Long-Term Services and Supports. At the same time, we have shared that we are pursuing ways to mitigate the impact of any changes. Staff is now evaluating the option to use IGT 10 dollars to address the funding shortfalls. CalOptima anticipates receipt of approximately $66 million in IGT 10 funds during Spring and Fall 2021. IGT 10 covers an 18-month period from July 1, 2019, through December 31, 2020. The use of the funds is limited to covering Medi-Cal benefits for existing CalOptima members. As of today, CalOptima does not have final details on the rate reductions. The use of IGT 10 funds to create a glidepath to lower rates would protect health networks and providers from experiencing an unanticipated sharp decline in their capitation and give providers time to make operational changes.

All-Plan Meeting Reviews Key Changes Affecting Medi-Cal Financial Topics
On September 9, CalOptima Chief Financial Officer Nancy Huang and I participated in DHCS' CEO/CFO All-Plan Meeting, which provided updates regarding the new rate release timeline and managed care rate adjustments. DHCS is switching from a Fiscal Year to Calendar Year model for rates, starting January 2021. As such, the regulator shared the new timetable.

- *September 2020:* Release draft Medi-Cal base rates
- *October 2020:* Release draft Coordinated Care Initiative dual rates (Medi-Cal and OneCare Connect) and Health Homes Program rates
- *December 2020:* Release final rates

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Separately, as part of state budget reductions, DHCS will implement certain efficiency and plan level adjustments, effective January 1, 2021, that focus on, for example, avoidable emergency room visits and population acuity. CalOptima is analyzing the financial impact of the various proposals on providers. Information about the topics at the CEO/CFO meeting was shared at the September 17 Health Network Forum.

Federal Regulator Withdraws Medicaid Fiscal Accountability Rule (MFAR)
On September 14, Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma announced the withdrawal of MFAR. Released in late 2019, MFAR had proposed to overhaul how states use supplemental payments in Medicaid to draw additional federal funds, but the proposal was opposed by a diverse range of stakeholders. The change would have impacted Medicaid-funded programs, including CalOptima's IGT transactions. Reflecting health plans' unified stance, Local Health Plans of California, California Association of Health Plans, Association for Community Affiliated Plans and America's Health Insurance Plans had submitted strong comments against proposal. Further, governors also criticized MRAR, arguing it jeopardized Medicaid funding when states are already facing severe pandemic-related economic pressures.

Orange County in California's Red Tier, CalOptima Response Continues
Based on improving COVID-19 case and testing positivity rates, Orange County moved from Purple Tier (Widespread Risk) to the Red Tier (Substantial Risk) of California's Blueprint for a Safer Economy on September 8. Orange County currently meets the case and positivity requirements for the Orange Tier (Moderate Risk) and will advance to that tier after a minimum of three weeks in the Red Tier, if it continues to meet the requirements for the Orange Tier for a minimum of two weeks. From our first case until September 22, CalOptima has reported 3,018 positive cases, 1,677 hospitalizations and 293 deaths. Below are updates in areas of pandemic response and outreach.

- *Infection Prevention in Nursing Homes:* UC Irvine, the Orange County Health Care Agency (OCHCA) and CalOptima jointly launched the Orange County Nursing Home COVID-19 Infection Prevention Program on June 1, and adoption has been strong. The program offers either intensive, in-person training or access to an online toolkit. On September 11, 60 nursing home leaders attended a CalOptima-hosted webinar to share best practices in using personal protective equipment. Shruti Gohil, M.D., MPH, assistant professor in the UCI School of Medicine Division of Infectious Diseases, presented the information. On September 21, UCI published an article about the infection prevention initiatives and its partnership with CalOptima.
- *Mental Health Op-Ed:* Kids' mental health during COVID-19 is a topic of great interest, and CalOptima's Communications team worked with Edwin Poon, Ph.D., director of Behavioral Health Services, to write and place an op-ed article in the digital version of the Orange County Register in September. View the article here.
- *Radio Program:* CalOptima and OCHCA partnered to speak about behavioral health on the Angels Radio (KLAA-AM 830) Community Cares program. Dr. Poon and Bhuvana Rao, Ph.D., OCHCA program manager II, Children, Youth & Prevention Behavioral Health Services, focused on children's needs during COVID-19, the impact of toxic stress, local mental health resources and other topics. The program will air October 4 at 5:30 a.m. and 10:30 p.m.

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As January 2021 Transition to Medi-Cal Rx Approaches, Draft Guidance Released
On September 2, DHCS held a Medi-Cal Rx webinar to share updates regarding the transition to a fee-for-service pharmacy delivery system. The regulator announced that the project is on time in meeting deliverables, thus no change to the January 1, 2021, launch is anticipated. DHCS released its draft All Plan Letter, and managed care plans have until September 30 to review and comment on the document that will provide considerable operational guidance. CalOptima's Business Integration team is coordinating the collection of feedback from the many affected departments across the agency. DHCS also released proposed call scripts for managed care plans to use when answering members' questions. As requested, staff will provide an update on the Medi-Cal Rx transition at your October 1 Board meeting.

DHCS Submits Request to Extend Medi-Cal 2020 Waiver for One Year
On September 16, DHCS submitted a request to CMS for a 12-month extension of California's Section 1115 Medicaid waiver, known as Medi-Cal 2020. Much of the current Medi-Cal program operates under this federal waiver. If approved, the extension would delay expiration from December 31, 2020, until December 31, 2021. DHCS considered stakeholder feedback before making its submission, and CMS will soon begin a 30-day federal public comment period.

CalOptima and County Prepare Contingency for Whole Person Care (WPC) Pilot
CMS and DHCS authorized the WPC pilot as part of the Medi-Cal 2020 waiver, which is nearing expiration as explained above. OCHCA is the lead agency for the local WPC pilot, which focuses on Medi-Cal members experiencing homelessness. CalOptima entered into an agreement with OCHCA to provide administrative support for WPC, including project management, data and reporting, and a personal care coordinator. Additionally, CalOptima made a grant with IGT funds to OCHCA to share the cost of recuperative care stays. In anticipation of the waiver expiration, the state had plans to incorporate parts of WPC into its California Advancing and Innovating Medi-Cal (CalAIM) initiatives, but CalAIM is now postponed indefinitely due to the pandemic. While CMS and DHCS are discussing a possible extension for WPC, the outlook is uncertain. CalOptima and OCHCA are collaborating on contingency planning and options for continued administrative support and recuperative care if the regulators do not extend and fund WPC by the end of 2020.

OneCare Connect Transition Planning to Begin With Stakeholder Engagement
OneCare Connect is a Cal MediConnect Plan that combines Medicare and Medi-Cal benefits into one health plan. Since OneCare Connect launched as a pilot program on July 1, 2015, it has been extended over the years by both state and federal authority; however, it is currently scheduled to end on December 31, 2022. Initially, the state planned to transition OneCare Connect members into OneCare (CalOptima's Dual Eligible Special Needs Plan) via CalAIM, but that proposal is postponed indefinitely due to the pandemic. Given the importance of planning ahead for any future transition, CalOptima will begin to engage stakeholders to consider the impact on members and providers should OneCare Connect not be extended past December 31, 2022.

Clinical Field Team (CFT) Sustainability a Priority in Transition to Permanent Program
Launched in April 2019, CalOptima's CFT pilot program contracts with community health centers to provide on-call urgent care services where individuals experiencing homelessness are. The centers also schedule days to provide primary and preventive services in mobile units at shelters and hotspots (e.g., soup kitchens, encampments, etc.). The pilot currently has an end date

of December 31, 2020. CalOptima is aware of the dramatic changes throughout the county due to COVID-19, such as the expansion of telehealth as well as increased shelter options. We anticipate that the landscape will continue to change with the pandemic. To develop a sustainable CFT program, CalOptima may need to pursue an extension to allow more time to assess conditions under this "new normal," and future changes would come to your Board for consideration.

CalOptima Responds to Medi-Cal Audit Findings

DHCS' on-site audit of CalOptima Medi-Cal and Medicaid-based services for OneCare Connect took place January 27–February 7, 2020. DHCS reviewed an array of documents and data and conducted interviews with CalOptima staff as well as with a DHCS-selected delegate, Monarch HealthCare. On August 11, DHCS provided CalOptima with a final audit report that identified seven findings in the Medi-Cal areas of Access and Availability of Care and Member's Rights. CalOptima did not receive any findings for State-Supported Services or OneCare Connect. On September 11, CalOptima's Office of Compliance submitted a Corrective Action Plan to DHCS and has begun remediating the deficiencies.

CalOptima Speakers Featured at Community Events

As a community-based health plan, CalOptima prioritizes engagement with local efforts that support Orange County and provider partnerships. Below are two current examples of participation with other leading organizations.

- *Orange County Community Indicators Report and Panel:* CalOptima is one of several sponsors of the annual Orange County Community Indicators Report, which includes local health status information. This year's report features a special section dedicated to the impact of COVID-19, and CalOptima contributed information regarding our member and provider experiences. The report debuted on September 22 during a virtual panel discussion, led by Dr. Wallace Walrod, Chief Economic Advisor for Orange County Business Council, and I participated as one of the speakers.
- *CHOC Mental Health Webinar:* CalOptima is a sponsor of CHOC's Mental Health Live Webinar, "Compassion Fatigue/Vicarious Trauma for the Provider," on October 2–3. Three executives will participate: Chief Medical Officer David Ramirez, M.D., will provide opening remarks both days, Dr. Poon will discuss Medi-Cal services and children's mental health during COVID-19, and Betsy Ha, RN, Executive Director, Quality & Population Health Management, will offer a Continuing Medical Education session about mindfulness for providers. Attendees will be physicians, mental health providers, school nurses and school counselors.

Mailings Reach Out to Members to Promote Preventive Care

This month, CalOptima's Population Health Management team is outreaching to members with incentives to obtain preventive services. CalOptima mailed notices to more than 66,300 female members ages 21–64 who may be due for a cervical cancer screening and more than 19,200 female members ages 50–64 who may be due for a breast cancer screening. Further, more than 20,500 Medi-Cal members who have diabetes also received mailings offering incentives for them to have a diabetes A1c test and eye exam.

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2019–20 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 266 McCollum	**Paycheck Protection Program and Health Care Enhancement Act:** Authorizes $483 billion to replenish segments of the CARES Act, expand coronavirus testing, and provide more support to hospitals and providers during this pandemic. Of the $483 billion, this bill includes: ■ $310 billion in funding for the Small Business Administration's PPP; ■ $10 billion for Economic Injury Disaster Loans; ■ $75 billion for the provider relief fund, managed by the Department of Health and Human Services, to cover treatment for COVID-19 patients and lost revenue from canceled elective procedures; and ■ $25 billion to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests.	**04/24/2020** Signed into law **04/23/2020** Passed the House **04/21/2020** Passed the Senate **01/08/2019** Introduced	CalOptima: Watch
H.R. 748 Courtney	**CARES Act:** Authorizes $2.2 trillion in spending for health care and employment-related interventions. This includes: ■ $1.5 billion to support the purchase of personal protective equipment, lab testing, and other activities; ■ $127 billion to provide grants to hospitals, public entities, and nonprofits, and Medicare and Medicaid suppliers and providers to cover unreimbursed health care related expenses or lost revenues due to COVID-19; ■ $1.32 billion in supplemental funding for community health centers; ■ $955 million to support nutrition programs, home and community-based services, support for family caregivers, and expanded oversight for seniors and individuals with disabilities; ■ $945 million to support research on COVID-19; and ■ $425 million to increase mental health services.	**03/27/2020** Signed into law **03/27/2020** Passed the House **03/25/2020** Passed the Senate **01/24/2019** Introduced	CalOptima: Watch
H.R. 6201 Lowey	**Families First Coronavirus Response Act:** Allocates billions of federal funding support related to COVID-19. Funds are to be utilized for an emergency increase in the Federal Medical Assistance Percentages (FMAP) for Medicaid of 6.2%, emergency paid sick leave and unemployment insurance, COVID-19 testing at no cost, food aid and other provisions. Of note, on March 6, 2020, President Trump signed into law an emergency supplemental funding package of $8.3 billion for treating and preventing the spread of COVID-19.	**03/18/2020** Signed into law **03/17/2020** Passed the Senate **03/14/2020** Passed the House **03/11/2020** Introduced	CalOptima: Watch
H.R. 6462 Cisneros, Gallegos	**Emergency Medicaid for Coronavirus Treatment Act:** Would expand Medicaid eligibility to any American diagnosed with COVID-19 or any other illness that rises to the level of a presidential national emergency declaration. Additionally, would require Medicaid coverage for all COVID-19 treatment and testing to continue even after the national emergency is over.	**04/07/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 6666 Rush	**COVID-19 Testing, Reaching, and Contacting Everyone (TRACE) Act:** Would authorize the Centers for Disease Control and Prevention (CDC) to award grants for testing, contact tracing, monitoring, and other activities to address COVID-19. Those eligible to receive grant funding would include federally qualified health centers, nonprofit organizations, and certain hospitals and schools. Additionally, would allocate $100 billion for fiscal year 2020 for the disbursement of CDC grant funds.	**05/01/2020** Introduced	CalOptima: Watch
SB 89 Committee on Budget and Fiscal Review	**Emergency Budget Response to COVID-19:** Appropriates $500 million General Fund by amending the Budget Act of 2019. Funds will be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, authorizes additional appropriations related to COVID-19 in increments of $50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed $1 billion.	**03/17/2020** Signed into law **03/16/2020** Enrolled with the Governor **01/10/2019** Introduced	CalOptima: Watch
AB 117 Ting	**Emergency Budget Response to COVID-19 at Schools:** Similar to SB 117, appropriate $100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds would be distributed by the Superintendent of Public Instruction.	**05/22/2020** Bill died **03/16/2020** Amended and re-referred to the Senate Committee on Budget and Fiscal Review **12/03/2018** Introduced	CalOptima: Watch
SB 117 Committee on Budget and Fiscal Review	**Emergency Budget Response to COVID-19 at Schools:** Similar to AB 117, appropriates $100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds will be distributed by the Superintendent of Public Instruction.	**03/17/2020** Signed into law **03/16/2020** Enrolled with the Governor **01/10/2019** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 275 **Pan, Leyva**	**Personal Protective Equipment:** Would require the State Department of Public Health to establish a personal protective equipment (PPE) stockpile to ensure an adequate supply of PPE for health care workers and essential workers. Would require the stockpile to have enough supplies for no less than a 45-day pandemic or other state or local health emergency. Additionally, would require general acute care hospitals, skilled nursing facilities, integrated health systems, and licensed dialysis clinics to maintain a 45-day stockpile of PPE. Would establish the Personal Protective Equipment Advisory Committee to make recommendations to the Department of Industrial Relations and State Department of Public Health regarding necessary types and amount of PPE, procurement and supply chain resilience, storage, and other best practices.	**09/04/2020** Enrolled with the Governor **08/31/2020** Passed Assembly floor **05/02/2019** Passed Senate floor **02/13/2019** Introduced	CalOptima: Watch CalPACE: Oppose

STATE BUDGET BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 79	**Human Services:** Enacts human services trailer bills in the California 2020-2021 budget. ■ Department of Developmental Services supplemental rate increases for specified providers including, independent living programs, infant development programs, and early start specialized therapeutic services ■ In-Home Supportive Services reassessment extensions due to delays related to COVID-19 and Governor Newsom's executive state of emergency order	**06/29/2020** Signed into law **06/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
AB 80	**Public Health:** Enacts health care trailer bills in the California 2020-2021 budget. ■ Medi-Cal managed care capitated payment rate reduction of 1.5 percent for the 18-month bridge period ■ Implementation of a Medi-Cal risk corridor for the 18-month bridge period ■ Prop 56 value-based payments and supplemental payments ■ Extension of the Medi-Cal 2020 Demonstration ■ 340B Supplemental Payment Pool for non-hospital clinics ■ Expansion of full-scope Medi-Cal to seniors, regardless of immigration status ■ Extension of coverage for COVID-19 to uninsured individuals ■ Health Care Payment Data Program ■ Reimbursement for medication-assisted treatment services	**06/29/2020** Signed into law **6/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
AB 81	**Public Health:** Enacts health care trailer bills in the California 2020-2021 budget. ■ Medi-Cal rate reimbursement methodology adjustments for skilled nursing facilities during the COVID-19 pandemic ■ Implementation of the skilled nursing facility quality assurance fee ■ County access to Mental Health Services Act funds for additional support related to COVID-19	**06/29/2020** Signed into law **6/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 83	**Housing:** Enacts housing trailer bills in the California 2020-2021 budget. ■ Funding to continue Project Roomkey ■ Bypassing certain California Environmental Quality Act (CEQA) regulations related to Project Roomkey	**06/29/2020** Signed into law **6/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
AB 89	**Fiscal Year 2020-2021 California State Budget:** Enacts a $202.1 billion spending plan for Fiscal Year 2020-2021, with General Fund spending at $133.9 billion. The following included within the state budget will have a direct impact to Medi-Cal: ■ Funding to address Medi-Cal caseloads ■ Provisions to maintain Community Based Adult Services, the Multipurpose Senior Services Program, and other optional benefits ■ Funding to address the COVID-19 pandemic	**06/29/2020** Signed into law **6/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch

AFFORDABLE CARE ACT

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1425 Craig	**Patient Protection and Affordable Care Enhancement Act (PPACEA):** Would, among other things, lower health care costs through fair drug price negotiations, provide additional protections for those with preexisting health conditions, and offer 100 percent federal matching funds for states that choose to expand Medicaid under the Affordable Care Act. The bill also would reduce the Federal Medical Assistance Percentages for the fourteen remaining non-expansion states and permanently authorize the Children's Health Insurance Program.	**06/30/2020** Passed the House; Referred to the Senate **02/22/2020** Introduced	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 910 Wood	**Mental Health Services Dispute Resolution:** Would provide the Department of Health Care Services (DHCS) more authority to resolve coverage disputes between the specialty mental health plan (MHP) and the Medi-Cal managed care plan (MCP) if the MHP and the MCP are unable to do so within 15 days. Would require the MHP and the MCP to continue to provide mental health services during the DHCS review period. DHCS would have no more than 30 days to resolve the dispute to determine which agency is responsible for that Medi-Cal beneficiary.	**08/18/2020** Bill died **08/05/2020** Hearing canceled at the request of the author **06/23/2020** Referred to Senate Committee on Health **01/30/2020** Passed Assembly floor; Referred to Senate floor **02/20/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2265 Quirk-Silva	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Would authorize MHSA funds to include treatment of a substance use disorder for an individual with cooccurring mental health and substance use disorders, when that individual is already eligible to receive mental health services through an MHSA-funded program. The authorization would apply across the state. Additionally, would require the county that elects to utilize MHSA funding for this purpose to report the number of people assessed for cooccurring mental health and substance use disorders and the number of those assessed who only have a substance use disorder to the Department of Health Care Services.	**09/01/2020** Enrolled with the Governor **08/28/2020** Passed Senate floor **06/02/2020** Passed Assembly floor **02/14/2020** Introduced	CalOptima: Watch Orange County Board of Supervisors: Support
AB 2266 Quirk-Silva	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Similar to AB 2265, would authorize MHSA funds to be used for a pilot program to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The pilot program would take place in 10 counties, including the County of Orange, beginning January 1, 2022 and ending on December 31, 2026.	**05/22/2020** Bill died **02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2576 Gloria	**Mental Health Services Act (MHSA) Use of Funds for Homelessness:** Would require a county to seek stakeholder input when establishing a plan to reallocate the use of MHSA funds. Additionally, would require counties utilizing MHSA funds for the provision of mental health services for those experiencing homelessness to report to the Legislature, each year, the number of individuals receiving services.	**08/18/2020** Bill died **07/01/2020** Referred to Senate Committee on Health **06/15/2020** Passed Assembly floor; Referred to Senate floor **02/20/2020** Introduced	CalOptima: Watch
SB 803 Beall	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Would create requirements for a Certified Peer Support Specialist (PSS) certification program by July 1, 2022. Would allow an individual 18 years of age or older, who has experienced a mental illness and/or a substance use disorder or is a parent or family member of such individual, to become a PSS. A PSS would be able to provide non-medical mental health and substance abuse support services in a county that opts in to establish a PSS certification program and funds the non-federal share of those services. This would also require the Department of Health Care Services to develop and implement billing codes, reimbursement rates, and claim requirements for the PSS program. Additionally, would require the Department to include PSS as a Medi-Cal provider type and PSS services as a distinct service type in participating counties.	**09/04/2020** Enrolled with the Governor **08/31/2020** Passed Assembly floor **06/24/2020** Passed Senate floor **01/08/2020** Introduced	CalOptima: Watch LHPC: Support Orange County Board of Supervisors: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 1254 Moorlach	**Capacity Determinations and Appointments of Guardians Ad Litem for Mentally Ill Adults Without a Conservator:** 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.	**05/29/2020** Bill died **05/14/2020** Hearing canceled at the request of the author. **05/11/2020** Referred to Committee on Judiciary **02/21/2020** Introduced	CalOptima: Watch

BLOOD LEAD SCREENINGS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2276 Reyes	**Blood Lead Screening Tests Age Guidelines:** Would require the Medi-Cal managed care plan (MCP) to ensure blood lead screening tests for a Medi-Cal beneficiary at 12 and 24 months of age by doing the following: ■ Identify, on a quarterly basis, every child beneficiary that has missed a blood screening test; ■ If a test was missed, notify the beneficiary's health care provider of the requirements to perform a test and provide guidance to the parent/guardian; ■ Contract with providers qualified to conduct any blood level screening tests; ■ Submit to the Department of Health Care Services, on an annual basis and upon request, a record of every beneficiary under six years of age that has missed a blood screening test, including the age at which a test was missed; and ■ If a parent/guardian declines a recommended screening, ensure that the parent/guardian signs a statement of refusal to be documented in the child's medical record.	**09/01/2020** Enrolled with the Governor **08/29/2020** Passed Senate floor **06/10/2020** Passed Assembly floor **02/14/2020** Introduced	CalOptima: Watch
AB 2277 Salas	**Blood Lead Screening Tests Contracted Providers:** Would require the Medi-Cal managed care plan (MCP) to identify beneficiaries who have missed a blood screening test at both 12 and 24 months of age and impose requirements of the contracted provider to conduct blood lead screenings tests for those eligible to receive such tests. Would require the MCP to remind the contracted provider to conduct blood lead screening tests on a quarterly basis and to notify the beneficiary's parent, parents, guardian, or other person responsible for their care that the beneficiary is eligible to receive a blood screening test.	**08/18/2020** Bill died **07/01/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/14/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2278 Quirk	**Childhood Lead Poisoning Prevention Health Plan Identification:** Would require the name of the health plan financially liable for conducting blood lead screenings tests to be reported by the laboratory to the Department of Health Care Services once the screening test has been completed. The name of the health plan is to be reported for each Medi-Cal beneficiary who receives the blood lead screen tests.	**05/29/2020** Bill died **03/04/2020** Amended and re-referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2279 Garcia	**Childhood Lead Poisoning Prevention Risk Factors:** Would require the following risk factors be included in the standard risk factors guide, which are to be considered during each beneficiary's periodic health assessment: ■ A child's residency or visit to a foreign country ■ A child's residency in a high-risk ZIP Code ■ A child's relative who has been exposed to lead poisoning ■ The likelihood of a child placing nonfood items in the mouth ■ A child's proximity to current or former lead-producing facilities ■ The likelihood of a child using food, medicine, or dishes from other countries	**08/18/2020** Bill died **06/23/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/14/2020** Introduced	CalOptima: Watch
AB 2422 Grayson	**Blood Lead Screening Tests Medi-Cal Identification Number:** Would require the Medi-Cal identification number to be added to the list of patient identification information collected during each blood test. Would require the laboratory conducting the blood lead screening tests to report all patient identification information to the Department of Health Care Services.	**05/22/2020** Bill died **02/27/2020** Referred to Committee on Health **02/19/2020** Introduced	CalOptima: Watch
SB 1008 Leyva	**Childhood Lead Poisoning Prevention Act Online Registry:** Would require the Department of Public Health to design, implement, and maintain an online lead information registry available to the general public. Would require the information registry to include items such as the location and status of properties being inspected for lead contaminants.	**05/29/2020** Bill died **05/12/2020** Rescinded due to shortened 2020 Legislative Calendar **03/05/2020** Referred to Committees on Health; Judiciary **02/14/2020** Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2042 Wood	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to SB 916, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**05/22/2020** Bill died **03/16/2020** Amended and re-referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2055 Wood	**CalAIM Drug Medi-Cal and Behavioral Health:** Would require the Department of Health Care Services to establish the Behavioral Health Quality Improvement Program. The Behavioral Health Quality Improvement Program would be responsible for providing support to entities managing the Drug Medi-Cal program as they prepare for any changes directed by the CalAIM initiative. Additionally, would establish a voluntary intergovernmental transfer (IGT) program relating to substance use disorder treatment provided by counties under the Drug Medi-Cal program. The IGT program would fund the nonfederal share of supplemental payments and to replace claims based on certified public expenditures.	**05/22/2020** Bill died **03/17/2020** Amended and re-referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2170 Blanco Rubio	**CalAIM Medi-Cal Eligibility for Juveniles Who are Incarcerated:** Would require the county welfare department to conduct a redetermination of eligibility for juveniles who are incarcerated so that, if eligible, their Medi-Cal would be reinstated immediately upon release.	**05/22/2020** Bill died **02/20/2020** Referred to Committee on Health **02/11/2020** Introduced	CalOptima: Watch
SB 910 Pan	**CalAIM Population Health Management:** Would require Medi-Cal managed care plans (MCPs) to implement the population health management program for those deemed eligible, effective January 1, 2022. Would require the Department of Health Care Services to utilize an external quality review organization (EQRO) to evaluate the effectiveness of the enhanced care management and in-lieu-of services provided to beneficiaries by each MCP. Additionally, would require each MCP to consult with stakeholders, including, but not limited to, county behavioral health departments, public health departments, providers, community-based organizations, consumer advocates, and Medi-Cal beneficiaries, on developing and implementing the population health management program.	**05/29/2020** Bill died **03/16/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
SB 916 Pan	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to AB 2042, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**05/29/2020** Bill died **03/16/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4618 McBath	**Medicare Hearing Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of hearing aids for Medicare beneficiaries. Hearing aids would be provided every five years and would require a prescription from a doctor or qualified audiologist.	**1/24/2020** Passed the Committee on Energy and Commerce **10/08/2019** Introduced	CalOptima: Watch
H.R. 4650 Kelly	**Medicare Dental Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of dental health services for Medicare beneficiaries. Covered benefits would include preventive and screening services, basic and major treatments, and other care related to oral health.	**1/24/2020** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
H.R. 4665 Schrier	**Medicare Vision Act of 2019:** No sooner than January 1, 2022, would require Medicare Part B to cover the cost of vision care for Medicare beneficiaries. Covered benefits would include routine eye exams and corrective lenses. Corrective lenses covered would be either one pair of conventional eyeglasses or contact lenses.	**1/24/2020** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
AB 1904 Boerner Horvath	**Maternal Physical Therapy:** Would include pelvic floor physical therapy for women post-pregnancy as a Medi-Cal benefit.	**05/22/2020** Bill died **01/17/2020** Referred to Committee on Health **01/08/2020** Introduced	CalOptima: Watch
AB 1965 Aguiar-Curry	**Human Papillomavirus (HPV) Vaccine:** Would expand comprehensive clinical family planning services under the program to include the HPV vaccine for persons of reproductive age.	**05/22/2020** Bill died **03/17/2020** Hearing canceled at the request of the author **01/30/2020** Referred to Committee on Health **01/21/2020** Introduced	CalOptima: Watch
AB 2258 Reyes	**Doula Care:** Would require full-spectrum doula care to be included as a covered benefit for pregnant and postpartum Medi-Cal beneficiaries. The program would be established as a 3-year pilot program in 14 counties, including the County of Orange, beginning July 1, 2021. Prior authorization or cost-sharing to receive doula care would not be required.	**05/22/2020** Bill died **02/20/2020** Referred to Committee on Health **02/13/2020** Introduced	CalOptima: Watch

DENTAL

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2535 Mathis	**Denti-Cal Education Pilot Program:** Would establish a 5-year pilot program to provide education and training to Denti-Cal providers providing care to individuals who attend a regional center and are living with a developmental disability. Additionally, Denti-Cal providers who participate in the pilot program and complete the required continuing education units would be eligible for a supplemental provider payment. The supplemental provider payment amount has yet to be defined by the Department of Health Care Services.	**05/22/2020** Bill died **03/17/2020** Hearing postponed by the committee **02/27/2020** Referred to Committee on Health **02/19/2020** Introduced	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office projects this expansion would cost approximately $900 million General Fund (GF) in 2019-2020 and $3.2 billion GF each year thereafter, including the costs if In-Home Supportive Services.	**08/18/2020** Bill died **07/02/2019** Hearing canceled at the request of the author **06/06/2019** Referred to Senate Committee on Health **05/28/2019** Passed Assembly floor **12/03/2018** Introduced	CalOptima: Watch CAHP: Support LHPC: Support
AB 526 Petrie-Norris	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to SB 1073, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**08/21/2020** Bill died **08/30/2019** Senate Committee on Appropriations; Held under submission **06/27/2019** Passed Senate Committee on Health **05/23/2019** Passed Assembly floor **02/13/2019** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 683 Carrillo	**Adjusting the Assets Test for Medi-Cal Eligibility:** Would eliminate specific assets tests, such as life insurance policies, musical instruments, and living trusts, when determining eligibility for Medi-Cal enrollment, effective July 1, 2020. Additionally, would prohibit the Department of Health Care Services from using an asset and resource test when determining eligibility for Medi-Cal enrollment when the individual is enrolled in the Medicare Shared Savings Program, effective January 1, 2020.	**08/18/2020** Bill died **06/23/2020** Referred to Senate Committee on Health **01/20/2020** Passed Assembly floor; Referred to Senate floor **02/15/2019** Introduced	CalOptima: Watch
SB 29 Durazo	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately $134 million each year ($100 million General Fund, $21 federal funds) by expanding full-scope Medi-Cal to approximately 25,000 adults who are undocumented and 65 years of age and older. The financial costs for In-Home Supportive Services is estimated to cost $13 million General Fund.	**08/31/2020** Bill died; Moved to inactive file **08/30/2019** Passed Assembly Appropriations Committee **05/29/2019** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
SB 1073 Gonzalez	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to AB 526, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**05/29/2020** Bill died **04/03/2020** Amended and re-referred to Committee on Health **02/18/2020** Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1978 Correa/Lieu	**Fighting Homelessness Through Services and Housing Act:** Similar to S. 923, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of $750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of $100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to $25 million each year for up to five years. Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.	**03/28/2019** Introduced; Referred to the Committee on Financial Services	CalOptima: Watch
S. 923 Feinstein	**Fighting Homelessness Through Services and Housing Act:** Similar to H.R. 1978, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of $750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of $100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to $25 million each year for up to five years. Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.	**03/28/2019** Introduced; Referred to the Committee on Health, Education, Labor, and Pensions	CalOptima: Watch Orange County Board of Supervisors: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1907 Santiago, Gipson, Quirk-Silva	**California Environmental Quality Act (CEQA) Exemption for Emergency Shelters and Supportive Housing:** Would exempt the development of emergency shelters, supportive housing or affordable housing by a public agency from CEQA regulations, expiring on December 31, 2028.	**05/22/2020** Bill died **05/13/2020** Hearing canceled at the request of the author **01/30/2020** Referred to Committees on Natural Resources; Housing and Community Development **01/08/2020** Introduced	CalOptima: Watch
AB 2295 Quirk-Silva	**Fairview Developmental Center:** Would require the State Legislature to enact legislation relating to the development of the Fairview Developmental Center (Center) located in Costa Mesa, CA. Of note, the Governor's Fiscal Year 2019-2020 budget included funds to utilize the Center temporarily to provide housing and services for those experiencing a severe mental illness. Additionally, AB 1199, signed into law in 2019, allows a public hearing to determine the use of the Center. This bill is still early in the legislative process. The pending legislation to define use of the Center is unknown at this time.	**05/29/2020** Bill died **02/14/2020** Introduced	CalOptima: Watch
AB 2746 Petrie-Norris, Gabriel	**Accountability of State Funds Used for Homelessness:** Would require any entity that receives state funds for programs related to homelessness, including, but not limited to, the Whole-Person Care pilot program, California Work Opportunity and Responsibility to Kids (CalWORKs), or the Housing and Disability Income Advocacy Program, to submit a report regarding the use of state funds. The report would be sent annually to the state agency granting funds for the program.	**09/04/2020** Enrolled with the Governor **08/30/2020** Passed Senate floor **06/10/2020** Passed Assembly floor **02/20/2020** Introduced	CalOptima: Watch
AB 2848 Santiago	**Homelessness Reduction Plan:** Would require each city or county to develop a plan to reduce homelessness by no less than 10% each year through a state mandate. The plan would be effective no later than January 1, 2022 and would be under the direction of the state's Homeless Coordinating and Financing Council. Additionally, would authorize the Office of the Inspector General to be in compliance with the Homeless Reduction Plan.	**05/22/2020** Bill died **05/05/2020** Amended and re-referred to Committee on Housing and Community Development **02/20/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 3269 Chiu, Bloom, Bonta, Quirk-Silva, Santiago	**State and Local Homelessness Reduction Plan:** Would require the State Homeless Coordinating and Financing Council (coordinating council) to seek federal support from the Department of Housing and Urban Development (HUD), if available, to conduct a statewide needs and gaps analysis relating to homelessness. Would require the coordinating council to identify state programs that provide housing or services to individuals experiencing homelessness. With that information, would require the coordinating council to collaborate with HUD to create a financial model that will assess the costs of providing transitional support into permanent housing for those experiencing homelessness. Furthermore, this bill would require state and local agencies aim at reducing homelessness by 90% by December 31, 2028, based on the 2019 homeless point-in-time count. Would establish the Office of the Housing and Homelessness Inspector General to monitor the reduction plan and to bring action against a state and local agency that fails to adopt and implement a homelessness reduction plan within a reasonable time frame. Additionally, on or before January 1, 2022, each state and local agency shall develop an actionable plan to reduce homelessness and submit that plan to the Homeless Coordinating and Financing Council. This bill would also require HUD to set a benchmark goal for the reduction plan for each state and local agency to meet by January 1, 2028.	**08/21/2020** Bill died **08/20/2020** Senate Committee on Appropriations; Held under submission **08/06/2020** Passed Senate Committee on Housing; Referred to Senate Committee on Appropriations **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/21/2020** Introduced	CalOptima: Watch
AB 3300 Bloom, Bonta, Gipson, Quirk-Silva, Santiago, Wicks	**California Access to Housing and Services Act:** Would authorize the Department of Finance to allocate no more than $2 billion General Fund to establish the California Access to Housing and Services Fund.	**08/18/2020** Bill died **08/04/2020** Hearing postponed by the committee **07/01/2020** Referred to Senate Committee on Housing **06/15/2020** Passed Assembly floor; Referred to Senate floor **02/21/2020** Introduced	CalOptima: Watch

MEDI-CAL MANAGED CARE PLANS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2625 Boerner Horvath	**Ground Emergency Medical Transportation (GEMT):** Would require managed care plans that offers coverage for GEMT services to include those services as in-network services.	**05/22/2020** Bill died **03/02/2020** Referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch
AB 2836 Chen	**Medi-Cal Emergency Medical Transportation Reimbursement Act:** Would impose a quality assurance fee (QAF) for each emergency medical transport provided by an emergency medical transport provider, beginning Fiscal Year 2021-2022. Would require the Department of Health Care Services to calculate the annual QAF to a specified program period at least 150 days before the start of the fiscal year. The bill would also redefine "emergency medical transport provider" to mean any provider of emergency medical transports, except during the entirety of any Medi-Cal managed care rating period.	**05/22/2020** Bill died **05/05/2020** Amended and re-referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch
SB 936 Pan	**Medi-Cal Managed Care Plans Contract Procurement:** Would require the Department of Health Care Services Director to conduct a contract procurement at least once every five years with a contracted commercial Medi-Cal managed care plan providing care for Medi-Cal beneficiaries on a state-wide or limited geographic basis.	**05/29/2020** Bill died **04/03/2020** Amended and re-referred to Committee on Health **02/06/2020** Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1938 Low, Eggman	**340B Discount Drug Purchasing Program:** Would define a "designated entity" eligible for the 340B discount drug purchasing program as a nonprofit organization, including any subsidiary of that organization, that individually or collectively meets specific requirements. This would require: ■ The designated entity to be a licensed managed care organization that has previously contracted with the department as a primary care case management organization; ■ The designated entity to be contracted with the federal Centers for Medicare and& Medicaid Services (CMS) to provide services in the Medicare Program as a Medicare special needs plan; and ■ The designated entity to be an existing participant of the 340B program. Additionally, would prohibit a designated entity from using any revenue from a contract with the Department of Health Care Services, a contract with CMS, and from the 340B program for specific activities, such as: ■ Funding litigation under the California Environmental Quality Act; or ■ Influencing or funding any ballot measure actions related to housing.	**06/05/2020** Bill died **05/18/2020** Passed Committee on Health; Referred to Committee on Appropriations **01/17/2020** Introduced	CalOptima: Watch
AB 2100 Wood	**Pharmacy Carve-Out Benefit:** Would require the Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS) for the outpatient pharmacy benefit, and to develop a framework for the system that models the requirements of the Knox-Keene Health Care Service Plan Act, no sooner than January 1, 2021. Would require the IPDMRS to review disputed health care service of any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed or to a finding that the service is not medically necessary. Additionally, would require a minimum 180 days for continuity of care for medications regardless if listed on the Medi-Cal contract drug list. Would allow the Department to provide a disease management payment to contracted pharmacies for specialty drugs in order to ensure beneficiary access.	**09/01/2020** Enrolled with the Governor **08/28/2020** Passed Senate floor **06/10/2020** Passed Assembly floor **02/05/2020** Introduced	CalOptima: Watch
AB 2348 Wood	**Pharmacy Benefit Management (PBM):** Would require a PBM, who contracts with a health care service plan, beginning on October 1, 2021, to report to the Department of Managed Health Care the PBM's revenue, expenses, health care service plan contracts, the scope of services provided to that plan, and the number of enrollees the PBM serves. The PBM would also be required to submit a report on all covered prescription drugs, including generic, brand name, and specialty drugs dispenses at a plan pharmacy, network pharmacy, or mail order pharmacy for outpatient use.	**05/22/2020** Bill died **05/05/2020** Amended and re-referred to the Committee on Health **02/18/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 852 Pan	**California Affordable Drug Manufacturing Act of 2020:** Would require the California Health and Human Services Agency (CHHSA) to enter into partnerships with one or more drug companies or generic drug manufacturers, licensed by the United States Food and Drug Administration, to produce or distribute generic prescription drugs, including at least one form of insulin, in order to reduce the cost of prescription drugs. Would require CHHSA to study and report to the Legislature on the feasibility of the State directly manufacturing and selling generic prescription drugs, no later than July 1, 2023.	**09/02/2020** Enrolled with the Governor **08/31/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **01/13/2020** Introduced	CalOptima: Watch CAHP: Support
SB 1084 Umberg	**Secure Dispensing of a Controlled Substance:** Would require a pharmacist who dispenses a controlled substance in a pill form to dispense the controlled substance in a lockable vial no sooner than June 30, 2021. Would require the manufacturer of the controlled substance to reimburse the pharmacy dispensing the medication the cost of using a lockable vial within 30 days of receiving a claim. Would also require the pharmacy to provide educational pamphlets to the patient regarding the use of a controlled substance.	**05/29/2020** Bill died **05/12/2020** Rescinded due to shortened 2020 Legislative Calendar **03/05/2020** Referred to Committees on Business, Professions and Economic Development; Judiciary **02/19/2020** Introduced	CalOptima: Watch

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2492 Choi	**Program of All-Inclusive Care for the Elderly (PACE) Enrollment:** Would require the Department of Health Care Services to establish a maximum number of eligible participants each PACE center can enroll.	**05/22/2020** Bill died **03/17/2020** Hearing postponed by Committee on Aging & Long-Term Care **03/12/2020** Referred to Committees on Health; Aging & Long-Term Care **02/19/2019** Introduced	CalOptima: Watch CalPACE: Oppose

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2604 Carrillo	Pandemic and Health-Related Emergency Protocols for Health Facilities Act: During a health-related state of emergency or local emergency, would require a health facility to limit the possible introduction of a pathogen, infection, or illness that is related to a pandemic or emergency by: ■ Postponing non-emergency medical procedures or office visits; ■ Prohibiting or limiting visitors of patients to the health facility; ■ Ensuring all patients and staff are always wearing surgical masks or personal protective equipment; ■ Providing education and enforcing regarding hand hygiene and cough etiquette for patients and staff; ■ Regularly disinfecting the health facility at least three times per day; ■ Adding air cleaning equipment to ventilation systems; ■ Establishing contaminated, partially contaminated, and clean zones with buffers between each of the three zones; ■ Implementing outdoor triage stations; and ■ Considering all patients to have "suspected cases' of the pathogen, infection, or illness until ruled out or confirmed.	**05/22/2020** Bill died **05/07/2020** Amended and re-referred to Committee on Labor and Employment **02/21/2020** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 890 Wood	**Nurse Practitioners:** Would establish the Nurse Practitioner Advisory Committee to provide recommendations and advice to the Board of Registered Nursing. Would permit a nurse practitioner to practice without direct, ongoing supervision of a physician when practicing in an office managed by one or more physicians. Would also require the Board of Registered Nursing to define the minimum requirements for which a nurse practitioner may transition to practice without the direct, ongoing supervision of one or more physicians. If a nurse practitioner meets the minimum requirements, this bill would then authorize that nurse practitioner to perform specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances.	**09/04/2020** Enrolled with the Governor **08/31/2020** Passed Senate floor **01/27/2020** Passed Assembly floor **02/20/2019** Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 66 Atkins/ McGuire	**Federally Qualified Health Center (FQHC) Reimbursement**: Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that do not allow an FQHC to be reimbursed for a mental or dental and physical health visits on the same day. A patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit through the member's primary care provider and a mental health or dental visit as two separate visits, regardless if at the same location on the same day. As a result, the patient would no longer have to wait a 24-hour time period in order to receive medical and dental or mental health services, while ensuring that clinics are appropriately reimbursed for both services. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	**08/31/2020** Bill died **09/11/2019** Moved to inactive filed at the request of the Majority Leader **08/30/2019** Passed Assembly Committee on Appropriations **05/23/2019** Passed Senate floor **01/08/2019** Introduced	CalOptima: Watch CAHP: Support LHPC: Co-Sponsor, Support
AB 2871 Fong	**Drug Medi-Cal Reimbursement Rates:** Would require the Department of Health Care Services to establish reimbursement rates for services provided through the Drug Medi-Cal program to be equal to rates for similar services provided through the Medi-Cal Specialty Mental Health Services program.	**05/22/2020** Bill died **03/05/2020** Referred to Committee on Health **02/21/2020** Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4932 Thompson	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to S. 2741, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Committees on Energy and Commerce; Ways and Means	CalOptima: Watch AHIP: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 2741 Schatz	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to H.R. 4932, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Committee on Finance	CalOptima: Watch AHIP: Support
AB 1676 Maienschein	**Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons:** Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours. Would also require adequate staffing to ensure calls are answered within 60 seconds. Payment structure has yet to be defined.	**01/31/2020** Bill died **05/16/2019** Committee on Appropriations; Held under submission **04/24/2019** Passed Committee on Health **02/22/2019** Introduced	CalOptima: Watch CAHP: Oppose
AB 2164 Rivas, Salas	**Expanding Access to Telehealth:** Would no longer require the first visit at a federally qualified health clinic to be an in-person visit by authorizing telehealth appointments that occur by synchronous real time or asynchronous store and forward. This would allow the new patient the option to utilize telehealth services and become an established patient as their first visit. This would only apply during the COVID-19 pandemic and up to 180 days post-termination of the state of emergency.	**09/01/2020** Enrolled with the Governor **08/28/2020** Passed Senate floor **06/10/2020** Passed Assembly floor **02/11/2020** Introduced	CalOptima: Watch LHPC: Support
AB 2360 Maienschein	**Mothers and Children Mental Health Support Act of 2020:** Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than July 1, 2021. Would permit telehealth services to be conducted by video or audio-only calls. Additionally, would require the telehealth consultation appointment to be completed by a mental health clinician with expertise in providing care for pregnant, postpartum, and pediatric patients. Would require access to a psychiatrist when deemed appropriate or requested by the treating provider.	**09/01/2020** Enrolled with the Governor **08/28/2020** Passed Senate floor **06/10/2020** Passed Assembly floor **02/19/2020** Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 1278 Bradford	**Health Care Provider License for Telehealth:** Would require that accepted standards of practice applicable to a health care provider under the health care provider's license shall also apply to that health care provider while providing telehealth services.	**05/29/2020** Bill died **05/15/2020** Hearing canceled at the request of the author **03/05/2020** Referred to Committee on Business, Professions and Economic Development **02/21/2020** Introduced	CalOptima: Watch

TRAILER BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
Trailer Bill Medi-Cal Expansion	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals 65 years of age or older regardless of their immigration status. The Governor's Fiscal Year 2020-2021 proposed budget anticipates the expansion of full-scope Medi-Cal will cost $80.5 million ($62.4 million General Fund) in 2021 and $350 million ($320 million General Fund) each year after, including the cost of In-Home Supportive Services.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Drug Price Negotiations	**Med-Cal Drug Pricing Negotiations:** Would authorize the Department of Health Care Services negotiate "best prices" with drug manufacturers, both within and outside of the United States, and to establish and administer a drug rebate program in order to collect rebate payments from drug manufacturers for drugs furnished to California residents who are ineligible for full-scope Medi-Cal. Would authorize a Medi-Cal beneficiary to receive more than six medications without prior approvals. Additionally, this Trailer Bill would modify the current co-pay amount for a drug prescription refill.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Medication-Assisted Treatment	**Medication-Assisted Treatment (MAT):** Would expand narcotic treatment program services to include MAT under Drug Medi-Cal.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
Trailer Bill Managed Care Savings and Efficiencies	**Managed Care Savings and Efficiencies:** In alignment with the 2020-2021 State Budget May Revise, would reduce Medi-Cal capitation rate increments by up to 1.5 percent for capitation rates associated with the July 1, 2019 through December 31, 2020 rate period. Additionally, the Department of Health Care Services (DHCS) would be able to apply these reduced capitation rates for rating periods starting on or after January 1, 2021 and to account for the impacts of the COVD-19 public health emergency. To ensure capitation rates are actuarily sound, DHCS would be required to evaluate the impact of the changes in the level of health care funding for health care services on capitation rates it develops and pays under any applicable managed care health plan contract with a Medi-Cal managed care plan.	**05/14/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Federally Qualified Health Center and Rural Health Clinic Prospective Payment System Carve-Outs	**Elimination of Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Prospective Payment System (PPS) Carve-Outs for Pharmacy and Dental Services:** Would require all Medi-Cal covered services provided by an FQHC or RHC, including but not limited to pharmacy and dental services, to be reimbursed only through the clinic's PPS rate, effective January 1, 2021. If an FQHC or RHC is unable to revert to its prior base PPS rate, it would be required to adjust the FQHC or RHC PPS base rate through scope-of-service adjustments. Of note, this Trailer Bill language would exclude any payment changes for services related to specialty mental health and Drug Medi-Cal.	**05/14/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Proposition 56 Payments	**Sunset of Proposition 56 Value-Based Payments:** In alignment with the 2020-2021 State Budget May Revise, would eliminate the Proposition 56 Value-Based Payment Program for provider incentive payments, effective July 1, 2020.	**05/14/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill COVID-19 Medi-Cal Response	**COVID-19 Medi-Cal Response:** Would require the Department of Health Care Services to implement any federal Medicaid program waivers or flexibilities approved by the Centers for Medicare & Medicaid Services related to the COVID-19 pandemic, pending approval from the State Department of Finance. Additionally, would require DHCS to continue providing COVID-19 related testing and treatment for individuals currently uninsured, regardless of immigration status, through Medi-Cal fee-for-service. This would be in effect for the duration of the State of Emergency.	**05/22/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Nursing Facility Financing Reform	**Nursing Facility Financing Reform:** Would make modifications to the skilled nursing facility (SNF) Quality Assurance Fees (QAFs): ■ Would exempt a unit that provides freestanding pediatric subacute care services in a SNF from the QAF for the rate period of August 1, 20202 through December 31, 2020, and every subsequent calendar year after; ■ Would allow the Department of Health Care Services (DHCS) to enforce new mechanisms for the collection of delinquent QAFs; and ■ Expand the use of the SNF Quality and Accountability Special Fund to December 31, 2021. Additionally, would adjust the Medi-Cal reimbursement rate methodology for the rate period of August 1, 2020 to December 31, 2020 to be no less than the rates established for 2019-2020 and no more than the applicable federal upper payment limit.	**05/26/2020** Published on the Department of Finance website	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
Trailer Bill Long-Term Care at Home	**Long-Term Care at Home:** Would include long-term care services at home as a Medi-Cal covered benefit for beneficiaries enrolled in managed care and fee-for-service. Would require the entity providing long-term care at home benefits to be licensed and certified by the California Department of Public Health. Additionally, would require the benefit to include services such as, health assessments, transitional care services, care coordination, and home- and community-based services.	**06/12/2020** Published on the Department of Finance website	CalOptima: Watch

*Information in this document is subject to change as bills are still going through the early stages of the legislative process.

CAHP: California Association of Health Plans
CalPACE: California PACE Association
LHPC: Local Health Plans of California
NPA: National PACE Association

Last Updated: September 8, 2020

2020 Federal Legislative Dates

April 4–19	Spring recess
August 10–September 7	Summer recess
October 12–November 6	Fall recess

2020 State Legislative Dates*

**Due to COVID-19, 2020 State Legislative dates have been modified*

January 6	Legislature reconvenes
January 31	Last day for bills introduced in 2019 to pass their house of origin
February 21	Last day for legislation to be introduced
April 2–12	Spring recess
May 22	Last day for policy committees to hear and report bills to fiscal committees introduced in the Assembly
May 29	Last day for policy committees to hear and report bills to fiscal committees introduced in the Senate
May 29	Last day for policy committees to hear and report to the floor non-fiscal bills introduced in the Assembly
June 5	Last day for fiscal committees hear and report to the floor bills introduced in the Assembly
June 15	Budget bill must be passed by midnight
June 15–19	Assembly floor session only
June 19	Last day for the Assembly to pass bills in their house of origin
June 19	Last day for fiscal committees to hear and report to the floor bills introduced in the Senate
June 22–26	Senate floor session only
June 26	Last day for the Senate to pass bills in their house of origin
July 2–July 27one	Summer recess
July 31	Last day for policy committees to hear and report fiscal bills to fiscal committees
August 7	Last day for policy committees to meet and report bills to the floor
August 14	Last day for fiscal committees to report bills to the floor
August 17–31	Floor session only
August 21	Last day to amend bills on the floor
August 31	Last day for bills to be passed. Final recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature
November 3	General Election
December 7	Convening of the 2021–22 session

Sources: 2020 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County's community health plan, our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner. We provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (Medicare Advantage Special Needs Plan), and the Program of All-Inclusive Care for the Elderly (PACE).