



California Department of Public Health

# **2021 Annual Legislative Summary**

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# **2021 ANNUAL LEGISLATIVE SUMMARY**

The Office of Legislative and Governmental Affairs, California Department of Public Health (CDPH), compiles the 2021 Annual Legislative Summary as a reference to legislation CDPH tracked during the 2021 legislative session. The Summary provides a synopsis of legislation affecting CDPH and is for informational purposes only. Updated bill information and their status can be located at the California Legislative Information [website](#). The Summary is posted on the CDPH Office of Legislative and Governmental Affairs (LGA) Legislative Summaries [webpage](#). Updated bill information and their status can be located at the California Legislative Information [website](#).

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## 2021 LEGISLATION SIGNED BY THE GOVERNOR

<b>Bill Number</b>	<b>Author</b>	<b>Title</b>
<b>AB 45</b>	Aguiar-Curry	Industrial hemp products.
<b>AB 61</b>	Gabriel	Business pandemic relief.
<b>AB 73</b>	Robert Rivas	Health emergencies: employment safety: agricultural workers: wildfire smoke.
<b>AB 218</b>	Ward	Change of gender and sex identifier.
<b>AB 263</b>	Arambula	Private detention facilities.
<b>AB 323</b>	Kalra	Long-term health facilities.
<b>AB 356</b>	Chen	Fluoroscopy: temporary permit.
<b>AB 439</b>	Bauer-Kahan	Certificates of death: gender identity.
<b>AB 451</b>	Arambula	Health care facilities: treatment of psychiatric emergency medical conditions.
<b>AB 480</b>	Carrillo	Hazardous materials.
<b>AB 526</b>	Wood	Dentists and podiatrists: clinical laboratories and vaccines.
<b>AB 532</b>	Wood	Health care: fair billing policies.
<b>AB 535</b>	Aguiar-Curry	Olive oil: labeling.
<b>AB 583</b>	Davies	Remote marriage license issuance and solemnization.
<b>AB 619</b>	Calderon	Air quality.
<b>AB 654</b>	Reyes	COVID-19: exposure: notification.
<b>AB 691</b>	Chau	Optometry: SARS-CoV-2 vaccinations: SARS-CoV-2 clinical laboratory tests or examinations.
<b>AB 749</b>	Nazarian	Skilled nursing facilities: medical director certification.

<b>AB 751</b>	Irwin	Vital records: certified copies: electronic requests.
<b>AB 789</b>	Low	Health care services.
<b>AB 825</b>	Levine	Personal information: data breaches: genetic data.
<b>AB 831</b>	Committee on Health	California Retail Food Code.
<b>AB 849</b>	Reyes	Skilled nursing facilities: intermediate care facilities: liability.
<b>AB 1009</b>	Bloom	Farm to Community Food Hub Program.
<b>AB 1020</b>	Friedman	Health care debt and fair billing.
<b>AB 1042</b>	Jones-Sawyer	Skilled nursing facilities: unpaid penalties: related parties.
<b>AB 1064</b>	Fong	Pharmacy practice: vaccines: independent initiation and administration.
<b>AB 1066</b>	Bloom	Priority inland water-contact recreation sites: water quality monitoring.
<b>AB 1094</b>	Arambula	Sexual orientation and gender identity data collection pilot project.
<b>AB 1144</b>	Robert Rivas	Cottage food operations.
<b>AB 1220</b>	Luz Rivas	Homelessness: California Interagency Council on Homelessness.
<b>AB 1273</b>	Rodriguez	Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training.
<b>AB 1276</b>	Carrillo	Single-use foodware accessories and standard condiments.
<b>AB 1280</b>	Irwin	California Hospice Licensure Act of 1990.
<b>AB 1344</b>	Arambula	State Department of Public Health: needle and syringe exchange services.
<b>AB 1407</b>	Burke	Nurses: implicit bias courses.

<b>AB 1422</b>	Gabriel	Health facilities: critical care units: critical care unit program flexibility.
<b>AB 1585</b>	Committee on Health	Health care.
<b>SB 41</b>	Umberg	Privacy: genetic testing companies.
<b>SB 65</b>	Skinner	Maternal care and services.
<b>SB 80</b>	McGuire	Commercial fishing: inspection: crab traps.
<b>SB 283</b>	Gonzalez	Life and disability income insurance: HIV tests.
<b>SB 306</b>	Pan	Sexually transmitted disease: testing.
<b>SB 311</b>	Hueso	Compassionate Access to Medical Cannabis Act or Ryan's Law.
<b>SB 336</b>	Ochoa Bogh	Public health: COVID-19.
<b>SB 353</b>	Roth	Hospice: services to seriously ill patients.
<b>SB 380</b>	Eggman	End of life.
<b>SB 395</b>	Caballero	Excise tax: electronic cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief Program.
<b>SB 409</b>	Caballero	Pharmacy practice: testing.
<b>SB 664</b>	Allen	Hospice licensure: moratorium on new licenses.
<b>SB 824</b>	Committee on Governance and Finance	California Department of Tax and Fee Administration.

## **CENTER FOR HEALTHY COMMUNITIES**

### **CHRONIC DISEASE AND INJURY CONTROL**

**AB 654** Reyes (Chapter 522)

**COVID-19: EXPOSURE: NOTIFICATION.**

Adds a sunset date of January 1, 2023 to current law that requires employers to notify employees and local health departments of COVID-19 outbreaks and associated cases and requires CDPH to post outbreak data by industry to its website. The bill exempts additional types of health care and social service facilities from the requirement to report COVID-19 outbreaks to local health departments and modifies definitions and notification requirements.

**AB 1094** Arambula (Chapter 177)

**SEXUAL ORIENTATION AND GENDER IDENTITY DATA COLLECTION PILOT PROJECT.**

Requires the CDPH to establish a three-year pilot program in up to six counties for coroners and medical examiners to identify and collect information on sexual orientation and gender identity (SOGI) in cases of violent death. The bill requires the counties to agree to training in the collection of SOGI data by a public or private agency with expertise in identifying and collecting clinical data pertaining to sexual orientation and gender identity; following the training, begin data collection and aggregate, de-identify, and annually report the data to the board of supervisors and CDPH. The bill requires CDPH to recruit counties, select trainer(s), and enter the pilot program data into the California Violent Death Reporting System (CalVDRS). The bill becomes inoperative following completion of the three-year pilot program.

### **ENVIRONMENTAL AND OCCUPATIONAL DISEASE CONTROL**

**AB 480** Carrillo (Chapter 743)

**HAZARDOUS MATERIALS.**

Authorizes a Unified Program Agency (UPA), in consultation with the local health officer, to issue an order to the entity responsible for a hazardous substance release to immediately suspend or discontinue the activity causing the endangerment to public health. In addition, the bill requires a business that handles hazardous materials to provide State, City or County fire, public health or safety personnel, and emergency response personnel with access to the facility handling the materials if there is a release or threatened release.

**AB 619** Calderon (Chapter 412)

**AIR QUALITY.**

Requires CDPH to develop a plan, in consultation with stakeholders in several state agencies, medical professionals, local governments, business organizations, Non-profit organizations, and others, with recommendations and guidelines for counties to use in the case of a significant air quality event caused by wildfires or other sources. In addition, the bill requires a county, in advance of its next emergency plan update, to use the air quality plan developed by CDPH in developing a county specific plan.

**SB 824** Committee on Tax Fee Administration (Chapter 432)

**CALIFORNIA DEPARTMENT OF TAX FEE ADMINISTRATION.**

Amends sections of the Hazardous Substances Tax Law governing the administration and collection of the Childhood Lead Poisoning Prevention (CLPP) fee and Occupational Lead Poisoning Prevention (OLPP) fee by the California Department of Tax and Fee Administration (CDTFA) for CDPH. The bill would allow CDPH and CDTFA to disclose CLPP Feepayer information for the purpose of determining a business entity's liability for the fee. In addition, the bill prohibits the disclosure of CLPP and OLPP feepayer information to any person not expressly authorized by law. Lastly, this bill would clarify the authority of CDTFA to administer and collect the CLPP and OLPP fee.

## **TOBACCO CONTROL**

**SB 395** Caballero (Chapter 489)

**EXCISE TAX: ELECTRONIC CIGARETTES: HEALTH CAREERS OPPORTUNITY GRANT PROGRAM: SMALL AND RURAL HOSPITAL RELIEF PROGRAM.**

Imposes a 12.5 percent sales tax on electronic cigarettes (e-cigarettes) purchased for use in California beginning July 1, 2022. The bill requires all revenues collected from the tax to be deposited into the California Electronic Cigarette Excise Tax Fund, a continuously appropriated fund created by the bill, and all amounts in the fund to be distributed to six health and education-related accounts. This intent of the new tax on e-cigarettes is to address the youth vaping crisis in California, create parity with current state taxes on cigarettes, and to allocate proceeds from the tax to improve access to health care and educational opportunities for disadvantaged populations.



# CENTER FOR ENVIRONMENTAL HEALTH

## FOOD AND DRUG SAFETY

### **AB 45** Aguiar-Curry (Chapter 576)

#### INDUSTRIAL HEMP PRODUCTS.

AB 45 amends the Sherman Food, Drug, and Cosmetic Law to authorize the use of industrial hemp (IH) and its cannabinoids, extracts, or derivatives in a food, beverage, cosmetic, or pet food product. Such uses of these substances are currently prohibited because cannabinoids are adulterants. AB 45 allows for the sale and manufacture of inhalable hemp products in California upon the effective date of legislation establishing a tax on inhalable products, and immediately authorizes the manufacture of inhalable hemp products for out-of-state sales. IH manufacturers will be required to use approved hemp, be subject to testing requirements for IH products, and register and pay fees with CDPH.

### **AB 61** Gabriel (Chapter 651)

#### BUSINESS PANDEMIC RELIEF.

Exempts a permanent food facility from the permit requirement to prepare and serve food as a temporary satellite food service. These exemptions will remain operative for one year following the end of the executive order related to the COVID-19 pandemic, or until January 1, 2024, whichever occurs first. The bill requires, starting January 1, 2022, a local jurisdiction to reduce the number of parking spaces required for existing purposes, to accommodate an expanded outdoor dining area if the local jurisdiction has not adopted an ordinance to provide parking relief. AB 61 authorizes the Department of Alcoholic Beverage Control (ABC) to allow on-site consumption of alcoholic beverages on property adjacent to and under control of the licensed business for 365 days following the end of the COVID-19 state of emergency proclaimed by the Governor on March 4, 2020.

### **AB 535** Aguiar-Curry (Chapter 466)

#### OLIVE OIL: LABELING.

Requires a container of olive oil produced, processed, sold, offered for sale, given away, or possessed in California that includes “California” in any form on its principal display panel, and contains olive oil derived from olives grown outside California, to disclose the minimum percentage of olive oil in the container derived from olives grown in California. The bill requires any olive oil produced, processed, sold, offered for sale, given away, or possessed in California with a principal display panel that uses “California” to comply with the quality and purity

standards published by the California Department of Food and Agriculture (CDFA).

**AB 831** Committee on Health (Chapter 155)

**CALIFORNIA RETAIL FOOD CODE.**

Clarifies changes to the California Retail Food Code (CRFC) and expands the food service operations that a limited-service charitable feeding operation can perform under the CRFC to include the storage and distribution of commercially prepared and packaged, potentially hazardous, cold, or frozen foods. The bill establishes the use of a wood burning oven by temporary food facility, mobile food facility that remains fixed, satellite food service or catering operation. The bill clarifies that a satellite food service must be temporary by nature if located within a fully enclosed permanent food facility. The bill gives a local enforcement agency (LEA) the ability to exempt push carts operating outdoors from exhaust ventilation requirements and extends the refrigerated shelf life of foods packaged using a reduced-oxygen packaging method from 14 to no more than 30 days from packaging to consumption.

**AB 1009** Bloom (Chapter 608)

**FARM TO COMMUNITY FOOD HUB PROGRAM.**

Requires the Office of Farm to Fork to establish the Farm to Community Food Hub Program (Program) and associated advisory committee within the California Department of Food and Agriculture (CDFA). The bill authorizes CDFA to consult with outside entities who possess expertise in the operation of food hubs, including the Sustainable Agriculture and Research Education Program, housed within the University of California Division of Agriculture and Natural Resources (ANR). The bill requires the Secretary of CDFA to establish a Farm to Community Food Hub Advisory Committee to advise the Secretary of CDFA in their responsibilities with the Program. The bill allows the Secretary of CDFA or their representative, the State Public Health Officer or their representative, and a county agricultural commissioner to serve as ex officio members of the committee. The bill's provisions become repealed on January 1, 2028.

**AB 1144** Robert Rivas (Chapter 178)

**COTTAGE FOOD OPERATIONS.**

AB 1144 increases the annual gross sales of a "Class A" cottage food operator (CFO) to \$75,000 and annual gross sales of a "Class B" CFO to \$150,000 and adjusts the annual gross sales annually based on the California Consumer Price Index. AB 1144 requires Class B CFOs to renew their permit or registration annually. AB 1144 expands the scope of Class A and Class B CFO transactions to allow direct sales via phone, internet or other digital method and allows fulfillment of direct

and indirect sales either in person, via mail, or by any third-party delivery service. The bill requires the cottage food permit to be renewed annually.

**AB 1276** Carrillo (Chapter 505)

**SINGLE-USE FOODWARE ACCESSORIES AND STANDARD CONDIMENTS.**

Prohibits food facilities from providing single-use foodware accessories or standard condiments to customers unless requested and from being bundled or packaged in a way that prohibits a consumer to choose only the foodware accessory or condiment desired. The bill permits a food facility to offer a drive-through consumer single-use foodware accessory if necessary to consume ready-to-eat food or to prevent spills. The bill requires a third-party food delivery platform to list the single-use foodware and condiments available and provide upon request. The bill excludes from these requirements food facilities located within correctional institutions, health care facilities, residential care facilities, and public and private school cafeterias.

## **RADIATION SAFETY AND ENVIRONMENTAL MANAGEMENT**

**AB 356** Chen (Chapter 459)

**FLUOROSCOPY: TEMPORARY PERMIT.**

Authorizes CDPH to issue a one-time, non-renewable, twelve-month temporary permit to a licensed physician and surgeon or a doctor of podiatric medicine to operate or supervise the operation of fluoroscopic x-ray equipment if the doctor has submitted an application for a renewable fluoroscopy permit, attests under penalty of perjury of having at least 40 hours using fluoroscopic x-ray equipment while not subject to the Radiologic Technology Act, and submitted an application fee for the temporary permit. The bill requires the temporary permit to convey the same rights as a fluoroscopy permit. The bill specifies the application fee to be \$58 and allows CDPH to revise that fee by regulation to cover the reasonable costs of administering the temporary permit program.

**AB 1066** Bloom (Chapter 711)

**PRIORITY INLAND WATER-CONTACT RECREATION SITES: WATER QUALITY MONITORING.**

Requires the California Water Quality Monitoring Council, on or before July 1, 2022, to direct a new or existing working group to study water recreation hazards at priority water-contact recreation sites. On or before July 1, 2023, the working group, chaired by representatives from the State Water Resources Control Board (SWRCB) and CDPH, shall

submit a report to the Council that consists of specified information in accordance with the bill's provisions. The Council shall then post this report on its website.

**SB 80** McGuire (Chapter 757)

**COMMERCIAL FISHING: INSPECTION: CRAB TRAPS.**

Allows the California Department of Fish and Wildlife (CDFW) to open waters that are otherwise restricted for the commercial take of Dungeness crab or rock crab when CDPH authorizes evisceration of Dungeness crab or rock crab. CDFW is required to establish electronic monitoring for crabbing vessels. Crabbers are not allowed to take Dungeness crab or rock crab under an evisceration order on the same trip in which crab outside the evisceration order are taken. The bill requires CDFW to adopt regulations once CDPH approves the manufacture, sale, delivery, holding, or offering for sale of eviscerated Dungeness crab or rock crab. The bill requires a licensed Dungeness crab or rock crab eviscerator to have a Hazard Analysis Critical Control Point (HACCP) plan, approved by CDPH, for handling and preparing eviscerated crab. The bill requires CDPH to establish labeling requirements for eviscerated crab, mandate a licensed eviscerator to maintain written recall procedures, publish a notice in the California Regulatory Notice Register, and consider public comments.

## **CENTER FOR FAMILY HEALTH**

### **MATERNAL, CHILD AND ADOLESCENT HEALTH**

**SB 65** Skinner (Chapter 449)

**MATERNAL CARE AND SERVICES.**

Establishes the California Pregnancy-Associated Review Committee effective August 1, 2022, to conduct an in-depth review of all pregnancy-related deaths. The bill requires the Committee to analyze common indicators of severe maternal morbidity (SMM) and make recommendations on best practices to prevent maternal mortality and morbidity. In addition, the bill requires counties to annually report infant deaths and to establish a Fetal and Infant Mortality Review (FIMR) committee.

# CENTER FOR HEALTH CARE QUALITY

## LICENSING AND CERTIFICATION

**AB 323** Kalra (Chapter 458)

**LONG-TERM HEALTH FACILITIES.**

Redefines the criteria for issuing class “AA” citations in long-term health care (LTC) facilities from “a direct proximate cause” of death to a “substantial factor” in the death, which revises the CDPH standard of proof for class “AA” citations. The bill defines “substantial factor” as, “more than a remote or trivial factor, but is not required to be the only cause of harm.” The bill adds a new penalty type for violations resulting in a class “A” citation that involved the death of a resident. That new type of citation carries a civil penalty in an amount not less than \$15,000 and not exceeding \$60,000. In addition, the bill increases the civil penalty amounts on “AA,” “A,” “B,” and “willful material falsification” or “willful material omission” citations in LTC facilities.

**AB 451** Arambula (Chapter 438)

**HEALTH CARE FACILITIES: TREATMENT OF PSYCHIATRIC EMERGENCY MEDICAL CONDITIONS.**

Requires a psychiatric unit within a general acute care hospital (GACH), an acute psychiatric hospital (APH), or a psychiatric health facility (PHF) with more than 16 beds, regardless of whether the facility maintains an emergency department (ED), to accept a transfer of a person with a psychiatric emergency medical condition from a health facility with an ED and provide emergency services and care if the receiving facility has an available bed and appropriate facilities and qualified personnel available. The bill prohibits a receiving facility from basing emergency care provision on specified patient characteristics or questioning a patient’s ability to pay prior to providing emergency care. The bill exempts facilities operated by the Department of State Hospitals (DSH) and PHFs that are county owned and operated.

**AB 532** Wood (Chapter 465)

**HEALTH CARE: FAIR BILLING POLICIES.**

Makes it mandatory for hospitals to provide a person without health coverage with an estimate of costs and an application form for financial assistance or charity care. The bill adds billing assistance information to the written notice hospitals are required to provide patients and specifies when patients receive the written notice. The notice must provide patients with the internet address for health consumer assistance related to billing and payments and the internet address for the hospital’s list of shoppable services, pursuant to a specified federal

regulation. The bill adds observation units to the list of hospital locations that must post the written notice in a public area.

**AB 749** Nazarian (Chapter 586)

**SKILLED NURSING FACILITIES: MEDICAL DIRECTOR CERTIFICATION.**

Prohibits skilled nursing facilities (SNFs) from contracting with a person as medical director if the person is not, or will not be, within five years of the date of initial hire, certified by the American Board of Post-Acute and Long-Term Care Medicine (ABPLM) or an equivalent organization as a certified medical director (CMD). The bill exempts from these requirements medical directors employed in SNFs operated as a distinct part of an acute care hospital, who must be qualified physicians. Medical directors employed in a SNF as of January 1, 2022, must become a CMD by January 1, 2027. The bill requires a SNF to submit to the CDPH information on its medical director on an initial licensing application and to notify CDPH of any changes in its medical director. In addition, all SNFs must report to CDPH the name and certification status of the facility's medical director by June 30, 2022. The provisions of the bill will sunset on January 1, 2032.

**AB 789** Low (Chapter 470)

**HEALTH CARE SERVICES.**

Requires primary health care providers in facilities, licensed and unlicensed clinics, centers, offices, and other settings to offer an adult patient receiving primary care services a Hepatitis B screening test and a Hepatitis C screening test if the patient's health insurance covers the cost, except under specified circumstances. The bill requires the offer of these screening tests to be culturally and linguistically appropriate. The bill requires the providers to offer a patient whose test is positive follow-up health care or a referral to a health care provider who can provide that follow-up care. The bill states that these provisions do not affect the scope of practice of any health care provider or diminish any authority or legal or professional obligation of any health care provider to offer these screening tests or to provide services or care for the patient taking one of these screening tests. The bill further states that a health care provider failing to comply with the bill shall not be subject to any disciplinary action related to the health care provider's licensure or certification, or to any civil or criminal liability, for failing to comply with the bill.

**AB 849** Reyes (Chapter 471)

**SKILLED NURSING FACILITIES: INTERMEDIATE CARE FACILITIES: LIABILITY.**

Amends provisions authorizing a current or former resident of a skilled nursing facility (SNF) or intermediate care facility (ICF), or their legal representative, personal representative, or successor in interest, to bring a civil action for violation of the residents' rights protections in the California Code of Regulations (CCR), or any other right provided for by federal or state law. The licensee is liable for up to \$500, plus costs and attorney's fees, for each violation occurring on or after March 1, 2021. The bill includes the factors a court may consider in assessing the amount of the statutory damages including the nature and seriousness of each violation.

**AB 1020** Friedman (Chapter 473)

**HEALTH CARE DEBT AND FAIR BILLING.**

Enhances consumer debt protections provided under the Hospital Fair Pricing Act and transfers the administration and enforcement of the program from CDPH to the Department of Health Care Access and Information (formerly the Office for Statewide Health Planning and Development).

**AB 1042** Jones-Sawyer (Chapter 475)

**SKILLED NURSING FACILITIES: UNPAID PENALTIES: RELATED PARTIES.**

Authorizes the Department of Health Care Services (DHCS) to recover an unpaid quality assurance fee (QAF) from a skilled nursing facility's (SNF) financial interest in related parties and requires DHCS to notify the related parties prior to taking action to recover the unpaid QAF. The bill makes use of Health Facilities Citation Penalties Account funds to operate a facility's debt to the state and allows CDPH to collect the funds from a licensee or related parties and requires CDPH to notify related parties of potential action. The bill requires CDPH to begin notifications on January 1, 2023, and to document if it determines recovery from related parties is unlikely, and to make this documentation publicly available unless exempt from the California Public Records Act, wherein CDPH must provide reason for nondisclosure. The bill requires CDPH to notify related parties of the basis for a long-term care facility's citation and the related party's potential responsibility for administrative actions.

**AB 1273** Rodriguez (Chapter 477)

**INTERAGENCY ADVISORY COMMITTEE ON APPRENTICESHIP: THE DIRECTOR OF CONSUMER AFFAIRS AND THE STATE PUBLIC HEALTH OFFICER: EARN AND LEARN TRAINING.**

Prevents CDPH, in the licensing and certification of health professionals, from prohibiting earn and learn programs for the training of personnel. The bill requires CDPH and the Department of Consumer

Affairs' (DCA) constituent boards to use licensing and certification standards that authorize the use of earn and learn programs. The bill adds the State Public Health Officer and the Director of DCA to the Interagency Advisory Committee on Apprenticeship in the Division of Apprenticeship Standards (DAS) within the Department of Industrial Relations, as ex officio members.

**AB 1280** Irwin (Chapter 478)

**CALIFORNIA HOSPICE LICENSURE ACT OF 1990.**

Prohibits a hospice provider, employed hospice staff, or hospice agent from giving payment to referral sources. The bill defines "payment" as anything of value, including cash, gift cards, prepaid cards, or remuneration of any kind, "referral source" as a medical or nonmedical entity or provider who refers a patient, their family, or patient's representative to a hospice, and "patient's representative" as a person the patient designates or acting on the patient's behalf under the Long-Term Care Patient Representative Program. The bill prohibits specified persons remunerated for hospice referrals or admissions from counseling a patient or their family or representative on hospice services, election, or informed consent, and it requires this counsel and hospice election, informed consent, and signatures be done by a specified medical, mental health, or spiritual provider employed by the hospice. The bill requires a hospice to provide a patient or their representative verbal and written notice of the patient's rights and responsibilities in a language and manner the person understands during the initial visit before furnishing care, and it defines "verbal" as spoken or signed.

**AB 1407** Burke (Chapter 445)

**NURSES: IMPLICIT BIAS COURSES.**

Requires general acute care hospitals to implement an evidence-based implicit bias program as part of their programs for hiring and training new nursing program graduates. The bill requires nursing schools and programs to include implicit bias coursework in their curricula. In addition, the bill requires newly licensed registered nurses to complete one hour of direct participation in an implicit bias course approved by the Board of Registered Nursing within their initial two-year licensing period.

**AB 1422** Gabriel (Chapter 716)

**HEALTH FACILITIES: CRITICAL CARE UNITS: CRITICAL CARE UNIT PROGRAM FLEXIBILITY.**

Creates a new category of program flexibility requests beginning January 1, 2023, for general acute care hospitals (GACH) requesting flexibility to designate a bed, or beds, in a critical care unit as requiring a lower level of care. The bill requires a facility requesting this flexibility



to submit its request, along with supporting evidence demonstrating that the proposed alternative will not jeopardize patient welfare and is needed for increased operational efficiency, to CDPH. CDPH must post the request and supporting documentation on its public website within five calendar days of receipt and must solicit public comment on the application for a period of at least 30 days, except for initial critical care unit flexibility requests submitted during health care emergencies. In addition, the bill requires CDPH, by February 1, 2023, to post to its public website a list of facilities applying for critical care unit program flexibilities, a list of facilities with approved critical care unit program flexibilities, including approval notices and pertinent details of the approved requests, and a department contact for the public to submit complaints related to an approved critical care unit program flexibility.

**AB 1585** Committee on Health (Chapter 181)

HEALTH CARE.

Requires the infection preventionist (IP) in a skilled nursing facility (SNF) to have primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field. The bill requires the IP to be qualified by education, training, clinical or health care experience, or certification, and to have completed specialized training in infection prevention and control. In addition, the bill extends the deadline for the Department of Health Care Services (DHCS) to promulgate regulations relating to the California Children's Services Whole Child Model Program, from July 1, 2020 to January 1, 2023.

**SB 311** Hueso (Chapter 384)

COMPASSIONATE ACCESS TO MEDICAL CANNABIS ACT OR RYAN'S LAW.

Extends the palliative care pilot program (PCPP) established under the California Hospice Licensure Act that allows a licensed hospice to provide any interdisciplinary hospice services, including, palliative care, to a seriously ill patient, whose condition may result in death, regardless of the estimated length of the patient's remaining period of life, until January 1, 2027. The bill extends the annual reporting deadline for a hospice providing palliative care to seriously ill patients to submit data relevant to this care from January 1 to April 30, extends the reporting requirement until 2025, and clarifies that the requirement applies regardless of whether the hospice provided this care. The bill extends the requirement for a hospice to report CDPH if it ceases to provide palliative care services to seriously ill patients until January 1, 2027. The bill extends the deadline for CDPH to convene a stakeholder meeting to discuss the results of the collected information to January 15, 2026.

**SB 353** Roth (Chapter 488)

**HOSPICE: SERVICES TO SERIOUSLY ILL PATIENTS.**

Extends the palliative care pilot program (PCPP) established under the California Hospice Licensure Act that allows a licensed hospice to provide any interdisciplinary hospice services, including, palliative care, to a seriously ill patient, whose condition may result in death, regardless of the estimated length of the patient's remaining period of life, until January 1, 2027. The bill extends the annual reporting deadline for a hospice providing palliative care to seriously ill patients to submit data relevant to this care from January 1 to April 30, extends the reporting requirement until 2025, and clarifies that the requirement applies regardless of whether the hospice provided this care. The bill extends the requirement for a hospice to report to CDPH if it ceases to provide palliative care services to seriously ill patients until January 1, 2027. The bill extends the deadline for CDPH to convene a stakeholder meeting to discuss the results of the collected information to January 15, 2026.

**SB 664** Allen (Chapter 494)

**HOSPICE LICENSURE: MORATORIUM ON NEW LICENSES.**

Establishes a moratorium on hospice licensure, prohibiting the California Department of Public Health (CDPH) from issuing a new hospice license on or after January 1, 2022, and until 365 days from the date the California State Auditor publishes a report on hospice licensure. The bill allows CDPH to grant an exception during the moratorium and issue a new license to operate a hospice upon making a written finding that an applicant for a new license, or with a license application pending on January 1, 2022, has shown a demonstrable need for hospice services in the applicant's proposed service area, based on the concentration of all existing hospice services in that area. The bill does not modify CDPH's authority to renew existing hospice licenses. The provisions of the bill sunset on January 1, 2027.

## **CENTER FOR HEALTH STATISTICS AND INFORMATICS**

**AB 218** Ward (Chapter 577)

**CHANGE OF GENDER AND SEX IDENTIFIER.**

Allows a person, as part of the petition for a judgment to change the petitioner's name and to recognize the change to the petitioner's gender and sex identifier, to also seek an order to revise the California marriage certificate of the petitioner and/or the California birth certificates of the petitioner's children to reflect the petitioner's change of name and gender-related labels. The bill requires the consent of the petitioner's spouse to change the marriage certificate and the consent of the other parent to change a minor child's birth certificate. The bill requires CDPH, upon court order, to replace the vital record certificates with one that does not reveal the petitioner obtained a name and gender change. The bill authorizes a person to file a petition, even if the person does not reside in California. The bill authorizes a petition to be filed if the person lives in a jurisdiction that does not provide these changes by court order. AB 218 specifies that a person who was issued a birth certificate by this state, rather than a person born in this state, may obtain a new birth certificate from CDPH. The bill requires that when the child's assigned sex at birth is added to the electronic file, that information is to be confidential, except for authorized entities or individuals for health-related purposes.

**AB 439** Bauer-Kahan (Chapter 53)

**CERTIFICATES OF DEATH: GENDER IDENTITY.**

Requires the authorized person completing a death certificate to record the decedent's sex to reflect the decedent's gender identity as either female, male, or nonbinary.

**AB 583** Davies (Chapter 620)

**REMOTE MARRIAGE LICENSE ISSUANCE AND SOLOMNIZATION.**

Authorizes, until January 2024, a county clerk to issue a public or confidential marriage license or solemnize or witness a marriage ceremony using remote technology, except for the marriage of a minor. The bill prescribes the procedures and requirements for public and confidential marriage license applications, marriage license issuance, and the witnessing or solemnizing of the marriage ceremony using remote technology. The bill authorizes a county clerk to provide guidance relating to public and confidential marriage license applications, marriage license issuance, and the witnessing or

solemnizing of the marriage ceremony when the guidance relates to the use of their remote technology. The bill's provisions sunset on January 1, 2024.

**AB 751** Irwin (Chapter 623)

**VITAL RECORDS: CERTIFIED COPIES: ELECTRONIC REQUESTS.** Deletes the January 1, 2022, sunset date that authorizes the State Registrar, local registrars, and county recorders to accept electronic verification of identity from applicants requesting certified vital records online. The bill specifies that the verification process complies with National Institute of Standards and Technology (NIST) Special Publication 800-63A Digital Identity Guidelines and requires the completion of a privacy risk assessment.

**SB 380** Eggman (Chapter 542)

**END OF LIFE.**

Extends the operation of the End of Life Option Act (EOLA) until January 1, 2031. The bill permits an individual to qualify for a prescription for an aid-in-dying drug by reiterating the oral request to the attending physician 48 hours after making the initial oral request. The bill eliminates the Final Attestation Form required to be filled out by the qualified individual within 48 hours prior to self-administering the aid-in-dying medication. The bill requires health care providers who elect not to participate in EOLA to inform the individual of their non-participation in EOLA, document the individual's request in the medical record, and transfer the individual's medical record upon request. The bill includes gender neutral language changes to the Interpreter Form (California Courts INT-110) submitted to CDPH.

## **CENTER FOR INFECTIOUS DISEASES**

### **COMMUNICABLE DISEASE CONTROL**

**AB 1064** Fong (Cheater 655)

**PHARMACY PRACTICE: VACCINES: INDEPENDENT INITIATION AND ADMINISTRATION.**

Authorizes a pharmacist to independently initiate and administer any vaccine approved or authorized by the United States Food and Drug Administration (FDA) and received a federal Advisory Committee on Immunization Practices (ACIP) individual vaccine recommendation published by the federal Centers for Disease Control and Prevention (CDC) for persons 3 years of age and older.

**SB 336**      **Ochoa Bogh (Chapter 487)**

**PUBLIC HEALTH: COVID-19.**

Requires CDPH or a local health officer (LHO), when taking measures to protect the public against a threat of COVID-19, to publish those measures and the date they take effect on their internet website. In addition, CDPH or a local health official are required to provide organizations, communities, nonprofits and individuals an opportunity to sign up for an email distribution list which will relay changes to public health orders.

## **OFFICE OF AIDS**

**AB 1344**      **Arambula (Chapter 480)**

**STATE DEPARTMENT OF PUBLIC HEALTH: NEEDLE AND SYRINGE EXCHANGE SERVICES.**

Exempts hypodermic needle and syringe exchange services authorized by CDPH, and/or by local governments, from review under the California Environmental Quality Act (CEQA). The bill declares that the CEQA exemption provisions are declaratory of existing law, and that the provisions relating to needle exchange programs are severable.

**SB 306**      **Pan (Chapter 486)**

**SEXUALLY TRANSMITTED DISEASE: TESTING.**

Expands access to and coverage of sexually transmitted diseases (STDs) testing and treatment. The bill permits pharmacists, physicians, and mid-level clinicians to prescribe treatment to a patient's sexual partners, requires various public and private payers to cover "home" STD test kits, requires clinical providers to screen pregnant women for syphilis according to state public health guidelines, and allows HIV test counselors to perform rapid STD tests.

## **RURAL HEALTH**

**AB 263**      **Arambula (Chapter 294)**

**PRIVATE DETENTION FACILITIES.**

Requires operators of private detention facilities in California to comply with all local and state public health orders and occupational safety and health regulations.

# OFFICE OF THE STATE PUBLIC HEALTH LABORATORY DIRECTOR

## LABORATORY FIELD SERVICES

**AB 526** Wood (Chapter 653)

**DENTISTS AND PODIATRISTS: CLINICAL LABORATORIES AND VACCINES.**

Expands the definition of laboratory director to include a licensed dentist as director of a laboratory performing testing categorized as waived under the federal Clinical Laboratory Improvement Amendments. The bill authorizes a dentist who complies with specified requirements to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration (FDA) for persons 3 years of age or older. In addition, the bill authorizes podiatrists to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the FDA for persons 3 years of age or older.

**AB 691** Chau (Chapter 654)

**OPTOMETRY: SARS-COV-2 VACCINATIONS: SARS-COV-2 CLINICAL LABORATORY TESTS OR EXAMINATIONS.**

Authorizes optometrists to perform tests classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 for SARS-CoV-2. The bill expands the optometrist scope of practice to allow licensed optometrists to administer immunizations for pneumococcus and SARS-CoV-2, and sets requirements for optometrists to administer immunizations, including the creation of an application form for certification.

**SB 409** Caballero (Chapter 604)

**PHARMACY PRACTICE: TESTING.**

Authorizes pharmacists and pharmacies to perform any aspect of any Food and Drug Administration (FDA)-approved or authorized test that is classified as waived under the Clinical Laboratory Improvement Act (CLIA) if the test is used to detect or screen for certain illnesses, conditions, or diseases identified in the bill or the test is approved by the California Board of Pharmacy, in conjunction with the Medical Board of California and CDPH's Laboratory Field Services (LFS), by regulation. The bill amends clinical laboratory law to authorize the testing and include pharmacist-in-charge in the definition of laboratory director. In addition, the bill requires a pharmacy and a pharmacist-in-

charge to maintain documents related to testing and to report results in a specific manner.

## MISCELLANEOUS

**AB 73** Robert Rivas (Chapter 322)

HEALTH EMERGENCIES: EMPLOYMENT SAFETY:  
AGRICULTURAL WORKERS: WILDFIRE SMOKE.

Includes wildfire smoke events among health emergencies and includes agricultural workers in the definition of essential workers. The bill requires CDPH to report to the Legislature regarding the Personal Protective Equipment (PPE) stockpile within 6 months of the effective date of these provisions. This bill requires the Department of Industrial Relations and their Division of Occupational Safety and Health to develop, periodically update, and distribute to employers training materials for agricultural employees relating to wildfire smoke safety topics, including employee rights and access to, and use of PPE.

**AB 825** Levine (Chapter 527)

PERSONAL INFORMATION: DATA BREACHES: GENETIC DATA.

Expands the definition of personal information under CA Civil Code to include genetic data, which was not previously included. Genetic Data is defined as any data, regardless of its format, that results from the analysis of a biological sample of an individual, or from another source enabling equivalent information to be obtained and concerns genetic material. The bill requires that any agency that owns or licenses computerized data that includes personal information, which is now being expanded to include genetic data, to disclose any breach of the security of the system, so long as the personal information pertains to a resident of California; whose unencrypted personal information was, or is reasonably believed to have been, acquired by an unauthorized person; or, whose encrypted personal information was acquired by an unauthorized person, and the encryption key or security credential was acquired by an unauthorized person and the agency that owns or licenses the encrypted information has a reasonable belief that the encryption key or security credential could render that personal information readable or usable.

**AB 1220** Luz Rivas (Chapter 398)

HOMELESSNESS: CALIFORNIA INTERAGENCY COUNCIL ON HOMELESSNESS.

Renames the existing Homeless Coordinating and Financing Council (HCFC) as the Interagency Council on Homelessness, makes changes to the Council's membership, and requires it to consult with a specified advisory committee of stakeholders. The bill requires the Secretary of

the California Health and Human Services Agency (CHHS) to serve as co-chair of the Council with the Secretary of the Business, Consumer Services, and Housing Agency, and adds the State Public Health Officer to the Council membership. AB 1220 requires Council member agencies and departments to be represented by the Director or Secretary rather than by an agency representative.

**SB 41** Umberg (Chapter 596)

**PRIVACY: GENETIC TESTING COMPANIES.**

Requires any direct-to-consumer genetic testing company to provide clear information regarding the company's policies for the collection, use and disclosure of genetic data. The bill requires a company to obtain a consumer's consent to use, or disclose the consumer's genetic data, and allows a consumer to request that their biological sample be destroyed. In addition, the bill requires a genetic testing company to comply with all applicable laws for disclosing genetic data to law enforcement without a consumer's express consent and requires the company to maintain security procedures to protect a consumer's genetic data against unauthorized access. The bill includes civil penalties for violations of an amount not less than one thousand dollars (\$1,000) and not more than ten thousand dollars (\$10,000) plus court costs, as determined by the court.



## CDPH PRIMARY BILL LIST

<b>Bill Number</b>	<b>Author</b>	<b>Title</b>	<b>Outcome</b>	<b>Page</b>
<b>AB 6</b>	Levine	Health facilities: pandemics and emergencies: best practices.	2-Year Bill	N/A
<b>AB 45</b>	Aguiar-Curry	Industrial hemp products.	Signed	6
<b>AB 61</b>	Gabriel	Business pandemic relief.	Signed	6
<b>AB 64</b>	Quirk	Electricity: long-term backup electricity supply strategy.	2-Year Bill	N/A
<b>AB 70</b>	Salas	Gene synthesis providers.	Vetoed	N/A
<b>AB 73</b>	Robert Rivas	Health emergencies: employment safety: agricultural workers: wildfire smoke.	Signed	20
<b>AB 107</b>	Salas	Licensure: veterans and military spouses.	Signed	N/A
<b>AB 218</b>	Ward	Change of gender and sex identifier.	Signed	16
<b>AB 234</b>	Ramos	Office of Suicide Prevention	2-Year Bill	N/A
<b>AB 240</b>	Rodriguez	Local health department workforce assessment.	2-Year Bill	N/A
<b>AB 257</b>	Lorena Gonzalez	Food facilities and employment.	2-Year Bill	N/A
<b>AB 263</b>	Arambula	Private detention facilities.	Signed	18
<b>AB 279</b>	Muratsuchi	Intermediate care facilities and skilled nursing facilities: COVID-19.	Vetoed	N/A
<b>AB 285</b>	Holden	State Department of Education: state school nurse consultant.	2-Year Bill	N/A

<b>AB 287</b>	Quirk	Civil actions: statute of limitations.	Signed	N/A
<b>AB 290</b>	Quirk	Cannabis testing.	2-Year Bill	N/A
<b>AB 323</b>	Kalra	Long-term health facilities.	Signed	10
<b>AB 356</b>	Chen	Fluoroscopy: temporary permit.	Signed	8
<b>AB 370</b>	Arambula	Ambulatory surgical centers	2-Year Bill	N/A
<b>AB 392</b>	Nazarian	Clinical laboratories: total protein test: authorization.	2-Year Bill	N/A
<b>AB 422</b>	Friedman	Tobacco products: individuals under 21 years of age.	2-Year Bill	N/A
<b>AB 439</b>	Bauer-Kahan	Certificates of death: gender identity.	Signed	16
<b>AB 441</b>	Mayes	Recreational water use: wave basins.	2-Year Bill	N/A
<b>AB 451</b>	Arambula	Health care facilities: treatment of psychiatric emergency medical conditions.	Signed	10
<b>AB 480</b>	Carrillo	Hazardous materials.	Signed	4
<b>AB 501</b>	Cristina Garcia	Reduction of human remains and the disposition of reduced human remains.	2-Year Bill	N/A
<b>AB 523</b>	Nazarian	Program of All-Inclusive Care for the Elderly.	Vetoed	N/A
<b>AB 526</b>	Wood	Dentists and podiatrists: clinical laboratories and vaccines.	Signed	19
<b>AB 532</b>	Wood	Health care: fair billing policies.	Signed	10

<b>AB 535</b>	Aguiar-Curry	Olive oil: labeling.	Signed	N/A
<b>AB 583</b>	Davies	Remote marriage license issuance and solemnization.	Signed	16
<b>AB 585</b>	Luz Rivas	Climate change: Extreme Heat and Community Resilience Program.	2-Year Bill	N/A
<b>AB 619</b>	Calderon	Air quality.	Signed	5
<b>AB 654</b>	Reyes	COVID-19: exposure: notification.	Signed	4
<b>AB 691</b>	Chau	Optometry: SARS-CoV-2 vaccinations: SARS-CoV-2 clinical laboratory tests or examinations.	Signed	19
<b>AB 713</b>	Cristina Garcia	State Air Resources Board: greenhouse gas emissions scoping plan: comprehensive health analysis.	2-Year Bill	N/A
<b>AB 749</b>	Nazarian	Skilled nursing facilities: medical director certification.	Signed	11
<b>AB 751</b>	Irwin	Vital records: certified copies: electronic requests.	Signed	17
<b>AB 789</b>	Low	Health care services.	Signed	11
<b>AB 814</b>	Levine	Personal information: contact tracing.	2-Year Bill	N/A
<b>AB 825</b>	Levine	Personal information: data breaches: genetic data.	Signed	20
<b>AB 831</b>	Committee on Health	California Retail Food Code.	Signed	7
<b>AB 835</b>	Nazarian	Hospital emergency departments: HIV testing.	2-Year Bill	N/A
<b>AB 849</b>	Reyes	Skilled nursing facilities: intermediate care facilities: liability.	Signed	11

<b>AB 852</b>	Wood	Nurse practitioners: scope of practice: practice without standardized procedures.	2-Year Bill	N/A
<b>AB 1009</b>	Bloom	Farm to Community Food Hub Program.	Signed	7
<b>AB 1017</b>	Quirk-Silva	Public restrooms: Right to Restrooms Act of 2021.	2-Year Bill	N/A
<b>AB 1020</b>	Friedman	Health care debt and fair billing.	Signed	12
<b>AB 1038</b>	Gipson	California Health Equity Program.	2-Year Bill	N/A
<b>AB 1042</b>	Jones-Sawyer	Skilled nursing facilities: unpaid penalties: related parties.	Signed	12
<b>AB 1046</b>	Blanca Rubio	Nurse-Family Partnership program.	2-Year Bill	N/A
<b>AB 1064</b>	Fong	Pharmacy practice: vaccines: independent initiation and administration.	Signed	17
<b>AB 1066</b>	Bloom	Priority inland water-contact recreation sites: water quality monitoring.	Signed	8
<b>AB 1094</b>	Arambula	Sexual orientation and gender identity data collection pilot project.	Signed	4
<b>AB 1138</b>	Blanca Rubio	Unlawful cannabis activity: civil enforcement.	Signed	N/A
<b>AB 1144</b>	Robert Rivas	Cottage food operations.	Signed	7
<b>AB 1169</b>	Eduardo Garcia	Health care facilities: interpreters.	2-Year Bill	N/A
<b>AB 1207</b>	Weber	Pathways Through Pandemics Task Force.	Vetoed	N/A

<b>AB 1220</b>	Luz Rivas	Homelessness: California Interagency Council on Homelessness.	Signed	20
<b>AB 1222</b>	Chen	Cannabis packaging: beverages.	Signed	N/A
<b>AB 1273</b>	Rodriguez	Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training.	Signed	12
<b>AB 1276</b>	Carrillo	Single-use foodware accessories and standard condiments.	Signed	8
<b>AB 1280</b>	Irwin	California Hospice Licensure Act of 1990.	Signed	13
<b>AB 1286</b>	Petrie-Norris	Marriage: local registrar.	2-Year Bill	N/A
<b>AB 1328</b>	Irwin	Clinical laboratory technology and pharmacists.	2-Year Bill	N/A
<b>AB 1344</b>	Arambula	State Department of Public Health: needle and syringe exchange services.	Signed	18
<b>AB 1357</b>	Cervantes	Perinatal services: maternal mental health.	Vetoed	N/A
<b>AB 1358</b>	Muratsuchi	Demographics: ancestry and ethnic origin.	2-Year Bill	N/A
<b>AB 1407</b>	Burke	Nurses: implicit bias courses.	Signed	13
<b>AB 1422</b>	Gabriel	Health facilities: critical care units: critical care unit program flexibility.	Signed	13
<b>AB 1470</b>	Mathis	Ending Military Suicide Task Force.	2-Year Bill	N/A
<b>AB 1488</b>	Cervantes	Emergency services: local government: access and functional needs: medical equipment.	2-Year Bill	N/A

<b>AB 1585</b>	Committee on Health	Health care.	Signed	14
<b>SB 17</b>	Pan	Office of Racial Equity.	2-Year Bill	N/A
<b>SB 41</b>	Umberg	Privacy: genetic testing companies.	Signed	21
<b>SB 57</b>	Wiener	Controlled substances: overdose prevention program.	2-Year Bill	N/A
<b>SB 59</b>	Caballero	Cannabis provisional licenses: local equity applicants.	2-Year Bill	N/A
<b>SB 65</b>	Skinner	Maternal care and services.	Signed	9
<b>SB 80</b>	McGuire	Commercial fishing: inspection: crab traps.	Signed	9
<b>SB 108</b>	Hurtado	State Healthy Food Access Policy.	2-Year Bill	N/A
<b>SB 247</b>	Eggman	Rare Disease Advisory Council.	Vetoed	N/A
<b>SB 283</b>	Lena Gonzalez	Life and disability income insurance: HIV tests.	Signed	N/A
<b>SB 285</b>	McGuire	California Tourism Recovery Act.	2-Year Bill	N/A
<b>SB 306</b>	Pan	Sexually transmitted disease: testing.	Signed	18
<b>SB 311</b>	Hueso	Compassionate Access to Medical Cannabis Act or Ryan's Law.	Signed	14
<b>SB 336</b>	Ochoa Bogh	Public health: COVID-19.	Signed	18
<b>SB 353</b>	Roth	Hospice: services to seriously ill patients.	Signed	15
<b>SB 367</b>	Hurtado	Student safety: opioid overdose reversal medication.	2-Year Bill	N/A

<b>SB 371</b>	Caballero	Health information technology.	2-Year Bill	N/A
<b>SB 380</b>	Eggman	End of life.	Signed	17
<b>SB 395</b>	Caballero	Excise tax: electronic cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief Program.	Signed	5
<b>SB 398</b>	Skinner	Cannabis licenses: cannabis licensing agreements: labor peace agreement license requirement: medical marijuana identification cards.	2-Year Bill	N/A
<b>SB 402</b>	Hurtado	Multipayer Payment Reform Collaborative.	2-Year Bill	N/A
<b>SB 409</b>	Caballero	Pharmacy practice: testing.	Signed	19
<b>SB 452</b>	Lena Gonzalez	State government: Immigrant and Refugee Affairs Agency: Office of Immigrant and Refugee Affairs.	2-Year Bill	N/A
<b>SB 487</b>	Susan Rubio	Tobacco Education and Research Oversight Committee.	2-Year Bill	N/A
<b>SB 492</b>	Hurtado	Maternal health.	2-Year Bill	N/A
<b>SB 519</b>	Wiener	Controlled substances: decriminalization of certain hallucinogenic substances.	2-Year Bill	N/A
<b>SB 603</b>	Bradford	Cannabis license deferral and waiver fee program: tax credit.	2-Year Bill	N/A
<b>SB 605</b>	Eggman	Medical Device Right to Repair Act.	2-Year Bill	N/A
<b>SB 637</b>	Newman	Health facility reporting: staffing.	2-Year Bill	N/A

<b>SB 642</b>	Kamlager	Health care: facilities: medical privileges.	2-Year Bill	N/A
<b>SB 664</b>	Allen	Hospice licensure: moratorium on new licenses.	Signed	15
<b>SB 682</b>	Susan Rubio	Childhood chronic health conditions: racial disparities.	Vetoed	N/A
<b>SB 744</b>	Glazer	Communicable diseases: respiratory disease information.	2-Year Bill	N/A
<b>SB 824</b>	Committee on Governance and Finance	California Department of Tax and Fee Administration.	Signed	5

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## Index of Veto Messages and Letters to the Journal

*Veto messages follow this index in numeric order,  
and Letters to the Journal follow thereafter*

BILL NUMBER	AUTHOR	SUBJECT	PROGRAM
AB 70	Salas	Gene synthesis providers.	Laboratory Field Services
AB 279	Muratsuchi	Intermediate care facilities and skilled nursing facilities: COVID-19.	Licensing and Certification
AB 523	Nazarian	Program of All-Inclusive Care for the Elderly.	Licensing and Certification
AB 1207	Weber	Pathways Through Pandemics Task Force.	Division of Communicable Disease Control
AB 1357	Cervantes	Perinatal services: maternal mental health.	Maternal, Child, and Adolescent Health
SB 247	Eggman	Rare Disease Advisory Council.	Chronic Disease Control Branch
SB 311 (Letter)	Hueso	Compassionate Access to Medical Cannabis Act or Ryan's Law.	Licensing and Certification
SB 682	Susan Rubio	Childhood chronic health conditions: racial disparities.	Office of Health Equity

**Veto Messages**  
*In Numeric Order*



OFFICE OF THE GOVERNOR

OCT 05 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 70 without my signature.

This bill would require the California Department of Public Health (CDPH) to establish a new state regulatory program to provide oversight over gene synthesis providers and manufacturers of gene synthesis operating equipment. The bill would also require gene synthesis businesses to demonstrate membership in a voluntary industry consortium or be verified by CDPH to use customer and sequence screening protocols that meet or exceed the protocols established by that consortium.

In order to fund the establishment of the program, the bill would authorize CDPH to begin charging fees from the entities to be regulated before the program is established and before businesses are required to be in compliance. This structure is not implementable and General Fund resources needed to support the establishment of a new regulatory program should be considered in the annual budget process. Furthermore, consideration should be given to whether a patchwork of state and federal regulations on biosecurity is the most effective way to approach an issue of international magnitude. For these reasons, I am returning this bill without my signature.

Sincerely,

A handwritten signature in black ink, appearing to read "Gavin Newsom", written over a horizontal line. The signature is stylized and somewhat illegible.

Gavin Newsom

GOVERNOR GAVIN NEWSOM • SACRAMENTO, CA 95814 • (916) 445-2841





**OFFICE OF THE GOVERNOR**

OCT 07 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 279 without my signature.

This bill prohibits, until July 1, 2022, an intermediate care facility (ICF) or skilled nursing facility (SNF) from terminating or making significant quality-of-care changes, or from transferring a resident to another facility, unless the owner of the facility files for bankruptcy, except under specified circumstances.

Although this bill seeks to protect residents of ICFs and SNFs from involuntary transfers, its restrictions could have unintended consequences for the people it intends to serve. Requiring a struggling facility short of bankruptcy to remain open may lead to conditions where care is compromised because the facility is not able to retain staff. For example, facilities with inadequate staffing will struggle to implement measures to limit COVID-19 transmission and prevent outbreaks. Furthermore, the California Department of Public Health does not have the legal authority to compel a facility to continue operating or providing services if the facility wishes to close. For these reasons, I am returning this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Gavin Newsom", written over a horizontal line. The signature is stylized and somewhat illegible.

Gavin Newsom

**GOVERNOR GAVIN NEWSOM • SACRAMENTO, CA 95814 • (916) 445-2841**



OFFICE OF THE GOVERNOR

OCT 06 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 523 without my signature.

AB 523 would require the Department of Health Care Services (DHCS) to make permanent the specified Program of All-Inclusive Care for the Elderly (PACE) program flexibilities instituted, on or before January 1, 2021, in response to the public health emergency caused by COVID-19. AB 523 also requires DHCS to work with the Centers for Medicare and Medicaid Services to determine how to extend PACE flexibilities approved during COVID-19.

As part of the Budget Act of 2021, all telehealth flexibilities in the Medi-Cal program were extended until December 31, 2022. DHCS was also required to convene an advisory group to provide recommendations for establishing and adopting billing and utilization management protocols for telehealth modalities to increase access and equity and reduce disparities in the Medi-Cal program. This advisory group is the appropriate venue to participate and provide telehealth recommendations specific to the PACE program.

Additionally, the bill states that DHCS shall make the changes permanent, without conditioning the permanent changes on DHCS obtaining necessary federal approvals and federal financial participation or taking into consideration federal legal mandates.

For these reasons, I am returning this bill without my signature.

Sincerely,

A handwritten signature in black ink, appearing to read "Gavin Newsom".

Gavin Newsom

GOVERNOR GAVIN NEWSOM • SACRAMENTO, CA 95814 • (916) 445-2841





OFFICE OF THE GOVERNOR

OCT 04 2021

To the Members of the California State Assembly:

I am returning Assembly Bill 1207 without my signature.

This bill would establish the Pathways Through Pandemics Task Force within the California Health and Human Services Agency (CHHS) to study lessons learned from the COVID-19 pandemic and to develop strategies to navigate future pandemics.

While I share the Legislature's goal of studying lessons learned from the COVID-19 pandemic, this bill is duplicative of work already underway. Resources provided in the 2021 Budget already allows CHHS to provide an assessment of the state's COVID-19 public health response, which will evaluate the lessons learned and identify programmatic gaps.

The 2021 Budget also includes \$1.7 million for CHHS to conduct a retrospective analysis of the intersection of the COVID-19 pandemic and the health disparities that were further perpetuated due to the pandemic. This analysis will help the state better understand how health disparities fueled the pandemic and what can be done to prepare for future crises.



Due to these efforts already underway, I am returning this bill without my signature.

Sincerely,



Gavin Newsom



OFFICE OF THE GOVERNOR

**OCT 05 2021**

To the Members of the California State Assembly:

I am returning Assembly Bill 1357 without my signature.

This bill would require the California Department of Public Health (CDPH) to develop and maintain a state-wide referral network of community-based mental health providers and support services addressing maternal mental health on the CDPH website.

AB 1357 is duplicative as there are existing resources available to pregnant and postpartum individuals. The Department of Health Care Services maintains a website that provides information about how individuals can seek mental health services through their local county. State programs such as the Adolescent Family Life Program, Black Infant Health Program, California Home Visiting Program, Perinatal Equity Initiative, and the Comprehensive Perinatal Services Program work to ensure pregnant and postpartum individuals are assessed, informed, linked, and referred to appropriate health and social services, including mental health services.





Local health jurisdictions also inform pregnant and postpartum individuals of services and providers that are available and unique to each county. Finally, an individual's source of health coverage, whether it be Medi-Cal, a county mental health plan, or commercial health plan can arrange for care through its local provider network. For these reasons, I do not believe adding yet another website is necessary.

Sincerely,



Gavin Newsom



OFFICE OF THE GOVERNOR

**OCT 05 2021**

To the Members of the California State Senate:

I am returning Senate Bill 247 without my signature.

This bill seeks to establish the Rare Disease Advisory Council in the California Health and Human Services (CHHS) Agency, to research and determine the most appropriate methods to collect data on rare diseases, identify priorities relating to treatment and services, and identify best practices for rare disease care. The Council would also be tasked with coordinating statewide research, acting as an advisory body to the state Legislature and other state agencies, guiding research into rare diseases, assisting in the creation and financing of a Rare Disease Fund, and adopting regulations.

While it is important for the public, providers, state agencies, and private partners to have access to information on rare diseases, the purpose and duties of the Advisory Council as would be required by SB 247 are extensive and costly. Bills with a significant fiscal impact, such as this measure, should be considered in the annual budget process. For this reason, I cannot sign this bill.

Sincerely,

A handwritten signature in black ink, appearing to be "Gavin Newsom", written over a printed name. The signature is stylized and extends to the right.

Gavin Newsom

GOVERNOR GAVIN NEWSOM • SACRAMENTO, CA 95814 • (916) 445-2841





OFFICE OF THE GOVERNOR

OCT 04 2021

To the Members of the California State Senate:

I am returning Senate Bill 682 without my signature.

This bill would require the California Health and Human Services Agency (CHHS) to convene an advisory workgroup to develop and implement a plan to reduce racial disparities in childhood chronic diseases by at least 50 percent by December 31, 2030.

My Administration is strongly supportive of closing the health disparity gap among youth and agrees with the intent of this bill. California must set measurable goals and take meaningful action to reduce disparities in chronic conditions affecting children of color. However, because the bill places performance measures and targets into state statute, it restricts the vital flexibility necessary to account for shifting health equity priorities over the next decade.

The bill is also duplicative of efforts already underway, creating unnecessary bureaucratic burden instead of material change. The Department of Health Care Services (DHCS) is analyzing various sources of race/ethnicity data to establish a road map with specific, measurable, attainable, relevant, and time-based goals to reduce racial and ethnic health disparities in Medi-Cal. The 2021 state budget provided historic investments for CHHS to further reorient the administration of its programs using this data to launch an online Health Equity Dashboard. Furthermore, DHCS and the Department of Managed Health Care (DMHC) are collaborating on the establishment and enforcement of health equity and quality standards for full-service and behavioral health plans, which



will include annual benchmark standards for assessing equity and quality in health care delivery that will be enforced by the DMHC. These efforts, coupled with CalAIM and managed care plan procurement, will hold Medi-Cal managed care plans accountable for providing quality and equitable care to the state's most vulnerable populations.

I look forward to continuing the work within my Administration, with the Legislature, and with affected communities to address racial disparities in health care, especially as they pertain to children of color, in a manner that is meaningful, effective, and responsive to the latest data and health equity priorities.

Sincerely,



Gavin Newsom

## **Letters to the Journal**

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# California State Senate

SENATOR  
**BEN HUESO**  
FORTIETH SENATE DISTRICT



STANDING COMMITTEES  
ENERGY, UTILITIES & COMMUNICATIONS  
CHAIR  
INSURANCE  
LATINO LEGISLATIVE CAUCUS  
NATURAL RESOURCES & WATER  
GOVERNMENTAL ORGANIZATION  
BANKING & FINANCIAL INSTITUTIONS  
SELECT COMMITTEES  
CALIFORNIA-MEXICO COOPERATION  
CHAIR  
MENTAL HEALTH  
STATUS OF BOYS AND MEN OF COLOR  
JOINT COMMITTEE  
JOINT LEGISLATIVE COMMITTEE ON  
CLIMATE CHANGE POLICIES

September 10, 2021

Ms. Erika Contreras  
Secretary of the Senate

**VIA HAND DELIVERY**

Dear Ms. Contreras:

I respectfully request this letter be entered into the Senate Journal to clarify the Legislature’s intent with respect to SB 311, the Compassionate Access to Medical Cannabis Act.

The September 1, 2021 amendments to this bill were taken at the request of the California Department of Public Health (CDPH). One of these amendments requires health facilities, with regard to medical cannabis, to comply with drug and medication requirements applicable to Schedule II, III, and IV drugs [§1649.2(a)(4)]. Concerns have been raised by health facilities and pharmacists that this amendment would require health facilities to treat cannabis as a Schedule II, III, or IV drug, therefore subject to existing requirements that include: acquiring physician orders, pharmacist verification of such orders, and pharmacy oversight of management and use.

This letter is to clarify that it is not the intent of this bill or of these amendments to subject medicinal cannabis to all requirements applicable to controlled substances, nor to require that a pharmacy or pharmacist be involved in the use, storage, management, or dispensing of medicinal cannabis at a health facility.

According to the California Department of Public Health, the intent of this amendment was specific to the use, storage, and tracking of medicinal cannabis only, and to require facilities to create policies and procedures for checking in and storage of the cannabis. CDPH states that the storage and tracking requirements pertaining to health facilities are the same for all schedules of the Controlled Substances Act. As CDPH has stated, nothing in this bill requires the health facility to provide the medicinal cannabis, nor does this bill require the facility to dispense the cannabis from the pharmacy, and it is not the intent of the Legislature for this bill to be interpreted in such a way as to impose such requirements. Rather, this amendment is intended to require health facilities to ensure proper storage and tracking of the medication, and to allow CDPH to monitor this storage and tracking.

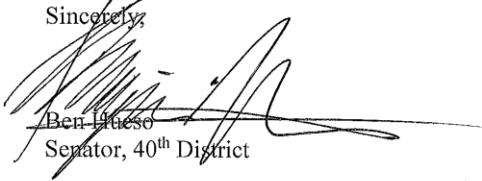
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Thank you for the opportunity to clarify this intent.

Sincerely,



Ben Luieso  
Senator, 40<sup>th</sup> District