

**JOINT LEGISLATIVE COMMITTEE
DEPARTMENT OF DISABILITY AND AGING SERVICES
MINUTES
Wednesday, April 21, 2021, 9:00 a.m. to 10:00 am
Remote Zoom Meeting**

Call to Order:

Co-chair Diane Lawrence called the meeting to order at 9:10am

Roll Call:

Present: Diane Lawrence, Margaret Graf, Allegra Fortunati, Commissioner Bittner

Absent: Commissioner Carrington, Bettye Hammond, Anne Warren, Commissioner Lum

Staff: Cindy Kauffman and Kate Shadoan

Approval of Agenda: No quorum. Unable to approve April 21, 2021 and March 17, 2021 agendas. Both items will be added to May agenda.

Approval of Minutes: No quorum. Unable to approve February 17, 2021 and March 17, 2021 minutes. Both items will be moved to the May agenda.

Legislative Reports: Staff reviewed new legislation that had been added to tracked items but had not been previously reviewed. Bills discussed are attached.

California Senior Legislature: Prior to the meeting, Allegra shared bills that are being sponsored and/or supported by CSL. They were emailed to committee members and incorporated into the bills being tracked.

New Business: no new business.

Old Business: no old business.

ANNOUNCEMENTS: no announcements.

NEXT JOINT LEGISLATIVE COMMITTEE MEETING: Wednesday, May 19, 2021

Meeting was ADJOURNED at 10:00 am

Legislative Bills 4.21.21

Item #	Sponsor	Summary	Status	Organization & Support
<p>AB 305</p>	<p>Maienschein</p>	<p>Veteran Services: Notice</p> <p>Existing law requires every state agency that requests on any written form or written publication, or through its internet website, whether a person is a veteran, to request that information in a specified manner.</p> <p>This bill would delete that requirement, and would instead require specified governmental agencies to include, at their next scheduled update, questions on their intake and application forms to determine whether a person is affiliated with the Armed Forces of the United States. The bill would require those agencies, through the intake or application form, to request permission from that person to transmit their contact information to the Department of Veterans Affairs so that the person may be notified of potential eligibility to receive state and federal veterans benefits.</p> <p>This bill would require the agencies to electronically transmit to the Department of Veterans Affairs specified information regarding each person who has identified that they, or a family member, has served in the Armed Forces of the United States and has consented to be contacted about military, veterans, family member, or survivor benefits. By requiring community college districts to comply with these requirements, this bill would impose a state-mandated local program.</p> <p>This bill would request the Regents of the University of California to comply with the above-described provisions.</p> <p>The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.</p> <p>This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.</p>	<p>2/12/21 Referred to Com on M & VA</p> <p>1/26/21 From printer. May be heard in committee Feb. 25</p> <p>1/25/21 Read first time. To print.</p>	
<p>AB 344</p>	<p>Flora</p>	<p>IHSS Provider Orientation</p>	<p>2/12/21 Referred to Com on Human</p>	

		<p>Existing law provides for the In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons receive services enabling them to remain in their own homes. Existing law requires prospective providers of in-home supportive services to complete a provider orientation at the time of enrollment and, at the conclusion of the provider orientation, to sign a specified statement. Existing law requires the county to retain this statement indefinitely in the provider's file.</p> <p>This bill would instead require the county to retain the statement in the provider's file for a period of 7 years.</p>	<p>services</p> <p>1/29/21 From printer</p> <p>1/28/21 Read first time. To print</p>	
<p>AB 499</p>	<p>Rubio</p>	<p>Referral Source for RCFE: Duties</p> <p>(1) The California Residential Care Facilities for the Elderly Act generally requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. The act prohibits a placement agency, as defined, from placing an individual in a licensed residential care facility for the elderly if the individual, because of a health condition, cannot be cared for within the limits of the license or requires inpatient care in a health facility. The act requires an employee of a placement agency who knows, or reasonably suspects, that a facility is improperly operating without a license to report the facility to the department, and requires the department to investigate those reports. The act further requires a placement agency to notify the appropriate licensing agency of any known or suspected incidents that would jeopardize the health or safety of residents in a facility. The act specifically makes a violation of these requirements a crime.</p> <p>This bill would recast the requirements on a placement agency and its employees to instead be requirements on a referral source, defined to mean a person or entity that provides a referral to a residential care facility for the elderly, as specified. The bill would prohibit a referral source from, among other things, referring a person to a residential care facility for the elderly in which the referral source has an ownership or management interest without a waiver. The bill would require a referral source, before sending a compensated referral to a residential care facility for the elderly, to provide a senior or their representative with specific written, electronic, or verbal disclosures that include, among others, the referral source's privacy policy. The bill would additionally require a compensated referral source to comply with additional requirements that include, among others, maintaining a minimum amount of liability insurance coverage. The bill would impose criminal penalties and civil penalties for a</p>	<p>4/12/21 Set for Hearing on 4/20/21</p> <p>4/8/21 From committee: Do pass and re-refer to Com on Aging & LTC. Re-referred to Com on Aging & LTC</p> <p>4/8/21 Co-authors revised</p> <p>3/22/21 Set for hearing 4/7/21</p> <p>2/18/21 Referred to Coms on Human Services and Aging & LTC</p> <p>2/10/21 From printer.</p> <p>2/9/21 Read first time. To print.</p>	

		<p>violation of these provisions, as specified. By expanding the existing crime under the act and specifying new criminal penalties, this bill would impose a state-mandated local program.</p> <p>(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason</p>		
AB 574	Chen	<p>Guardians ad litem: mental illnesses</p> <p>Existing law authorizes a court, on its own motion or on request of certain specified persons, to appoint a guardian ad litem in a probate proceeding, as specified, to represent the interests of certain persons, including a minor or an incapacitated person. Existing law prohibits the appointment of a public guardian as a guardian ad litem in a probate proceeding, unless the court finds that no other qualified person is willing to act as a guardian ad litem.</p> <p>Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Existing law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Existing law, for the purposes of involuntary commitment and conservatorship, defines “gravely disabled,” among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the person’s basic personal needs for food, clothing, or shelter.</p> <p>This bill would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency. The bill would authorize certain persons to petition the court for the appointment of a guardian ad litem under these provisions, and would establish the procedures that would govern the filing of a petition, its notice provisions, and court procedures. Under certain circumstances, the bill would require the court to appoint the public defender or private counsel to represent a person who is the subject of a petition.</p>	<p>2/18/21 Referred to Coms on Health and Jud</p> <p>2/12/21 From printer. May be heard in committee March 14</p> <p>2/11/21 Read first time. To print</p>	
AB 580	Rodriguez	<p>Emergency Services: Vulnerable Populations</p> <p>Existing law, the California Emergency Services Act, establishes, within the office of the Governor, the Office of Emergency Services (OES) under the supervision of the Director of</p>	<p>4/13/21 Set for Hearing on 4/19/21</p> <p>4/13/21 Re-referred to Com on EM</p>	

		<p>Emergency Services. Existing law makes OES responsible for addressing natural, technological, or manmade disasters and emergencies, including activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property.</p> <p>Existing law requires OES to establish a standardized emergency management system for use by all emergency response agencies. Existing law requires the director to appoint representatives of the disabled community to serve on pertinent committees related to that system, and to ensure that the needs of the disabled community are met within that system by ensuring certain committee recommendations include the needs of people with disabilities.</p> <p>This bill instead would require the director to appoint representatives of the access and functional needs population <i>population, provided a majority of appointees are from specified groups</i>, to serve on those committees and to ensure the needs of that population are met within that system.</p> <p>Under existing law, political subdivisions, as defined, have full power during a local emergency to provide mutual aid to any affected area in accordance with local ordinances, resolutions, emergency plans, or agreements. Existing law defines “emergency plan” for these purposes to mean official and approved documents that describe the principles and methods to be applied in carrying out emergency operations or rendering mutual aid during emergencies. Existing law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan and to include representatives from the access and functional needs population, as defined, regarding that integration.</p> <p>This bill would require a county to send a copy of its emergency plan to OES on or before March 1, 2022, and upon any update to the plan after that date. By creating a new duty for counties, this bill would impose a state-mandated local program. The bill would require OES, in consultation with representatives of people with a variety of access and functional needs, to review the emergency plan of each county to determine whether the plans are consistent with certain best practices and guidance, as specified. The bill would require OES to report to the Legislature and to post on its internet website the results of its reviews. The bill would require OES to provide technical assistance to a county in developing and revising its emergency plan to address the issues that the office identified in its review.</p> <p>Existing law, on or before July 1, 2019, requires OES, in consultation with specified groups and entities, including the disability community, to develop guidelines for alerting and warning the public of an emergency, as specified, and to provide each city and county with a copy of the guidelines. Existing law requires OES, within 6 months of making those guidelines available and at</p>	<p>4/12/21 From committee chair with author’s amendments: Amend and re-refer to Com on EM. Read second time and amended.</p> <p>4/6/21 Re-referred to Com on EM</p> <p>4/5/21 from committee chair with author’s amendments. Amend, and re-refer to Com on EM. Read second time and amended.</p> <p>2/23/21 Set for hearing on 4/5/21</p> <p>2/18/21 Referred to Com on E.M.</p> <p>2/12/21 From printer. May be heard in committee March 14</p> <p>2/11/21 Read first time. To print.</p>	
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AB 596	Nguyen	<p>Appointed legal counsel</p> <p>The Guardianship-Conservatorship Law authorizes the court to appoint private legal counsel for a ward, a proposed ward, a conservatee, or a proposed conservatee in any proceeding under its provisions if the court determines the person is not otherwise represented by legal counsel and that the appointment would be helpful to the resolution of the matter or is necessary to protect the person's interests. The law requires the court to appoint the public defender or private counsel to represent the interest of a conservatee, proposed conservatee, or person alleged to lack legal capacity for assistance in particular proceedings that include, among others, proceedings to establish a conservatorship or to remove the conservator.</p>	<p>2/18/21 Referred to Com on Jud</p> <p>2/12/21 From printer. May be heard in committee March 14</p> <p>2/11/21 Read first time. To print.</p>	

		<p>This bill would require an attorney, who is appointed under these provisions and determines that a conservatee or proposed conservatee is unable to communicate, to report the nature of that inability to the court, and would require the court, upon a determination of the inability to communicate, to discharge the appointed attorney and appoint a guardian ad litem. The bill would specifically require an attorney who is appointed under these provisions to represent a conservatee, a proposed conservatee, or person alleged to lack legal capacity to act as an advocate for the client, and would prohibit the attorney from substituting their own judgment for that of the client's expressed interests.</p>	
AB 636	Maienschein	<p>Financial Abuse of Elder or Dependent Adults</p> <p>Existing law, the Elder Abuse and Dependent Adult Civil Protection Act, establishes procedures and requirements for the reporting, investigation, and prosecution of elder and dependent adult abuse. Existing law makes specified reports, including reports of known or suspected financial abuse of an elder or dependent adult, confidential. Existing law requires information relevant to the incident of elder or dependent adult abuse to be given to specified investigators, including investigators from an adult protective services agency, a local law enforcement agency, and the probate court.</p> <p>This bill would also authorize information relevant to the incident of elder or dependent adult abuse to be given to a federal law enforcement agency charged with the investigation of elder or dependent adult abuse or to a local code enforcement agency for the sole purpose of investigating a property where the health and safety of an elder or dependent adult resident is at risk.</p>	<p>4/12/21 In Senate. Read first time. To Com on Rules for assignment</p> <p>4/12/21 Read third time. Passed. Ordered to Senate.</p> <p>4/7/21 From committee: Do pass</p> <p>2/25/21 Referred to Com on Aging & LTC</p> <p>2/13/21 From printer. May be heard in committee March 15</p> <p>2/12/21 Read first time. To print.</p>
AB 1176	Garcia & Santiago	<p>Communications: Universal Broadband service: California Connect Fund</p> <p>This bill would establish the California Connect Fund in the State Treasury, subject to the conditions and restrictions applicable to the existing universal service funds described above. The bill would, until January 1, 2031, require the commission to develop, implement, and administer the California Connect Program to ensure that high-speed broadband service is available to every household in the state at affordable rates. The bill would require the commission, on or before January 1, 2023, to adopt rules to implement the program, including rules that establish eligibility criteria for the program and the amount of, and requirements for, subsidies under the program. The bill would require the commission to perform outreach to increase program participation and to collect data on existing affordable internet service plans that may meet program criteria. The bill</p>	<p>4/8/21 Set for hearing on 4/28/21</p> <p>3/4/21 Referred to Com on C & C</p> <p>2/19/21 From printer. May be heard in committee March 21</p> <p>2/18/21 Read first time. To print</p>

		<p>would require the commission to annually report to the Legislature on the status of the program, including its success and any recommendations for modifications to the program, as provided.</p> <p>Under existing law, a violation of the Public Utilities Act or any order, decision, rule, direction, demand, or requirement of the commission is a crime.</p> <p>Because a violation of a commission action implementing this bill's requirements would be a crime, the bill would impose a state-mandated local program.</p> <p>The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason.</p>		
SB 221	Weiner	<p>Health Care Coverage: Timely access to Care</p> <p>This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. <i>The bill would require that a referral to a specialist by another provider meet the timely access standards.</i> If a health care service plan is operating in a service area that has a shortage of providers and the plan is not able to meet the geographic and timely access standards for providing mental health or substance use disorder services with an in-network provider, the bill would require the plan, including a Medi-Cal Managed Care Plan, to arrange coverage outside the plan's contracted network. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program.</p> <p>The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that</p>	<p>3/22/21 Read second time and amended. Re-referred to Com on Appr</p> <p>3/18/21 From committee: Do pass as amended and re-refer to Com. on APPR</p> <p>3/9/21 From committee with author's amendments. Read second time and amended. Re-referred to Com on Health.</p> <p>3/3/21 Set for hearing on 3/17/21 1pm</p> <p>1/28/21 Referred to Com on Health</p> <p>1/14/21 From printer. May be acted upon or after Feb. 13</p> <p>1/13/21 Introduced. Read first time. To Com on RLS for assignment. To print.</p>	<p>CSL Support (Self Sufficiency tracking)</p>

		<p>reimbursement.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason.</p>		
SB 380	Eggman with Cooper, Wood, Aguiar-Cury, Bonta, Frazier, Garcia, Rivas	<p>End of Life</p> <p>Existing law, the End of Life Option Act, until January 1, 2026, authorizes an adult who meets certain qualifications, and who has been determined by their attending physician to be suffering from a terminal disease, as defined, to make a request for an aid-in-dying drug for the purpose of ending their life. Existing law establishes the procedures for making these requests, including that two 2 oral requests be made a minimum of 15 days apart, specified forms to request an aid-in-dying drug be submitted, under specified circumstances, and a final attestation be completed. Existing law requires specified information to be documented in the individual's medical record, including, among other things, all oral and written requests for an aid-in-dying drug.</p> <p>This bill would allow for an individual to qualify for aid-in-dying medication by making two oral requests, regardless of the period between oral requests, and a written request when a physician has determined, within reasonable medical judgment, that the individual will die from their terminal illness in 15 days or less. <i>2 oral requests a minimum of 48 hours apart.</i> The bill would eliminate the requirement that an individual who is prescribed and ingests aid-in-dying medication make a final attestation. The bill would require that the date of all oral and written requests be documented in an individual's medical record and would require that upon a transfer of care, that record be provided to the qualified individual. The bill would extend the operation of the act indefinitely, thereby imposing a state-mandated local program by extending the operation of crimes for specified violations of the act.</p> <p>Existing law requires that an individual seeking aid in dying medication be subject to specific findings by their attending physician, a consulting physician, and, if determined to be necessary, a licensed psychologist or psychiatrist.</p> <p>This bill would allow for a mental health professional other than a licensed psychologist or psychiatrist to conduct a mental health exam for the purpose of qualifying an individual for aid in dying medication.</p> <p>Existing law makes participation in activities authorized pursuant to the act voluntary, and makes individual health care providers immune from liability for refusing to engage in activities</p>	<p>4/12/21 Set for hearing 4/20/21.</p> <p>4/5/21 Read second time and amended. Re-referred to Com on Jud3/25/21 From committee: Do pass as amended and re-refer to Com on Jud</p> <p>3/16/21 Set for Hearing March 24</p> <p>2/22/21 Joint Rule 55 suspended. (Ayes 32. Noes 4)</p> <p>2/22/21 Art. IV Sec. 8(a) of the Constitution dispensed with</p> <p>2/17/21 Referred to Coms on Health and Jud</p> <p>2/11/21 From printer. May be acted upon or after March 13</p> <p>2/10/21 Introduced. Read first time. To Com on RLS for assignment. To print</p>	

	<p>authorized pursuant to its provisions, including providing information about the act or referring an individual to a provider who prescribes aid-in-dying medication.</p> <p>This bill would redefine those activities that are considered “participation” for these purposes to exclude diagnosis of an individual with a terminal illness, prognosis of an individual’s illness, determination of an individual’s capacity to make medical decisions, provision of information regarding the act, and referral to a medical provider who will participate in the activities under the act. The bill would state that failure to provide information about medical aid in dying to an individual who requests it, or failure to refer the individual, upon request, to another health care provider or health care facility that is willing to provide the information, is considered a failure to obtain informed consent for subsequent medical treatments.</p> <p><i>This bill would require a health care provider who is unable or unwilling to participate in activities authorized by the act to inform the individual seeking an aid-in-dying medication that they do not participate, document the date of the individual’s request and the provider’s notice of their objection, and transfer their relevant medical record upon request.</i></p> <p>Existing law authorizes a health care provider to prohibit its employees, independent contractors, or other persons or entities, including other health care providers, from participating in activities under the act, including acting as a consulting physician, while on the premises owned or under the management or direct control of that prohibiting health care provider, or while acting within the course and scope of any employment by, or contract with, the prohibiting health care provider.</p> <p>This bill would instead authorize health <i>care</i> facilities to prohibit employees and contractors, as specified, from prescribing aid-in-dying drugs while on the facility premises or in the course of their employment. <i>The bill would prohibit a health care provider or health care facility from engaging in false, misleading, or deceptive practices relating to their willingness to qualify an individual or provide a prescription for an aid-in-dying medication to a qualified individual. The bill would require a health care facility to post its current policy regarding medical aid in dying on its internet website.</i></p> <p>Under existing law, it is a felony to knowingly alter or forge a request for drugs to end an individual’s life without their authorization, to conceal or destroy a withdrawal or rescission of a request for a drug, if it is done with the intent or effect of causing the individual’s death, to knowingly coerce or exert undue influence on an individual to request a drug for the purpose of ending their life, or to destroy a withdrawal or rescission of a request, or to administer an aid in-</p>		
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		<p>dying drug to an individual without their knowledge or consent.</p> <p>This bill would add a definition of “coercion or undue influence” that includes deception and would create civil liability for anyone who obstructs an individual’s request for aid in dying medication. The bill would prohibit a medical facility or provider from making false or misleading statements as to their willingness to participate, as defined, in activities under the act and requires that medical facilities post their policy regarding participation in the act on their internet website.</p> <p>The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.</p> <p>This bill would provide that no reimbursement is required by this act for a specified reason.</p>		
SB 441	Hurtado	<p>Health Care Workforce Training Programs: Geriatric Medicine</p> <p><i>Existing law establishes the Office of Statewide Health Planning and Development in the California Health and Human Services Agency, which oversees various scholarship programs to improve access to health care, including the Steven M. Thompson Physician Corps Loan Repayment Program, which provides for the repayment of educational loans obtained by a physician and surgeon who practices in a medically underserved area of the state.</i></p> <p><i>Existing law requires the office to maintain a Health Professions Career Opportunity Program tasked with supporting and encouraging minority health professionals in training to practice in health professional shortage areas of California, among other duties.</i></p> <p><i>Existing law provides that in administering the National Health Service Corps State Loan Repayment Program in accordance with federal law and regulations, the office is required to strive, whenever feasible, to equitably distribute loan repayment awards between eligible urban and rural program sites, after taking into account the availability of health care services in the communities to be served and the number of individuals to be served in each program site.</i></p> <p><i>This bill would require the office to include students and professionals with training in geriatrics in administering the Health Professions Career Opportunity Program, National Health Service Corps State Loan Repayment Program, and the Steven M. Thompson Physician Corps Loan Repayment Program. The bill would also state the intent of the Legislature to provide geriatricians</i></p>	<p>4/8/21 From committee: Do pass and re-refer to Com on Appr with recommendation: To consent calendar. Re-referred to Com on Appr</p> <p>3/22/21 From committee with author’s amendments. Read second time and amended. Re-referred to Com on Health</p> <p>3/19/21 Set for Hearing on 4/7/21</p> <p>2/25/21 Referred to Com on Health</p> <p>2/22/21 Joint Rule 55 suspended</p> <p>2/22/21 Art. IV. Sec. 8(a) of the Constitution dispensed with</p>	

		<p><i>practicing in underserved areas access to existing loan repayment programs offered by the state, encouraging more geriatric care providers to practice in federally designated health provider shortage areas and addressing the state's shortage of geriatricians.</i></p> <p>Existing law, the Song-Brown Health Care Workforce Training Act, provides for specified training programs for certain health care workers, including family physicians, registered nurses, nurse practitioners, and physician assistants. Existing law establishes a state medical contract program with accredited medical schools, hospitals, and other programs and institutions to increase the number of students and residents receiving quality education and training in specified primary care specialties and maximize the delivery of primary care and family physician services to underserved areas of the state.</p> <p>This bill would add geriatric medicine to the list of specified primary care specialties under the program. The bill would add training in geriatric medicine to the definition of a "family physician" as that term is used in the act.</p>		
SB 460	Pan	<p>SB 460, as amended, Pan. Office of the Patient Representative. <i>Long-term health facilities: patient representatives.</i></p> <p>This bill would create the Office of the Patient Representative in the Department of Aging to train, certify, provide, and oversee patient representatives to protect the rights of nursing home residents, as specified. The bill would, among other things, require the office to establish appropriate eligibility, training, certification, and continuing education requirements for patient representatives and to convene a group of stakeholders to advise the office regarding the eligibility requirements. The bill would, among other things, require the office to collect and analyze data, including the number of residents represented, the number of interdisciplinary team meetings attended, and the number of cases in which judicial review was sought and to present that data in an annual public report delivered to the Legislature and posted on the office's internet website. The bill would require patient representatives to perform various duties including reviewing the determinations that the resident lacks decisionmaking capacity <i>capacity, as defined, to make decisions</i> and no surrogate decisionmaker is available, as specified.</p> <p><i>Existing law requires the attending physician and surgeon of a resident in a skilled nursing facility or intermediate care facility that prescribes or orders a medical intervention of a resident that requires the informed consent of a resident who lacks capacity to provide that consent and who does not have a person with legal authority to make those decision on behalf of the resident to</i></p>	<p>4/14/21 From committee: Do pass and re-refer to Com. on APPR with recommendation: To consent calendar. (Ayes 11. Noes 0.) (April 14). Re-referred to Com. on APPR.</p> <p>4/8/21 Set for hearing on 4/14/21</p> <p>4/6/21 Set for Hearing 4/21/21</p> <p>3/24/21 From committee: Do pass and re-refer to Com on Health with recommendation: To consent calendar. Re-referred to Com on Health</p> <p>3/16/21 From committee with author's amendments. Read second time and amended. Re-referred to</p>	

		<p><i>inform the skilled nursing facility or intermediate care facility. Existing law requires the facility to conduct an interdisciplinary team review of the prescribed medical intervention prior to the administration of the medical intervention, subject to specified proceedings. Existing law authorizes a medical intervention prior to the facility convening an interdisciplinary team review in the case of an emergency, under specified circumstances. Existing law imposes civil penalties for a violation of these provisions.</i></p> <p><i>This bill would require the physician and surgeon to document the determination that the resident lacks capacity, as defined, in the resident's medical record, and would require the skilled nursing facility or intermediate care facility to identify, or use due diligence to search for, a surrogate decisionmaker, as defined. The bill would require, among other things, if the resident lacks capacity and there is no surrogate decisionmaker, the skilled nursing facility or intermediate care facility to provide written notice to the resident and to the Office of the Patient Representative, as specified. The bill would require a copy of the notice to be included in the resident's records and to include specified information, including notice that the resident has the right to a patient representative. The bill would require the Office of the Patient Representative to designate someone to serve as the patient's representative if no family member or friend is available to serve in that capacity, and would prohibit a patient representative from being, among others, an employee or former employee of the facility, as specified.</i></p>	<p>Com on Human Services</p> <p>3/9/21 Set for Hearing March 23</p> <p>2/25/21 Referral to Com on Jud rescinded because of the limitations placed on committee hearings due to ongoing health and safety risks of COVID-19</p> <p>2/25/21 Referred to Coms on Human Services and Health and Jud</p> <p>2/22/21 Joint Rule 55 suspended</p> <p>2/22/21 Art. IV. Sec. 8(a) of the Constitution dispensed with</p>	
SB 515	Pan	<p>Long-Term services and Supports</p> <p>Existing law, contingent upon the appropriation of funds for that purpose by the Legislature, establishes the Aging and Disability Resource Connection (ADRC) program, to be administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level.</p> <p>By executive order, the Governor has ordered that a master plan for aging be developed and issued to serve as a blueprint to implement strategies and partnerships that promote healthy aging and prepare the state for upcoming demographic changes. The executive order requires the Secretary of the California Health and Human Services Agency to convene a Master Plan for Aging Stakeholder Advisory Committee, which includes a Long-Term Care Subcommittee.</p> <p>Existing law requires the secretary, in coordination with the Director of the California Department of Aging, to lead the development and implementation of the master plan established pursuant to</p>	<p>4/12/21 From committee with author's amendments. Read second time and amended. Re-referred to Com on Human services.</p> <p>4/5/21 set for hearing 4/20/21</p> <p>3/11/21 Set for Hearing April 6</p> <p>3/4/21 March 9 set for first hearing canceled at request of author</p> <p>3/1/21 Set for hearing March 9</p> <p>2/25/21 Referred to Com on Human</p>	

		<p>that executive order. Existing law requires the secretary and the director, with the assistance of the workgroup, to work with specified agencies, as needed, to identify policies, efficiencies, and strategies necessary to implement the master plan. Existing law requires the workgroup to solicit input and gather information to assist with the implementation of the master plan.</p> <p>This bill would establish the California Long Term Services and Supports Benefits Board (LTSS Board), to be composed of 10 specified members, including, among others, the Treasurer as chair, the Secretary of California Health and Human Services as vice chair, and 3 members to be appointed by the Governor. The bill would require the LTSS Board to manage and invest revenue deposited in the California Long Term Services and Supports Benefits Trust Fund (LTSS Trust), which the bill would create in the State Treasury, to, upon appropriation, finance long term services and supports for eligible individuals. The bill would require the Long Term Supports and Services Subcommittee of the Master Plan on Aging to provide ongoing advice and recommendations to the board.</p> <p><i>This bill would require the department to establish an LTSS Benefit Task Force, or utilize an existing board, commission, committee, or task force, to focus on LTSS benefit needs in the State of California. The bill would require the department to report to the Legislature by July 1, 2023, on the specified findings and recommendations of the LTSS Benefit Task Force.</i></p>	<p>services</p> <p>2/22/21 Joint Rule 55 suspended</p>	
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