SELECT NEW CALIFORNIA LAWS[1]

The 2022 Legislative Year

www.dbt.law

SAN DIEGO
101 W. Broadway, Ste. 1400
San Diego, CA 92101
(619) 231-7738

LOS ANGELES
11755 Wilshire Blvd, 15th Floor
Los Angeles, CA 90025
(310) 479-0944

ORANGE
333 City Blvd. West, 17th Floor
Orange, CA 92868
(714) 937.2085

RIVERSIDE
11801 Pierce Street, 2nd Floor
Riverside, CA 92505
(951) 710-3277

SACRAMENTO
980 9th Street 16th Floor
Sacramento, CA 95814
(916) 929-9600

[1] *This summary of select new laws is designed to provide an overview of certain legislation. It is by no means exhaustive in its analysis as to the breadth of any of the cited new laws. It is provided with the understanding that the Dummit Buchholz & Trapp is not engaged in rendering legal or the professional service with regard to this summary. Further information concerning these new laws can be obtained at http://leginfo.legislature.ca.gov/. If legal advice or assistance is required to the subject matter, the services of an attorney should be sought. Also, please note that the information contained within this memo is time dated. Changes in the law do occur; case and statutory law should be consulted with regard to whether or not there has been a change in law since this document was compiled. Further, this summary is not exhaustive and each change in the law should be reviewed via analysis of law itself and legislative history.

Table of Contents

AB 2176 (Live Birth Registration)

Existing law requires each live birth to be registered with the local registrar of births and deaths for the district in which the birth occurred within 10 days following the date of the event.

This law instead requires each live birth to be registered with the local registrar within 21 days.

AB 1394 (General Acute Care Hospitals: Suicide Screening)

This law requires, on or before January 1, 2025, a general acute care hospital to establish and adopt written policies and procedures to screen patients who are 12 years of age and older for purposes of detecting a risk for suicidal ideation and behavior. It requires the procedures to include, among other things, a designation of the licensed staff who are responsible for the implementation of the policies and procedures. The law further requires a general acute care hospital to routinely screen patients who are 12 years of age and older for a risk of suicidal ideation and behavior in compliance with the policies and procedures.

AB 35 (Civil Damages: Medical Malpractice)

Existing law, referred to as the Medical Injury Compensation Reform Act of 1975 (MICRA), prohibits an attorney from contracting for or collecting a contingency fee for representing any person seeking damages in connection with an action for injury or damage against a health care provider based upon alleged professional negligence in excess of specified limits.

This law recasts those provisions and bases the amount of contingency fee that may be contracted for upon whether recovery is pursuant to settlement agreement and release of all claims executed before a civil complaint or demand for arbitration is filed, or pursuant to settlement, arbitration, or judgment after a civil complaint or demand for arbitration is filed, as specified.

Existing law provides that in any action against a health care provider based upon professional negligence, the injured plaintiff is entitled to recover noneconomic losses to compensate for pain, suffering, inconvenience, physical impairment, disfigurement, and other nonpecuniary damage. Existing law limits the amount of damages for noneconomic losses in an action for injury against a health care provider based on professional negligence to $250,000.

This law removes the $250,000 limit on noneconomic damages and expands the recast provisions to include an action for injury against a health care institution, as defined. The law also increases the applicable limitation based upon whether the action for injury involved wrongful death. The law specifies that these limitations would increase by $40,000 each January 1st for 10 years and beginning on January 1, 2034, the applicable limitations on noneconomic damages for personal injury and for wrongful death would be adjusted for inflation on January 1st of each year by 2%.

Existing law specified that in any action for injury or damages against a provider of health care services, a superior court shall, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a lump-sum payment if the award equals or exceeds $50,000.

This law increases the minimum amount of the judgment required to request periodic payments to $250,000.

Existing law made statements, writings, or benevolent gestures expressing sympathy or a general sense of benevolence relating to the pain, suffering, or death of a person involved in an accident and made to that person, or to the family of that person, inadmissible as evidence of an admission of liability in a civil action.

This law specifies that statements, writings, or benevolent gestures expressing sympathy, regret, a general sense of benevolence, or suggesting, reflecting, or accepting fault relating to the pain, suffering, or death of a person, or to an adverse patient safety event or unexpected health care outcome, as specified, shall be confidential, privileged, protected, not subject to subpoena, discovery, or disclosure, and shall not be used or admitted into evidence in any civil, administrative, regulatory, licensing, or disciplinary board, agency, or body action or proceeding, and shall not be used or admitted in relation to any sanction, penalty, or other liability, as evidence of an admission of liability or for any other purpose.

AB 1852 (Health Facilities: Automated Drug Delivery Systems)

Existing law authorized the use of automated drug delivery systems, as defined, for pharmacy services in nursing, skilled nursing, and intermediate care facilities. Existing law required the pharmacy at these facilities to be responsible for the drugs contained within, and the operation and maintenance of, the automated drug delivery system. Existing law made a violation of these provisions a crime.

This law adds licensed hospice facilities to the list of facilities authorized to use an automated drug delivery system, and would expressly include an automated unit dose system within the definition of an automated drug delivery system.

AB 2585 (Nonpharmacological Pain Management Treatment)

Existing law set forth the Pain Patient's Bill of Rights, which grants a patient who suffers from severe chronic intractable pain the option to request or reject the use of any or all modalities to relieve their pain.

This law makes related findings and declarations, including that the health care system should encourage the use of evidence-based nonpharmacological therapies for pain management.

AB 2754 (Psychology: Supervision)

The Psychology Licensing Law establishes the Board of Psychology to license and regulate the practice of psychology. Existing law requires an applicant for licensure as a

psychologist to have engaged in supervised professional experience under the direction of a licensed psychologist, or under suitable alternative supervision, for at least 2 years, at least one year of which is required to occur after the applicant has been awarded the qualifying doctoral degree.

This law authorizes the supervision of an applicant for licensure as a psychologist, and of a registered psychological associate, to be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality.

SB 836 (Evidence: Immigration Status)

Prior law, which was repealed on January 1, 2022, prohibited, in civil actions other than those specified, the disclosure of a person's immigration status in open court by a party unless that party requested an in camera hearing and the presiding judge determined that the evidence was admissible. Prior law, which was repealed on January 1, 2022, applied that prohibition to criminal actions.

This law reenacts those repealed provisions.

SB 864 (General Acute Care Hospitals: Drug Screening)

This law, until January 1, 2028, requires a general acute care hospital to include a urine drug screening, as defined, for fentanyl if a person is treated at the hospital and the hospital conducts a urine drug screening to assist in diagnosing the patient's condition.

SB 1165 (Substance Abuse and Mental Health Services: Advertisement and Marketing)

Existing law prohibits an operator of a licensed alcoholism or drug abuse recovery or treatment facility, as specified, a certified alcohol or other drug program, or a licensed psychiatric or mental health facility, as specified, from engaging in various fraudulent marketing practices, including making or providing false or misleading statements or information, respectively, about the operator's products, goods, services, or geographic locations in its marketing, advertising materials, or media or on internet websites, as specified.

This bill would also prohibit these operators from making or providing false or misleading statements or information, respectively, about medical treatments or services offered in their marketing, advertising material, media, or social media presence or on internet websites, as specified.

SB 872 (Pharmacies: Mobile Units)

This law authorizes a county, city and county, or special hospital authority, as defined, to operate a mobile unit as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to specified individuals, including those individuals without fixed addresses. The law authorizes a mobile unit to dispense prescription medication pursuant to a valid

prescription if the county, city and county, or special hospital authority meets prescribed requirements for licensure, staffing, and operations.

SB 979 (Health Emergencies)

Existing law authorizes the Governor to declare a state of emergency, as specified, and the State Public Health Officer to declare a health emergency under certain circumstances, such as the imminent or proximate threat of the introduction of an infectious or communicable disease.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and provides for the regulation of health insurers by the Department of Insurance.

When the Governor declares a state of emergency, existing law requires a health care service plan and a health insurer to provide an enrollee or insured who has been displaced or has the immediate potential to be displaced by that emergency access to medically necessary health care services. Existing law requires health care service plans and health insurers operating in a county included in a declaration of emergency to notify the Department of Managed Health Care and the Department of Insurance whether the plan has experienced or expects to experience a disruption to its operation, among other things. Existing law provides for health care service plans and health insurers to take specified actions, including relaxing time limits for prior authorization, precertification, or referrals.

This law revises those provisions to specifically apply to a declaration by the Governor of a state of emergency, or a health emergency declared by the State Public Health Officer, that displaces, or has the immediate potential to displace, enrollees, insureds, or health care providers, that otherwise affects the health of enrollees or insureds, or that otherwise affects or that may affect health care providers. The law authorizes the Director of the Department of Managed Care and the Insurance Commissioner to issue guidance to health care service plans and health insurers regarding compliance with the bill's requirements during the first 3 years following the declaration of emergency, or until the emergency is terminated, as specified.

AB 1636 (Physician's and Surgeon's Certificate: Registered Sex Offenders)

Existing law establishes various boards, as defined, within the Department of Consumer Affairs for the licensure and regulation of various professions and vocations. Existing law authorizes a board to deny a license on the grounds that the applicant has been convicted of a crime or was subject to formal discipline within the preceding 7 years from the date of application based on professional misconduct that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made, as specified and subject to certain exceptions.

This law authorizes a board to deny a license based on formal discipline that occurred earlier than 7 years preceding the date of application if the formal discipline was based on conduct that, if committed in this state by a licensed physician and surgeon, would have

constituted an act of sexual abuse, misconduct, or relations with a patient or sexual exploitation, as specified.

This law removes the above-described exemption from the provision relating to automatic revocation of a license of a registered sex offender. Additionally, thus law requires the board to automatically revoke a license if the licensee has been convicted, as specified, in any court in or outside of this state of an offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as an offense for which a specified provision of the Sex Offender Registration Act requires registration as a sex offender.

Existing law authorizes a person whose physician's and surgeon's certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation to petition the board for reinstatement or modification of penalty, as specified.

This law, as an exemption to the above-described provision, prohibits the board from reinstating a person's certificate that has been surrendered because the person committed an act of sexual abuse, misconduct, or relations with a patient or sexual exploitation, as specified, or the person's certificate has been revoked based on a finding by the board that the person committed one of those acts. The law, additionally, prohibits the board from reinstating a person's certificate if the person was convicted in any court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses for which a specified provision of the Sex Offender Registration Act requires the offender to register as a sex offender, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense. The law prohibits the board from reinstating the certificate of a person who has been required to register as a sex offender, as specified, regardless of whether the conviction has been appealed, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

SB 53 (Unsolicited Images)

This law creates a private cause of action against a person 18 years of age or older who knowingly sends an unsolicited image, as specified, by electronic means depicting obscene material, as defined. The law entitles the plaintiff to recover economic and noneconomic damages or statutory damages of a sum not less than $1,500 but not more than $30,000, as well as punitive damages, reasonable attorney's fees and costs, and other available relief, including injunctive relief, as specified.

SB 1438 (Physical Therapy Board of California)

Existing law authorizes physical therapists to treat persons within the scope of their practice, subject to certain conditions, including that treatment not extend beyond a specified period without approval from a certified physician and surgeon or podiatrist, acting within their scope of practice, following an in-person patient examination and

evaluation of the patient's condition. Existing law requires physical therapists to provide notice to their patients, as specified, before providing physical therapy treatment services.

This law authorizes a physician and surgeon or podiatrist to conduct either an in-person or telehealth patient examination and evaluation of the patient's condition in connection with their approval of the physical therapist's plan of care.

SB 1440 (Licensed Midwifery Practice Act of 1993: Complaints)

Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensure of midwives by the Medical Board of California. The act authorizes the board to suspend, revoke, or place on probation the license of a midwife for, among other things, unprofessional conduct, procuring a license by fraud or misrepresentation, or procuring, aiding, or abetting a criminal abortion. The act requires a complaint that is determined to involve the quality of care to meet a specified criteria before the complaint is referred to a field office for further investigation. In this regard, a complaint involving the quality of care must include the review of relevant client records, a statement or explanation of the care and treatment provided by the licensed midwife, any additional expert testimony or literature provided by the licensed midwife, and any additional facts or information requested by the medical expert reviewers.

This law, if the board does not receive the information required for a complaint involving the quality of care within 10 business days, would authorize the complaint to be reviewed by medical experts and referred to a field office for investigation without the information. The law also specifies that these provisions do not impede the board's ability to seek and obtain an interim suspension order or other emergency relief.

AB 32 (Telehealth)

Under existing law, federally qualified health center (FQHC) services and rural health clinic (RHC) services are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is available, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between an FQHC or RHC patient and any of specified health care professionals. Under existing law, "visit" also includes an encounter between an FQHC or RHC patient and specified medical professionals when services delivered through that interaction meet the applicable standard of care. Existing law prohibits an FQHC or RHC from establishing a new patient relationship using an audio-only synchronous interaction and authorizes the department to provide specific exceptions to that prohibition, developed in consultation with affected stakeholders and published in departmental guidance.

This law authorizes the department to authorize an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and authorize an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video.

AB 895 (Skilled Nursing Facilities, Intermediate Care Facilities, and Residential Care Facilities for the Elderly: Notice to Prospective Residents)

Existing law, as part of the Mello-Granlund Older Californians Act, establishes the Office of the State Long-Term Care Ombudsman, under the direction of the State Long-Term Care Ombudsman, in the California Department of Aging. Existing law requires the State Long-Term Care Ombudsman to investigate and seek to resolve complaints against long-term health care facilities and to provide services to assist residents in the protection of their health, safety, welfare, and rights. Existing law also provides for the Long-Term Care Ombudsman Program under which funds are allocated to local ombudsman programs to assist elderly persons in long-term health care facilities.

This law requires a skilled nursing facility or an intermediate care facility to provide a prospective resident of the skilled nursing facility or intermediate care facility, or their representative, prior to or at the time of admission, a written notice that includes specified contact information for the local long-term care ombudsman and links to specified internet websites relating to these facilities. The law requires the notice to include a statement that the ombudsman is intended as a resource for purposes of accessing additional information regarding resident care at the facility and reporting resident complaints. The law requires an admission agreement for a residential care facility for the elderly to include a notice with similar information.

Existing law requires a contract of admission for long-term health care facilities to specify that a copy of the facility grievance procedure is available and to inform residents of their right to contact the State Department of Public Health or ombudsman regarding grievances against the facility.

This law additionally requires a facility's grievance form to include contact information for the local long-term care ombudsman and the State Department of Public Health, and instructions on how to file a grievance with both entities.

AB 1882 (Hospitals: Seismic Safety)

The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 establishes, under the jurisdiction of the Department of Health Care Access and Information, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. A violation of the act is a misdemeanor. The act requires an owner of a general acute care inpatient hospital, no later than January 1, 2030, to either demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with the regulations and standards developed pursuant to the act, or seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with those regulations and standards. Existing law requires, within 60 days following the department's approval of a report relating to a general acute care hospital owner's plan to comply with those regulations and standards, a general acute hospital building owner to include all pertinent information regarding the building's expected earthquake performance in emergency training, response, and recovery plans, and in capital outlay plans.

This law instead requires general acute hospital building owners, commencing July 1, 2023, to take those actions annually until each of the hospital buildings owned by that owner is compliant with those regulations and standards.

This law also requires, on or before January 1, 2024, and annually thereafter, the hospital owner to provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus, until compliance, to specified entities, including the department, the county board of supervisors, and the local office of emergency services or the equivalent agency.

AB 2274 (Mandated Reporters: Statute of Limitations)

Existing law, the Child Abuse and Neglect Reporting Act, makes certain persons, including teachers and social workers, mandated reporters. Under existing law, mandated reporters are required to report whenever the mandated reporter, in their professional capacity or within the scope of their employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. Failure by a mandated reporter to report an incident of known or reasonably suspected child abuse or neglect is a misdemeanor. Existing law generally requires prosecution of a misdemeanor to commence within one year after commission of the offense. Under existing law, a case involving the failure to report an incident known or reasonably suspected by the mandated reporter to be sexual assault may be filed at any time within 5 years from the date of occurrence of the offense.

This law allows a case involving the failure to report an incident known or reasonably suspected by the mandated reporter to be child abuse or severe neglect, as defined, to be filed within one year of the discovery of the offense, but in no case later than 4 years after the commission of the offense.

SB 1227 (Involuntary Commitments: Intensive Treatment)

Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Under existing law, if a person is detained for 72 hours under those provisions, and has received an evaluation, the person may be certified for not more than 14 days of intensive treatment, as specified. Existing law further authorizes a person to be certified for an additional period of not more than 30 days of intensive treatment if the person remains gravely disabled and is unwilling or unable to accept treatment voluntarily. Existing law requires the person to be released at the end of the 30 days, except under specified circumstances, including, but not limited to, when the patient is subject to a conservatorship petition filed pursuant to specified provisions. Existing law requires an evaluation to be made when a gravely disabled person may need to be detained beyond the

initial 14-day period, as to whether the person is likely to qualify for appointment of a conservator, and, if so, requires that referral to be made, as specified.

This law authorizes the professional person in charge of the facility providing intensive treatment to the person to file a petition in the superior court for the county in which the facility is located, seeking approval for up to an additional 30 days of intensive treatment. The law requires the petition to be filed after 15 days of the first 30-day period, but at least 7 days before expiration of the 30 days. The law requires reasonable attempts to be made by the facility to notify family members or any other person designated by the patient of the time and place of the judicial review, unless the patient requests that the information not be provided. The law requires the facility treating the patient to advise the patient of the patient's right to request that the information not be provided. The law requires the court to either deny the petition or order an evidentiary hearing to be held within 2 court days after the petition is filed. The law authorizes the court to order the person to be held for up to an additional 30 days of intensive treatment if, at the evidentiary hearing, the court makes specified findings, based on the evidence presented, including a finding that the person, as a result of mental disorder or impairment by chronic alcoholism, is gravely disabled. This law requires the person to be released no later than the expiration of the original 30-day period if the court does not make all of the required findings. The law also makes conforming changes to the evaluation requirements for determining whether the patient is likely to qualify for appointment of a conservator.

SB 1436 (Respiratory Therapy)

Existing law, the Respiratory Care Practice Act, establishes the Respiratory Care Board of California for the licensure and regulation of respiratory therapy practitioners. It requires the employer of a respiratory care practitioner to report to the board the suspension or termination for cause of any practitioner in their employ. The law defines suspension or termination for cause to mean suspension or termination from employment for specified reasons, including gross incompetence or negligence, falsification of medical records, and the use of controlled substances or alcohol to the extent that it impairs the ability to safely practice respiratory care.

This new law additionally requires an employer of a respiratory care practitioner to report to the board the leave or resignation for cause of a practitioner whom they employ. The law defines "leave, resignation, suspension, or termination for cause" for these purposes to include administrative leave, employee leave, resignation, suspension, or termination from employment for specified reasons that would additionally include suspected acts, such as suspected gross incompetence or negligence, suspected falsification of medical records, and the suspected use of controlled substances or alcohol to such an extent that it impairs the ability to safely practice respiratory care.

Existing law, the Vocational Nursing Practice Act, until January 1, 2025, establishes the Board of Vocational Nursing and Psychiatric Technicians of the State of California to license

and regulate vocational nurses and psychiatric technicians. Existing law authorizes a licensed vocational nurse to withdraw blood, administer medications, and start and superimpose intravenous fluids, as described, when directed by a licensed physician and surgeon.

This new law provides that a licensed vocational nurse is authorized to perform respiratory tasks and services that do not require a respiratory assessment and only require manual, technical skills, or data collection, as identified by the Respiratory Care Board of California, if the licensed vocational nurse has received training and demonstrated competency satisfactory to their employer and when directed by a physician and surgeon.

This law requires the Board of Vocational Nursing and Psychiatric Technicians of the State of California to share all complaints and information related to investigations involving respiratory care services with the Respiratory Care Board of California, as specified.

AB 1102 (Telephone Medical Advice Services)

Existing law requires a telephone medical advice service, as defined, to be responsible for, among other requirements, ensuring that all health care professionals who provide medical advice services are appropriately licensed, certified, or registered, as specified. Existing law requires the respective healing arts licensing board to be responsible for enforcing specified provisions related to telephone medical advice services.

This law specifies that a telephone medical advice service is required to ensure that all health care professionals who provide telephone medical advice services from an out-of-state location are operating consistent with the laws governing their respective licenses. The law specifies that a telephone medical advice service is required to comply with all directions and requests for information made by the respective healing arts licensing boards. The law also eliminates the above-specified notification requirement.

AB 1738 (Building Standards: Installation of Electric Vehicle Charging Stations: Existing Buildings)

Existing law requires the Department of Housing and Community Development to propose to the commission for consideration mandatory building standards for the installation of future electric vehicle charging infrastructure for parking spaces in multifamily dwellings, as specified. Existing law requires the commission to adopt, approve, codify, and publish mandatory building standards for the installation of electric vehicle charging infrastructure for parking spaces in multifamily dwellings and nonresidential development.

This law, commencing with the next triennial edition of the California Building Standards Code, requires the commission and the Department of Housing and Community Development to research and develop, and authorize the commission and department to propose for adoption, mandatory building standards for the installation of electric vehicle charging stations with low power level 2 or higher electric vehicle chargers in existing

multifamily dwellings, hotels, motels, and nonresidential development during certain retrofits, additions, and alterations to existing parking facilities, as specified.

AB 2089 (Privacy: Mental Health Digital Services: Mental Health Application Information)

Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), establishes certain requirements relating to the provision of health insurance, including provisions relating to the confidentiality of health records. Existing state law, the Confidentiality of Medical Information Act (CMIA), prohibits a provider of health care, a health care service plan, a contractor, a corporation and its subsidiaries and affiliates, or any business that offers software or hardware to consumers, including a mobile application or other related device, as defined, from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor.

Existing law requires a person or business that conducts business in California, and that owns or licenses computerized data that includes personal information, to disclose a breach of the security of the system following discovery or notification of the breach in the security of the data to a resident of California who meets certain criteria, including that the resident's unencrypted personal information was, or is reasonably believed to have been, acquired by an unauthorized person. Existing law requires a person or business that is required to issue a security breach notification pursuant to that provision to more than 500 California residents as a result of a single breach of the security system to electronically submit a single sample copy of that security breach notification, excluding any personally identifiable information, to the Attorney General.

This new law revises the definition of medical information to include mental health application information. The law defines mental health application information to mean information related to a consumer's inferred or diagnosed mental health or substance use disorder, as specified, collected by a mental health digital service, as defined. The law provides that any business that offers a mental health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, is deemed to be a provider of health care subject to the requirements of CMIA. The law requires a business that offers a mental health digital service, when partnering with a provider of health care, to provide to the provider information regarding how to find data breaches reported pursuant to the provisions described above on the internet website of the Attorney General.

SB 1155 (Liability Claims: Time-Limited Demands)

Existing law provides for liability insurance to protect against loss resulting from liability for an injury suffered by a person or for damage to property. Existing case law establishes

obligations liability insurers have to the insured, including the duty to indemnify and the duty to defend. Existing case law allows for extracontractual damages for a breach of the implied covenant of good faith and fair dealing where an insurer unreasonably refused to accept a settlement offer within the policy limits against the insured. Existing law allows any party to serve an offer to allow judgment to be taken or an award to be entered in accordance with specified terms and conditions.

This new law provides a framework for parties to settle a liability claim using a "time-limited" demand, as specified. The law defines "time-limited" demand as an offer to a tortfeasor to settle a cause of action or claim for personal or bodily injury, property damage, or wrongful death within the tortfeasor's liability insurance policy limits prior to the filing of a complaint or demand for arbitration. The law requires a time-limited demand to be accepted not fewer than 30 or 33 days from the date of transmission, as specified, and to contain specified information, including a clear and unequivocal offer to settle all claims within policy limits, a description of all known injuries sustained by the claimant, and reasonable proof to support the claim. The law requires a claimant to send their time-limited demand to the email address or physical address designated by the liability insurer for receipt of time-limited demands, if available, or the insurance representative assigned to handle the claim, if known, and would require the Department of Insurance to post a liability insurer's designated email address or physical address on the department's internet website. The law allows a recipient of a demand to accept the demand in writing or to seek clarification or additional information or a request for extension. If an insurer does not accept a time-limited demand, the law requires the insurer to notify the claimant of its decision and the basis of its decision prior to the expiration of the time-limited demand. The law specifies that this notification is relevant in any lawsuit alleging extracontractual damages against the tortfeasor's liability insurer.

Under this law, a "time-limited" demand would not be considered a reasonable offer for purposes of a lawsuit alleging extracontractual damages against the liability insurer if the demand did not substantially comply with these provisions. The law makes these provisions inapplicable to an unrepresented claimant. The law states that, in the event a court determines that these provisions conflict with the Civil Discovery Act, that act will prevail. The law makes these provisions applicable to time-limited demands transmitted on or after January 1, 2023.

AB 1278 (Physicians and Surgeons: Payments: Disclosure: Notice)

Existing federal law known as the Open Payments program requires, among other things, applicable manufacturers of drugs, devices, and biological or medical supplies to annually report to the federal Secretary of Health and Human Services certain payments and other transfers of value made to covered recipients, as defined. The federal Centers for Medicare and Medicaid Services makes this Open Payments data available to the public via a federal government internet website.

This law requires a physician and surgeon, defined to include a physician and surgeon licensed pursuant to the Medical Practice Act or an osteopathic physician and surgeon

licensed by the Osteopathic Medical Board of California under the Osteopathic Act, to provide to a patient at the initial office visit a written or electronic notice of the Open Payments database, as prescribed.

This law requires a physician and surgeon to post an Open Payments database notice, as described, in each location where the licensee practices and in an area that is likely to be seen by all persons who enter the office. The law, beginning January 1, 2024, requires a physician and surgeon to conspicuously post the same Open Payments database notice on the internet website used for the physician and surgeon's practice, if such a website is used, except as provided. If the physician and surgeon is employed by a health care employer, the law would instead require the health care employer to comply with these posting requirements.

A violation of the law's provisions would constitute unprofessional conduct. The law specifies that these provisions do not apply to a physician and surgeon working in a hospital emergency room.

AB 1655 (State Holidays: Juneteenth)

Existing law designates specific days as holidays in this state. Existing law designates holidays on which community colleges and public schools are required to close, including days appointed by the President. Existing law entitles state employees, with specified exceptions, to be given time off with pay for specified holidays.

This law adds June 19, known as "Juneteenth," to the list of state holidays. The law specifies that holidays created by federal legislation signed by the President are considered days appointed as holidays for the purposes of the above-described provisions requiring community colleges and public schools to close. The law authorizes state employees to elect to take time off with pay in recognition of Juneteenth, as specified.

AB 1801 (State Holidays: Genocide Remembrance Day)

This law adds April 24, known as "Genocide Remembrance Day," to the list of state holidays. The law authorizes community colleges and public schools to close on April 24, known as "Genocide Remembrance Day," as specified. The law authorizes state employees to elect to take time off with pay in recognition of "Genocide Remembrance Day," as specified.

This law adds "Genocide Remembrance Day" to the list of holidays that are excluded from designation as a judicial holiday.

AB 2085 (Crimes: Mandated Reports)

Existing law, the Child Abuse and Neglect Reporting Act, establishes procedures for the reporting and investigation of suspected child abuse or neglect. The act requires certain professionals, including specified health practitioners and social workers, known as

"mandated reporters," to report known or reasonably suspected child abuse or neglect to a local law enforcement agency or a county welfare or probation department, as specified. Existing law defines "neglect" for these purposes as the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's welfare. Existing law defines "general neglect" as the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

This law limits the definition of general neglect to only include circumstances where the child is at substantial risk of suffering serious physical harm or illness, and would provide that general neglect does not include a parent's economic disadvantage.

AB 2117 (Mobile Stroke Units)

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (act), establishes the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services (EMS), including development of planning and implementation guidelines for EMS systems.

This law defines, under the act, "mobile stroke unit" to mean a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local EMS agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a mobile stroke unit, as specified.

AB 2338 (Health Care Decisions: Decisionmakers and Surrogates)

Existing law authorizes an adult having capacity to give an individual health care instruction and to designate a health care decisionmaker, including an agent designated in a power of attorney to make health care decisions on the person's behalf. Existing law also authorizes a patient to designate an adult as a surrogate to make health care decisions by personally informing the supervising health care provider. Existing law authorizes a patient to disqualify a person, including a family member, from acting as the patient's surrogate.

This new law authorizes the patient to designate an adult as a surrogate to make health care decisions by also personally informing a designee of the health care facility caring for the patient. The law further authorizes legally recognized health care decisionmakers, in an order of priority, to make health care decisions on a patient's behalf if the patient lacks the capacity to make a health care decision. If a patient does not have a legally recognized

health care decisionmaker, the law specifies individuals who may be chosen by a health care provider or a designee of the health care facility caring for the patient as a surrogate if the patient lacks the capacity to make a health care decision. The law requires the patient's surrogate to be an adult who has demonstrated special care and concern for the patient, is familiar with the patient's personal values and beliefs to the extent known, and is reasonably available and willing to serve.

AB 2693 (COVID-19: Exposure)

Existing law, the California Occupational Safety and Health Act of 1973, authorizes the Division of Occupational Safety and Health to prohibit the performance of an operation or process, or entry into that place of employment when, in its opinion, a place of employment, operation, or process, or any part thereof, exposes workers to the risk of infection with COVID-19, so as to constitute an imminent hazard to employees.

Existing law requires a notice of the prohibition to be posted in a conspicuous location at the place of employment and makes violating the prohibition or removing the notice, except as specified, a crime.

This law extends those provisions until January 1, 2024.

This law revises and recasts the notification requirements to, among other things, authorize an employer to satisfy the notification requirements by prominently displaying a notice in all places where notices to employees concerning workplace rules or regulations are customarily posted that includes the dates on which an employee with a confirmed case of COVID-19 was on the worksite premises within the infectious period and the location of the exposure. The law requires the notice to remain posted for 15 days. The law requires an employer to keep a log of all the dates the notice was posted, and would require the employer to allow the Labor Commissioner to access those records. The law extends these provisions until January 1, 2024.

SB 107 (Gender-Affirming Health Care)

This law prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on another state's law that authorizes a person to bring a civil or criminal action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care. The law additionally prohibits law enforcement agencies from knowingly making or participating in the arrest or extradition of an individual pursuant to an out-of-state arrest warrant based on another state's law against providing, receiving, or allowing a child to receive gender-affirming health care or gender-affirming mental health care in this state, as specified.

The new law prohibits the enforcement of an order based on another state's law authorizing a child to be removed from their parent or guardian based on that parent or guardian allowing their child to receive gender-affirming health care or gender-affirming mental health care. The law authorizes a court to take temporary jurisdiction because a child has been unable to obtain gender-affirming health care. The law additionally prohibits a court from considering the taking or retention of a child from a person who has legal custody of the child, if the taking or retention was for obtaining gender-affirming health care or mental health care.

SB 688 (Civil Actions: Judgments by Confession)

This law provides that a judgment by confession is unenforceable and may not be entered in any superior court. The law does not apply to a judgment by confession obtained or entered before January 1, 2023.

SB 923 (Gender-Affirming Care)

Existing law establishes the Transgender Wellness and Equity Fund, administered by the Office of Health Equity within the State Department of Public Health, for the purpose of grant funding focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex.

This new law requires a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, and delegated entities, as specified, to require its staff to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as transgender, gender diverse, or intersex (TGI). The law specifies the required components of the training and would make use of any training curricula subject to approval by the respective departments. The law requires an individual to complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements, including cultural and linguistic competency in the practice of medicine, as specified.

This new law expands cultural competency training to include, as appropriate, information and evidence-based cultural competency training pertinent to the treatment of, and provision of care to, individuals who identify as queer, questioning, asexual, or gender diverse, and the processes specific to those seeking gender-affirming care services. The law provides specific components, including health inequities within the TGI community, that

would be suitable for evidence-based cultural competency training pursuant to these provisions.

This law requires a full service health care service plan, an insurer, and a Medi-Cal managed care plan, no later than March 1, 2025, to include information, within or accessible from the plan's or insurer's provider directory, that identifies which of a plan's or insurer's in-network providers have affirmed that they offer and have provided gender-affirming services, as specified. Because a violation of these new requirements would be a crime under the Knox-Keene Health Care Service Plan Act of 1975, the law imposes a state-mandated local program.

SB 1194 (Public Restrooms: Building Standards)

This law authorizes a city, county, or city and county to require, by ordinance or resolution, that public restrooms constructed within its jurisdiction be designed to serve all genders, as specified, instead of complying with the plumbing standards set forth in the California Building Standards Code. This authority will become inoperative and be repealed on the date that standards that address all gender multiuser facilities take effect in the California Building Standards Code.

SB 1279 (Guardian Ad Litem Appointment)

Existing law requires a party to a civil action who is a minor, a person who lacks legal capacity to make decisions, or a person for whom a conservator has been appointed to appear in the action either by a guardian or conservator of the estate or by a guardian ad litem appointed by the court, except as specified. Existing law authorizes the court to appoint a guardian ad litem in any case when the court deems it expedient, even notwithstanding that the person may have a guardian of the estate or conservator of the estate and may have appeared by the guardian of the estate or conservator of the estate.

With respect to the appointment of guardians, this law replaces the term "person lacking legal competence to make decisions" with the term "person who lacks legal capacity to make decisions," as defined. The law requires notice and a copy of a guardian ad litem application for a person who already has a guardian or conservator of the estate to be provided to the guardian or conservator of the estate, as prescribed. The law gives the guardian or conservator of the estate 5 court days from receiving notice of the application to file an opposition to the application.

AB 1780 (Corporations: Shareholders' Meetings: Remote Communication)

Existing law authorizes and regulates the formation and operation of a corporation, nonprofit public benefit corporation, nonprofit mutual benefit corporation, nonprofit religious corporation, or cooperative corporation.

This law authorizes a corporation to conduct a meeting of shareholders solely by electronic transmission by and to the corporation, electronic video screen communication, conference

telephone, or other means of remote communication if the meeting is conducted on or before December 31, 2025, as specified, and includes a live audiovisual feed for the duration of the meeting. The law provides that a de minimis disruption of an audio, visual, or audiovisual feed does not require a corporation to end a shareholder meeting under, or render the corporation out of compliance with, the above-described provisions.

AB 2098 (Physicians and Surgeons: Unprofessional Conduct)

Existing law provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and the Osteopathic Medical Board of California. Existing law requires the applicable board to take action against any licensed physician and surgeon who is charged with unprofessional conduct, as provided.

This law designates the dissemination of misinformation or disinformation related to the SARS-CoV-2 coronavirus, or "COVID-19," as unprofessional conduct.

AB 2194 (Pharmacists and Pharmacy Technicians: Continuing Education: Cultural Competency)

The Pharmacy Law establishes the California State Board of Pharmacy in the Department of Consumer Affairs for the licensing and regulation of pharmacists, pharmacy technicians, and pharmacies. That law prohibits the board from renewing a pharmacist license after the first renewal unless the applicant submits proof satisfactory to the board that the applicant has successfully completed 30 hours of approved courses of continuing pharmacy education.

This law requires that those 30 hours of approved courses of continuing pharmacy education include at least one hour of participation in a cultural competency course, as defined. The law also prohibits the board from renewing a pharmacy technician license unless the applicant submits proof satisfactory to the board that the applicant has successfully completed at least one hour of participation in a cultural competency course during the two years preceding the application for renewal. The law makes the provisions operative on January 1, 2024.

AB 2275 (Mental Health: Involuntary Commitment)

Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then a 30-day maximum period of intensive treatment after the 14-day period. Existing law requires a certification review hearing to be held when a person is certified for a 14-day or 30-day intensive treatment detention, except as specified, and requires it to be within 4

days of the date on which the person is certified, but allows for a postponement for 48 hours or until the next regularly scheduled hearing date in specified smaller counties.

This law, among other things, specifies that the 72-hour period of detention begins at the time when the person is first detained. The law removes the provisions for postponement of the certification review hearing. The law, when a person has not been certified for 14-day intensive treatment and remains detained on a 72-hour hold, would require a certification review hearing to be held within 7 days of the date the person was initially detained and would require the person in charge of the facility where the person is detained to notify the detained person of specified rights.

AB 2436 (Death Certificate: Content)

Existing law specifies the content of a certificate of death, including the full name of the father, birthplace of the father, the full maiden name of the mother, and birthplace of the mother.

This new law, instead, requires the certificate of death to include the current first and middle names, birth last names, and the birthplaces of the parents, without reference to the parents' gendered relationship to the decedent.

SB 233 (Civil Actions: Appearance by Telephone)

Existing law authorizes a party who has provided notice to appear by telephone at specified conferences, hearings, or proceedings in civil cases. Existing law requires the Judicial Council to adopt rules effectuating those policies and provisions. Existing law also requires the Judicial Council to establish statewide, uniform fees to be paid by a party for appearing by telephone.

This law repeals those provisions.

AB 2917 (Disability Access: Internet Websites, Parking Lots, and Exterior Paths of Travel)

Existing law requires an attorney who sends or serves a complaint on the basis of one or more construction-related accessibility claims to satisfy specified requirements, including, among other things, sending a copy of the complaint and submitting information about the complaint to the California Commission on Disability Access.

This law requires an attorney who sends or serves a complaint alleging that an internet website is not accessible to satisfy those requirements.

AB 2223 (Reproductive Health)

Existing law requires a county coroner to hold inquests to inquire into and determine the circumstances, manner, and cause of violent, sudden, or unusual deaths, including deaths related to or following known or suspected self-induced or criminal abortion. Existing law requires a coroner to register a fetal death after 20 weeks of gestation, unless it is the result

of a legal abortion. If a physician was not in attendance at the delivery of the fetus, existing law requires the fetal death to be handled as a death without medical attendance. Existing law requires the coroner to state on the certificate of fetal death the time of fetal death, the direct causes of the fetal death, and the conditions, if any, that gave rise to these causes.

This law deletes the requirement that a coroner hold inquests for deaths related to or following known or suspected self-induced or criminal abortion, and would delete the requirement that an unattended fetal death be handled as a death without medical attendance. The law prohibits using the coroner's statements on the certificate of fetal death to establish, bring, or support a criminal prosecution or civil cause of damages against a person who is immune from liability based on their actions or omissions with respect to their pregnancy or actual, potential, or alleged pregnancy outcome, or who aids a pregnant person in exercising their rights under the Reproductive Privacy Act, as specified.

Existing law, the Reproductive Privacy Act, provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from interfering with a pregnant person's right to choose or obtain an abortion before the fetus is viable or when it is necessary to protect the life and health of the pregnant person. Under existing law, an abortion is unauthorized if either the person performing the abortion is not a health care provider that is authorized to perform an abortion or the fetus is viable.

Existing law, the Tom Bane Civil Rights Act, authorizes an individual whose exercise or enjoyment of rights secured by the Constitution or laws of the United States, or of rights secured by the Constitution or laws of this state, has been interfered with, or attempted to be interfered with, to institute or prosecute in their own name and on their own behalf an action for damages, as prescribed.

This law prohibits a person from being subject to civil or criminal liability, or otherwise deprived of their rights, based on their actions or omissions with respect to their pregnancy or actual, potential, or alleged pregnancy outcome or based solely on their actions to aid or assist a woman or pregnant person who is exercising their reproductive rights. It clarifies that an abortion is unauthorized if performed by a person other than the pregnant person and either the person performing the abortion is not a health care provider that is authorized to perform an abortion or the fetus is viable. The law authorizes a party whose rights are protected by the Reproductive Privacy Act to bring a civil action against an offending state actor when those rights are interfered with by conduct or by statute, ordinance, or other state or local rule, regulation, or enactment in violation of the act, as specified, and would require a court, upon a motion, to award reasonable attorneys' fees and costs to a prevailing plaintiff. The law also authorizes a person aggrieved by a violation of the Reproductive Privacy Act to bring a civil action pursuant to the Tom Bane Civil Rights Act. The law provides for the indemnification of employees or former employees of public agencies who were acting within the scope of their employment.

AB 2091 (Disclosure of Information: Reproductive Health and Foreign Penal Civil Actions)

Existing law provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. Existing law requires a health insurer to take specified steps to protect the confidentiality of an insured's medical information, and prohibits an insurer from disclosing medical information related to sensitive health care services to the policyholder or any insureds other than the protected individual receiving care. Existing law generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization, unless a specified exception applies, including that the disclosure is in response to a subpoena. Existing law prohibits an employer from using or disclosing medical information that it possesses pertaining to its employees without the patient having first signed an authorization, unless a specified exception applies, including that the disclosure is compelled by judicial or administrative process or by any other specific provision of law. Existing law authorizes a California court or attorney to issue a subpoena if a foreign subpoena has been sought in this state.

This law prohibits compelling a person to identify or provide information that would identify or that is related to an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action, as defined. The law authorizes the Insurance Commissioner to assess a civil penalty, as specified, against an insurer that has disclosed an insured's confidential medical information. The law prohibits a provider of health care, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. The law prohibits issuance of a subpoena if the submitted foreign subpoena relates to a foreign penal civil action and the submitted foreign subpoena would require disclosure of information related to sensitive services, as defined.

AB 1242 (Reproductive Rights)

Existing law authorizes a judge to enter an ex parte order authorizing interception of wire or electronic communications within the territorial jurisdiction of the court. Existing law also authorizes a peace officer to apply for, and a magistrate to issue, an order, or extension of an order, authorizing or approving the installation and use of a pen register or trap and trace device.

This law prohibits the issuance of an ex parte order authorizing interception of wire or other electronic communication or an order, or extension of an order, authorizing or approving the installation and use of a pen register or trap and trace device for the purpose of investigating or recovering evidence of a prohibited violation. The law defines "prohibited violation" for this purpose as a violation of a law that creates liability for, or arising out of, either providing, facilitating, or obtaining an abortion or intending or attempting to provide, facilitate, or obtain an abortion that is lawful under California law.

Existing law provides for the issuance of a search warrant upon specified grounds.

This law prohibits the issuance of a search warrant for any item or items that pertain to an investigation into a prohibited violation.

Existing law requires a California corporation that provides electronic communication services or remote computing services to the general public to comply with a warrant issued by another state to produce records that would reveal the identity of the customers using those services, data stored by, or on behalf of, the customer, the customer's usage of those services, the recipient or destination of communications sent to or from those customers, or the content of those communications as if that warrant had been issued by a California court.

This law requires an out-of-state warrant for the records listed above to include an attestation that the evidence sought is not related to an investigation into, or enforcement of, a prohibited violation. The law prohibits the production of records by a California corporation when the corporation knows or should know that the warrant relates to an investigation into, or enforcement of, a prohibited violation.

Existing law includes a declaration of the Legislature that every individual possesses a fundamental right of privacy with respect to reproductive decisions, including the fundamental right to choose to bear a child or obtain an abortion. Existing law prohibits the state from denying or interfering with a woman's fundamental right to choose to bear a child or obtain an abortion prior to viability of the fetus, as defined, or when necessary to protect her life or health.

Existing law, the Reproductive Rights Law Enforcement Act, requires the Attorney General to carry out certain functions relating to anti-reproductive-rights crimes in consultation with, among others, subject matter experts. Existing law requires all law enforcement agencies to develop, adopt, and implement written policies and standards for responding to anti-reproductive-rights calls by January 1, 2023.

This law prohibits a state or local law enforcement agency or officer from knowingly arresting or knowingly participating in the arrest of any person for performing, supporting, or aiding in the performance of an abortion or for obtaining an abortion, if the abortion is lawful in this state. The law prohibits a state or local public agency from cooperating with or providing information to an individual or agency from another state or a federal law enforcement agency, as specified, regarding a lawful abortion. The law prohibits specified persons, including a judicial officer, court employee, an authorized attorney, among others, from issuing a subpoena in connection with a proceeding in another state regarding an

individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful in this state. The bill would not prohibit the investigation of criminal activity that may involve an abortion, provided that no information relating to any medical procedure performed on a specific individual may be shared with an agency or individual from another state for the purpose of enforcing another state's abortion law.

SB 523 (Contraceptive Equity Act of 2022)

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law establishes health care coverage requirements for contraceptives, including, but not limited to, requiring a health care service plan, including a Medi-Cal managed care plan, or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2017, to cover up to a 12-month supply of federal Food and Drug Administration approved, self-administered hormonal contraceptives when dispensed at one time for an enrollee or insured by a provider or pharmacist, or at a location licensed or authorized to dispense drugs or supplies.

This law, the Contraceptive Equity Act of 2022, makes various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2024, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions. The law requires health care service plans and insurance policies offered by public or private institutions of higher learning that directly provide health care services only to its students, faculty, staff, administration, and their respective dependents, issued, amended, renewed, or delivered, on or after January 1, 2024, to comply with these contraceptive coverage requirements. The law also requires coverage for clinical services related to the provision or use of contraception, as specified. The law revises provisions applicable when a covered, therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by deferring to the provider, as specified.

This law also prohibits a health care service plan contract or disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, with certain exceptions, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on vasectomy services and procedures, as specified, under conditions similar to those applicable to other contraceptive coverage.

This law requires a health benefit plan or contract with the Board of Public Relations of the Public Employees' Retirement System to provide coverage for contraceptives and vasectomies consistent with the bill's requirements, commencing January 1, 2024. The law prohibits the California State University and the University of California from approving a

health benefit plan that does not comply with the contraceptive coverage requirements of the law on and after January 1, 2024.

Existing law, the California Fair Employment and Housing Act (FEHA), establishes the Civil Rights Department within the Business, Consumer Services, and Housing Agency, under the direction of the Director of Civil Rights, to enforce civil rights laws with respect to housing and employment and to protect and safeguard the right of all persons to obtain and hold employment without discrimination based on specified characteristics or status, including, but not limited to, race, age, sex, or medical condition.

The FEHA makes certain discriminatory employment and housing practices unlawful, and authorizes a person claiming to be aggrieved by an alleged unlawful practice to file a verified complaint with the Civil Rights Department. The FEHA requires the department to make an investigation in connection with a filed complaint alleging facts sufficient to constitute a violation of the FEHA, and requires the department to endeavor to eliminate the unlawful practice by conference, conciliation, mediation, and persuasion. With regard to unlawful employment practices, if conference, conciliation, mediation, or persuasion fails and the department has required all parties to participate in a mandatory dispute resolution, as specified, the FEHA authorizes the director, in their discretion, to bring a civil action in the name of the department on behalf of the person claiming to be aggrieved.

This law revises the FEHA to include protection for reproductive health decisionmaking, as defined, with respect to the opportunity to seek, obtain, and hold employment without discrimination. Among other provisions, the law prohibits specified discriminatory practices, based on reproductive health decisionmaking, by employers, labor organizations, apprenticeships and training programs, and licensing boards. The law makes it unlawful for an employer to require, as a condition of employment, continued employment, or a benefit of employment, the disclosure of information relating to an applicant's or employee's reproductive health decisionmaking.

SB 1375 (Nursing: Nurse Practitioners and Nurse-Midwives: Abortion and Practice Standards)

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law makes a violation of this act a crime.

In order to perform an abortion by aspiration techniques under the act, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife is required to complete board-recognized training and adhere to standardized procedures that specify, among other conditions, the extent of supervision by a physician and surgeon with relevant training and expertise.

This law revises those provisions by requiring, in order to perform abortion by aspiration techniques, a person with a license or certificate to practice as a nurse practitioner practicing pursuant to a standardized procedure, to practice as a certified nurse-midwife, or to practice as a qualified nurse practitioner functioning pursuant to certain advanced practice provisions to achieve clinical competency by successfully completing requisite

training, as specified, in performing these procedures, as provided by certain board-approved programs, courses, and trainings.

This law authorizes a nurse practitioner who has completed training required by these provisions and who is functioning pursuant to certain advanced practice provisions to perform an abortion by aspiration techniques without supervision by a physician and surgeon. The law requires a nurse practitioner to practice abortion by aspiration techniques consistent with applicable standards of care and within the scope of their clinical and professional education and training.

Existing law provides that it is unprofessional conduct for a nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques without prior completion of training and validation of clinical competency.

This bill would instead make a violation of the above-described provisions by a nurse practitioner or certified midwife unprofessional conduct.

This bill would also prohibit certain persons authorized to perform abortion by aspiration techniques from being punished, held liable for damages in a civil action, or denied any right or privilege for any action relating to the evaluation of clinical competency of a nurse practitioner or certified nurse-midwife, as specified.

AB 657 (Healing Arts: Expedited Licensure Process: Applicants Providing Abortions)

Existing law, the Medical Practice Act, establishes the Medical Board of California to license and regulate the practice of medicine. The Osteopathic Act establishes the Osteopathic Medical Board of California to enforce those provisions of the Medical Practice Act relating to persons holding or applying for physician's and surgeon's certificates issued by the Osteopathic Medical Board of California. The Nursing Practice Act establishes the Board of Registered Nursing to license and regulate the practice of nursing. The Physician Assistant Practice Act establishes the Physician Assistant Board to license and regulate physician assistants. Existing law makes it a crime to perform an abortion without holding a license to practice as a physician and surgeon or holding a specified license or certificate under the Nursing Practice Act or Physician Assistant Practice Act that authorizes the holder to perform specified functions necessary for an abortion.

This law requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within their scope of practice and would specify the documentation an applicant would be required to provide to demonstrate their intent.

AB 2626 (Medical Board of California: Licensee Discipline: Abortion)

This law prohibits the Medical Board of California and the Osteopathic Medical Board of California from suspending or revoking the certificate of a physician and surgeon solely for performing an abortion if they performed the abortion in accordance with the provisions of the Medical Practice Act and the Reproductive Privacy Act. The law also prohibits those

boards from denying an application for licensure as a physician and surgeon, or suspending, revoking, or otherwise imposing discipline upon a physician and surgeon because the person was disciplined in another state in which they are licensed or certified solely for performing an abortion in that state, or the person was convicted in that state for an offense related solely to the performance of an abortion in that state.

The law additionally prohibits the Board of Registered Nursing and the Physician Assistant Board from suspending or revoking the certification or license of a nurse practitioner, nurse-midwife, or a physician assistant for performing an abortion if they performed the abortion in accordance with the provisions of the Nursing Practice Act or the Physician Assistant Practice Act, as applicable, and the Reproductive Privacy Act. The law also prohibits those boards from denying an application for certification or licensure as a nurse practitioner, nurse-midwife, or a physician assistant, or suspending, revoking, or otherwise imposing discipline upon a nurse practitioner, nurse-midwife, or a physician assistant because the person was disciplined in another state in which they are licensed or certified solely for performing an abortion in that state, or the person was convicted in that state for an offense related solely to the performance of an abortion in that state.

AB 1287 (Price Discrimination: Gender)

This law prohibits a person, firm, partnership, company, corporation, or business from charging a different price for any 2 goods that are substantially similar, as defined, if those goods are priced differently based on the gender of the individuals for whom the goods are marketed and intended. The law authorizes the Attorney General to seek an injunction to enjoin and restrain the continuance of those violations, and would authorize the court, in addition to granting the injunction, to impose a civil penalty, as specified.

SB 1162 (Employment: Salaries and Wages)

This law requires a private employer that has 100 or more employees to submit a pay data report to the department. This law revises the timeframe in which a private employer is required to submit this information to require that it be provided on or before the second Wednesday of May 2023, and for each year thereafter on or before the second Wednesday of May. This law also requires a private employer that has 100 or more employees hired through labor contractors, as defined, to also submit a separate pay data report to the department for those employees in accordance with the above timeframe, as specified.

This law requires the pay data reports to include the median and mean hourly rate for each combination of race, ethnicity, and sex within each job category. This law deletes a provision requiring employers with multiple establishments to submit a consolidated report. The law deletes the provision authorizing an employer to submit an EEO-1 in lieu of a pay data report. This law permits a court to impose a civil penalty not to exceed one hundred dollars ($100) per employee upon any employer who fails to file the required report and not to exceed two hundred dollars ($200) per employee upon any employer for a subsequent failure to file the required report. The law requires those penalties to be deposited in the Civil Rights Enforcement and Litigation Fund.

This law also requires an employer, upon request, to provide to an employee the pay scale for the position in which the employee is currently employed. The law requires an employer with 15 or more employees to include the pay scale for a position in any job posting. The law requires an employer to maintain records of a job title and wage rate history for each employee for a specified timeframe, to be open to inspection by the Labor Commissioner. The law creates a rebuttable presumption in favor of an employee's claim if an employer fails to keep records in violation of these provisions. The law requires an employer with 15 or more employees that engages a third party to announce, post, publish, or otherwise make known a job posting to provide the pay scale to the third party and would require the third party to include the pay scale in the job posting. The law requires the Labor Commissioner to investigate complaints alleging violations of these requirements and would authorize the commissioner to order an employer to pay a civil penalty upon finding an employer has violated these provisions. The law also authorizes a person aggrieved by a violation of these provisions to bring a civil action for injunctive and any other appropriate relief.

This law requires deposit of the civil penalties collected pursuant to these provisions into the Labor Enforcement and Compliance Fund, and would authorize these funds to be used, upon appropriation by the Legislature, for administration and enforcement of these provisions.

AB 1648 (Disaster Preparedness: Local Government: Animal Natural Disaster Evacuation Plan)

This law requires a city or county that requires a kennel license or permit to operate a kennel within its jurisdiction, to require, as a condition for obtaining the kennel license or permit, that the kennel owner create and submit to the city or county an animal natural disaster evacuation plan for any kennel covered by the license or permit.

AB 2723 (Animals: Microchips)

Existing law prohibits a public animal control agency or shelter, society for the prevention of cruelty to animals shelter, humane society shelter, or rescue group from releasing a dog or cat to an owner seeking to reclaim it, or adopting out, selling, or giving away a dog or cat to a new owner, unless the dog or cat is or will be microchipped, as specified. Existing law subjects an agency, shelter, or group that violates these provisions on or after January 1, 2022, to a civil penalty of $100, except as specified.

This law additionally requires the owner or new owner of the dog or cat to be registered with the microchip registry company as the primary owner of the dog or cat. The law prohibits the agency, shelter, or group from being listed as the primary owner of the dog or cat. If a dog or cat has a preexisting microchip or if there is reasonable proof of ownership, the bill would also require an agency, shelter, or group to document and retain a record of all efforts made to contact a microchip's primary registrant or other demonstrated owner. The law expressly provides that a dog or cat that is temporarily housed under an emergency evacuation order is not subject to these provisions.

SB 774 (Pets and Veterinary Services: Emotional Support Dogs)

Existing law prohibits a health care practitioner from providing documentation relating to an individual's need for an emotional support dog unless the health care practitioner complies with specified criteria, including, among other things, that the health care practitioner establish a client-provider relationship with the individual for at least 30 days prior to providing the documentation.

This law establishes an exception to the 30-day relationship rule if the individual in need of an emotional support dog is verified to be homeless, as specified.

SB 879 (Toxicological Testing on Dogs and Cats)

Existing law prohibits manufacturers and contract testing facilities from using traditional animal test methods within the state for which an appropriate alternative test method has been scientifically validated and recommended by the Inter-Agency Coordinating Committee for the Validation of Alternative Methods and adopted, as specified. Existing law exempts certain animal tests from these provisions, including animal tests performed for the purpose of medical research. Existing law provides that the exclusive remedy for a violation of these provisions is a civil action for injunctive relief brought by, among others, the Attorney General and makes a violation of these provisions punishable by a specified civil penalty.

This law, in addition, prohibit a contract testing facility from conducting a canine or feline toxicological experiment, defined as any test or study of any duration that seeks to determine the effect of the application or exposure of any amount of a chemical substance on a dog or cat, unless the experiment is conducted for specified purposes. The law authorizes the Attorney General, the district attorney of the county in which the violation is alleged to have occurred, or the city attorney in certain instances to bring a civil action for a violation of these provisions, punishable by a civil penalty not to exceed $5,000 for each day that each dog or cat is used in a canine or feline toxicological experiment.

AB 1766 (Department of Motor Vehicles: Driver's Licenses and Identification Cards)

Existing law authorizes the Department of Motor Vehicles to issue and renew driver's licenses, as specified. Existing law also authorizes the department to issue identification cards. Existing law requires the department to issue a restricted driver's license to an eligible applicant who is unable to submit satisfactory proof that their presence in the United States is authorized under federal law if they meet all other qualifications for licensure and provide satisfactory proof of identity and California residency. Existing law also authorizes the department to issue an identification card to a person documented under the federal Deferred Action for Childhood Arrivals program.

This law, among other things, requires the department to, by no later than July 1, 2027, issue a restricted identification card to an eligible applicant who is unable to submit satisfactory proof that their presence in the United States is authorized under federal law if they provide satisfactory proof of identity and California residency, as specified.

Existing law requires the restricted licenses and identification cards to include a recognizable feature on the front of the cards, such as the letters "DP" instead of "DL" and "IC" instead of "ID."

This law deletes the provision requiring a recognizable feature on the cards.

Existing law prohibits California law enforcement agencies from cooperating, as specified, with federal immigration authorities. Existing law prohibits the disclosure of certain documents provided by an applicant to the department, except in response to a subpoena for individual records in a criminal proceeding or a court order, or in response to a law enforcement request to address an urgent health or safety need, as specified.

This law specifies that immigration enforcement, as defined, does not constitute an urgent health and safety need for those purposes, and would prohibit a government agency or department, law enforcement agency, commercial entity, or other person from obtaining, accessing, using, or otherwise disclosing, noncriminal history information maintained by the department, for the purpose of immigration enforcement.

AB 2068 (Occupational Safety and Health: Postings: Spoken Languages)

Existing law grants the Division of Occupational Safety and Health, which is within the Department of Industrial Relations, jurisdiction over all employment and places of employment, with the power necessary to enforce and administer all occupational health and safety laws and standards.

Existing law requires citations, orders, and special orders issued by the department, in enforcing occupational safety and health standards, to be prominently posted at or near each place a violation referred to in the citation or order occurred, in accordance with specified timeframes and procedures. Existing law makes certain violations of specified posting or recordkeeping requirements enforceable by a civil penalty.

This law requires an employer to post an employee notification containing specified information when the above-described citations or orders are issued. The law requires this notification, in addition to English, to be made available in specified languages. The law makes a violation of these provisions enforceable by a civil penalty, as specified.

AB 1706 (Cannabis Crimes: Resentencing)

Existing law, the Control, Regulate and Tax Adult Use of Marijuana Act (AUMA), enacted by the voters at the November 8, 2016, statewide general election, regulates the cultivation, distribution, and use of cannabis for nonmedical purposes by individuals 21 years of age and older. Under AUMA, a person 21 years of age or older may, among other things, possess, process, transport, purchase, obtain, or give away, as specified, up to 28.5 grams of cannabis and up to 8 grams of concentrated cannabis. Existing law authorizes a person to petition for the recall or dismissal of a sentence, dismissal and sealing of a conviction, or redesignation of a conviction of an offense for which a lesser offense or no offense would be imposed under AUMA.

Existing law, on or before July 1, 2019, requires the Department of Justice to review the records in the state summary criminal history information database to identify past convictions that are potentially eligible for recall or dismissal of sentence, dismissal and sealing, or redesignation. Existing law gives the prosecution until July 1, 2020, to review all cases and determine whether to challenge the recall, dismissal, or sealing. Existing law requires the court to reduce or dismiss a sentence that has not been challenged by July 1, 2020.

This law, if a sentence was not challenged by July 1, 2020, require the court to issue an order recalling or dismissing the sentence, dismissing and sealing, or redesignating the conviction no later than March 1, 2023, and would require the court to update its records accordingly and to notify the Department of Justice. The law requires the Department of Justice, on or before July 1, 2023, to complete the update of the state summary criminal history information database, and ensure that inaccurate state summary criminal history is not reported, as specified. The law requires the department to conduct an awareness campaign so that individuals that may be impacted by this process become aware of methods to verify updates to their criminal history. The law makes a conviction, arrest, or other proceeding that has been sealed pursuant to these provisions deemed never to have occurred, as specified. The law, until June 1, 2024, requires the department, in consultation with the Judicial Council, to produce a quarterly joint progress report to the Legislature, as specified.

AB 2188 (Discrimination in Employment: Use of Cannabis)

This law, on and after January 1, 2024, would also make it unlawful for an employer to discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person, if the discrimination is based upon the person's use of cannabis off the job and away from the workplace, except for preemployment drug screening, as specified, or upon an employer-required drug screening test that has found the person to have nonpsychoactive cannabis metabolites in their hair, blood, urine, or other bodily fluids. The law exempts certain applicants and employees from the bill's provisions, including employees in the building and construction trades and applicants and employees in positions requiring a federal background investigation or clearance, as specified. The law specifies that it does not preempt state or federal laws requiring applicants or employees to be tested for controlled substances as a condition of employment, receiving federal funding or federal licensing-related benefits, or entering into a federal contract.

SB 1338 (Community Assistance, Recovery, and Empowerment (CARE) Court Program)

Existing law, the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, requires each county to offer specified mental health programs, unless a county or group of counties opts out by a resolution passed by the governing body, as specified. Existing law, the Lanterman-Petris-Short Act, provides for short-term and longer-term involuntary treatment and conservatorships for people who are determined to be gravely disabled.

This law, contingent upon the State Department of Health Care Services developing an allocation to provide financial assistance to counties, would enact the Community Assistance, Recovery, and Empowerment (CARE) Act, which would authorize specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. The law requires the Counties of Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne and the City and County of San Francisco to implement the program commencing October 1, 2023, and the remaining counties to commence no later than December 1, 2024. The law requires the Judicial Council to develop a mandatory form for use in filing a CARE process petition and would specify the process by which the petition is filed and reviewed, including requiring the petition to be signed under penalty of perjury, and to contain specified information, including the facts that support the petitioner's assertion that the respondent meets the CARE criteria. The law also specifies the schedule of review hearings required if the respondent is ordered to comply with an up to one-year CARE plan by the court. The law makes the hearings in a CARE Act proceeding confidential and not open to the public, thereby limiting public access to a meeting of a public body. The law authorizes the CARE plan to be extended once, for up to one year, and would prescribe the requirements for the graduation plan.

This law requires the court to appoint counsel for the respondent, unless the respondent has retained their own counsel. The law requires the Legal Services Trust Fund Commission at the State Bar to provide funding to qualified legal services projects to provide legal counsel in CARE Act proceedings, as specified. The law authorizes the respondent to have a supporter, as defined. The law requires the State Department of Health Care Services, in consultation with specified stakeholders, to provide optional training and technical resources for volunteer supporters on the CARE process, community services and supports, supported decisionmaking, and other topics, as prescribed.

This law exempts a county or an employee or agent of a county from civil or criminal liability for any action by a respondent in the CARE process, except when an act or omission constitutes gross negligence, recklessness, or willful misconduct.

AB 1632 (Restroom Access: Medical Conditions)

Existing law sets forth various requirements for providing restroom access in the workplace, place of public accommodation, or elsewhere, under specified circumstances, including, among others, provisions relating to employees, disabled travelers, baby diaper changing stations, and all-gender toilet facilities.

This law, if certain conditions are met, requires a place of business that is open to the general public for the sale of goods and that has a toilet facility for its employees to allow any individual who is lawfully on the premises of that place of business to use that toilet facility during normal business hours, even if the place of business does not normally make

the employee toilet facility available to the general public. A willful or grossly negligent violation of this requirement would be subject to a civil penalty, not exceeding $100 per violation, without creating or implying a private right of action, and without applying to an employee. Under the bill, an employee would not be subject to discharge or any other disciplinary action by their employer for a violation of this requirement, unless the employee's action is contrary to an expressed policy developed by their employer pursuant to these provisions.

Under the law, conditions for the above requirement would include, among others, that the individual has an eligible medical condition or uses an ostomy device, that a public restroom is not immediately accessible to the individual, and that providing access would not create an obvious health or safety risk to the individual or obvious security risk to the place of business. The law defines "eligible medical condition" as Crohn's disease, ulcerative colitis, other inflammatory bowel disease, irritable bowel syndrome, or another medical condition that requires immediate access to a toilet facility.

The law permits the place of business to require the individual to present reasonable evidence of an eligible medical condition or use of an ostomy device. The law authorizes the individual to satisfy that evidence requirement through a signed statement by a licensed physician, nurse practitioner, or physician assistant, on a specified form to be developed by the State Department of Public Health and posted on its internet website.

The law requires the department to implement these provisions in consultation with the Department of Consumer Affairs, and only to the extent not in conflict with nor construed to limit rights under civil rights law, as specified.

AB 1901 (Dog Training Services: Disclosure Requirement)

This law requires a dog trainer, as defined, to disclose in writing to a purchaser of dog training services at the time of purchase, any civil judgments related to the dog trainer's services, and any criminal animal cruelty convictions against the dog trainer or an employee, as specified. The law requires the dog trainer and the purchaser to sign the written disclosure. The law expressly authorizes a person to bring a civil action for damages arising from a violation of the requirements related to that written disclosure.

AB 1907 (Long-Term Health Care Facilities: Inspections)

Existing law, the Long-Term Care, Health, Safety, and Security Act of 1973 (act), generally requires the State Department of Public Health to license and regulate long-term health care facilities and to establish an inspection and reporting system to ensure that long-term health care facilities are in compliance with state statutes and regulations. The term "long-term health care facility" includes, among others, skilled nursing facilities. The act declares the intent of the Legislature to execute these inspections in the form of a single survey process, to the extent possible and permitted under federal law.

Existing law requires the department to conduct annual inspections, without notice, of long-term health care facilities, except those facilities that have not had serious violations within the previous 12 months, and in any case to inspect every facility at least once every

2 years. Existing law further requires the department to vary the cycle for conducting these inspections to reduce their predictability.

Existing law requires inspections and investigations of long-term health care facilities that are certified by the federal Medicare Program or the Medicaid program to determine compliance with federal standards and California statutes and regulations to the extent that state statutes and regulations provide greater protection to residents, or are more precise than federal standards. Existing federal law requires nursing facilities certified to participate in those federal programs to be subject to a standard survey by the state, conducted without prior notice to the facility, at least every 15 months, as prescribed.

This law extends the maximum period between inspections of a skilled nursing facility from 2 years to 30 months and would delete obsolete references to a health facility inspections program.

AB 2288 (Advance Health Care Directives: Mental Health Treatment)

Existing law, the Health Care Decisions Law, authorizes an adult having capacity to give an individual health care instruction. Existing law authorizes the individual instruction to be limited to take effect only if a specified condition arises. Existing law authorizes a written advance health care directive to include the individual's nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration if protective proceedings for the individual's person or estate are thereafter commenced. Existing law also authorizes an adult having capacity to execute a power of attorney for health care to authorize an agent to make health care decisions for the principal, and authorizes the power of attorney to include individual health care instructions. Existing law authorizes the principal in a power of attorney for health care to grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, or hiring household employees. Existing law defines "health care decision" and "health care" for these purposes to mean any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.

This law clarifies that health care decisions under those provisions include mental health conditions. The law revises the statutory advance health care directive form to clarify that a person may include instructions relating to mental health conditions.

SB 1272 (Crimes: Intercepting Telephone Communications)

Existing law prohibits tapping any communication wire or intercepting or recording any telephone communication, as specified, without the consent of all parties. Existing law exempts specified communication intercepts including those made by a public utility if required for utility maintenance purposes. A violation of these provisions is punishable as either a misdemeanor or a felony.

This law exempts from these provisions any telephone company engaged in the business of providing communications services and facilities, as specified.