

SCPS Government Affairs Committee Report to SCPS Council May 13, 2021

Items from GAC Meeting of April 6, 2021.

1. **Introductions and welcome to new GAC ex-officio members:** New ex-officio members of the GAC were welcomed, including Drs. Troy Kruz and Weei LoAlan (resident representatives), Dr. Ichenna Okoye (MURR dep representative), and Dr. Emily Woods (ECP dep representative). Ex-officio members leaving the GAC were thanked, including Dr. Mark Ard and Katherine Camfield (resident representatives) and Dr. Katherine Unverford (ECP representative).
2. **Advisory input to PPAC: Prioritization of mental illnesses discussion with CA DPH:** As per SCPS Council motion, a Policy Briefing was developed and presented to PPAC last month, requesting that PPAC request that State Department of Public Health: 1) provide documentation of the manner in which the illness priority list for Covid-19 vaccination, which excluded schizophrenia, was developed, and 2) convene an external stakeholder process to develop a transparent process for developing future diagnostic priority lists for access to limited medical resources. PPAC reports that a town hall meeting has been arranged with the undersecretary for health services, during which time SCPS representatives can request items one and two directly to the relevant state administrators.
3. **Endorsement of Sion Roy for Assembly and associated motion (Ron Thurston) Link:** <https://www.sionroyforassembly.com/> : Dr. Thurston made a motion for the GAC to recommend to SCPS Council an endorsement of Sion Roy for California Assembly, should he choose to run. A discussion of SCPS concerning the past rarity of SCPS endorsements of political candidates and absence of criteria for such endorsements. The motion was tabled. The development of an ad hoc committee to develop criteria for SCPS endorsements of political candidates was suggested.
4. **Advisory input to PPAC re: SB 379 (Weiner).** This bill would prevent UC system from contracting with organizations that proscribe standard medical care based upon non-medical criteria. It was targeted at the UC contract with Dignity Health System, which proscribes care related to reproductive health, gender affirming procedures, and end of life care. PPAC has a current “watch” position, and CMA has an “opposed” position. A motion to recommend to Council that it support a draft resolution in support of SB 379 and to advise PPAC to do was defeated. A motion to refer to the Diversity and Culture Committee the same draft resolution for further consideration by that committee was passed. (See Appendix I: Draft resolution to support SB 379)
5. **Advisory input to PPAC re: AB 988 (Bauer-Kahan) AB 988 Mental health: mobile crisis support teams: 988 crisis:** This bill would establish the 988 Crisis Hotline Center and would require the Office of Emergency Services to take specified actions to implement the hotline system, including hiring a director with specified experience and designating a 988 crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988. However, there is concern that, as currently crafted, it does not provide adequate resources to county mental health systems to respond to subsequent requests for

emergency service. A motion to recommend to council that it adopt a draft resolution of support if amended for AB 988 and advise PPAC to do likewise was passed.

GAC Motion 1:

That Council adopt a draft resolution for to support AB 988 if amended and advise PPAC to do likewise. (See Appendix 2: Draft resolution to support AB 988)

6. **PPAC and CMA policy platforms on government regulation of medical practice:** Dr. Thurston presented a suggested outline for analysis of legislation.
7. **MICRA initiative:** Dr. Soldinger lead discussion of the recently qualified State MICRA initiative that would alter MICRA in a way that could increase malpractice claims and associated costs to the health system. There was consensus that SCPS membership should be alerted to work through local and state medical associations to defeat it. (See Appendix 3: xxxx on MICRA).
8. **Addition PPAC state leg update:** The PPAC report and associated bill list was presented by Randall Hagar. He noted that PPAC-sponsored bills, including one dealing with LPS reform, are doing well. He also noted that the state has announced an unanticipated budget surplus of \$100 billion and is seeking input on spending priorities. He requested input from SCPS membership that PPAC might pass on to the Governor. (Appendix 4: PPAC Bill List)
9. **CSAP/SCPS MOU update:** This MOU recognizes agreement by the two organizations to share representation of their CMA members in the CMA Legislative Council, should the agreement signify to CMA an eligible statewide specialty organization, and was completed last month. The SCPS chairs related that they were called to an urgent meeting of CSAP leadership pursuant to CSAP having received a proposal from PPAC that would require the termination of the CSAP/SCPS MOU and thus the possibility of SCPS membership representation at CMA Legislative Council. CSAP was concerned that the language of the PPAC letter seemed to suggest that SCPS agreed with this action. The GAC chairs stated that, to their knowledge, this was not the case. No further info has since been received from CSAP, CMA, or PPAC. According to GAC members who are represent PPAC in other contexts, the CMA will reject the CSAP/SCPS MOU as a representation of an eligible statewide specialty organization. (See appendix 4, Letter from PPAC to CSAP, and Appendix 5: MOU proposal by PPAC to CSAP)
10. **Preliminary discussion of PPAC compliance with contractual obligations prior to third payment.** Informal polling of GAC membership indicates sufficient satisfaction with PPAC compliance to support third payment when due.

Appendix 1:

Draft resolution for Support position for SB 379 (Weiner) University of California: contracts: health facilities.

Whereas,

SB 379 represents a legislative solution to a compelling societal need to redirect public funding and support from health care systems that legitimize stigmatization and therefore facilitate hatred of LGBTQ communities and disenfranchise poor communities with few alternative choices by withholding standard medical care;

Whereas,

Attempts to accomplish SB 379 directives by other means, including strong public, legislative, and residency training pressure upon the UC system, have met with continued ineffective responses by UC administrators and intransigence by health plan administrators, despite repeated admonishments by legislators;

Whereas,

The potential loss of major contracts through SB 379 may spur offending health plan administrators to modify their insistence on denial of care by physician working in plan-owned facilities;

Whereas,

Public funds freed from offending contracts may be redirected toward purchases from other health plans that do not contain the offensive restrictions;

Whereas,

SB 379 specifically directs UC to ensure affected residency training programs relocated in alternative systems;

Whereas,

SB 379 may save public funds through a) termination of contracts with the offending healthcare systems and b) lower medical and social costs by improved access to reproductive, end of life, and gender-affirming healthcare;

Whereas,

The above benefits of SB 379 will have particular impact upon California counties comprising the SCPS boundaries;

Whereas,

Foundation for SCPS support for SB 379 derives from the following SCPS policy platforms:

GP 1: Eliminate stigma, the social ostracism that deters funding and the personal shame that deters treatment. supporting access to care

GP 7: Mandate that services in all systems should be evidenced-based or, in absence of sufficient evidence, expert- and/or consensus-based;

Therefore, be it resolved that:

1. SCPS takes a Support position on SB 379.
2. SCPS shall advise PPAC to take a Support position on SB 379.
3. SCPS shall publish its Support of SB 379 in its newsletter, along with the most current PPAC position at the time of publication.

Legislative analyst summary:

This bill would prohibit the University of California, on and after January 1, 2022, from entering into, amending, or renewing any contract with any health facility contractor or subcontractor in which a health care practitioner employed by the University of California or a trainee of the University of California providing care in the health facility under that contract would be limited in the practitioner's or trainee's ability to provide patients with medical information or medical services due to policy-based restrictions on care in the health facility. The bill would require any contract between the University of California and a health facility pursuant to which a University of California-employed health care practitioner or trainee of the University of California provides care in the health facility to include a provision restating the substance of that prohibition. The bill would require any contract between the University of California and a health facility pursuant to which a University of California-employed health care practitioner or trainee of the University of California provides care in the health facility to provide that, in the event the health facility contractor or subcontractor violates the prohibition, the contract shall be terminated for noncompliance, and the contractor or subcontractor shall forfeit penalties to the University of California, as appropriate, in an amount equal to the amount paid by the university for the percentage of work that was performed. The bill would exempt from its provisions contracts between the University of California and prescribed health facility contractors or subcontractors. The bill would require the University of California to ensure that a health care practitioner or trainee of the University of California is able to complete their training. The bill would prohibit the University of California from extending or delaying a health practitioner's training due to the loss of a clinical training rotation. The bill would require the University of California, before January 1, 2025, to find alternative facilities for trainees to complete their training. The bill would define terms for these purposes.

Appendix II

Draft Resolution for AB 988 (Bauer-Kahan) Mental health: mobile crisis support teams: 988 crisis hotline.

Whereas,

AB 988 represents a legislative solution to a compelling societal need to transition to a single suicide prevention and mental health hotline as required by federal law, and to ensure people that are experiencing behavioral health crises are linked to local services quickly and appropriately;

Whereas,

AB 988 unwisely proposes to create a new structure that would impose upon new responsibilities over Counties without regard to appropriateness of structure, roles, expertise, and, above all, sustained funding for crisis intervention services and coordination;

Whereas,

Existing county-operated local structures have limited capacity, incomplete crisis services and infrastructure, and a lack of permanent and sufficient funding for such services;

Whereas,

The Community Behavioral Health Directors Association of California, the association that represents the behavioral health departments of the fifty-eight California Counties has, after careful analysis, taken a Support if Amended position on AB 988 in recognition of its extraordinary potential but serious flaws;

Therefore, be it resolved that:

- 1) SCPS takes a Support if Amended position on AB 988
- 2) SCPS shall advise PPAC to change its position to Support if Amended position on AB 988
- 3) SCPS shall publish its Support if Amended position on AB 988 in its newsletter, along with the current PPAC position.

Appendix 3:

CMA on Micra

Here's why a broad coalition of coalition of physicians, dentists, nurses, hospitals, safety net clinics, and other health care providers, is committed to vigorously fighting this initiative.

Effectively eliminates MICRA's cap on non-economic damages

Proponents of this measure say it will simply index for inflation the state's current cap on non-economic damages. However, the lawyer who drafted this measure has included deceptive and cynical language that creates a new category of lawsuits not subject to the cap on non-economic damages, while effectively eliminating the cap on non-economic damages for any medical malpractice case.

Costly for consumers and taxpayers

According to the California independent Legislative Analyst's Office (LAO), this measure would lead to "annual government costs likely ranging from the low tens of millions of dollars to the high hundreds of millions of dollars," placing the burden of this additional cost on all of us, while reducing access for those who need it most, including those who use Medi-Cal, county programs, safety net providers and school-based health centers. This measure will vastly increase the number of lawsuits filed in California, and further divert resources for patient care to the legal system.

A misleading measure intended to fool the voters

This measure was written by an out-of-state trial attorney who is looking to cash in with California cases. Our health laws should protect access to care and control costs for everyone, not increase lawsuits and payouts for lawyers.

This is not an adjustment of the MICRA cap; it is a virtual elimination. It would also eliminate the state's current cap on attorney's fees in medical malpractice cases, allowing lawyers to take up to 50% of a patient's jury award in malpractice cases.

Jeopardizes patient access to quality health care

This measure would have a particularly adverse impact on community health clinics. This measure will raise insurance costs, causing physicians in high-risk specialties like OB/GYNs to reduce or eliminate patient services.

There are, regrettably, individual tragic cases of medical negligence. However, under current law, patients can already receive unlimited awards for past and future health care costs, for lost wages and in cases of gross negligence.

This ballot measure is simply a cynical effort by a single trial lawyer looking to increase lawyers' share of medical malpractice awards and line his own pockets while driving up health care costs for all Californians.

Appendix 4:
PPAC Leg List*

***SPONSORED BILLS NOTED IN GREEN TYPEFACE**
ESTABLISHED BILL POSITIONS NOTED IN RED TYPEFACE
ACTION PENDING IN MEDIUM BLUE TYPEFACE

Updated May 11, 2021

	BILL	SUBJECT	STATUS	POSITION	NOTES
1	AB 4	MediCal, Immigrant Status	PENDING APPROPRIATIONS	SUPPORT	Extends full scope MediCal to anyone re-eligible but for immigration status. Support position adopted 01-24-21.
2	AB 32	(Aguiar-Curry) Telehealth	PENDING APPROPRIATIONS	SUPPORT	Vehicle to codify telehealth flexibilities in the event of the expiration of the pandemic emergency declaration. CMA. SUPPORT position adopted 01-24-21
3	AB 41	(Aguiar-Curry) Broadband Infrastructure	PENDING APPROPRIATIONS	SUPPORT	Vehicle to provide for access to the internet in rural areas now poorly or unserved, and to provide for another find it difficult or impossible to do so. Position adopted 03-23-21.
4	AB 58	(Salas) Pupil Suicide Prevention Training	TWO YEAR	SUPPORT	Expands training of teachers and students; adds best practice requirement; establishes pilots in 5 school agencies within counties; provides technical assistance; provides technical assistance; school district Medi-Cal billing. SUPPORT position adopted 03-23-21.
5	AB 77	(Petrie-Norris) SUD Treatment	TWO YEAR	REFER TO SUD EXPERTS	Enacts Jarrod's Law, providing comprehensive regulation of both inpatient and outpatient services. On agenda for GA meeting, May 25. Request for expert input
6	AB 226	(Ramos) Child Crisis Psych Residential Facilities	PENDING APPROPRIATIONS	SUPPORT	Appears to be an effort to conform short-term residential facilities to federal law governing the order to draw down federal dollars. Position adopted 03-23-21.
7	AB 234	(Ramos) Office of Suicide Prevention	PENDING APPROPRIATIONS	SUPPORT	An Implementation bill that will be coupled with AB 234 to establish the Office of Suicide Prevention. SUPPORT position adopted 02-23-21.
8	AB 309	Gabriel, O'Donnell – Model referral protocols	PENDING APPROPRIATIONS	SUPPORT	Requires State Department of Education to develop protocols for pupils who may have a mental health condition. PPAC C&A Committee recommendation. NOTE: likely dead not set for hearing, April 2021.

9	AB 347	(Arambula) Step Therapy	PENDING APPROPRIATIONS	WATCH	Grants step therapy exception under certain circumstances. Certain drugs, which are not available in tiered formularies, are generally excluded from step therapy requirements. If so, they would be subject to parity statutes. Position adopted 03-23-21.
10	AB 451	(Arambula) Psych Emergency ED Transport	Awaiting Receipt in the Senate	WATCH	Redo of AB 451 by the emergency physician. Position adopted at that time was WATCH. WATCH position adopted 02-23-21.
11	AB 454	(Rodriguez) Pandemic Provider Payments	PENDING APPROPRIATIONS	SUPPORT	CMA Sponsored. Requires a health care insurer to provide payments and support within at least 60 days after the end of a declared emergency. Position adopted 03-23-21.
12	AB 468	(Friedman) Emotional Support Dogs	PENDING APPROPRIATIONS	PENDING	Regulates disclosures and designations for emotional support dogs. Distinguishes they are not guide, signal or service dogs. Dogs vested with statutory rights and privileges.
13	AB 562	(Low) Frontline provider MH Resiliency Act	PENDING APPROPRIATIONS	SUPPORT	Department of Consumer Affairs program to provide services to frontline healthcare workers, including those that providers demonstrate they are from underserved areas. Position adopted 03-23-21.
14	AB 574	(Chen) Guardians Ad Litem	TWO YEAR BILL	WATCH	A retread of a Senator Morlach bill from 2019. Motion to vote it in its first committee hearing. The bill is a scheme of court authorized substitute due to the bill with SMI. WATCH position adopted 02-23-21.
15	AB 662	(Rodriguez) Involuntary MH Treatment	PENDING APPROPRIATIONS	SUPPORT	Establishes a working group to examine current response protocols for providing emergency services to persons experiencing a mental health crisis. The group will make recommendations related to amendments to the law. It may be necessary to ensure that services are provided in the most effective way. SUPPORT position adopted 02-23-21.
16	AB 671	(Wood) Pharmacy Benefits	PENDING APPROPRIATIONS	SUPPORT	Identical to AB 2100, supported by CPA. Requires a pharmacy management or similar payment to a pharmacy to pass specialty drug to Medi-Cal beneficiaries to ensure beneficiary access. Addresses the issue of specialty drug like LAIs for reimbursement which is less than acquisition cost. Obvious access issue. Position adopted 02-23-21.
17	AB 681	(Ramos) Information Sharing	TWO YEAR BILL	SUPPORT	Implements recommendation from the 2019 report to share information from the CA Department of Health Care Services subject to involuntary treatment with the patient's consent. Position adopted 02-23-21. SUPPORT position adopted 02-23-21.

18	AB 686	(Arambula) Outcomes and Accountability	TWO YEAR BILL	PENDING	Requires HHS Agency to review BH outcomes and promote continuous quality improvement practices, with a 3-year refresh. Established initiatives not required to exceed existing
19	AB 785	(Rivas) Mental Health and Criminal Justice	TWO YEAR BILL	WATCH	Sets up a grant program to enhance: 1) Capacity; 2) Diversion from justice system to justice system. WATCH position adopted
20	AB 822	Rodriguez – psych observational services	PENDING APPROPRIATIONS	SUPPORT	Provides that observation services for psychiatric medical conditions are a MediCal covered service. Notifications go to MediCal Managed Care Plans, within 24 hours. Designated payor subject to further amendments going forward (CSAC) objects on various grounds. Position
21	AB 852	(Wood) NP Practice without standardized procedures (clean-up bill)	THIRD READING	OPPOSE UNLESS AMENDED	Nurse Practitioner Independent Practice Problematic, would refer to practice protocols and delete the requirement to consult in the case of acute decompensation referral plan to address the circumstance “acute and unexpected” decompensation negotiating several issues which PPAC adopted Position adopted 03-23-21.
22	AB 858	(Jones-Sawyer) Clinical Practice Guidelines	PENDING APPROPRIATIONS	WATCH	California Nurses Association bill responsive to proprietary patient care algorithms. Autonomy of patient care at a health facility to override orders in accordance with their scope of practice and the patient to do so. CNA says intent is not to override orders. Being negotiated by multiple measures. Recommendation is to monitor this process if necessary. WATCH position adopted 03-
23	AB 882	(Gray, Salas) Prop 56 Loan Repayment Criteria	PENDING APPROPRIATIONS	SUPPORT	Would originally repay loans to beneficiaries in Professional Shortage Areas. Prop 56 criteria for eligibility as 30% MediCal caseload – multiple amendments clarify that HPSAs are one of the conditions in addition to the 30% caseload, not the sole determinant of eligibility. All recent awards went to psychiatrists out of state. Position adopted 04-27-21
24	AB 933	(Daly) Prescription Drug Cost Charing	TWO YEAR BILL	WATCH	This program would require that point of sale or beneficiary for a medication be calculated based on rebates received or pending so that the total that 90% of the value of the rebates. WATCH position adopted 02-23-21

25	AB 940	(McCarty) College Mental Health Services	PENDING APPROPRIATIONS	WATCH	Appropriates unspecified amounts annual administration funds to higher education purpose of increasing campus student mental health-related education and training appropriation process. WATCH position adopted 02-23-21.
26	AB 988	(Bauer-Kahan) Crisis Teams and Hotline	PENDING APPROPRIATIONS	WATCH	Establishes mental health mobile crisis team approved "988" crisis hotline, with linkage services, under the larger umbrella of the Services which operates the "911" system "911" infrastructure. WATCH position a committee opined the sprawling bill need unanswered questions.
27	AB 1178	(Irwin) Prohibition, Preauthorization SMI Medications for 1 yr	PENDING APPROPRIATIONS	SPONSORED BILL	Deletes prior authorization requirement prescribed for the treatment of a serious of 365 days after the initial prescription. Access Coalition.
28	AB 1194	(Low) Conservatorships	PENDING APPROPRIATIONS	WATCH	Vehicle to reform conservatorships, influenced by "Spears" documentary and #freebritney s. Applies to probate codes and regulatory professional fiduciaries (family conservator LPS conservatorships. Unclear if this is re Alliance.
29	AB 1443	(McCarty) Training for LPS Designated Individuals	PENDING APPROPRIATIONS	SUPPORT	As amended, requires counties to develop who will take a person into custody under Short (LPS) Act. Requires a county to develop regarding the designation of members of professional persons who take an individual LPS Act. Exempts an employee of a municipality a mobile crisis team or a professional person designated by the county, and is responsible person under the LPS Act, from civil or criminal action by a person released at or before detention. Support adopted 04-27-21
30	SB 14	(Portantino) Excused MH Absences	PENDING APPROPRIATIONS	SUPPORT	Provides for MH/BH excused absences; non-certified/credentialed employees; and vocational training grades 10-12. SUPPORT position adopted 02-23-21.
31	SB 17	(Pan) Racism, Public Health Emergency		SUPPORT	Would establish the Office of Racial Equity guidelines for inclusive policies and practices, inequities, promote racial equity, address and structural racism, and establish goals racial equity and address structural racism

			PENDING APPROPRIATIONS		Consistent with newly released PPAC pro... following the verdict in the George Floyd... PPAC Policy Platform. Support position a...
32	SB 21	(Glazer) MH License Plates	PENDING APPROPRIATIONS	SUPPORT	Mental health awareness license plate p... mental health services in schools. SUPPORT position adopted 02-23-21.
33	SB 57	(Wiener) Overdose Prevention	RECEIPT IN ASSEMBLY PENDING	SUPPORT	Continuation of safe injection site effort, Francisco, Los Angeles County and City o... SUPPORT position adopted 02-23-21.
34	SB 106	(Umberg) MHSA Innovations, FSPs	PENDING APPROPRIATIONS	SUPPORT	This bill would amend the MHSA by auth... January 1, 2025, to expend funds for the... without approval by the commission if th... or expanding a program implementing th... model with diverse communities. Would... 465. Consistent with PPAC racial diversit... Support position adopted 04-27-21.
35	SB 110	(Wiener) SUD Contingency Management	PENDING APPROPRIATIONS	SUPPORT	Proposes CM services as a covered Medi... an incentive structure, which includes so... evidence of specified behaviors or adher... Provider training in CM use. Clarifies not... 03-23-21
36	SB 221	(Wiener) Timely Access to Care	PENDING APPROPRIATIONS	WATCH	Codifies timely access standards for non... behavioral health providers; adds SUD p... regulators; adds follow-up appointment... appointment standards. WATCH position...
37	SB 224	(Portantino) Mental Health Instruction	PENDING APPROPRIATIONS	SUPPORT	Requires mental health education for gr... number of technical requirements. SUPPORT position adopted 02-23-21
38	SB 225	Wiener – Sex Characteristics	TWO YEAR BILL	OPPOSE UNLESS AMENDED	This bill would prohibit a physician and s... certain sex organ modification procedur... with variations in their physical sex char... under-12 years of age unless the proced... address an immediate risk of physical ha... recommends an Oppose Unless Amende... CMA. NOTE: died in committee with only... Position adopted 04-27-21
39	SB 242	(Newman) PPE Reimbursement MediCal	PENDING APPROPRIATIONS	SUPPORT	CMA Sponsored. Reimburse medically n... for PPE for MediCal qualified physicians... setting rates in consultation with CMA. F... SUPPORT.

40	SB 248	(Bates) Sexually Violent Predators - Court Appearances	PENDING APPROPRIATIONS	WATCH	Defines proceedings for the civil commitment predator be in open court, on the record certain findings. Recently significantly amended substantive provisions.
41	SB 250	(Pan) Prior Authorization	PENDING APPROPRIATIONS	SUPPORT	CMA Sponsored. Requires PA data collection regulators; grants 2-years deemed appropriate physicians services subject to retrospective physician obligation to collect patient cost. Position adopted 03-23-21
42	SB 279	(Pan) Specialty Mental Health & SUD Services	PENDING APPROPRIATIONS	SUPPORT	Implements CalAim BH proposals: Clarify authorization; establishes Behavioral Health technical assistance to county Drug Med implementation; effects intergovernmental supplantation of certified public expenditure. Position adopted 03-23-21
43	SB 316	(Eggman) MediCal Same Day Billing	PENDING APPROPRIATIONS	SUPPORT	Approve two billings of MediCal on the same day warm mental health handoff while a patient in Health Clinic. Last in a long line of bills at Psychiatrists have supported each. SUPPORT 23-21.
44	SB 317	(Stern) Incompetent to Stand Trial	SENATE RULE 28.8	SUPPORT	Courts finding an individual Incompetent to Stand Trial recent amendments order misdemeanor diversion, collaborative courts or community entities agree, provide mental health services. Qualifies for those services. Drastically reduces diversion alternative in particular makes it more attractive. Position adopted 04-27-21.
45	SB 340	(Stern) Mental Health Services	IN ASSEMBLY PENDING REFERRAL	SUPPORT	Requires a court, in conservatorship hearing, a family member, friend, or acquaintance knowledgeable about the subject to be present at the hearing subject to a conservatorship hearing to testify about information provided by family member or friend about treatment. Direct testimony to the same effect is guaranteed to the court as a part of conservatorship hearing. Position adopted 03-23-21
46	SB 371	(Caballero) Health Information Technology	PENDING APPROPRIATIONS	SUPPORT	CMA Sponsored. Establishes the California Health Information Technology (HIT) Advisory Committee. The Secretary for HIT within the California Health Information Agency Provides grants to health care providers to expand health information technology and direct data exchange technical assistance. Concern with potential effects on small community health centers. Position adopted 04-27-21 f/u: Stakeholder advisory committee report including those with small practices." Position adopted 04-28-21. Amended to full support 04-28-21.

47	SB 379	(Wiener) UC Contracts	PENDING APPROPRIATIONS	WATCH	Would prohibit UC from contracting with that constrain physician practice because of scruples. CMA opposes. CMA (adopted a analysis points to evisceration of the car using many pieces, providing potential c WATCH position approved 03-23-21.
48	SB 380	(Eggman) End of Life Option Act	PENDING APPROPRIATIONS	WATCH	Proposes changes to ELOA, shortening ti administrative obstacles to obtain medic provisions, defining deception, providing provide information or obstruction acces medication. WATCH position adopted 02
49	SB 401	(Pan) Psychology	ASSEMBLY PENDING REFERRAL	WATCH	Refines psychologist-patient boundary is contact and other issues. Staff WATCH p
50	SB 428	(Hurtado) ACES Screening Coverage	PENDING APPROPRIATIONS	SUPPORT	CMA sponsored bill. Requires reimburse health service plans and health insuranc WATCH position adopted 02-23-21.
51	SB 465	(Eggman) MHSA Full Service Partnerships	PENDING APPROPRIATIONS	SPONSORED BILL	SPONSORED BILL. Expands population of MHSA community services and supports expedient; requires OAC reporting of full outcomes in homelessness, incarceration walkaways and failures to engage for the
52	SB 507	(Eggman) Assisted Outpatient Treatment	PENDING APPROPRIATIONS	SPONSORED BILL	Incorporates changes to the AOT statute Auditor's report on the LPS. Specifically, address serial 5150 and conserved patie appearances in court; providing a marke when a person lacks capacity to refuse n
53	SB 508	(Stern) Mental health coverage: school-based services	TWO-YEAR BILL	PPAC C&A COMMITTEE REVIEW	For mild to moderate populations, assur interventions, or referral and linkages to the same. Requires MOUs between plan institutions at certain thresholds and pro absence of MOUs. Author declared it a t Several committees working on this and contracting.
54	SB 510	(Pan) COVID Cost Sharing	PENDING APPROPRIATIONS	SUPPORT	CMA Sponsored. Assures for all pandem emergencies that testing, immunizations services are covered at no cost to the pa authorization. Position adopted 03-23-21.
55	SB 516	(Eggman) Certification Review Hearings	ASSEMBLY PENDING REFERRAL	SPONSORED BILL	Reintroduces AB 2015 from 2020 which considerations of grave disability allowe certification hearings.

56	SB 519	(Wiener) Hallucinogens	PENDING APPROPRIATIONS	PENDING EXPERT REVIEW	Supposedly modeled on recently enacted decriminalizing some hallucinogens. Some in treating depression and PTSD. Where evidence? Concerns that decriminalization consumption?
57	SB 528	Jones - Health Info Portal	PENDING APPROPRIATIONS	SUPPORT	CalACAP sponsored bill. Provides that all foster child now required in a written he be available to authorized individuals via Provides that information from court ap within 72 hours of administration of a ps Committee recommend a <u>SUPPORT</u> position <u>27-21.</u>
58	SB 565	(Jones) State Hospital Facilities	PENDING APPROPRIATIONS	SUPPORT	Requires a Department of State Hospital to expand state hospital capacity so that to state hospitals wait no longer than 60 wait list is long and requires some to wa January 1, 2027 expansion implementation <u>04-27-21.</u>
59	SB 578	(Jones) LPS Hearings	ASSEMBLY PENDING REFERRAL	SUPPORT	Clarifies that all hearings are presumed of the subject of the hearing requests other convinces a judge there is an overriding open hearing. Position adopted 03-23-21.
60	SB 642	(Kamlager) Facility Medical Privileges	PENDING APPROPRIATIONS	SUPPORT	Strengthens medical staff. Prohibits a health physician, as a condition of obtaining client comply with policies that are not ratified directly or indirectly restrict the ability of particular medical treatment, or from req permission from a nonphysician to perform which consent has been obtained from the long standing policy adopted by PPAC. Is subject to ratification by GA Committee
61	SB 749	(Glazer and Eggman) Oversight and Accountability Tracking	PENDING APPROPRIATIONS	SUPPORT	Requires the Mental Health Services Oversight Commission (MHSOAC) in consultation with health authorities, to create a comprehensive county spending on mental and behavioral services, including funding sources, fund data at the program, service, and statewide needed, expands on recommendations for spending. Position adopted 04-27-21.
62	SB 782	(Glazer) Assisted Outpatient Treatment	ASSEMBLY PENDING REFERRAL	SUPPORT	Implements one recommendation of the to create eligibility for current or former Assisted Outpatient Treatment program intensive services in the community in or conservatorships. Compatible with PPAC

Appendix 5:

April 16, 2021

Dear Dr. Creighton:

We are amenable to a PPAC-CSAP Memo of Understanding for selecting representatives to the CMA Specialty Delegation and to the CMA Council on Legislation. We believe this MOU would satisfy CMA's requirement for preserving an official (voting) representation for organized psychiatry at CMA. Although the MOU would not include unity governance, we remain happy to coordinate and cooperate on developing unified positions—at CMA and elsewhere--and to manage our rare differences. We believe that PPAC's ability to work independently is a net gain for organized psychiatry at CMA, as evidenced Dr Arroyo's presentation of legislative positions at the recent Specialty Delegation conference.

As you probably know, the Psychiatric Physicians Alliance of California is an advocacy-only, non-profit corporation designed to deliver effective advocacy without obliging APA members pay the full cost. Our goal is to improve diversity and broaden financial support by offering nominal subscription memberships to all 6,400 California psychiatrists while encouraging--but not obliging--simultaneous membership in other likeminded organizations.

While we are not all APA members, we are all committed to implementing APA's mission to support psychiatry and enhance patient care, and we begin our work with the policy book bequeathed by the APA members who built the vaunted advocacy machine of our former California Psychiatric Association--and we have reassembled the same advocacy network and lobby team.

Our subject-expert committees and our Government Affairs Committee include psychiatrists from all over California who collectively develop policy, positions and priorities. We integrate our work with that of partner organizations including the Southern California Psychiatric Society and the Central California Psychiatric Society. Our governance structure is lean, efficient and agile---eager to take the initiative and always ready to seize emerging opportunities and threats.

We are currently sponsoring four bills and actively following another fifty bills in the Legislature, working with agencies and monitoring litigation.

In addition to APA membership, we encourage all psychiatrists to join and participate in the California Medical Association, be it county associations, mode of practice fora, Councils or Technical Advisory Committees. We are many voices, not always in harmony, but all earning our place in our House of Medicine and ensuring our voice in advocacy.

Looking forward to future cooperation.

Collegially, Ronald C Thurston, MD, DLFAPA President, Psychiatric Physicians Alliance of California
Attached: MOU

Appendix 6:

Memorandum of Understanding between the PPAC & CSAP regarding CMA
Representation:

For terms beginning July 1 this year: PPAC will select the Delegate to the Specialty Delegation;
CSAP will select the Alternate Delegate to the Specialty Delegation and the Delegate to the
Council on Legislation.



Ronald Thurston, MD, DLFAPA
Psychiatric Physicians Alliance of California, President

DATE: April 16, 2021

Roula Creighton, MD, DFAPA
California State Association of Psychiatrists, Board Chair

DATE: