

CSNO: Support, Watch bills 4/28/2022
Compiled by Lydia Bourne, Leg Advocate

[AB 58](#)

([Salas D](#)) Pupil health: suicide prevention policies and training.

Current Analysis: 01/24/2022 [Assembly Floor Analysis \(text 1/13/2022\)](#)

Introduced: 12/7/2020

Last Amend: 1/13/2022

Status: 1/25/2022-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/25/2022-S. RLS.

Summary: Would require a local educational agency, on or before June 1, 2024, to review and update its policy on pupil suicide prevention, and revise its training materials, to incorporate best practices identified by the department in the department's model policy. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program.

Attachments:

[support ltr](#)

[fact sheet](#)

Organization

CSNO

Position

Watch

Assigned

Sylvia Carlson

[AB 452](#)

([Friedman D](#)) Pupil safety: parental notification: firearm safety laws.

Current Analysis: 01/24/2022 [Assembly Floor Analysis \(text 1/3/2022\)](#)

Introduced: 2/8/2021

Last Amend: 1/3/2022

Status: 1/27/2022-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/27/2022-S. RLS.

Summary: Would require a school district, county office of education, and charter school to inform parents and guardians of pupils at the beginning of each semester or quarter of the regular school term of California's child access prevention laws and laws relating to the safe storage of firearms, as specified.

Attachments:

[support ltr](#)

[fact sheet](#)

Organization

CSNO

Position

Watch

Assigned

[AB 552](#)

([Quirk-Silva D](#)) Integrated School-Based Behavioral Health Partnership Program.

Current Analysis: 01/28/2022 [Assembly Floor Analysis \(text 1/27/2022\)](#)

Introduced: 2/10/2021

Last Amend: 1/27/2022

Status: 2/1/2022-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 2/1/2022-S. RLS.

Summary: The School-based Early Mental Health Intervention and Prevention Services for Children Act of 1991 authorizes the Director of Health Care Services, in consultation with the Superintendent of Public Instruction, to award matching grants to local educational agencies to pay the state share of the costs of providing school-based early mental health intervention and prevention services to eligible pupils at schoolsites of eligible pupils, subject to the availability of funding each year. This bill would authorize the Integrated School-Based Behavioral Health Partnership Program, which the bill would establish, to provide prevention and early intervention for, and access to, behavioral health services for pupils.

Attachments:

[support ltr](#)

[fact sheet](#)

Organization

CSNO

Position

Watch

Assigned

[AB 1797](#)

([Weber, Akilah D](#)) Immunization registry.

Current Analysis: 04/26/2022 [Assembly Education \(text 3/24/2022\)](#)

Introduced: 2/7/2022

Last Amend: 3/24/2022

Status: 4/27/2022-From committee: Do pass and re-refer to Com. on ED. (Ayes 10. Noes 3.) (April 26). Re-referred to Com. on ED.

Location: 4/26/2022-A. ED.

Summary: Current law authorizes local health officers and the State Department of Public health to

operate immunization information systems. Current law, except as provided, authorizes health care providers and other agencies, including, among others, schools, childcare facilities, family childcare homes, and county human services agencies, to disclose specified immunization information with local health departments and the State Department of Public Health, and authorizes local health departments and the department to disclose that same information to each other and to health care providers, schools, childcare facilities, family childcare homes, and county human services agencies, among others, as specified. Current law specifies the immunization, patient, or client information that may be disclosed, which includes, among other things, patient or client demographic information, immunization data, adverse reactions to the immunization, or other information needed to identify the patient or client or to comply with other laws. This bill would instead require health care providers and other agencies, including schools, childcare facilities, family childcare homes, and county human services agencies to disclose the specified immunization information, and would add the patient's or client's race or ethnicity to the list of information that shall or may be disclosed.

Attachments:

[support ltr](#)
[fact sheet](#)

Organization	Position	Assigned
CSNO	Support	

AB 1810 (Levine D) Pupil health: seizure disorders.

Current Analysis: 04/25/2022 [Assembly Appropriations](#) (text 3/30/2022)

Introduced: 2/7/2022

Last Amend: 3/30/2022

Status: 4/27/2022-In committee: Set, first hearing. Referred to suspense file.

Location: 4/27/2022-A. APPR. SUSPENSE FILE

Summary: Would, if a pupil diagnosed with seizures, a seizure disorder, or epilepsy has been prescribed an emergency anti-seizure medication by the pupil's health care provider, authorize the pupil's local educational agency, upon receipt of a request from the pupil's parent or guardian, to designate one or more volunteers at the pupil's school to receive initial and annual refresher training regarding the emergency use of anti-seizure medication. The bill would require the Superintendent of Public Instruction to establish minimum standards of training for the administration of emergency anti-seizure medication, as provided. The bill would authorize a school nurse or, if the school does not have a school nurse or the school nurse is not onsite or available, a volunteer who has been designated and received training regarding the emergency use of anti-seizure medication, to administer emergency anti-seizure medication to a pupil diagnosed with seizures, a seizure disorder, or epilepsy if the pupil is suffering from a seizure. The bill would require any local educational agency or school upon receipt of a parent or guardian's request to distribute a related notice at least once per school year to all staff.

Attachments:

[support ltr](#)
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[sample ltr](#)
[fact sheet](#)

Organization	Position	Assigned
CSNO	Support	

AB 1940 (Salas D) School-Based Health Center Support Program.

Current Analysis: 04/26/2022 [Assembly Education](#) (text 3/17/2022)

Introduced: 2/10/2022

Last Amend: 3/17/2022

Status: 4/27/2022-From committee: Do pass and re-refer to Com. on ED. (Ayes 10. Noes 2.) (April 26). Re-referred to Com. on ED.

Location: 4/26/2022-A. ED.

Summary: Current law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to assist school health centers, which are defined as centers or programs, located at or near local educational agencies, that provide age-appropriate health care services at the program site or through referrals, as specified. This bill would rename the program as the School-Based Health Center Support Program and would redefine a school-based health center to mean a student-focused health center or clinic that is located at or near a school or schools, is organized through school, community, and health provider relationships, and provides age-appropriate, clinical health care services onsite by qualified health professionals.

Attachments:

[support ltr](#)
[sample ltr](#)
[coalition letter](#)
[fact sheet](#)

Organization	Position	Assigned
CSNO	Support	

Notes 1: The spot bill language adds only a small requirement for the OSBH in CDE... but most of the bill language is focused on the CDPH program... amendments coming soon!

[AB 2034](#) (O'Donnell D) Local education agency: Medi-Cal billing option.

Current Analysis: 04/01/2022 [Assembly Health](#) (text 3/21/2022)

Introduced: 2/14/2022

Last Amend: 4/7/2022

Status: 4/18/2022-Re-referred to Com. on APPR.

Location: 4/5/2022-A. APPR.

Summary: Current law requires the State Department of Health Care Services to engage in specified activities relating to the LEA Medi-Cal Billing Option, including amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services, consulting with specified entities in formulating state plan amendments, examining methodologies for increasing school participation in the local educational agency (LEA) Medi-Cal Billing Option, and conducting an audit of a Medi-Cal Billing Option claim consistent with prescribed requirements, such as generally accepted accounting principles. Current law requires the department to file an annual report with the Legislature that includes, among other things, a summary of department activities. This bill would require the department to revise the state plan to establish a revised audit process for Medi-Cal Billing Option claims submitted for dates of service on or after January 1, 2024, pursuant to specified requirements. The bill would require the department to provide technical assistance to the LEA or to complete appeals by the LEA within 180 days if an audit disallows a specified percentage of an LEA's total value of claims. The bill would prohibit an auditor from disallowing certain claims, except as specified. The bill would require the department's summary of activities in the above-described report to also include training for LEAs and a summary of the number of audits conducted of Medi-Cal Billing Option claims, as specified. The bill would require the department to ensure, for those claims, that "medical necessity" for a beneficiary under 21 years of age has a specified meaning. The bill would make other technical, nonsubstantive changes to these provisions.

Attachments:

[support ltr](#)

[fact sheet](#)

Organization	Position	Assigned
CSNO	Co-sponsor	

[AB 2260](#) (Rodriguez D) Emergency response: trauma kits.

Current Analysis: 04/13/2022 [Assembly Judiciary](#) (text 4/7/2022)

Introduced: 2/16/2022

Last Amend: 4/7/2022

Status: 4/19/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (April 19). Re-referred to Com. on APPR.

Location: 4/19/2022-A. APPR.

Summary: Current law exempts from civil liability any person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency other than an act or omission constituting gross negligence or willful or wanton misconduct. Current law exempts public or private organizations that sponsor, authorize, support, finance, or supervise the training of people, or certifies those people in emergency medical services, from liability for civil damages alleged to result from those training programs. This bill would define "trauma kit" to mean a first aid response kit that contains specified items, including, among other things, a tourniquet. The bill would allow medical materials and equipment and any additional items that are approved by local law enforcement or first responders to be included as supplements in addition to the specified items that are required to be included in a trauma kit if they adequately treat a traumatic injury and can be stored in a readily available kit. The bill would require a person or entity that supplies a trauma kit to provide the person or entity that acquires the trauma kit with all information governing the use and maintenance of the trauma kit. The bill would apply the provisions governing civil liability described above to a lay rescuer or person who renders emergency care or treatment by the use of a trauma kit at the scene of an emergency.

Attachments:

[fact sheet](#)

Organization	Position	Assigned
CSNO	Watch	

Notes 1: Educational groups register under the Group E [Education] category. Register more than 5 students in a kindergarten through 12th class school to qualify. The exception is for homeschool or child care facilities in private residences.

Some religious organizations serve less than 100 total people in the congregation. These may file for an exception. This delegates under Group B [Business] status.

Another exception is available for child care facilities. This applies if they are not subject to the Residential R-3 status designation. They can file under the Group E category instead of Group I-4 [Institutions] status.

[AB 2329](#) (Carrillo D) Pupil health: mobile vision examinations: schoolsites.

Current Analysis: 04/25/2022 [Assembly Appropriations](#) (text 3/30/2022)

Introduced: 2/16/2022

Last Amend: 3/30/2022

Status: 4/27/2022-From committee: Do pass. To Consent Calendar. (Ayes 15. Noes 0.) (April 27).

Location: 4/27/2022-A. CONSENT CALENDAR

Calendar: 4/28/2022 #58 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law requires the governing board of a school district to provide for the adequate testing of the sight and hearing of each pupil enrolled in the schools of the school district to be given only by specified persons. Current law requires a school nurse or other authorized person to appraise the vision of a pupil during kindergarten, or upon first enrollment or entry of that pupil in a California school district at an elementary school, and in grades 2, 5, and 8, as specified. Current law authorizes a parent or guardian having control or charge of any child enrolled in the public schools to file annually with the principal of the school in which the child is enrolled a statement in writing, signed by the parent or guardian, stating that they will not consent to a physical examination of the child. Current law requires that child to be exempt from any physical examination, as provided. This bill would authorize a public school, as defined, to enter into a memorandum of understanding with a nonprofit mobile vision examination provider to provide noninvasive vision examinations consisting of providing vision examinations and eyeglasses to pupils at the schoolsite of the public school.

Attachments:

[fact sheet](#)

Organization	Position	Assigned
CSNO	Watch	

[AB 2640](#) (Valladares R) Pupil health: food allergies: California Food Allergy Resource internet web page.

Current Analysis: 04/26/2022 [Assembly Appropriations](#) (text 4/19/2022)

Introduced: 2/18/2022

Last Amend: 4/19/2022

Status: 4/27/2022-From committee: Do pass. To Consent Calendar. (Ayes 15. Noes 0.) (April 27).

Location: 4/27/2022-A. CONSENT CALENDAR

Calendar: 4/28/2022 #70 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Would require the State Department of Education to create the California Food Allergy Resource internet web page to provide voluntary guidance to school districts, county offices of education, and charter schools to help protect pupils with food allergies. The bill would require the department to ensure that the internet web page provides practical information, planning steps, and strategies for reducing allergic reactions to food within schools and early education centers. The bill would require the internet web page to include specified content, including state and federal resources available to pupils with food allergies, methods for pupils, or their parents and guardians, to initiate individualized food allergy management and prevention plans and to obtain food ingredient lists from school food providers, and strategies to minimize the risk of food anaphylaxis in school. The bill would encourage local educational agencies to consult the internet web page and use it as an equitable resource to ensure the inclusiveness of pupils with food allergies at school and to make it available to pupils, parents, and guardians annually.

Attachments:

[fact sheet](#)

Organization	Position	Assigned
CSNO	Watch	

[SB 364](#) (Skinner D) Pupil meals.

Current Analysis: 01/25/2022 [Senate Floor Analyses](#) (text 1/20/2022)

Introduced: 2/10/2021

Last Amend: 1/20/2022

Status: 1/26/2022-Read third time. Passed. (Ayes 37. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Location: 1/26/2022-A. DESK

Summary: Would require the State Department of Education to certify that applications for free or reduced-price meals made electronically available online by school district governing boards or county offices of education comply with specified requirements, including provisions prohibiting the misuse of information provided online by applicants. The bill would require applications for free and reduced-price meals, which are authorized to be submitted at any time during a schoolday, to be processed within 30 days of submission. To the extent that this provision would impose new duties on local educational agencies, it would constitute a state-mandated local program.

Attachments:

[support ltr](#)
[fact sheet](#)

Organization	Position	Assigned
CSNO	Support	

Notes 1: 2-year bill, focusing on budget issues - full funding for universal school meals**[SB 387](#) ([Portantino D](#)) **Pupil health: school employee and pupil training: youth mental and behavioral health.******Current Analysis:** 01/21/2022 [Senate Floor Analyses \(text 1/3/2022\)](#)**Introduced:** 2/11/2021**Last Amend:** 1/3/2022**Status:** 1/24/2022-Read third time. Passed. (Ayes 36. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.**Location:** 1/24/2022-A. DESK**Summary:** Current law, contingent on an appropriation made for these purposes, requires the State Department of Education, on or before January 1, 2023, to recommend best practices and identify training programs for use by local educational agencies to address youth behavioral health, including, but not necessarily limited to, staff and pupil training, as specified. Current law defines a local educational agency for purposes of these provisions to mean a county office of education, school district, state special school, or charter school that serves pupils in any of grades 7 to 12, inclusive. This bill would require, on or before January 1, 2025, those local educational agencies to certify to the department that 75% of both its classified and certificated employees have received that youth behavioral health training, as specified.

Organization	Position	Assigned
CSNO	Watch	

[SB 866](#) ([Wiener D](#)) **Minors: vaccine consent.****Introduced:** 1/20/2022**Last Amend:** 3/9/2022**Status:** 3/9/2022-From committee with author's amendments. Read second time and amended. Re-referred to Com. on JUD.**Location:** 2/23/2022-S. JUD.**Summary:** Current law prescribes various circumstances under which a minor may consent to their medical care and treatment without the consent of a parent or guardian. This bill would additionally authorize a minor 12 years of age or older to consent to vaccines that meet specified federal agency criteria. The bill would authorize a vaccine provider, as defined, to administer a vaccine pursuant to the bill, but would not authorize the vaccine provider to provide any service that is otherwise outside the vaccine provider's scope of practice.**Attachments:**

[fact sheet](#)

Organization	Position	Assigned
CSNO	Support	

[SB 1184](#) ([Cortese D](#)) **Confidentiality of Medical Information Act: school-linked services coordinators.****Current Analysis:** 04/27/2022 [Senate Floor Analyses \(text 4/18/2022\)](#)**Introduced:** 2/17/2022**Last Amend:** 4/18/2022**Status:** 4/19/2022-Read second time. Ordered to third reading.**Location:** 4/19/2022-S. THIRD READING**Calendar:** 5/2/2022 #70 SENATE THIRD READING**Summary:** The Confidentiality of Medical Information Act prohibits a provider of health care, a health care service plan, or contractor from disclosing medical information, as defined, regarding a patient of the provider of health care or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as prescribed. The act authorizes a provider of health care or a health care service plan to disclose medical information in certain circumstances, including by authorizing disclosure to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This bill would additionally authorize a provider of health care or a health care service plan to disclose medical information to a school-linked services coordinator, as prescribed.**Attachments:**

[support ltr](#)
[fact sheet](#)

Organization	Position	Assigned
CSNO	Support	

SB 1479 (Pan D) COVID-19 testing in schools: COVID-19 testing plans.

Current Analysis: 04/25/2022 [Senate Education](#) (text 4/4/2022)

Introduced: 2/18/2022

Last Amend: 4/4/2022

Status: 4/27/2022-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 2.) (April 27). Re-referred to Com. on APPR.

Location: 4/27/2022-S. APPR.

Summary: Current law authorizes certain school apportionments to be used for any purpose consistent with providing in-person instruction for any pupil participating in in-person instruction, including, but not limited to, COVID-19 testing, as provided. Current law prescribes public health reporting requirements related to COVID-19 for local educational agencies, including the development of a COVID-19 safety plan, as provided. This bill would require the department to coordinate specified school district, county office of education, and charter school COVID-19 testing programs that are currently federally funded or organized under the California COVID-19 Testing Task Force. The bill would require the department to provide supportive services, including technical assistance, vendor support, guidance, monitoring, and testing education, related to testing programs for teachers, staff, and pupils to help schools reopen and keep schools operating safely for in-person learning. The bill would also require the department to expand its contagious, infectious, or communicable disease testing and other public health mitigation efforts to include prekindergarten, onsite after school programs, and childcare centers.

Attachments:

[fact sheet](#)

Organization	Position	Assigned
CSNO	Watch	

Total Measures: 15

Total Tracking Forms: 15