



STATE CAPITOL  
P.O. BOX 942849  
SACRAMENTO, CA 94249-  
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Assembly  
California Legislature  
**Committee on Rules**

KEN COOLEY  
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VICE CHAIR  
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QUIRK-SILVA, SHARON  
RAMOS, JAMES C.  
RIVAS, ROBERT  
WICKS, BUFFY

DIEP, TYLER (R-ALT)  
LEVINE, MARC (D-ALT)

Friday, January 17, 2020  
10 minutes prior to Session  
State Capitol, Room 3162

CONSENT AGENDA

**BILL REFERRALS**

1. Bill Referrals

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**RESOLUTIONS**

2. ACR-141 (Kalra) India Republic Day.
3. ACR-145 (Bauer-Kahan) Maternal Health Awareness Day.

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**REQUEST TO ADD URGENCY CLAUSE**

4. SB-207 (Hurtado) Elections: voter registration: partisan primary elections.

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CHIEF ADMINISTRATIVE OFFICER  
DEBRA GRAVERT

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SHARON QUIRK-SILVA  
JAMES C. RAMOS  
ROBERT RIVAS  
BUFFY WICKS

MARC LEVINE (D-ALT.)  
TYLER DIEP (R-ALT.)

# Memo

**To:** Rules Committee Members  
**From:** Michael Erke, Bill Referral Consultant  
**Date:** 1/16/20  
**Re:** Consent Bill Referrals

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Since you received your preliminary list of bill referrals, there have been no changes.

## REFERRAL OF BILLS TO COMMITTEE

01/17/2020

Pursuant to the Assembly Rules, the following bills were referred to committee:

Assembly Bill No.	Committee:
<u>AB 1834</u>	ED.
<u>AB 1835</u>	ED.
<u>AB 1836</u>	HIGHER ED.
<u>AB 1837</u>	ED.
<u>AB 1838</u>	ED.
<u>AB 1840</u>	NAT. RES.
<u>AB 1843</u>	E. & R.
<u>AB 1844</u>	L. & E.
<u>AB 1845</u>	H. & C.D.
<u>AB 1846</u>	U. & E.
<u>AB 1847</u>	U. & E.
<u>AB 1848</u>	TRANS.
<u>AB 1849</u>	ED.
<u>AB 1852</u>	INS.
<u>AB 1854</u>	PUB. S.
<u>AB 1856</u>	ED.
<u>AB 1857</u>	H. & C.D.
<u>AB 1857</u>	L. GOV.
<u>AB 1862</u>	HIGHER ED.
<u>AB 1863</u>	BUDGET
<u>AB 1864</u>	BUDGET
<u>AB 1865</u>	BUDGET
<u>AB 1866</u>	BUDGET
<u>AB 1867</u>	BUDGET
<u>AB 1868</u>	BUDGET
<u>AB 1869</u>	BUDGET
<u>AB 1870</u>	BUDGET
<u>AB 1871</u>	BUDGET
<u>AB 1872</u>	BUDGET
<u>AB 1873</u>	BUDGET
<u>AB 1874</u>	BUDGET
<u>AB 1875</u>	BUDGET
<u>AB 1876</u>	BUDGET
<u>AB 1877</u>	BUDGET
<u>AB 1878</u>	BUDGET
<u>AB 1879</u>	BUDGET
<u>AB 1880</u>	BUDGET
<u>AB 1881</u>	BUDGET
<u>AB 1882</u>	BUDGET
<u>AB 1883</u>	BUDGET
<u>AB 1884</u>	BUDGET
<u>AB 1885</u>	BUDGET
<u>AB 1886</u>	BUDGET
<u>AB 1887</u>	BUDGET

<u>AB 1888</u>	BUDGET
<u>AB 1889</u>	BUDGET
<u>AB 1890</u>	BUDGET
<u>AB 1891</u>	BUDGET
<u>AB 1892</u>	BUDGET
<u>AB 1893</u>	BUDGET
<u>AB 1894</u>	BUDGET
<u>AB 1895</u>	BUDGET
<u>AB 1896</u>	BUDGET
<u>AB 1897</u>	BUDGET
<u>AB 1898</u>	BUDGET
<u>AB 1899</u>	BUDGET
<u>AB 1900</u>	BUDGET
<u>AB 1901</u>	BUDGET
<u>AB 1902</u>	BUDGET
<u>AB 1903</u>	PUB. S.
<u>AB 1904</u>	HEALTH
<u>AB 1909</u>	B. & P.
<u>AB 1910</u>	PUB. S.
<u>AB 1911</u>	V.A.
<u>AB 1913</u>	ED.
<u>AB 1913</u>	E. & R.
<u>AB 1914</u>	ED.
<u>AB 1915</u>	U. & E.
<u>AB 1916</u>	U. & E.
<u>AB 1917</u>	BUDGET
<u>HR 71</u>	RLS.
<u>HR 72</u>	RLS.
<u>HR 73</u>	RLS.

**Assembly Concurrent Resolution**

**No. 141**

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**Introduced by Assembly Member Kalra**  
**(Principal coauthors: Assembly Members Bauer-Kahan, Chu,**  
**Cristina Garcia, Quirk, and Salas)**  
**(Principal coauthors: Senators Archuleta, Beall, and Wieckowski)**

January 6, 2020

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Assembly Concurrent Resolution No. 141—Relative to India Republic Day.

LEGISLATIVE COUNSEL’S DIGEST

ACR 141, as introduced, Kalra. India Republic Day.

This measure would proclaim January 26, 2020, as India Republic Day, and would urge all Californians to join in celebrating India Republic Day.

Fiscal committee: no.

1 WHEREAS, Republic Day is one of the three national holidays  
2 of India and is celebrated every year on January 26. It was during  
3 the Lahore session of the Indian National Congress at midnight of  
4 December 31, 1929, to January 1, 1930, inclusive, that the tricolor  
5 flag was unfurled by the nationalists and a pledge was taken that  
6 on January 26 of every year, “Republic Day” would be celebrated  
7 and that the people would unceasingly strive for the establishment  
8 of a sovereign democratic republic. The professed pledge was  
9 successfully redeemed on January 26, 1950, when the Constitution  
10 of India framed by the Constituent Assembly of India came into  
11 force, although independence from British rule was already  
12 achieved on August 15, 1947; and

1 WHEREAS, Although India obtained its independence on  
2 August 15, 1947, it did not yet have a permanent constitution.  
3 Instead, its laws were based on the modified colonial Government  
4 of India Act 1935, and the country was a dominion, with King  
5 George VI as head of state and Earl Mountbatten as Governor  
6 General of India. On August 29, 1947, the drafting committee was  
7 appointed to draft a permanent constitution, with Bhimrao Ramji  
8 Ambedkar as chairman. While India's Independence Day celebrates  
9 its freedom from British rule, Republic Day celebrates the coming  
10 into force of its constitution; and

11 WHEREAS, A draft constitution was prepared by the committee  
12 and submitted to the Constituent Assembly of India on November  
13 4, 1947. The assembly met, in sessions open to the public, for 166  
14 days, spread over a period of two years, 11 months, and 18 days  
15 before adopting the constitution. After many deliberations and  
16 some modifications, the 308 members of the assembly signed two  
17 handwritten copies of the document, one each in Hindi and English,  
18 on January 24, 1950. Two days later, the Constitution of India  
19 became the law of all the Indian lands; and

20 WHEREAS, Today, Republic Day is celebrated with much  
21 enthusiasm all over the country and especially in New Delhi, the  
22 capital of India where celebrations commence at the presidential  
23 level. The beginning of the occasion is always a solemn reminder  
24 of the sacrifice of the martyrs who died for the country in the  
25 freedom movement and the succeeding wars for the defense of  
26 sovereignty of the country. The president awards medals of bravery  
27 to the people from the armed forces for their exceptional courage  
28 in the field and also the civilians who have distinguished  
29 themselves by their different acts of valor in situations; and

30 WHEREAS, The patriotic fervor of the people on this day brings  
31 the whole country together even in its essential diversity. Every  
32 part of the country is represented on this occasion, which makes  
33 Republic Day the most popular of all the national holidays of India;  
34 and

35 WHEREAS, Republic Day serves to remind us that the  
36 foundation of any nation and our state is in its people, in their spirit  
37 and courage in the face of adversity, and in their willingness to  
38 sacrifice in the pursuit of freedom and liberty; and

39 WHEREAS, Republic Day offers an opportunity to reflect on  
40 the many achievements of the large Asian Indian community here

1 in California, which is home to the largest population of Asian  
2 Indians in the United States; and

3 WHEREAS, Achievements by Asian Indians in America and  
4 California include contributions to all facets of our community,  
5 including our culture and society through their achievements in  
6 food, medicine, business, and technology; now, therefore, be it

7 *Resolved by the Assembly of the State of California, the Senate*  
8 *thereof concurring*, That the Legislature hereby proclaims Sunday,  
9 January 26, 2020, as India Republic Day, and urges all Californians  
10 to join in celebrating India Republic Day; and be it further

11 *Resolved*, That the Chief Clerk of the Assembly transmit copies  
12 of this resolution to the author for appropriate distribution.

O

Date of Hearing: January 17, 2020

ASSEMBLY COMMITTEE ON RULES  
Ken Cooley, Chair  
ACR 141 (Kalra) – As Introduced January 6, 2020

**SUBJECT:** India Republic Day.

**SUMMARY:** Proclaims January 26, 2020, as India Republic Day, and urges all Californians to join in celebrating India Republic Day. Specifically, **this resolution** makes the following legislative findings:

- 1) Republic Day is one of the three national holidays of India celebrated every year on January 26; and, serves to remind us that the foundation of any nation and our state is in its people, in their spirit and courage in the face of adversity, and in their willingness to sacrifice in the pursuit of freedom and liberty.
- 2) Although India obtained its independence from British rule on August 15, 1947, a permanent constitution was adopted after many deliberations, which spread over two years, 11 months, and 18 days; and, the Constitution of India became the law of all the Indian lands on January 26, 1950.
- 3) Today, Republic Day is celebrated with much enthusiasm all over the country and especially in New Delhi, the capital of India where celebrations commence at the presidential level. The beginning of the occasion is always a solemn reminder of the sacrifice of the martyrs who died for the country in the freedom movement and the succeeding wars for the defense of sovereignty of the country.
- 4) The patriotic fervor of the people on this day brings the whole country together even in its essential diversity. Every part of the country is represented on this occasion, which makes Republic Day the most popular of all the national holidays of India.
- 5) Achievements by Asian Indians in America and California include contributions to all facets of our community, including our culture and society through their achievements in food, medicine, business, and technology; and, Republic Day offers an opportunity to reflect on the many achievements of the Asian Indian community here in California.

**FISCAL EFFECT:** None

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

None on file

**Opposition**

None on file

**Analysis Prepared by:** Nicole Willis / RLS. / (916) 319-2800



**Assembly Concurrent Resolution**

**No. 145**

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**Introduced by Assembly Member Bauer-Kahan**  
(Coauthor: Senator Leyva)

January 7, 2020

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Assembly Concurrent Resolution No. 145—Relative to Maternal Health Awareness Day.

LEGISLATIVE COUNSEL’S DIGEST

ACR 145, as introduced, Bauer-Kahan. Maternal Health Awareness Day.

This measure would proclaim January 23, 2020, as Maternal Health Awareness Day, to draw attention to the efforts that have improved maternal health in California and to highlight the need for continued improvement of maternal health for all women.

Fiscal committee: no.

- 1 WHEREAS, The United States ranks highest among  
2 industrialized nations in maternal mortality; and  
3 WHEREAS, Nationally, maternal mortality rates are rising, and  
4 significant and widening disparities persist with black women,  
5 who are three-to-four times more likely than white women to die  
6 during pregnancy and the postpartum period; and  
7 WHEREAS, More than 700 women die each year in the United  
8 States as a result of pregnancy or delivery complications, and over  
9 half of these deaths are preventable; and  
10 WHEREAS, While the national maternal mortality rate continues  
11 to rise, California has worked diligently and successfully to reverse  
12 the alarming trend; and

1 WHEREAS, The California Maternal Quality Care Collaborative  
2 (CMQCC), a multistakeholder organization committed to ending  
3 preventable morbidity, mortality, and racial disparities in California  
4 maternity care, was founded in 2006 at Stanford University School  
5 of Medicine, in coordination with the California  
6 Pregnancy-Associated Mortality Review (CA-PAMR) and the  
7 Public Health Institute, in response to rising maternal mortality  
8 and morbidity rates; and

9 WHEREAS, The CMQCC uses research, quality improvement  
10 toolkits, statewide outreach collaboratives, and its innovative  
11 Maternal Data Center to improve health outcomes for mothers and  
12 infants; and

13 WHEREAS, Since the inception of the CMQCC and CA-PAMR,  
14 California has recorded a maternal mortality decline by 55 percent  
15 from 2006 to 2013, inclusive, and has successfully decreased the  
16 maternal mortality rate to seven deaths per 100,000 live births;  
17 and

18 WHEREAS, CA-PAMR reported that, from 1999 to 2016,  
19 inclusive, suicide rates among women of reproductive age (15–49  
20 years of age) in California remained consistently lower and stable  
21 over time while national suicide rates were higher and have  
22 continued to rise; and

23 WHEREAS, A woman's maternal mental health condition can  
24 also be a factor in maternal mortality. Recent efforts have been  
25 made to bring greater awareness to maternal mental health and to  
26 ensure more women are screened and treated for postpartum  
27 depression or psychosis and that many of those women remain  
28 covered by health insurance upon diagnosis; and

29 WHEREAS, Improved screening alone can reduce the severity  
30 of postpartum depression. Obstetric providers are implementing  
31 more aggressive screening techniques and making strides to further  
32 recognize and therefore treat maternal mental health conditions;  
33 and

34 WHEREAS, While California has set an example for the rest  
35 of the country and continues to lead in preventing maternal deaths,  
36 there is still more work to be done; and

37 WHEREAS, The State Department of Public Health must  
38 continue its surveillance to bring heightened awareness to maternal  
39 health; and

1 WHEREAS, California must maintain its efforts to maximize  
2 health prior to pregnancy, including, but not limited to, prevent  
3 smoking, improve fitness, reduce sexually transmitted diseases,  
4 and promote positive relationships; and

5 WHEREAS, California must continue to address the postpartum  
6 needs of women through such efforts as postpartum visits and  
7 interconception care, breastfeeding support, and screening for  
8 postpartum depression; and

9 WHEREAS, California should continue to promote positive  
10 birth outcomes for all women through such actions as maternity  
11 care quality improvement, home visiting for vulnerable pregnant  
12 women, and providing additional support for black women, and  
13 to further increase culturally and linguistically relevant public  
14 awareness about maternal mental health risk factors, signs,  
15 symptoms, treatment, and recovery; and

16 WHEREAS, California should maintain its efforts to improve  
17 the coordination of care between obstetrics and psychiatry  
18 regarding mental health treatment, as needed, and to continue  
19 advancements for improved screening for mental health conditions  
20 during and after pregnancy, as well as screening for substance use,  
21 adverse childhood experiences, medical diagnoses, including,  
22 infectious disease, and intimate partner violence; and

23 WHEREAS, The Legislature seeks to bring awareness to  
24 maternal health and continue its work to provide positive outcomes  
25 for both the mother and the infant; now, therefore, be it

26 *Resolved by the Assembly of the State of California, the Senate*  
27 *thereof concurring*, That the Legislature proclaims January 23,  
28 2020, as Maternal Health Awareness Day, to draw attention to the  
29 efforts that have improved maternal health in California and to  
30 highlight the need for continued improvement of maternal health  
31 for all women; and be it further

32 *Resolved*, That the Chief Clerk of the Assembly transmit copies  
33 of this resolution to the author for appropriate distribution.

O

Date of Hearing: January 17, 2020

ASSEMBLY COMMITTEE ON RULES  
Ken Cooley, Chair  
ACR 145 (Bauer-Kahan) – As Introduced January 7, 2020

**SUBJECT:** Maternal Health Awareness Day.

**SUMMARY:** Proclaims January 23, 2020, as Maternal Health Awareness Day, to draw attention to the efforts that have improved maternal health in California and to highlight the need for continued improvement of maternal health for all women. Specifically, **this resolution** makes the following legislative findings:

- 1) The United States ranks highest among industrialized nations in maternal mortality; and, nationally maternal mortality rates are rising. Significant and widening disparities persist with black women, who are three-to-four times more likely than white women to die during pregnancy and the postpartum period.
- 2) While the national maternal mortality rate continues to rise, California has worked diligently and successfully to reverse the alarming trend.
- 3) The California Maternal Quality Care Collaborative (CMQCC), a multistakeholder organization committed to ending preventable morbidity, mortality, and racial disparities in California maternity care, was founded in 2006 at Stanford University School of Medicine, in coordination with the California Pregnancy-Associated Mortality Review (CA-PAMR) and the Public Health Institute, in response to rising maternal mortality and morbidity rates.
- 4) The CMQCC uses research, quality improvement toolkits, statewide outreach collaboratives, and its innovative Maternal Data Center to improve health outcomes for mothers and infants.
- 5) A woman's maternal mental health condition can also be a factor in maternal mortality. Recent efforts have been made to bring greater awareness to maternal mental health and to ensure more women are screened and treated for postpartum depression or psychosis and that many of those women remain covered by health insurance upon diagnosis.
- 6) Improved screening alone can reduce the severity of postpartum depression. Obstetric providers are implementing more aggressive screening techniques and making strides to further recognize and therefore treat maternal mental health conditions.
- 7) While California has set an example for the rest of the country and continues to lead in preventing maternal deaths, there is still more work to be done; and, The State Department of Public Health must continue its surveillance to bring heightened awareness to maternal health.
- 8) California must maintain its efforts to maximize health prior to pregnancy, including, but not limited to, prevent smoking, improve fitness, reduce sexually transmitted diseases, and promote positive relationships; and, must continue to address the postpartum needs of women through such efforts as postpartum visits and interconception care, breastfeeding support, and screening for postpartum depression.

- 9) California should maintain its efforts to improve the coordination of care between obstetrics and psychiatry regarding mental health treatment, as needed, and to continue advancements for improved screening for mental health conditions during and after pregnancy, as well as screening for substance use, adverse childhood experiences, medical diagnoses, including, infectious disease, and intimate partner violence.

**FISCAL EFFECT:** None

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

County Health Executives Association of California (CHEAC)

**Opposition**

None on file

**Analysis Prepared by:** Nicole Willis / RLS. / (916) 319-2800



January 16, 2020

The Honorable Ken Cooley  
Chair, Assembly Rules Committee  
State Capitol, Room 3013  
Sacramento, CA 95814

Re: ACR 145 (Bauer-Kahan): Maternal Health Awareness Day  
As Introduced January 7, 2020 – SUPPORT

Dear Assembly Member Cooley:

The County Health Executives Association of California (CHEAC), representing local health departments throughout our state, is pleased to SUPPORT ACR 145 by Assembly Member Rebecca Bauer-Kahan proclaiming January 23, 2020, as Maternal Health Awareness Day to draw attention to the efforts that have improved maternal health in California and to highlight the need for continued improvements of maternal health for all women.

According to the U.S. Centers for Disease Control and Prevention (CDC), women in the United States are more likely to die from childbirth or pregnancy-related causes than other women in the developed world. Pregnancy-related deaths in the U.S. have steadily increased from 7.2 deaths per 100,000 live births in 1987 to 18.0 deaths per 100,000 live births in 2014.

Notably, California has experienced a decline in maternal mortality from the high of 16.9 deaths per 100,000 live births in 2006 to a low of 7.3 deaths per 100,000 live births in 2013. Despite this progress, considerable racial disparities in pregnancy-related mortality and morbidity exist. According to the California Department of Public Health (CDPH), African American women continue to experience three- to four-fold higher risk of a pregnancy-related death compared to white women. While only five percent of California births are to African American women, African American women account for 21 percent of pregnancy-related deaths.

Throughout the state, local health departments work diligently to reduce and prevent maternal morbidity, mortality, and racial disparities through the administration of a variety of comprehensive maternal health programs and services, including the Perinatal Equity



Initiative, Black Infant Health program, home visiting services, breastfeeding support services, the Women, Infants & Children (WIC) program, and family planning services, among others. Local health departments also conduct health promotion and prevention activities to maximize health prior to and after pregnancy, including but not limited to physical activity promotion, positive relationship promotion, tobacco prevention, and sexually transmitted disease prevention.

Through collaborative partnerships local health departments continue to raise awareness of and promote programs and services to maximize the health and quality of life for all California women, infants, children, adolescents, and their families. It is for these reasons that CHEAC supports ACR 145.

Should you have any questions, please feel free to contact me at (916) 327-7540.

Sincerely,

A handwritten signature in cursive script, appearing to read 'M. Gibbons', with a long horizontal flourish extending to the right.

Michelle Gibbons  
Executive Director

cc: The Honorable Rebecca Bauer-Kahan, Member, California State Assembly  
The Honorable Connie Leyva, Member, California State Senate

AMENDED IN ASSEMBLY JANUARY 7, 2020

AMENDED IN ASSEMBLY AUGUST 15, 2019

AMENDED IN ASSEMBLY JULY 2, 2019

AMENDED IN SENATE APRIL 8, 2019

AMENDED IN SENATE MARCH 20, 2019

## SENATE BILL

**No. 207**

### **Introduced by Senator Hurtado**

(Principal coauthor: ~~Assembly Member Chiu~~)

(Coauthors: ~~Assembly Members Nazarian and Reyes~~)

(Principal coauthor: *Assembly Member Gonzalez*)

February 4, 2019

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~~An act to add Sections 14132.08, 14132.085, and 14132.09 to the Welfare and Institutions Code, relating to Medi-Cal. An act to amend Section 2152 of, and to add Section 2119.5 to, the Elections Code, relating to elections.~~

#### LEGISLATIVE COUNSEL'S DIGEST

SB 207, as amended, Hurtado. ~~Medi-Cal: asthma preventive services. Elections: voter registration: partisan primary elections.~~

*Existing law requires a county elections official to accept affidavits of registration received on or before the 15th day before an election and to accept conditional voter registration affidavits received during the 14 days immediately preceding an election and on election day. Existing law establishes procedures for a voter to change the voter's residence address by executing a new affidavit of registration or a notice or letter of the change of address, or for a voter to change the*



voter's political party preference by executing a new affidavit of registration.

*This bill would permit a voter, from the 14th day immediately preceding an election until the close of polls on election day, in lieu of executing a new affidavit of registration, to change the voter's residence address or political party preference by submitting to the voter's county elections official a written request containing the new residence address or political party preference and signed under penalty of perjury. The bill would require a ballot or provisional ballot to be provided to the voter, as specified, and would require that the registration of the voter be immediately updated.*

*By imposing additional duties on local elections officials and expanding the scope of crimes, this bill would impose a state-mandated local program.*

*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.*

*With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.*

~~Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law authorizes, at the option of the state, preventive services, as defined, to be provided by practitioners other than physicians or other licensed practitioners.~~

~~This bill would include asthma preventive services, as defined, as a covered benefit under the Medi-Cal program, no later than July 1, 2021, if the Legislature appropriates funds for that purpose. The bill would require the department, in consultation with external stakeholders, to approve 2 accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers, and would require the curricula to be consistent with specified federal and clinically appropriate guidelines. The bill would require a supervising licensed Medi-Cal provider and the Medi-Cal asthma~~

~~preventive services provider to satisfy specified requirements, including the Medi-Cal asthma preventive services provider's completion of a training program approved by one of the accrediting bodies. The bill would authorize the department to implement, interpret, or make specific these provisions without taking regulatory action until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2023, and to provide semiannual status reports to the Legislature until regulations have been adopted. The bill would require the department to seek any federal waivers or other state plan amendments as necessary, and would require these provisions to be implemented if federal approvals are obtained, as specified.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: ~~no~~ yes.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 2119.5 is added to the Elections Code,  
2     to read:  
3     2119.5. (a) From the 14th day immediately preceding an  
4     election until the close of polls on election day, in lieu of executing  
5     a new affidavit of registration for a change of address within the  
6     same county, the county elections official shall accept a written  
7     request by a voter that contains all of the following:  
8         (1) The voter's printed name.  
9         (2) The voter's former residence address.  
10        (3) The voter's new residence address.  
11        (4) A certification by the voter of the content of the written  
12        request as to its truthfulness and correctness, under penalty of  
13        perjury.  
14        (5) The voter's signature and date of execution.  
15     (b) The written request shall be delivered to the county elections  
16     official's office or to any location that offers conditional voter  
17     registration and at which a ballot can be issued. Following delivery  
18     to such a location, the county elections official shall issue a ballot  
19     in accordance with the following:  
20        (1) A nonprovisional ballot shall be issued to the voter if either  
21        of the following applies:  
22        (A) The voter appears at the voter's precinct, the voter's name  
23        is found on the roster, and the voter either has not been issued a

1 vote by mail ballot or the conditions set forth in subdivision (a) of  
2 Section 3015 are satisfied.

3 (B) The voter appears at a location that is equipped with an  
4 electronic poll book or other means to determine the voter's  
5 precinct, the location can provide the voter with a ballot for the  
6 voter's precinct, the entire county has established connectivity  
7 between locations, and the location at which the voter appears  
8 verifies that the voter has not cast a ballot at another location for  
9 the election and notes in the voter's record that the voter cast a  
10 ballot.

11 (2) A provisional ballot shall be issued to the voter if either of  
12 the following applies:

13 (A) The voter appears at the voter's precinct, the voter's name  
14 is found on the roster, the voter has been issued a vote by mail  
15 ballot, and the conditions set forth in subdivision (a) of Section  
16 3015 are not satisfied.

17 (B) The voter appears at a location, other than the voter's  
18 precinct, that is equipped with an electronic poll book or other  
19 means to determine the voter's precinct, but the entire county has  
20 not established connectivity between locations such that the  
21 location is unable to verify that the voter has not cast a ballot at  
22 another location for the election.

23 (c) Upon receipt of a properly executed written request  
24 described in subdivision (a), the registration of the voter shall be  
25 immediately updated and the written request shall be maintained  
26 with the voter's record.

27 SEC. 2. Section 2152 of the Elections Code is amended to read:

28 2152. (a) Whenever any voter has declined to disclose or has  
29 changed ~~his or her~~ the voter's party preference prior to the close  
30 of registration for an election, ~~he or she~~ the voter may either so  
31 disclose or have a change recorded by executing a new affidavit  
32 of registration and completing the prior registration portion of the  
33 affidavit.

34 (b) From the 14th day immediately preceding an election until  
35 the close of polls on election day, in lieu of executing a new  
36 affidavit of registration to disclose or have a change recorded for  
37 a voter's political party preference, the county elections official  
38 shall accept a written request by a voter that discloses or changes  
39 the voter's political party preference and that contains all of the  
40 following:

1     (1) *The voter's printed name.*

2     (2) *The voter's current residence address.*

3     (3) *The voter's new political party preference.*

4     (4) *A certification by the voter of the content of the written*  
5 *request as to its truthfulness and correctness, under penalty of*  
6 *perjury.*

7     (5) *The voter's signature and date of execution.*

8     (c) *The written request shall be delivered to the county elections*  
9 *official's office or to any location that offers conditional voter*  
10 *registration and at which a ballot for the political party for which*  
11 *the voter disclosed a preference can be issued. Following delivery*  
12 *to such a location, the county elections official shall issue a ballot*  
13 *in accordance with the following:*

14     (1) *A nonprovisional ballot shall be issued to the voter if either*  
15 *of the following applies:*

16     (A) *The voter appears at the voter's precinct, the voter's name*  
17 *is found on the roster, and the voter either has not been issued a*  
18 *vote by mail ballot or the conditions set forth in subdivision (a) of*  
19 *Section 3015 are satisfied.*

20     (B) *The voter appears at a location that is equipped with an*  
21 *electronic poll book or other means to determine the voter's*  
22 *precinct, the location can provide the voter with a ballot for the*  
23 *voter's precinct, the entire county has established connectivity*  
24 *between locations, and the location at which the voter appears*  
25 *verifies that the voter has not cast a ballot at another location for*  
26 *the election and notes in the voter's record that the voter cast a*  
27 *ballot.*

28     (2) *A provisional ballot shall be issued to the voter if either of*  
29 *the following applies:*

30     (A) *The voter appears at the voter's precinct, the voter's name*  
31 *is found on the roster, the voter has been issued a vote by mail*  
32 *ballot, and the conditions set forth in subdivision (a) of Section*  
33 *3015 are not satisfied.*

34     (B) *The voter appears at a location, other than the voter's*  
35 *precinct, that is equipped with an electronic poll book or other*  
36 *means to determine the voter's precinct, but the entire county has*  
37 *not established connectivity between locations such that the*  
38 *location is unable to verify that the voter has not cast a ballot at*  
39 *another location for the election.*

1 (d) Upon receipt of a properly executed written request  
2 described in subdivision (b), the registration of the voter shall be  
3 immediately updated and the written request shall be maintained  
4 with the voter's record.

5 SEC. 3. No reimbursement is required by this act pursuant to  
6 Section 6 of Article XIII B of the California Constitution for certain  
7 costs that may be incurred by a local agency or school district  
8 because, in that regard, this act creates a new crime or infraction,  
9 eliminates a crime or infraction, or changes the penalty for a crime  
10 or infraction, within the meaning of Section 17556 of the  
11 Government Code, or changes the definition of a crime within the  
12 meaning of Section 6 of Article XIII B of the California  
13 Constitution.

14 However, if the Commission on State Mandates determines that  
15 this act contains other costs mandated by the state, reimbursement  
16 to local agencies and school districts for those costs shall be made  
17 pursuant to Part 7 (commencing with Section 17500) of Division  
18 4 of Title 2 of the Government Code.

19 ~~SECTION 1. The Legislature finds and declares all of the~~  
20 ~~following:~~

21 ~~(a) Asthma is a significant public health problem with notable~~  
22 ~~disparities by race, ethnicity, and income.~~

23 ~~(b) Asthma is of particular concern for low-income Californians~~  
24 ~~enrolled in Medi-Cal. Low-income populations have higher asthma~~  
25 ~~severity, poorer asthma control, and higher rates of asthma~~  
26 ~~emergency department visits and hospitalizations. When~~  
27 ~~uncontrolled, patients with asthma may seek care in more expensive~~  
28 ~~settings.~~

29 ~~(c) Patient asthma education and environmental asthma trigger~~  
30 ~~assessments and remediation may reduce more costly emergency~~  
31 ~~department visits and hospitalizations, improve asthma control,~~  
32 ~~decrease the frequency of symptoms, decrease work and school~~  
33 ~~absenteeism, and improve quality of life.~~

34 ~~(d) Providing access to asthma education and environmental~~  
35 ~~asthma trigger assessments and remediation will help fulfill~~  
36 ~~California's quadruple aim goal of strengthening health care~~  
37 ~~quality, improving health outcomes, reducing health care costs,~~  
38 ~~and advancing health equity.~~

39 ~~SEC. 2. Section 14132.08 is added to the Welfare and~~  
40 ~~Institutions Code, to read:~~

1 ~~14132.08. (a) The department shall develop and implement~~  
2 ~~asthma preventive services to assist Medi-Cal beneficiaries in~~  
3 ~~asthma management and prevention.~~

4 ~~(b) The following definitions apply for purposes of this section:~~

5 ~~(1) “Asthma education” means providing information to a patient~~  
6 ~~about basic asthma facts, the use of medications, self-management~~  
7 ~~techniques and self-monitoring skills, and actions to mitigate or~~  
8 ~~control environmental exposures that exacerbate asthma symptoms,~~  
9 ~~consistent with the National Institutes of Health’s 2007 Guidelines~~  
10 ~~for the Diagnosis and Management of Asthma (EPR-3), any future~~  
11 ~~updates of those guidelines, and other clinically appropriate~~  
12 ~~guidelines.~~

13 ~~(2) “Asthma preventive services” means asthma education,~~  
14 ~~environmental asthma trigger assessments, and environmental~~  
15 ~~asthma trigger remediation, as defined in this subdivision.~~

16 ~~(3) “Asthma preventive services provider” means an individual~~  
17 ~~who renders evidence-based asthma preventive services, including~~  
18 ~~asthma education, environmental asthma trigger assessments, and~~  
19 ~~environmental asthma trigger remediation for a Medi-Cal~~  
20 ~~beneficiary with asthma, and who meets all of the requirements~~  
21 ~~described in subdivision (a) of Section 14132.09.~~

22 ~~(4) “Environmental asthma trigger assessment” means the~~  
23 ~~identification of environmental asthma triggers commonly found~~  
24 ~~in and around the home, including allergens and irritants. This~~  
25 ~~assessment shall guide the asthma education about actions to~~  
26 ~~mitigate or control environmental exposures.~~

27 ~~(5) “Minor to moderate environmental asthma trigger~~  
28 ~~remediation” means conducting specific actions to mitigate or~~  
29 ~~control environmental exposures, such as providing and putting~~  
30 ~~on dust-proof mattress and pillow covers, providing low-cost~~  
31 ~~products, such as high-efficiency particulate air vacuums,~~  
32 ~~asthma-friendly cleaning products, dehumidifiers and small air~~  
33 ~~filters, and utilizing integrated pest management, including~~  
34 ~~performing or referring for the provision of minor repairs to the~~  
35 ~~home’s structure, such as patching cracks and small holes through~~  
36 ~~which pests can enter.~~

37 ~~(6) “Supervision,” “supervising,” or “supervise” means the~~  
38 ~~supervision of an asthma preventive services provider who is~~  
39 ~~providing asthma preventive services by any of the following~~

1 licensed, enrolled Medi-Cal providers acting within the scope of  
2 their respective practices:

3 (A) A licensed physician.

4 (B) A licensed nurse practitioner.

5 (C) A licensed physician assistant.

6 (e) An asthma preventive services provider shall provide asthma  
7 education, environmental trigger assessments, and, as appropriate,  
8 provide or refer for the provision of minor to moderate  
9 environmental asthma trigger remediation to Medi-Cal beneficiaries  
10 in order to manage asthma and prevent asthma exacerbations that  
11 may result in hospitalization or death.

12 (d) (1) No later than July 1, 2021, asthma preventive services,  
13 as defined in paragraph (2) of subdivision (b), shall be a covered  
14 benefit under the Medi-Cal program to Medi-Cal beneficiaries  
15 with poorly controlled asthma for whom a licensed provider has  
16 recommended the provision of these services.

17 (2) Paragraph (1) shall be implemented only to the extent that  
18 the Legislature makes an appropriation in the annual Budget Act  
19 or other measure for this purpose.

20 SEC. 3. Section 14132.085 is added to the Welfare and  
21 Institutions Code, to read:

22 14132.085. The department shall approve at least two  
23 governmental or nongovernmental accrediting bodies with expertise  
24 in asthma to review and approve training curricula for asthma  
25 preventive services providers rendering services in the Medi-Cal  
26 program. In approving the accrediting bodies, the department shall  
27 consult with external stakeholders. The accrediting bodies shall  
28 approve training curricula that align with the National Institutes  
29 of Health's 2007 Guidelines for the Diagnosis and Management  
30 of Asthma (EPR-3) and any future updates of the guidelines. The  
31 curricula shall be, at a minimum, 16 hours, and shall include, but  
32 not be limited to, all of the following:

33 (a) Basic facts about asthma, including contrasts between  
34 airways of a person who has and a person who does not have  
35 asthma, airflow obstruction, and the role of inflammation.

36 (b) Roles of medications, including the differences among  
37 long-term control medication, quick-relief medications, any other  
38 medications demonstrated to be effective in asthma management  
39 or control, medication skills, and device usage.



1 ~~(c) Environmental control measures, including how to identify,~~  
2 ~~avoid, and mitigate environmental exposures, such as allergens~~  
3 ~~and irritants, that worsen the patient's asthma.~~

4 ~~(d) Asthma self-monitoring to assess level of asthma control,~~  
5 ~~monitor symptoms, and recognize the early signs and symptoms~~  
6 ~~of worsening asthma.~~

7 ~~(e) Understanding the concepts of asthma severity and asthma~~  
8 ~~control.~~

9 ~~(f) Educating patients on how to read an asthma action plan and~~  
10 ~~reinforce the messages of the plan to the patient.~~

11 ~~(g) Effective communication strategies, including, at a minimum,~~  
12 ~~cultural and linguistic competency and motivational interviewing.~~

13 ~~(h) The roles of various members of the care team and when~~  
14 ~~and how to make referrals to other care providers and services, as~~  
15 ~~appropriate.~~

16 ~~SEC. 4. Section 14132.09 is added to the Welfare and~~  
17 ~~Institutions Code, to read:~~

18 ~~14132.09. (a) An enrolled Medi-Cal provider shall supervise,~~  
19 ~~as defined in paragraph (6) of subdivision (b) of Section 14132.08;~~  
20 ~~an asthma preventive services provider, and the supervising~~  
21 ~~Medi-Cal provider shall ensure that an asthma preventive services~~  
22 ~~provider, at minimum, complies with all of the following~~  
23 ~~requirements:~~

24 ~~(1) Successfully complete a training program approved by an~~  
25 ~~accrediting body, as described in Section 14132.085.~~

26 ~~(2) (A) Successfully complete, at a minimum, 16 hours of~~  
27 ~~face-to-face client interaction training focused on asthma~~  
28 ~~management and prevention within a six-month period. This~~  
29 ~~training shall be overseen and assessed by a licensed physician,~~  
30 ~~nurse practitioner, or physician assistant.~~

31 ~~(B) An individual who has completed the minimum face-to-face~~  
32 ~~client contact after 2007, the year of the most recent update of the~~  
33 ~~National Institutes of Health's Guidelines for the Diagnosis and~~  
34 ~~Management of Asthma (EPR-3), shall be deemed to have satisfied~~  
35 ~~the face-to-face client contact requirement of subparagraph (A).~~

36 ~~(3) Successfully complete annually four hours of continuing~~  
37 ~~education that is consistent with the curricula described in Section~~  
38 ~~14132.085.~~

39 ~~(4) Provide asthma preventive services under the supervision~~  
40 ~~of a licensed Medi-Cal provider.~~



~~(5) Be employed by or under contract with an entity or a supervising licensed Medi-Cal provider that meets the requirements described in paragraph (6) of subdivision (b) of Section 14132.08.~~

~~(6) Be 18 years of age or older and have a high school education or the equivalent.~~

~~(b) An entity or supervising licensed Medi-Cal provider who employs or contracts with an asthma preventive services provider shall do all of the following:~~

~~(1) Ensure that the asthma preventive services provider meets the requirements of paragraphs (1) to (6), inclusive, of subdivision (a).~~

~~(2) Maintain written documentation of services provided by the asthma preventive services provider.~~

~~(3) Ensure that documentation of the provision of services is provided to the supervising licensed provider, as defined in paragraph (6) of subdivision (b) of Section 14132.08, the referring licensed medical provider, and, if different, the patient's licensed primary care provider.~~

~~(c) The department shall pursue funding opportunities, including general funds, and develop payment methodologies for minor to moderate remediation when indicated necessary by the asthma preventive services provider that conducted the environmental asthma trigger assessment.~~

~~(d) An enrolled Medi-Cal provider shall seek reimbursement from the department for the purchase of products or services, including any referred services, related to minor to moderate environmental asthma trigger remediation, as defined in paragraph (5) of subdivision (b) of Section 14132.08.~~

~~(e) (1) Except as provided in paragraph (2), Sections 14132.08, 14132.085, and this section shall be implemented only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained.~~

~~(2) The implementation of minor to moderate environmental asthma trigger remediation services, as defined in paragraph (5) of subdivision (b) of Section 14132.08, is not subject to the availability of federal financial participation or federal approval.~~

~~(f) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall~~

1 ~~implement, interpret, or make specific in Sections 14132.08 and~~  
2 ~~14132.085 and this section, policies and procedures pertaining to~~  
3 ~~the asthma preventive services, and applicable waivers and state~~  
4 ~~plan amendments, by means of all-county letters, plan letters, plan~~  
5 ~~or provider bulletins, or similar instructions until the time~~  
6 ~~regulations are adopted.~~

7 ~~(2) Thereafter, the department, by July 1, 2023, shall adopt~~  
8 ~~regulations in accordance with the requirements of Chapter 3.5~~  
9 ~~(commencing with Section 11340) of Part 1 of Division 3 of Title~~  
10 ~~2 of the Government Code.~~

11 ~~(3) Beginning six months after the effective date of Sections~~  
12 ~~14132.08 and 14132.085 and this section, and notwithstanding~~  
13 ~~Section 10231.5 of the Government Code, the department shall~~  
14 ~~provide a status report to the Legislature on a semiannual basis~~  
15 ~~until regulations have been adopted.~~

16 ~~(g) This section neither alters the scope of practice for a health~~  
17 ~~care professional nor authorizes the delivery of health care services~~  
18 ~~in a setting or in a manner that is not authorized under the Health~~  
19 ~~and Safety Code or the Business and Professions Code.~~

O

# California State Senate

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SENATOR  
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January 7, 2020

Assemblymember Ken Cooley  
Assembly Rules Committee  
State Capitol, Room 3016  
Sacramento, California 95814

**RE: Request to Add Urgency Clause to SB 207 (Hurtado)**

Dear Assembly member Cooley,

I respectfully request approval to add an urgency clause to SB 207(Hurtado) relating to elections, in order for the measure to take effect before the March 2020 primary election. This bill is currently in Assembly Appropriations Committee.

Please do not hesitate to contact me or my Legislative Director, Myriam Valdez ([myriam.valdez@sen.ca.gov](mailto:myriam.valdez@sen.ca.gov)) at (916) 651-4014 with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Melissa Hurtado". The signature is fluid and cursive.

MELISSA HURTADO  
Senator, 14<sup>th</sup> District

Attachments