

## 2019 ACNL Health Policy Committee – Legislative Tracker

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Health Policy Issue Date	Origination	ACNL Position	Detail Date:	Update
General Legislative Update/Activity	State, Federal, County, BRN, TJC, CMS, etc	Watch, Support, Oppose	Monitor CA State Legislative calendar and activity. Identify potential legislative issues significant to ACNL organizational priorities and goals. Scan ca.gov website at least monthly for new or updated information. Provide updates and make recommendations to HP Committee.	<a href="http://leginfo.legislature.ca.gov/">http://leginfo.legislature.ca.gov/</a>
Proposition Link			As of 4/11/19 no California ballot propositions listed	<a href="https://ballotpedia.org/2019_ballot_measures">https://ballotpedia.org/2019_ballot_measures</a>
AB1364 (Rubio) February 22, 2019 California Nursing Initiative	Assembly	Need to determine ACNL position	<p><b>Bill Summary:</b> AB1364 will improve the quality of, and access to patient care by exempting certain qualifying institutions of nursing training from redundant programmatic regulations imposed by the BRN.</p> <p><b>Existing Law:</b> California's Nurse Practice Act (NPA) mandates the California BRN to define the scope of practice and responsibilities for the state's RNs. Under the NPA, pre-licensure nursing education programs operating in CA are regulated by the BRN which provides administrative oversight of certain aspects of curriculum and faculty standards.</p> <p><b>Bill Details:</b> AB1364 exempts qualified institutions from redundant state programmatic regulations, including but not limited to:</p> <ul style="list-style-type: none"> <li>-Exemption from full board approval of faculty;</li> <li>-Exemption from full board approval of enrollment increases;</li> <li>-Ability to use ground-based simulation or other computer-assisted simulation up to 50%; and</li> <li>-Exemption from BRN site visits for clinical sites that have existing BRN approval.</li> </ul>	<p>The Nursing Practice Act provides for the licensure and regulation of registered nurses by the Board of Registered Nursing within the Department of Consumer Affairs. <del>The act requires the board to perform an analysis of the practice of the registered nurse no less than every five years.</del> The act requires an approved school of nursing or program of nursing to provide a course of instruction approved by the board, covering not less than 2 academic years, be affiliated or conducted in connection with one or more hospitals, and be an institution of higher education. Existing law grants the board the authority to determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse.</p> <p>This bill would exempt an approved school of nursing or approved nursing program that is accredited and maintains accreditation through a national nursing accrediting agency recognized by the United States Department of Education and maintains a minimum pass rate of 80% on the applicable licensing examination from board regulations or rules that oversee education programming and that require ongoing program approval.</p> <p>This bill would exempt an approved school of nursing or approved nursing program from the requirement of obtaining board approval or authorization to regulate, impose fees, or otherwise control the enrollment of students, or to regulate or otherwise control partnerships between approved schools, programs, and clinical facilities. The bill would also specify that an approved school of nursing or approved nursing program is not required to obtain board approval or authorization to hire faculty or to provide up to 50% of clinical instruction as computer-based simulation. The bill would further provide that an approved school of nursing or approved nursing program is</p>

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<p><b>AB890</b> (Woods) February 20, 2019 Nurse Practitioners: <b>scope of practice: unsupervised practice.</b></p>	<p>Assembly</p>	<p><b>Need to determine ACNL position</b></p>	<p>Existing law, the NPA, provides for the certification and regulation of nurse practitioners by the BRN and authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts, acts that are in addition to other authorized practices, including certifying disability after performing a physical examination and collaboration with a physician and surgeon. A violation of the act is a misdemeanor.</p> <p>This bill would authorize a NP who holds a certification as a NP from a national certifying body <del>to practice without the supervision of a physician and surgeon if the nurse practitioner meets specific requirements, including having practiced under the supervision of a physician and surgeon for an unspecified number of hours.</del> <del>The bill would authorize a NP recognized by the board who practices in certain settings to perform specified functions in addition to any other practices authorized by law, without supervision by a physician and surgeon,</del> including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances. <del>Because the bill would expand the scope of a crime, the bill would impose a state-mandated local program.</del></p> <p>The bill would also authorize a NP who holds a certification as a nurse practitioner from a national certifying body recognized by the board to practice without supervision by a physician and surgeon in accordance with specified conditions and requirements if the nurse practitioner has successfully completed a transition to practice program, as defined by the bill, and a supervising physician and surgeon at the facility at which the NP completed the transition to practice program attests to the board that the</p>	<p>As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes Amended in Assembly 4/2/19. On 4/10/19 AB 890 passed with 12 votes in the Assembly, and was approved 16-0 by the Assembly Business and Professions Committee. The bill next heads to the Assembly Appropriations Committee, before going to the Senate. (Two previous bills by former state Sen. Ed Hernandez (D-West Covina) in 2013 and 2015 passed the Senate, but failed in the Assembly.)</p>
<p><b>AB290</b> January 28, 2019 Health care service plans and health insurance: <b>third-party payments</b> (Bill also includes sanctions for sober living treatment).</p>	<p>Assembly</p>	<p><b>DialysisLifeSupport.com, sponsored by the California Dialysis Council requests ACNL oppose the bill</b></p>	<p>This bill would require a health care service plan or an insurer that provides a policy of health insurance to accept payments from specified third-party entities, including an Indian tribe or a local, state, or federal government program. The bill would also require a financially interested entity, as defined, other than those entities, that is making a third-party premium payment to provide that assistance in a specified manner and to perform other related duties, including disclosing to the plan or the insurer the name of the enrollee or insured, as applicable, for each plan or policy on whose behalf a third-party premium payment will be made. The bill would require each plan or insurer to provide to the department information regarding premium payments by financially interested entities and reimbursement for services to providers, and would set forth standards governing the reimbursement of financially interested third parties. <del>The bill would not alter existing obligations and requirements applicable to a health care service plan or health insurer relating to offering, marketing, selling, and issuing a health benefit plan, and cancellation or nonrenewal, as specified.</del></p>	<p>As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes</p> <p>Last year a similar bill, SB 1156 was vetoed by Governor Brown because of the uncertain impact it would have on dialysis patients. The same coalition of dialysis patients, doctors and dialysis providers is opposed because it will harm low-income dialysis patients who receive charitable premium assistance (CPA) to help pay for their health insurance premiums.</p>

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<p>AB329 (Rodriguez) January 31, 2019 Hospitals: assaults and batteries.</p>	<p>Assembly</p>		<p><del>(1)Existing law defines an assault as an unlawful attempt, coupled with present ability, to commit a violent injury on the person of another. Under existing law, an assault committed against a physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other health care facility is punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. This bill would also make an assault committed against a physician, nurse, or other health care worker of a hospital engaged in providing services within the emergency department punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. By expanding the scope of a crime, this bill would impose a state mandated local program.</del></p> <p>(2)Existing law defines an assault as an unlawful attempt, coupled with present ability, to commit a violent injury on the person of another. Under existing law, an assault committed on school or park property is punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. Existing law defines a battery as any willful and unlawful use of force or violence upon the person of another. Under existing law, a battery committed <del>against a physician or nurse engaged in rendering emergency medical care outside a hospital, clinic, or other health care facility</del> on school property, park property, or the grounds of a public or private hospital is punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or by both that fine and imprisonment. This bill would also make a battery committed against a physician, nurse, or other health care worker of a hospital engaged in providing services within the emergency department punishable by imprisonment in a county jail not exceeding one year, by a fine not</p>	<p>As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes</p>
<p>AB 1264 (Petrie-Norris) February 21, 2019 <del>Department of Consumer Affairs.</del> Healing arts licensees: self-administered hormonal contraceptives</p>	<p>Assembly</p>	<p>ACNL interest would be impact on RNs, NPs, certified nurse-midwives</p>	<p>Existing law authorizes certain healing arts licensees to use a self-screening tool that will identify patient risk factors for the use of self-administered hormonal contraceptives by a patient, and, after appropriate prior examination, to prescribe, furnish, or dispense self-administered hormonal contraceptives to a patient. This bill would specify that “appropriate prior examination” for purposes of those provisions does not require a real-time interaction between the patient and the healing arts license. Existing law establishes the Department of Consumer Affairs and provides that the department is composed of various boards, bureaus, committees, and commissions.</p>	<p>Ammended in Assembly March 26, 2019 As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: <del>no</del> yes Local Program: no</p>

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<p><b>AB 1622</b> (Carrillo) February 22, 2019 Family physicians</p>	<p>Assembly</p>	<p>ACNL interest: impact of including family physicians on the midwifery committee</p>	<p>(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California. Existing law makes it unprofessional conduct for a dentist to fail to obtain the written informed consent of a patient before administering general anesthesia and, until January 1, 2022, conscious sedation, and, for a minor, requires the written informed consent to include a statement that encourages the patient to explore all options available for the child’s anesthesia for their dental treatment and consult with the child’s dentist or pediatrician as needed. This bill would revise the content of the statement to specify that the patient is encouraged to consult with the child’s dentist, pediatrician, or family physician as needed.</p> <p>(2) Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and authorizes the board to issue a certificate to practice nurse-midwifery to a person who meets educational standards established by the board or the equivalent of those educational standards. Existing law authorizes the board to appoint a committee of qualified physicians and nurses, including obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters. This bill would additionally require the committee to include family physicians.</p> <p><del>(3) Existing law, the Robert W. Crown California Children’s Services Act, establishes the California Children’s Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have certain medical conditions. Existing law requires physicians who provide</del></p>	<p>Amended in Assembly April 04, 2019 Amended in Assembly March 27, 2019 As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no</p>
<p><b>SB227</b> (Leyva) February 2, 2019 An act to amend Sections 1279 and 1280.3 of the Health and Safety Code, relating to health and care facilities.</p>	<p>Senate</p>		<p>(1) Existing law generally requires the State Department of Public Health to license, regulate, and inspect health and care facilities. Existing law specifically requires the department to adopt regulations that require a general acute care hospital, an acute psychiatric hospital, and a special hospital to meet minimum nurse-to-patient ratios and assign additional staff according to a documented patient classification system for determining nursing care requirements. This bill would require the periodic unannounced inspections of these specified health facilities to include reviews of compliance with the nurse-to-patient ratios and staff assignment regulations described above.</p> <p>(2) Existing law requires the department to promulgate regulations establishing criteria to assess an administrative penalty against a general acute care hospital, acute psychiatric hospital, or special hospital for a deficiency constituting an immediate jeopardy violation and a violation of the rules and regulations applicable to these types of hospitals that do not constitute an immediate jeopardy. Existing law requires certain penalties collected by the department to be deposited into the Internal Departmental Quality Improvement Account, to be expended, upon appropriation by the Legislature, for internal quality improvement activities in the Licensing and Certification Program. This bill would require the department to assess specified administrative penalties for a violation of the nurse-to-patient ratios and staff assignment regulations described above. The bill</p>	<p>As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no</p>

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<p>AB 1448 (Gray) February 22, 2019 Dialysis Patient Quality of Care Assurance Act of 2019.</p>	<p>Assembly</p>		<p>Existing law requires the State Department of Public Health to license and regulate chronic dialysis clinics, defined as a clinic that provides less than 24-hour care for the treatment of patients with end-stage renal disease, including renal dialysis services. Existing law also requires the department to periodically inspect every clinic for which a license or special permit has been issued, with the frequency to be determined based on the type and complexity of the clinic or special service to be inspected. Existing law makes this provision inapplicable to an end-stage renal disease facility. Existing law makes a person who violates a law or willfully or repeatedly violates a rule or regulation promulgated pursuant to these clinics guilty of a crime.</p> <p>This bill would require the department to inspect each licensed chronic dialysis clinic that receives a one- or 2-star quality rating as determined by the federal Centers for Medicare and Medicaid Services under the Five-Star Quality Rating System at least once per calendar year, until the clinic attains at least a 3-star rating. The bill would also require the department to conduct any additional inspection that the department deems necessary to ensure the continuation of high quality medical care for dialysis patients. The bill would require the department, commencing January 1, 2020, to assess a supplemental license fee on licensed chronic dialysis clinics in an amount not to exceed the reasonable cost to the department to conduct the inspections.</p>	<p>As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no</p>
<p>SB276 (Freidman) January 28, 2019 Penal Code, relating to firearms: Storage</p>	<p>Senate</p>		<p>Existing law generally regulates the possession of firearms, including storage requirements to prevent children from gaining access to firearms.</p> <p>This bill would require a person who is 18 years of age or older and who is the owner, lessee, renter, or other legal occupant of a residence, while that person is outside that residence, as defined, to ensure that any firearm that person owns or controls is securely stored against theft or unauthorized access. <b>The bill would make a violation of these requirements an infraction punishable by a fine of not less than \$250, nor more than \$1,000.</b> The bill would define a firearm as being securely stored if it is secured with an operable device that is listed on the Department of Justice's roster of approved firearm safety devices, as specified. The bill would exempt a person from this <del>section</del> requirement if the firearm is loaned under specified conditions, and would exempt an unloaded antique firearm from these provisions. The bill would additionally prohibit a person convicted under these provisions, or under other specified provisions regulating the storage of firearms, from subsequently owning, purchasing, receiving, or having in their possession or control, any firearm within 10 years of the</p>	<p>Amended in Assembly March 21, 2019 Amended in Assembly February 21, 2019 As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes</p>

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<b>AB822</b> (Irwin) February 20, 2019 Business and Professions Code, relating to phlebotomy.	Assembly		<p>Existing law provides for the licensure and regulation of clinical laboratories and clinical laboratory personnel and health professionals by the State Department of Public Health and makes a violation of these provisions a crime. Existing law authorizes an unlicensed person employed by a licensed clinical laboratory to perform venipuncture or skin puncture for the purpose of withdrawing blood or for clinical laboratory test purposes upon specific authorization from a licensed physician and surgeon, if that unlicensed person meets certain requirements. Existing law requires an unlicensed person performing these duties to possess a valid and current certification as a certified phlebotomy technician issued by the department.</p> <p>This bill would specify that the tests an unlicensed person may perform under these provisions include following procedures and using devices <a href="#">approved by the United States Food and Drug</a></p>	As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no
<b>AB1544</b> (Gipson & Gloria) February 22, 2019 Community Paramedicine or Triage to Alternate Destination Act	Assembly		<p>(1) Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The existing act establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of EMS systems. Among other duties, existing law requires the authority is required to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor.</p> <p>This bill would establish within the act until January 1, 2030, the Community Paramedicine or Triage to Alternate Destination Act of 2019. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop regulations to establish minimum standards for a program, and would further require the Commission on Emergency Medical Services to review and approve those regulations. The bill would require the authority to review a local EMS agency's proposed program and approve, approve with conditions, or deny the proposed program no later than 6 months after it is submitted by the local EMS agency. The bill would require a local EMS agency that opts to develop a program to perform specified duties that include, among others, integrating</p>	As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

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<p><b>AB567 (Calderon)</b>  <b>February 13, 2019</b>  <b>Long-term Care Insurance</b></p>	<p>Assembly</p>		<p>Existing law provides for the regulation of long-term care insurance by the Insurance Commissioner and prescribes various requirements and conditions governing the delivery of individual or group long-term care insurance in the state. Existing law establishes the California Partnership for Long-Term Care Program to link private long-term care insurance and health care service plan contracts that cover long-term care with the In-Home Supportive Services program and Medi-Cal and to provide Medi-Cal benefits to certain individuals who have income and resources above the eligibility levels for receipt of medical assistance, but who have purchased certified private long-term care insurance policies.</p> <p>This bill would establish the Long Term Care Insurance Task Force in the Department of Insurance, chaired by the Insurance Commissioner or the commissioner’s designee, and composed of specified stakeholders and representatives of government agencies to examine the components necessary to design and implement a statewide long-term care insurance program. The bill would require the task force to recommend options for establishing this program and to comment on their respective degrees of feasibility in a report submitted to the commissioner, the Governor, and the Legislature by July 1, 2021. The bill would require the department to produce, no later than July 1, 2022, an actuarial report of those recommendations, to be shared with and</p>	<p>As of 4/11/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no</p>
<p><b>AB529 (Ramos)</b>  <b>February 13, 2019</b>  <b>Psychiatric technicians and psychiatric technician assistants: overtime.</b></p>	<p>Assembly</p>		<p>The State Civil Service Act generally requires the workweek of state employees to be 40 hours, and the workday of state employees to be 8 hours. Under the act, it is the policy of the state to avoid the necessity for overtime work whenever possible.</p> <p>The Psychiatric Technicians Law provides for the licensure and regulation of psychiatric technicians (PTs) by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.</p> <p>This bill would prohibit a PT or psychiatric technician assistant (PTA) employed by the State of California in a specified type of facility from being compelled to work in excess of the regularly scheduled workweek or work shift, except under certain circumstances. The bill would authorize a PT or PTA to volunteer or agree to work hours in addition to his or her regularly scheduled workweek or work shift, but the refusal to accept those additional hours would not constitute patient abandonment or neglect or be grounds for discrimination, dismissal, discharge, or any other penalty or employment decision adverse to the PT or PTA. The bill would require management and supervisors to consider</p>	<p>As of 4/13/19 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no</p>

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<p>SB697 (Caballero) February 22, 2019 Physician Assistants: scope of practice</p>	<p>Senate</p>	<p>Watch as it relates to SB890</p>	<p>The Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board, which is within the jurisdiction of the Medical Board of California. <del>That act requires the board to issue licenses under the name of the Medical Board of California.— This bill would rename the board the Physician Assistant Board of California and instead provide that the board is within the Department of Consumer Affairs. The bill would require the board to issue licenses under its name.—</del>                      The California. The act authorizes a physician assistant to perform medical services as set forth by regulations and the act and when those services are rendered under the supervision of a licensed physician and surgeon. The act prohibits a physician and surgeon from supervising more than 4 physician assistants at any one time. The act requires the medical record to identify the physician and surgeon who is responsible for the supervision of the physician assistant. The act requires the supervising physician and surgeon to be physically available to the physician assistant for consultation when that assistance is rendered. The act requires the physician assistant and the supervising physician and surgeon to establish written guidelines and protocols for adequate supervision and supervision, and authorizes the supervising physician and surgeon to satisfy this requirement by adopting protocols for some or all of the tasks performed by the physician assistant, as provided. The act additionally authorizes a delegation of services agreement. agreement to authorize a physician assistant to order durable medical equipment, to approve, sign, modify, or add to a plan of treatment or plan of care for individuals receiving home health services or personal care services, or to certify disability, as provided.                      This bill except as described below, would remove the limit on the number of physician assistants that a physician and surgeon may</p>	<p>SB 697, as amended, Caballero. Physician assistants: <del>scope of practice.</del> <u>practice agreement: supervision.</u> Amended in the Senate April 10, 2019. As of april 15, 2019 Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes                      Please go to the link for further updates:  <a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB697">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB697</a></p>
<p>Bill/Issue Focus: #_____</p>				
<p>Bill/Issue Focus: #_____</p>				
<p>CHPAC</p>				