

AMENDED IN SENATE MARCH 10, 2021

SENATE BILL

No. 65

Introduced by Senator Skinner

December 7, 2020

~~An act to amend Section 4440 of the Welfare and Institutions Code, relating to developmental services. An act to amend Sections 128200, 128205, 128210, 128215, 128224, 128225, 128230, and 128235 of, to add Section 123660 to, and to add Article 4.7 (commencing with Section 123635) to Chapter 2 of Part 2 of Division 106 of, the Health and Safety Code, to add Section 17141.5 to the Revenue and Taxation Code, to amend Sections 11320.3, 11450, 14005.225, and 15840 of, to amend, repeal, and add Section 14005.18 of, to add Section 14132.24 to, and to add Chapter 3.5 (commencing with Section 18249) to Part 6 of Division 9 of, the Welfare and Institutions Code, relating to maternal care and services.~~

LEGISLATIVE COUNSEL'S DIGEST

SB 65, as amended, Skinner. ~~Developmental centers. Maternal care and services.~~

(1) Existing law, the Song-Brown Health Care Workforce Training Act, provides for specified training programs for certain health care workers, including family physicians, registered nurses, nurse practitioners, and physician assistants. Existing law establishes a state medical contract program with accredited medical schools, hospitals, and other programs and institutions to increase the number of students and residents receiving quality education and training in specified primary care specialties and maximize the delivery of primary care and family physician services to underserved areas of the state.

This bill would add programs that train certified nurse-midwives and programs that train licensed midwives, as those terms are defined, to the list of programs under the program, and would add midwifery to the list of specified primary care specialties under the program. The bill would make other related, conforming changes.

(2) Existing law requires the State Department of Public Health to track data on pregnancy-related deaths, including specified health conditions, indirect obstetric deaths, and other maternal disorders predominantly related to pregnancy and complications predominantly related to the puerperium, and requires this data to be published at least once every 3 years. Existing law also requires the department to develop a plan to identify causes of infant mortality and morbidity in California and to study recommendations on the reduction of infant mortality and morbidity in California.

This bill would establish the Maternal Mortality Review Committee under the department, which is to replace the California Pregnancy-Associated Mortality Review Committee, and would require the committee to, among other things, identify and review all pregnancy-related deaths and severe maternal morbidity. The bill would require the committee to be composed of a minimum of 9 members, as specified, and would authorize the committee to request from any state department, commission, local health department, or coroner, among others, and would require those individuals and entities to provide, specified information, including death records, medical records, and autopsy reports. The bill would make all proceedings, activities, and opinions of the committee to be confidential.

This bill would require local health departments that participate in the Fetal and Infant Mortality Review process to annually investigate, track, and review cases of term infants, as defined, who were born following labor with the outcome of intrapartum stillbirth, early neonatal death, or postneonatal death. The bill would require counties, hospitals, birthing centers, and state entities to provide to local health departments death records, medical records, and autopsy reports, among other information, that will help the local health department conduct the fetal and infant mortality review.

By imposing duties on local officials, this bill would impose a state-mandated local program.

(3) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services.

The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, an individual is eligible for Medi-Cal benefits, to the extent required by federal law, as though the individual was pregnant, for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy. Existing law, subject to an appropriation in the annual Budget Act, extends Medi-Cal eligibility for a pregnant individual who receives health care coverage under the Medi-Cal program, or another specified program, and who has been diagnosed with a maternal mental health condition, for a period of one year following the last day of the individual's pregnancy if the individual complies with certain requirements, and suspends implementation of these provisions on December 31, 2021, unless specified circumstances apply.

Existing law establishes the Medi-Cal Access Program, which provides health care services to a woman who is pregnant or in their postpartum period and whose household income is within specified thresholds of the federal poverty level, and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified. Existing law provides for coverage under the program for subscribers during one pregnancy, and until the end of the month in which the 60th day after pregnancy occurs.

This bill would, to the extent that any necessary federal approvals have been obtained and federal financial participation is available, extend Medi-Cal eligibility for a pregnant individual for an additional 10-month period following the 60-day postpartum period, and would make conforming changes. The bill would require the State Department of Health Care Services to, in the first quarter of 2022, seek any necessary federal approvals for implementation of these provisions. The bill would, upon implementation of the additional 10-month period of services, eliminate the one-year Medi-Cal eligibility for a pregnant individual who is receiving health care coverage under certain Medi-Cal programs and who is diagnosed with a maternal mental health condition. Because counties are required to make eligibility determinations, and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.

This bill would require the department to establish a full-spectrum doula care program for pregnant and postpartum Medi-Cal beneficiaries, and would provide that any Medi-Cal beneficiary who is pregnant as of July 1, 2023, is entitled to doula care. The bill would require the department to develop multiple payment and billing options

for doula care and to convene a doula advisory board that would be responsible for deciding on a list of core competencies required for doulas who are authorized by the department to be reimbursed under the Medi-Cal program.

(4) Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds, each county provides cash assistance and other benefits to qualified low-income families. Existing law provides that when a family does not include a needy child qualified for aid under CalWORKs, aid shall be paid to a pregnant woman for the month in which the birth is anticipated and for the 6-month period immediately prior to the month in which the birth is anticipated, as specified. Existing law also requires \$47 per month to be paid to pregnant women qualified for CalWORKs aid to meet special needs resulting from pregnancy.

This bill would instead provide that when a family does not include a needy child qualified for aid under CalWORKs, aid shall be paid to a pregnant person as of the date of the application for aid, as specified. The bill would also increase the \$47 per month supplement for a pregnant person to \$82 per month, and would require that amount to be adjusted annually to reflect any increases in the cost of living, as specified.

Existing law also provides for temporary shelter assistance and permanent housing assistance under the CalWORKs program, but limits the benefit to 16 cumulative calendar days of temporary assistance and one payment of permanent assistance every 12 months, except as specified.

This bill would additionally exempt from those maximum benefit limits, an eligible family that includes a pregnant person.

Existing law requires a recipient of CalWORKs to participate in welfare-to-work activities as a condition of eligibility, but provides an exemption to a woman who is pregnant and for whom it has been medically verified that the pregnancy impairs their ability to be regularly employed or participate in welfare-to-work activities or the county has determined that, at that time, participation will not readily lead to employment or that a training activity is not appropriate.

This bill would remove the medical verification and county determination requirements, and would instead provide an exemption to any recipient who is pregnant.

Because the bill would result in an increase in CalWORKs eligibility, thus increasing the duties of counties administering the CalWORKs program, the bill would impose a state-mandated local program.

Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program.

This bill would, instead, provide that the continuous appropriation would not be made for purposes of implementing the bill.

(5) The Personal Income Tax Law imposes taxes based upon taxable income at specified rates. Existing law, in modified conformity with federal income tax law, generally defines “gross income” as income from whatever source derived, except as specifically excluded. Existing law, beginning on or after January 1, 2015, in modified conformity with federal income tax law, allows an earned income tax credit, the California Earned Income Tax Credit, against personal income tax.

This bill would require the State Department of Social Services to administer a program to provide a monthly stipend to low-income pregnant and postpartum people commencing at 6 months of pregnancy and until 24 months after birth. The bill would exempt this monthly stipend from consideration as income and assets for the purposes of determining eligibility and benefit amount for any programs administered and funded by the state.

The bill, for taxable years beginning on or after January 1, 2022, would exclude from gross income, for purposes of the personal income tax, the monthly stipend, and for taxable years beginning on or after January 1, 2022, would additionally provide that the monthly stipend is not earned income for purposes of eligibility for the California Earned Income Tax Credit.

(6) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(7) 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, if the Commission on State Mandates determines that the bill contains costs mandated by the state,

reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

~~Existing law vests in the State Department of Developmental Services jurisdiction over state hospitals referred to as developmental centers for the provision of residential care to individuals with developmental disabilities.~~

~~This bill would make technical, nonsubstantive changes to that provision.~~

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

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

- 1 *SECTION 1. The Legislature finds and declares all of the*
- 2 *following:*
- 3 *(a) The United States has the highest rates of maternal mortality*
- 4 *in the industrialized world. There are an estimated 700 deaths per*
- 5 *year in the United States that are pregnancy-related, with about*
- 6 *three in five deaths deemed preventable.*
- 7 *(b) The United States has an infant mortality rate that is higher*
- 8 *than most industrialized countries. Currently, the United States is*
- 9 *ranked 33 out of 36 countries belonging to the Organization for*
- 10 *Economic Cooperation and Development (OECD), with an average*
- 11 *of 5.7 deaths per 1,000 live births.*
- 12 *(c) California's Native American infant mortality rate is 11.7*
- 13 *deaths per 1,000 live births, followed by Black infants at 8.7 deaths*
- 14 *per 1,000 live births, which is far above the state's average of 4.2*
- 15 *deaths per 1,000 live births.*
- 16 *(d) In areas like Fresno, the disparities are even greater, with*
- 17 *the infant mortality rate of Black infants at 20.3 deaths per 1,000*
- 18 *live births compared to White infants at 5.1 deaths per 1,000 live*
- 19 *births.*
- 20 *(e) Prematurity is a leading cause of infant mortality and has*
- 21 *been linked to lifelong conditions, such as behavioral development*
- 22 *issues, learning difficulties, and chronic disease.*
- 23 *(f) Racism and racial bias in health care contribute to both the*
- 24 *national maternal mortality and morbidity crisis and infant*
- 25 *maternal mortality and morbidity, in particular for pregnant and*
- 26 *postpartum people and infants who are Black or Native American.*

1 (g) A study looking at over 32 millions births in the United States
2 found that women of color, especially Black women, were more
3 likely to experience additional negative birth outcomes from
4 exposure to the effects of climate change, including increased
5 temperature and air pollution from fires, which lead to increases
6 in still birth and low birth weight, respectively.

7 (h) In the United States, transgender individuals represent an
8 estimated 0.3 to 0.5 percent of the population. However, there is
9 little research on the pregnancy outcomes in this community. In
10 one very small study, the findings suggested that transgender
11 persons are at more risk for depression during and after
12 pregnancy.

13 (i) California has made great progress in the last decade to
14 improve maternity care, and now boasts the lowest maternal
15 mortality rate in the country. However, the improvements in
16 maternal mortality have not come with a corresponding
17 improvement in the racial disparities in maternal health. Black
18 and Native American pregnant and postpartum people in California
19 continue to die at higher rates than non-Hispanic White pregnant
20 and postpartum people.

21 (j) California is failing pregnant and postpartum people,
22 especially those in some of the state's most vulnerable and
23 marginalized communities. Pregnant and postpartum people in
24 California report discrimination and bias in care based on their
25 race and language. This leads to fear and distrust of the
26 institutionalized maternal health care system, particularly by
27 people of color.

28 (k) The COVID-19 pandemic has laid bare longstanding racial
29 and socioeconomic inequities in our health care system.

30 (l) Senate Bill 104 of the 2019-20 Regular Session extended
31 Medi-Cal eligibility to one year postpartum for a pregnant person
32 on Medi-Cal diagnosed with a mental health condition. However,
33 it is clear that all Medi-Cal enrollees could benefit from the same
34 extension of Medi-Cal eligibility at the conclusion of their
35 pregnancies.

36 (m) One of the essential goals of the State Department of Public
37 Health is to reduce health and mental health disparities among
38 vulnerable and underserved communities to achieve health equity
39 throughout California. This essential goal should extend to health
40 equity for birthing people and babies.

(n) *California can do a better job to support pregnant, birthing, and postpartum people in our state, especially Black pregnant, birthing, and postpartum people, who are experiencing the brunt of racism, disparities, and inequities in health care access, services, and delivery.*

SEC. 2. *Article 4.7 (commencing with Section 123635) is added to Chapter 2 of Part 2 of Division 106 of the Health and Safety Code, to read:*

Article 4.7. Maternal Mortality Review Committee

123635. *For the purposes of this section, the following terms apply:*

(a) *“Maternal mortality” or “maternal death” means the death of a person during pregnancy or within a year from the end of pregnancy, and related to, or aggravated by, the pregnancy or birth, including, but not limited to, death by suicide.*

(b) *“Pregnancy-associated death” means a death of a person while pregnant or within one year of the end of a pregnancy, regardless of the cause.*

(c) *“Pregnancy-related death” means a death that occurs while pregnant or up to a year postpartum from any cause related to, or aggravated by, the pregnancy or its management, irrespective of the duration of the pregnancy.*

(d) *“Severe maternal morbidity” means unexpected outcomes of pregnancy, labor, or delivery that result in significant short- or long-term consequences to the pregnant person’s mental or physical health.*

123636. (a) *The Maternal Mortality Review Committee is hereby established under the State Department of Public Health, and shall replace the California Pregnancy-Associated Mortality Review Committee, to continuously engage in the comprehensive, regular, and uniform review and reporting of maternal deaths throughout the state. The department, in collaboration with the California Perinatal Quality Care Collaborative, shall oversee the committee. The committee may incorporate the membership of the California Pregnancy-Associated Mortality Review Committee, as it existed on December 31, 2021.*

(b) *The purposes of the committee includes, but is not limited to, all of the following:*

1 (1) *Identifying and reviewing all pregnancy-related deaths,*
2 *including the cause, contributing factors, and disseminating*
3 *findings.*

4 (2) *Identifying and reviewing severe maternal morbidity.*

5 (3) *Making recommendations on best practices to prevent*
6 *maternal mortality and morbidity, including practices to address*
7 *socioeconomic and other disparities as well as the impact of global*
8 *warming on pregnancy outcomes.*

9 (4) *Investigating racial disparities and making recommendations*
10 *on the prevention of racial disparities, as well as disparities*
11 *experienced by lesbian, transgender, or gender-nonconforming*
12 *individuals.*

13 (5) *Collecting and reviewing data from maternal death*
14 *investigations and making recommendations about how to improve*
15 *or streamline data collection and investigatory processes.*

16 (c) *In addition to reviewing medical records, death certificates,*
17 *and other pertinent reports, committee investigations of maternal*
18 *deaths shall include, to the degree practicable, both of the*
19 *following:*

20 (1) *Interviews with pertinent surviving family members or*
21 *support people present with direct knowledge of, or involvement*
22 *in, the event.*

23 (2) *Interviews with members of the medical team who were*
24 *present or involved in the deceased individual's direct care.*

25 (d) *The committee shall publish its findings to the public every*
26 *three years as part of the publication of data on severe maternal*
27 *morbidity, as required pursuant to Section 123630.4. The*
28 *committee's findings shall also include recommendations on how*
29 *to prevent severe maternal morbidity and maternal mortality and*
30 *how to reduce racial disparities.*

31 (e) (1) *The committee shall be composed of a minimum of nine*
32 *members. The members shall be comprised of multidisciplinary*
33 *personnel in the field of maternal mortality and morbidity, data*
34 *analysis in maternal health, women's health, clinicians in maternal*
35 *health, and representatives from various public health entities,*
36 *and shall include all of the following:*

37 (A) *At least one obstetrician.*

38 (B) *At least one certified nurse-midwife.*

39 (C) *At least one certified professional midwife.*

1 (D) At least one hospital-based registered nurse or advanced
2 practice nurse experienced in perinatal health.

3 (E) A clinician or patient advocate from a birthing center, if
4 not already represented by a member otherwise listed.

5 (F) At least one public member with relevant personal
6 experience related to maternal morbidity or maternal mortality
7 who has experienced birth and does not fit in another classification.

8 (G) At least one doula.

9 (H) At least one person from a community-based organization
10 that works in perinatal health.

11 (I) At least one person from an organization that works with
12 populations that have disproportionately high occurrences of
13 maternal mortality and morbidity.

14 (J) At least one person who is an expert on mental and
15 behavioral health, preferably with experience in perinatal health.

16 (K) At least one person from a native tribe, preferably with
17 experience in perinatal health.

18 (L) At least one representative of the Maternal, Child, and
19 Adolescent Health Division of the department.

20 (2) The committee shall prioritize for membership members
21 who are representative of the diversity and geographic locations
22 of the pregnant people in populations with disproportionately high
23 occurrences of maternal mortality and morbidity.

24 (3) The State Public Health Officer shall appoint a maternal
25 mortality expert to be a member of the committee as the chair of
26 the committee. The chair shall appoint the other members of the
27 committee in accordance with the criteria specified in paragraph
28 (1).

29 (f) The committee may request from any state department,
30 division, commission, local health department, or other agency of
31 the state or political subdivision thereof, or any public authority,
32 as well as hospitals, birthing facilities, medical examiners,
33 coroners, coroner physicians, and any other facility or individual
34 providing services associated with maternal mortality, and those
35 individuals and entities shall provide information, including, but
36 not limited to, death records, medical records, autopsy reports,
37 toxicology reports, hospital discharge records, birth records, and
38 any other information that will help the committee to properly
39 carry out its functions, powers, and duties.

1 (g) *The committee shall receive, and may solicit, voluntary*
2 *information, including oral or written statements, relating to any*
3 *maternal death and case of severe maternal morbidity, from any*
4 *family member or other interested party, including the patient in*
5 *a case of severe maternal morbidity, relating to any case that may*
6 *come before the committee, to the degree practicable. Oral*
7 *statements received under this paragraph shall be transcribed or*
8 *summarized in writing.*

9 (h) *Except as otherwise provided by this article, all proceedings*
10 *and activities of the committee, all opinions of the members of the*
11 *committee that are formed as a result of the committee's*
12 *proceedings and activities, and all records obtained, created, or*
13 *maintained by the committee, including written reports and records*
14 *of interviews or oral statements, shall be confidential, and shall*
15 *not be subject to public inspection, discovery, subpoena, or*
16 *introduction into evidence in any civil, criminal, legislative, or*
17 *other proceeding.*

18 (i) *In no case shall the committee disclose any personally*
19 *identifiable information to the public, or include any personally*
20 *identifiable information in a case summary that is prepared*
21 *pursuant to this article, or in any report that is prepared.*

22 (j) *Members of the committee shall not be questioned in any*
23 *civil, criminal, legislative, or other proceeding regarding*
24 *information that has been presented in, or opinions that have been*
25 *formed as a result of, a meeting or communication of the*
26 *committee. However, nothing in this paragraph shall prohibit a*
27 *committee member from being questioned, or from testifying, in*
28 *relation to publicly available information or information that was*
29 *obtained independently of the member's participation on the*
30 *committee, or as an expert witness in maternal death cases*
31 *unrelated to their case review as a member of the committee.*

32 (k) *This section does not prohibit the committee from publishing,*
33 *or from otherwise making available for public inspection, statistical*
34 *compilations or reports that are based on confidential information,*
35 *provided that those compilations and reports do not contain*
36 *personally identifying information or other information that could*
37 *be used to ultimately identify the individuals concerned, and shall*
38 *utilize standard public health reporting practices for accurate*
39 *dissemination of these data elements, especially in regard to the*

1 *reporting of small numbers so as to inadvertently risk a breach of*
2 *confidentiality or other disclosure.*

3 *SEC. 3. Section 123660 is added to the Health and Safety Code,*
4 *to read:*

5 *123660. (a) A local public health agency that participates in*
6 *the Fetal and Infant Mortality Review process established by the*
7 *department shall do all of the following:*

8 *(1) Annually investigate, track, and review a minimum amount*
9 *of 1 percent of the county's cases of term infants who were born*
10 *following labor with the outcome of intrapartum stillbirth, early*
11 *neonatal death, or postneonatal death, focusing on demographic*
12 *groups that are disproportionately impacted by infant death. For*
13 *purposes of this section, "term infants" means infants who are at*
14 *36 weeks or more of gestation.*

15 *(2) Establish a committee for fetal and infant mortality reviews*
16 *led by local public health agencies. The committee shall include*
17 *members of the community, and shall not include anyone employed*
18 *by a law enforcement agency.*

19 *(3) Conduct interviews with individuals who have experienced*
20 *child loss or surviving family members of maternal or infant death*
21 *who have knowledge of the event. The interview shall include*
22 *questions to determine if the pregnant person had concerns about*
23 *perinatal care during any point in their pregnancy or postpartum*
24 *care, whether there were disagreements about care offered and*
25 *received, and whether the pregnant person had asked for certain*
26 *care that was denied or not received.*

27 *(4) Conduct a report or investigation, to the degree practicable,*
28 *with all medical staff involved with the event.*

29 *(5) Offer grief counseling to surviving family members.*

30 *(b) Counties, hospitals, birthing centers, and state entities shall*
31 *provide to local public health agencies death records, medical*
32 *records, autopsy reports, toxicology reports, hospital discharge*
33 *records, birth records, and any other information that will help*
34 *the local public health agency conduct the fetal and infant mortality*
35 *review within 30 days of a request made in writing by a local*
36 *public health agency.*

37 *SEC. 4. Section 128200 of the Health and Safety Code is*
38 *amended to read:*

39 *128200. (a) This article shall be known as, and may be cited*
40 *as as, the Song-Brown Health Care Workforce Training Act.*

1 (b) (1) The Legislature hereby finds and declares that
2 physicians engaged in family medicine are in very short supply in
3 California. The current emphasis placed on specialization in
4 medical education has resulted in a shortage of physicians trained
5 to provide comprehensive primary health care to families. The
6 Legislature hereby declares that it regards the furtherance of a
7 greater supply of competent family physicians to be a public
8 purpose of great importance and further declares the establishment
9 of the program pursuant to this article to be a desirable, necessary,
10 and economical method of increasing the number of family
11 physicians to provide needed medical services to the people of
12 California. The Legislature further declares that it is to the benefit
13 of the state to assist in increasing the number of competent family
14 physicians graduated by colleges and universities of this state to
15 provide primary health care services to families within the state.

16 (2) The Legislature finds that the shortage of family physicians
17 can be improved by the placing of a higher priority by public and
18 private medical schools, hospitals, and other health care delivery
19 systems in this state, on the recruitment and improved training of
20 medical students and residents to meet the need for family
21 physicians. To help accomplish this goal, each medical school in
22 California is encouraged to organize a strong family medicine
23 program or department. It is the intent of the Legislature that the
24 programs or departments be headed by a physician who possesses
25 specialty certification in the field of family medicine, and has broad
26 clinical experience in the field of family medicine.

27 (3) The Legislature further finds that encouraging the training
28 of primary care physician's ~~assistants and assistants~~, primary care
29 nurse-~~practitioners~~ *practitioners, certified nurse-midwives, and*
30 *licensed midwives* will assist in making primary health care services
31 *and maternity care* more accessible to the citizenry, and will, in
32 conjunction with the training of family physicians, lead to an
33 improved health care delivery system in California.

34 (4) Community hospitals in-~~general~~ *general*, and rural
35 community hospitals in particular, as well as other health care
36 delivery systems, are encouraged to develop family medicine
37 residencies in affiliation or association with accredited medical
38 schools, to help meet the need for family physicians in geographical
39 areas of the state with recognized family primary health care needs.
40 Utilization of expanded resources beyond university-based teaching

1 hospitals should be emphasized, including facilities in rural areas
2 wherever possible.

3 (5) The Legislature also finds and declares that nurses are in
4 very short supply in California. The Legislature hereby declares
5 that it regards the furtherance of a greater supply of nurses to be
6 a public purpose of great importance and further declares the
7 expansion of the program pursuant to this article to include nurses
8 to be a desirable, necessary, and economical method of increasing
9 the number of nurses to provide needed nursing services to the
10 people of California.

11 (6) *The Legislature also finds that maternity care providers are*
12 *in short supply, and maldistributed around the state, resulting in*
13 *what the March of Dimes defines as “maternity care deserts” and*
14 *“limited access maternity care areas.” Many major counties are*
15 *on track to have a critical shortage of maternity care providers*
16 *by 2025. Maternity care is often the very first primary care*
17 *interaction, and the most common primary care interaction over*
18 *the life of a woman and birthing person’s reproductive lifespan.*
19 *Black and Native American individuals and other people of color*
20 *in particular have significant difficulty in accessing maternity care*
21 *and family planning services. Black women die from*
22 *pregnancy-related causes at three to four times that of White*
23 *women. Black infants are more than twice as likely to die in their*
24 *first year as White infants. Access to quality care and resultant*
25 *outcomes are intricately linked. Racial disparities in outcomes,*
26 *especially, are connected in part to quality of and ability to access*
27 *maternity care, especially by care providers whose care models*
28 *elevate patient-centered, holistic, and culturally sensitive care.*
29 *This kind of care is the hallmark of the midwifery model.*

30 ~~(6)~~

31 (c) It is the intent of the Legislature to provide for a program
32 designed primarily to increase the number of students and residents
33 receiving quality education and training in the primary care
34 specialties of family medicine, internal medicine, obstetrics and
35 gynecology, *midwifery*, and pediatrics and as primary care
36 physician’s assistants, primary care nurse—~~practitioners~~,
37 *practitioners, certified nurse-midwives, and licensed midwives,*
38 and registered nurses and to maximize the delivery of primary care
39 family physician—~~services~~ *services, including maternity services*
40 *by physician and midwifery providers, to specific areas of*

1 California where there is a recognized unmet priority need. This
2 program is intended to be implemented through contracts with
3 accredited medical schools, teaching health centers, programs that
4 train primary care physician's assistants, programs that train
5 primary care nurse practitioners, *programs that train certified*
6 *nurse-midwives, programs that train licensed midwives*, programs
7 that train registered nurses, hospitals, and other health care delivery
8 systems based on per-student or per-resident capitation formulas.
9 It is further intended by the Legislature that the programs will be
10 professionally and administratively accountable so that the
11 maximum cost-effectiveness will be achieved in meeting the
12 professional training standards and criteria set forth in this article
13 and Article 2 (commencing with Section 128250).

14 *SEC. 5. Section 128205 of the Health and Safety Code is*
15 *amended to read:*

16 128205. As used in this article, and Article 2 (commencing
17 with Section 128250), the following terms have the following
18 meanings:

19 (a) "Family physician" means a primary care physician and
20 surgeon who is prepared to and renders continued comprehensive
21 and preventative health care services to individuals and families
22 and who has received specialized training in an approved family
23 medicine residency for three years after graduation from an
24 accredited medical school.

25 (b) "Primary care physician" means a physician who is prepared
26 to and renders continued comprehensive and preventative health
27 care services, and has received specialized training in the areas of
28 internal medicine, obstetrics and gynecology, or pediatrics.

29 (c) "*Certified nurse-midwife*" means an advanced practice
30 nurse with training in midwifery, as specified in, and a certificate
31 issued pursuant to, Article 2.5 (commencing with Section 2746)
32 of Chapter 6 of Division 2 of the Business and Professions Code.

33 (d) "*Licensed midwife*" means an individual who has been
34 issued a license to practice midwifery pursuant to Article 24
35 (commencing with Section 2505) of Chapter 5 of Division 2 of the
36 Business and Professions Code.

37 ~~(e)~~

38 (e) "Associated" and "affiliated" mean that relationship that
39 exists by virtue of a formal written agreement between a hospital
40 or other health care delivery system and an approved medical

1 school that pertains to the primary care or family medicine training
2 program for which state contract funds are sought.

3 ~~(d)~~

4 (f) “Commission” means the California Healthcare Workforce
5 Policy Commission.

6 ~~(e)~~

7 (g) “Programs that train primary care physician’s assistants”
8 means a program that has been approved for the training of primary
9 care physician assistants pursuant to Section 3513 of the Business
10 and Professions Code.

11 ~~(f)~~

12 (h) “Programs that train primary care nurse practitioners” means
13 a program that is operated by a California school of medicine or
14 nursing, or that is authorized by the Regents of the University of
15 California or by the Trustees of the California State University, or
16 that is approved by the Board of Registered Nursing.

17 (i) *“Programs that train certified nurse-midwives” means a*
18 *nurse-midwifery education program that is operated by a*
19 *California school of nursing, or that is authorized by the Regents*
20 *of the University of California or by the Trustees of the California*
21 *State University, or that is approved by the Board of Registered*
22 *Nursing.*

23 (j) *“Programs that train licensed midwives” means a midwifery*
24 *education program operated by a California school of midwifery,*
25 *and accredited by the Midwifery Education Accreditation Council*
26 *(MEAC), or approved by the Bureau for Private Postsecondary*
27 *Education, or approved by the Medical Board of California or*
28 *any other state licensing and regulatory board for licensed*
29 *midwives.*

30 ~~(g)~~

31 (k) “Programs that train registered nurses” means a program
32 that is operated by a California school of nursing and approved by
33 the Board of Registered Nursing, or that is authorized by the
34 Regents of the University of California, the Trustees of the
35 California State University, or the Board of Governors of the
36 California Community Colleges, and that is approved by the Board
37 of Registered Nursing.

38 ~~(h)~~

39 (l) “Teaching health center” means a community-based
40 ambulatory patient care center that operates a primary care

1 residency program. Community-based ambulatory patient care
2 settings include, but are not limited to, federally qualified health
3 centers, community mental health centers, rural health clinics,
4 health centers operated by the Indian Health Service, an Indian
5 tribe or tribal organization, or an urban Indian organization, and
6 entities receiving funds under Title X of the federal Public Health
7 Service Act (Public Law 91-572).

8 *SEC. 6. Section 128210 of the Health and Safety Code is*
9 *amended to read:*

10 128210. There is hereby created a state medical contract
11 program with accredited medical schools, teaching health centers,
12 programs that train primary care physician's assistants, programs
13 that train primary care nurse practitioners, *programs that train*
14 *certified nurse-midwives, programs that train licensed midwives,*
15 *programs that train registered nurses, hospitals, and other health*
16 *care delivery systems to increase the number of students and*
17 *residents receiving quality education and training in the primary*
18 *care specialties of family medicine, internal medicine, obstetrics*
19 *and gynecology, midwifery, and pediatrics, or in nursing and to*
20 *maximize the delivery of primary care and family physician*
21 *services to specific areas of California where there is a recognized*
22 *unmet priority need for those services.*

23 *SEC. 7. Section 128215 of the Health and Safety Code is*
24 *amended to read:*

25 128215. There is hereby created a California Healthcare
26 Workforce Policy Commission. The commission shall be composed
27 of ~~15~~ 17 members who shall serve at the pleasure of their
28 appointing authorities:

29 (a) ~~Nine~~ Eleven members appointed by the Governor, as follows:

30 (1) One representative of the University of California medical
31 schools, from a nominee or nominees submitted by the University
32 of California.

33 (2) One representative of the private medical or osteopathic
34 schools accredited in California from individuals nominated by
35 each of these schools.

36 (3) One representative of practicing family medicine physicians.

37 (4) One representative who is a practicing osteopathic physician
38 or surgeon and who is board certified in either general or family
39 medicine.

1 (5) One representative of undergraduate medical students in a
2 family medicine program or residence in family medicine training.

3 (6) One representative of trainees in a primary care physician's
4 assistant program or a practicing physician's assistant.

5 (7) One representative of trainees in a primary care nurse
6 practitioners program or a practicing nurse practitioner.

7 *(8) One representative of trainees in a California*
8 *nurse-midwifery education program or a practicing certified*
9 *nurse-midwife.*

10 *(9) One representative of trainees in a California midwifery*
11 *education program or a practicing licensed midwife.*

12 ~~(8)~~

13 *(10)* One representative of the Office of Statewide Health
14 Planning and Development, from nominees submitted by the office
15 director.

16 ~~(9)~~

17 *(11)* One representative of practicing registered nurses.

18 (b) Two consumer representatives of the public who are not
19 elected or appointed public officials, one appointed by the Speaker
20 of the Assembly and one appointed by the Chairperson of the
21 Senate Committee on Rules.

22 (c) Two representatives of practicing registered nurses, one
23 appointed by the Speaker of the Assembly and one appointed by
24 the Chairperson of the Senate Committee on Rules.

25 (d) Two representatives of students in a registered nurse training
26 program, one appointed by the Speaker of the Assembly and one
27 appointed by the Chairperson of the Senate Committee on Rules.

28 (e) The Deputy Director of the Healthcare Workforce
29 Development Division in the Office of Statewide Health Planning
30 and Development, or the deputy director's designee, shall serve
31 as executive secretary for the commission.

32 *SEC. 8. Section 128224 of the Health and Safety Code is*
33 *amended to read:*

34 128224. The commission shall identify specific areas of the
35 state where unmet priority needs for dentists, physicians, *midwives*,
36 and registered nurses exist.

37 *SEC. 9. Section 128225 of the Health and Safety Code is*
38 *amended to read:*

39 128225. The commission shall do all of the following:

1 (a) Identify specific areas of the state where unmet priority needs
2 for primary care family ~~physicians~~ *physicians, midwives*, and
3 registered nurses exist.

4 (b) (1) Establish standards for primary care and family
5 medicine training programs, primary care and family medicine
6 residency programs, postgraduate osteopathic medical programs
7 in primary care or family medicine, and primary care physician
8 assistants programs and programs that train primary care nurse
9 practitioners, including appropriate provisions to encourage
10 primary care physicians, family physicians, osteopathic family
11 physicians, primary care physician's assistants, and primary care
12 nurse practitioners who receive training in accordance with this
13 article and Article 2 (commencing with Section 128250) to provide
14 needed services in areas of unmet need within the state. Standards
15 for primary care and family medicine residency programs shall
16 provide that all of the residency programs contracted for pursuant
17 to this article and Article 2 (commencing with Section 128250)
18 shall be approved by the Accreditation Council for Graduate
19 Medical Education's Residency Review Committee for Family
20 Medicine, Internal Medicine, Pediatrics, or Obstetrics and
21 Gynecology. Standards for postgraduate osteopathic medical
22 programs in primary care and family medicine, as approved by
23 the American Osteopathic Association Committee on Postdoctoral
24 Training for interns and residents, shall be established to meet the
25 requirements of this subdivision in order to ensure that those
26 programs are comparable to the other programs specified in this
27 subdivision. Every program shall include a component of training
28 designed for medically underserved multicultural communities,
29 lower socioeconomic neighborhoods, or rural communities, and
30 shall be organized to prepare program graduates for service in
31 those neighborhoods and communities. Medical schools receiving
32 funds under this article and Article 2 (commencing with Section
33 128250) shall have programs or departments that recognize family
34 medicine as a major independent specialty. Existence of a written
35 agreement of affiliation or association between a hospital and an
36 accredited medical school shall be regarded by the commission as
37 a favorable factor in considering recommendations to the director
38 for allocation of funds appropriated to the state medical contract
39 program established under this article and Article 2 (commencing
40 with Section 128250). Teaching health centers receiving funds

1 under this article shall have programs or departments that recognize
2 family medicine as a major independent specialty.

3 (2) For purposes of this subdivision, “primary care” and “family
4 medicine” includes the general practice of medicine by osteopathic
5 physicians.

6 (c) Establish standards for registered nurse training programs.
7 The commission may accept those standards established by the
8 Board of Registered Nursing.

9 *(d) Establish standards for midwifery education programs for*
10 *certified nurse-midwives and licensed midwives in California. The*
11 *commission may accept those standards established by their*
12 *respective licensing and regulatory bodies.*

13 ~~(d)~~

14 (e) Review and make recommendations to the Director of the
15 Office of Statewide Health Planning and Development concerning
16 the funding of primary care and family medicine programs or
17 ~~departments and departments~~, primary care and family medicine
18 ~~residencies and residencies~~, programs for the training of primary
19 care physician assistants and primary care nurse-practitioners
20 *practitioners, and programs for the training of certified*
21 *nurse-midwife and licensed midwife* that are submitted to the
22 Healthcare Workforce Development Division for participation in
23 the contract program established by this article and Article 2
24 (commencing with Section 128250). If the commission determines
25 that a program proposal that has been approved for funding or that
26 is the recipient of funds under this article and Article 2
27 (commencing with Section 128250) does not meet the standards
28 established by the commission, it shall submit to the Director of
29 the Office of Statewide Health Planning and Development and the
30 Legislature a report detailing its objections. The commission may
31 request the Office of Statewide Health Planning and Development
32 to make advance allocations for program development costs from
33 amounts appropriated for the purposes of this article and Article
34 2 (commencing with Section 128250).

35 ~~(e)~~

36 (f) Review and make recommendations to the Director of the
37 Office of Statewide Health Planning and Development concerning
38 the funding of registered nurse training programs that are submitted
39 to the Healthcare Workforce Development Division for
40 participation in the contract program established by this article. If

the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article.

(f)

(g) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of primary care and family medicine students and ~~residents and residents~~, primary care physician's ~~assistants and assistants~~, primary care nurse ~~practitioners~~ *practitioners*, *certified nurse-midwives*, *licensed midwives*, and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family medicine or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973–74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004–05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family ~~medicine~~ *medicine*, *certified nurse-midwives*, *licensed midwives*, or registered nurse

1 training programs. Institutions applying for or in receipt of
2 contracts pursuant to this article and Article 2 (commencing with
3 Section 128250) may appeal to the director for waiver of this
4 maintenance of effort provision. The director may grant the waiver
5 if ~~he or she~~ *the director* determines that there is reasonable and
6 proper cause to grant the waiver.

7 ~~(g)~~

8 *(h)* (1) Review and make recommendations to the Director of
9 the Office of Statewide Health Planning and Development
10 concerning the funding of special programs that may be funded
11 on other than a capitation rate basis. These special programs may
12 include the development and funding of the training of primary
13 health care teams of primary care and family medicine ~~residents~~
14 *residents*, or primary care or family physicians and primary care
15 physician ~~assistants~~ *assistants*, or primary care nurse ~~practitioners~~
16 *practitioners*, or *certified nurse-midwives or licensed midwives*,
17 or registered nurses, undergraduate medical education programs
18 in primary care or family medicine, *nurse-midwifery and obstetric*
19 *training programs that seek to enhance care to underserved and*
20 *marginalized communities through innovative interprofessional*
21 *training programs*, and programs that link training programs and
22 medically underserved communities in California that appear likely
23 to result in the location and retention of training program graduates
24 in those communities. These special programs also may include
25 the development phase of new primary care or family medicine
26 residency, primary care physician assistant programs, *certified*
27 *nurse-midwifery*, *licensed midwifery*, primary care nurse
28 practitioner programs, or registered nurse programs.

29 (2) The commission shall establish standards and contract
30 criteria for special programs recommended under this subdivision.

31 ~~(h)~~

32 *(i)* Review and evaluate these programs regarding compliance
33 with this article and Article 2 (commencing with Section 128250).
34 One standard for evaluation shall be the number of recipients who,
35 after completing the program, actually go on to serve in areas of
36 unmet priority for primary care or family physicians in ~~California~~
37 *California*, or *midwives*, or registered nurses who go on to serve
38 in areas of unmet priority for registered nurses.

39 ~~(i)~~

1 (j) Review and make recommendations to the Director of the
2 Office of Statewide Health Planning and Development on the
3 awarding of funds for the purpose of making loan assumption
4 payments for medical students who contractually agree to enter a
5 primary care specialty and practice primary care medicine for a
6 minimum of three consecutive years following completion of a
7 primary care residency training program pursuant to Article 2
8 (commencing with Section 128250).

9 *SEC. 10. Section 128230 of the Health and Safety Code is*
10 *amended to read:*

11 128230. When making recommendations to the Director of the
12 Office of Statewide Health Planning and Development concerning
13 the funding of primary care and family medicine programs or
14 departments, primary care and family medicine residencies, and
15 programs for the training of primary care physician assistants,
16 primary care nurse practitioners, *certified nurse midwives, licensed*
17 *midwives*, or registered nurses, the commission shall give priority
18 to programs that have demonstrated success in the following areas:

19 (a) Actual placement of individuals in medically underserved
20 areas.

21 (b) Success in attracting and admitting members of minority
22 groups to the program.

23 (c) Success in attracting and admitting individuals who were
24 former residents of medically underserved areas.

25 (d) Location of the program in a medically underserved area.

26 (e) The degree to which the program has agreed to accept
27 individuals with an obligation to repay loans awarded pursuant to
28 the Health Professions Education Fund.

29 *SEC. 11. Section 128235 of the Health and Safety Code is*
30 *amended to read:*

31 128235. Pursuant to this article and Article 2 (commencing
32 with Section 128250), the Director of the Office of Statewide
33 Health Planning and Development shall do all of the following:

34 (a) Determine whether primary care and family medicine,
35 primary care physician's assistant training program proposals,
36 primary care nurse practitioner training program proposals, *certified*
37 *nurse-midwife training program proposals, licensed midwife*
38 *training program proposals*, and registered nurse training program
39 proposals submitted to the California Healthcare Workforce Policy
40 Commission for participation in the state medical contract program

1 established by this article and Article 2 (commencing with Section
2 128250) meet the standards established by the commission.

3 (b) Select and contract on behalf of the state with accredited
4 medical schools, teaching health centers, programs that train
5 primary care physician's assistants, programs that train primary
6 care nurse practitioners, *programs that train certified*
7 *nurse-midwives, programs that train licensed midwives*, hospitals,
8 and other health care delivery systems for the purpose of training
9 undergraduate medical students and residents in the specialties of
10 internal medicine, obstetrics and gynecology, pediatrics, and family
11 medicine. Contracts shall be awarded to those institutions that best
12 demonstrate the ability to provide quality education and training
13 and to retain students and residents in specific areas of California
14 where there is a recognized unmet priority need for primary care
15 ~~family-physicians~~. *physicians and maternity care providers*.
16 Contracts shall be based upon the recommendations of the
17 commission and in conformity with the contract criteria and
18 program standards established by the commission.

19 (c) Select and contract on behalf of the state with programs that
20 train registered nurses. Contracts shall be awarded to those
21 institutions that best demonstrate the ability to provide quality
22 education and training and to retain students and residents in
23 specific areas of California where there is a recognized unmet
24 priority need for registered nurses. Contracts shall be based upon
25 the recommendations of the commission and in conformity with
26 the contract criteria and program standards established by the
27 commission.

28 (d) Terminate, upon 30 days' written notice, the contract of any
29 institution whose program does not meet the standards established
30 by the commission or that otherwise does not maintain proper
31 compliance with this part, except as otherwise provided in contracts
32 entered into by the director pursuant to this article and Article 2
33 (commencing with Section 128250).

34 *SEC. 12. Section 17141.5 is added to the Revenue and Taxation*
35 *Code, to read:*

36 *17141.5. (a) For taxable years beginning on or after January*
37 *1, 2022, gross income does not include monetary benefits provided*
38 *to pregnant and postpartum people pursuant to Chapter 3.5*
39 *(commencing with Section 18249) of Part 6 of Division 9 of the*
40 *Welfare and Institutions Code.*

1 **(b)** For taxable years beginning on or after January 1, 2022,
2 monetary benefits provided to pregnant and postpartum people
3 pursuant to Chapter 3.5 (commencing with Section 18249) of Part
4 6 of Division 9 of the Welfare and Institutions Code shall not be
5 considered earned income for purposes of eligibility for the
6 California Earned Income Tax Credit pursuant to Section 17052.

7 **SEC. 13.** Section 11320.3 of the Welfare and Institutions Code
8 is amended to read:

9 11320.3. (a) (1) Except as provided in subdivision (b) or if
10 otherwise exempt, every individual, as a condition of eligibility
11 for aid under this chapter, shall participate in welfare-to-work
12 activities under this article.

13 (2) Individuals eligible under Section 11331.5 shall be required
14 to participate in the Cal-Learn Program under Article 3.5
15 (commencing with Section 11331) during the time that article is
16 operative, in lieu of the welfare-to-work requirements, and
17 subdivision (b) shall not apply to that individual.

18 (b) The following individuals shall not be required to participate
19 for so long as the condition continues to exist:

20 (1) An individual under 16 years of age.

21 (2) (A) A child attending an elementary, secondary, vocational,
22 or technical school on a full-time basis.

23 (B) A person who is 16 or 17 years of age, or a person described
24 in subdivision (d) who loses this exemption, shall not requalify
25 for the exemption by attending school as a required activity under
26 this article.

27 (C) Notwithstanding subparagraph (B), a person who is 16 or
28 17 years of age who has obtained a high school diploma or its
29 equivalent and is enrolled or is planning to enroll in a
30 postsecondary education, vocational, or technical school training
31 program shall also not be required to participate for so long as the
32 condition continues to exist.

33 (D) For purposes of subparagraph (C), a person shall be deemed
34 to be planning to enroll in a postsecondary education, vocational,
35 or technical school training program if the person or the person's
36 parent, acting on the person's behalf, submits a written statement
37 expressing the person's intent to enroll in such a program for the
38 following term. The exemption from participation shall not
39 continue beyond the beginning of the term, unless verification of
40 enrollment is provided or obtained by the county.

(3) An individual who meets either of the following conditions:

(A) The individual is disabled as determined by a doctor's verification that the disability is expected to last at least 30 days and that it significantly impairs the recipient's ability to be regularly employed or participate in welfare-to-work activities, provided that the individual is actively seeking appropriate medical treatment.

(B) The individual is of advanced age.

(4) A nonparent caretaker relative who has primary responsibility for providing care for a child and is either caring for a child who is a dependent or ward of the court or caring for a child in a case in which a county determines the child is at risk of placement in foster care, and the county determines that the caretaking responsibilities are beyond those considered normal day-to-day parenting responsibilities such that they impair the caretaker relative's ability to be regularly employed or to participate in welfare-to-work activities.

(5) An individual whose presence in the home is required because of illness or incapacity of another member of the household and whose caretaking responsibilities impair the recipient's ability to be regularly employed or to participate in welfare-to-work activities.

(6) A parent or other relative who meets the criteria in subparagraph (A) or (B).

(A) (i) The parent or other relative has primary responsibility for personally providing care to a child six months of age or under, except that, on a case-by-case basis, and based on criteria developed by the county, this period may be reduced to the first 12 weeks after the birth or adoption of the child, or increased to the first 12 months after the birth or adoption of the child. An individual may be exempt only once under this clause.

(ii) An individual who received an exemption pursuant to clause (i) shall be exempt for a period of 12 weeks, upon the birth or adoption of any subsequent children, except that this period may be extended on a case-by-case basis to six months, based on criteria developed by the county.

(iii) In making the determination to extend the period of exception under clause (i) or (ii), the following may be considered:

(I) The availability of ~~child care~~ *childcare*.

(II) Local labor market conditions.

1 (III) Other factors determined by the county.

2 (iv) Effective January 1, 2013, the parent or other relative has
3 primary responsibility for personally providing care to one child
4 from birth to 23 months, inclusive. The exemption provided for
5 under this clause shall be available in addition to any other
6 exemption provided for under this subparagraph. An individual
7 may be exempt only once under this clause.

8 (B) In a family eligible for aid under this chapter due to the
9 unemployment of the principal wage earner, the exemption criteria
10 contained in subparagraph (A) shall be applied to only one parent.

11 ~~(7) A pregnant person and for whom it has been medically~~
12 ~~verified that the pregnancy impairs the pregnant person's ability~~
13 ~~to be regularly employed or participate in welfare-to-work activities~~
14 ~~or the county has determined that, at that time, participation will~~
15 ~~not readily lead to employment or that a training activity is not~~
16 ~~appropriate. If a pregnant person is unable to secure this medical~~
17 ~~verification, but is otherwise eligible for an exemption from~~
18 ~~welfare-to-work requirements under this section, including good~~
19 ~~cause for temporary illness related to the pregnancy, the pregnant~~
20 ~~person shall be exempt from participation. A recipient who is~~
21 ~~pregnant. A pregnant recipient may volunteer to participate in~~
22 ~~welfare-to-work activities.~~

23 (c) Any individual not required to participate may choose to
24 participate voluntarily under this article, and end that participation
25 at any time without loss of eligibility for aid under this chapter, if
26 the individual's status has not changed in a way that would require
27 participation.

28 (d) (1) Notwithstanding subdivision (a), a custodial parent who
29 is under 20 years of age and who has not earned a high school
30 diploma or its equivalent, and who is not exempt or whose only
31 basis for exemption is paragraph (1), (2), (5), (6), (7), or (8) of
32 subdivision (b), shall be required to participate solely for the
33 purpose of earning a high school diploma or its equivalent. During
34 the time that Article 3.5 (commencing with Section 11331) is
35 operative, this subdivision shall only apply to a custodial parent
36 who is 19 years of age.

37 (2) Section 11325.25 shall apply to a custodial parent who is
38 18 or 19 years of age and who is required to participate under this
39 article.

1 (e) Notwithstanding paragraph (1) of subdivision (d), the county
2 may determine that participation in education activities for the
3 purpose of earning a high school diploma or equivalent is
4 inappropriate for a custodial parent who is 18 or 19 years of age
5 only if that parent is reassigned pursuant to an evaluation under
6 Section 11325.25, or, at appraisal is already in an educational or
7 vocational training program that is approvable as a self-initiated
8 program as specified in Section 11325.23. If that determination is
9 made, the parent shall be allowed to continue participation in the
10 self-initiated program subject to Section 11325.23. During the time
11 that Article 3.5 (commencing with Section 11331) is operative,
12 this subdivision shall only apply to a custodial parent who is 19
13 years of age.

14 (f) A recipient shall be excused from participation for good
15 cause when the county has determined there is a condition or other
16 circumstance that temporarily prevents or significantly impairs
17 the recipient's ability to be regularly employed or to participate in
18 welfare-to-work activities. The county welfare department shall
19 review the good cause determination for its continuing
20 appropriateness in accordance with the projected length of the
21 condition, or circumstance, but not less than every three months.
22 The recipient shall cooperate with the county welfare department
23 and provide information, including written documentation, as
24 required to complete the review. Conditions that may be considered
25 good cause include, but are not limited to, the following:

26 (1) Lack of necessary supportive services.

27 (2) In accordance with Article 7.5 (commencing with Section
28 11495), the applicant or recipient is a victim of domestic violence,
29 but only if participation under this article is detrimental to or
30 unfairly penalizes that individual or their family.

31 (3) Licensed or license-exempt childcare for a child 10 years
32 of age or younger is not reasonably available during the
33 individual's hours of training or employment including commuting
34 time, or arrangements for childcare have broken down or have
35 been interrupted, or childcare is needed for a child who meets the
36 criteria of subparagraph (C) of paragraph (1) of subdivision (a) of
37 Section 11323.2, but who is not included in the assistance unit.
38 For purposes of this paragraph, "reasonable availability" means
39 childcare that is commonly available in the recipient's community
40 to a person who is not receiving aid and that is in conformity with

the requirements of Public Law 104-193. The choices of childcare shall meet either licensing requirements or the requirements of Section 11324. This good cause criterion shall include the unavailability of suitable special needs childcare for children with identified special needs, including, but not limited to, disabilities or chronic illnesses.

SEC. 14. Section 11450 of the Welfare and Institutions Code, as amended by Section 1 of Chapter 152 of the Statutes of 2020, is amended to read:

11450. (a) (1) (A) Aid shall be paid for each needy family, which shall include all eligible brothers and sisters of each eligible applicant or recipient child and the parents of the children, but shall not include unborn children, or recipients of aid under Chapter 3 (commencing with Section 12000), qualified for aid under this chapter. In determining the amount of aid paid, and notwithstanding the minimum basic standards of adequate care specified in Section 11452, the family's income, exclusive of any amounts considered exempt as income or paid pursuant to subdivision (e) or Section 11453.1, determined for the prospective semiannual period pursuant to Sections 11265.1, 11265.2, and 11265.3, and then calculated pursuant to Section 11451.5, shall be deducted from the sum specified in the following table, as adjusted for cost-of-living increases pursuant to Section 11453 and paragraph (2). In no case shall the amount of aid paid for each month exceed the sum specified in the following table, as adjusted for cost-of-living increases pursuant to Section 11453 and paragraph (2), plus any special needs, as specified in subdivisions (c), (e), and (f):

| Number of eligible needy persons in the same home | Maximum aid |
|--|----------------|
| 1..... | \$ 326 |
| 2..... | 535 |
| 3..... | 663 |
| 4..... | 788 |
| 5..... | 899 |
| 6..... | 1,010 |
| 7..... | 1,109 |

| | | |
|---|-----------------|---------|
| 1 | Number of | |
| 2 | eligible needy | |
| 3 | persons in | Maximum |
| 4 | the same home | aid |
| 5 | 8..... | 1,209 |
| 6 | 9..... | 1,306 |
| 7 | 10 or more..... | 1,403 |

8

9 (B) If, when, and during those times that the United States
 10 government increases or decreases its contributions in assistance
 11 of needy children in this state above or below the amount paid on
 12 July 1, 1972, the amounts specified in the above table shall be
 13 increased or decreased by an amount equal to that increase or
 14 decrease by the United States government, provided that no
 15 increase or decrease shall be subject to subsequent adjustment
 16 pursuant to Section 11453.

17 (2) The sums specified in paragraph (1) shall not be adjusted
 18 for cost of living for the 1990–91, 1991–92, 1992–93, 1993–94,
 19 1994–95, 1995–96, 1996–97, and 1997–98 fiscal years, and through
 20 October 31, 1998, nor shall that amount be included in the base
 21 for calculating any cost-of-living increases for any fiscal year
 22 thereafter. Elimination of the cost-of-living adjustment pursuant
 23 to this paragraph shall satisfy the requirements of former Section
 24 11453.05, and no further reduction shall be made pursuant to that
 25 section.

26 (b) (1) If the family does not include a needy child qualified
 27 for aid under this chapter, aid shall be paid to a pregnant-child who
 28 is 18 years of age or younger at any time after verification of
 29 pregnancy, *person as of the date of the application for aid*, in the
 30 amount that would otherwise be paid to one person, as specified
 31 in subdivision (a), if the pregnant-child *person* and the child, if
 32 born, would have qualified for aid under this chapter. Verification
 33 of pregnancy shall be required as a condition of eligibility for aid
 34 under this subdivision.

35 (2) ~~Notwithstanding paragraph (1), if the family does not include~~
 36 ~~a needy child qualified for aid under this chapter, aid shall be paid~~
 37 ~~to a pregnant person for the month in which the birth is anticipated~~
 38 ~~and for the six-month period immediately prior to the month in~~
 39 ~~which the birth is anticipated, in the amount that would otherwise~~
 40 ~~be paid to one person, as specified in subdivision (a), if the~~

~~pregnant person and child, if born, would have qualified for aid under this chapter. Verification of pregnancy is required as a condition of eligibility for aid under this subdivision.~~

~~(3)~~

(2) Paragraph (1) shall apply *to a pregnant person who is 18 years of age or younger* only when the Cal-Learn Program is operative.

(c) The amount of ~~forty-seven dollars (\$47)~~ *eighty-two dollars (\$82)* per month shall be paid to a pregnant person qualified for aid under subdivision (a) or (b) to meet special needs resulting from pregnancy if the pregnant person and child, if born, would have qualified for aid under this chapter. *Commencing January 1, 2023, and each year thereafter, that amount shall be adjusted annually to reflect any increases in the cost of living. The annual cost-of-living adjustment shall be based on the increase in the California Necessities Index for the year in which the adjustment becomes effective.* County welfare departments shall refer all recipients of aid under this subdivision to a local provider of the California Special Supplemental Nutrition Program for Women, Infants, and Children. If that payment to a pregnant person qualified for aid under subdivision (a) is considered income under federal law in the first five months of pregnancy, payments under this subdivision do not apply to a person eligible under subdivision (a), except for the month in which birth is anticipated and for the three-month period immediately prior to the month in which delivery is anticipated, if the pregnant person and child, if born, would have qualified for aid under this chapter.

(d) For children receiving AFDC-FC under this chapter, there shall be paid, exclusive of any amount considered exempt as income, an amount of aid each month that, if added to the child's income, is equal to the rate specified in Section 11460, 11461, 11462, ~~11462.1~~, or 11463. In addition, the child is eligible for special needs, as specified in departmental regulations.

(e) In addition to the amounts payable under subdivision (a) and former Section 11453.1, a family is entitled to receive an allowance for recurring special needs not common to a majority of recipients. These recurring special needs include, but are not limited to, special diets upon the recommendation of a physician for circumstances other than pregnancy, and unusual costs of transportation, laundry, housekeeping services, telephone, and

1 utilities. The recurring special needs allowance for each family
2 per month shall not exceed that amount resulting from multiplying
3 the sum of ten dollars (\$10) by the number of recipients in the
4 family who are eligible for assistance.

5 (f) After a family has used all available liquid resources, both
6 exempt and nonexempt, in excess of one hundred dollars (\$100),
7 with the exception of funds deposited in a restricted account
8 described in subdivision (a) of Section 11155.2, the family is also
9 entitled to receive an allowance for nonrecurring special needs.

10 (1) An allowance for nonrecurring special needs shall be granted
11 for replacement of clothing and household equipment and for
12 emergency housing needs other than those needs addressed by
13 paragraph (2). These needs shall be caused by sudden and unusual
14 circumstances beyond the control of the needy family. The
15 department shall establish the allowance for each of the
16 nonrecurring special needs items. The sum of all nonrecurring
17 special needs provided by this subdivision shall not exceed six
18 hundred dollars (\$600) per event.

19 (2) (A) (i) Homeless assistance is available to a homeless
20 family seeking shelter when the family is eligible for aid under
21 this chapter.

22 (ii) Homeless assistance for temporary shelter is also available
23 to homeless families that are apparently eligible for aid under this
24 chapter. Apparent eligibility exists when evidence presented by
25 the applicant, or that is otherwise available to the county welfare
26 department, and the information provided on the application
27 documents indicate that there would be eligibility for aid under
28 this chapter if the evidence and information were verified.
29 However, an alien applicant who does not provide verification of
30 their eligible alien status, or a person with no eligible children who
31 does not provide medical verification of their pregnancy, is not
32 apparently eligible for purposes of this section.

33 (iii) Homeless assistance for temporary shelter is also available
34 to homeless families that would be eligible for aid under this
35 chapter but for the fact that the only child or children in the family
36 are in out-of-home placement pursuant to an order of the
37 dependency court, if the family is receiving reunification services
38 and the county determines that homeless assistance is necessary
39 for reunification to occur.

(B) A family is considered homeless, for the purpose of this section, when the family lacks a fixed and regular nighttime residence, the family has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, or the family is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. A family is also considered homeless for the purpose of this section if the family has received a notice to pay rent or quit. The family shall demonstrate that the eviction is the result of a verified financial hardship as a result of extraordinary circumstances beyond their control, and not other lease or rental violations, and that the family is experiencing a financial crisis that may result in homelessness if preventive assistance is not provided.

(3) (A) (i) A nonrecurring special needs benefit of eighty-five dollars (\$85) a day shall be available to families of up to four members for the costs of temporary shelter, subject to the requirements of this paragraph. The fifth and additional members of the family shall each receive fifteen dollars (\$15) per day, up to a daily maximum of one hundred forty-five dollars (\$145). County welfare departments may increase the daily amount available for temporary shelter as necessary to secure the additional bedspace needed by the family.

(ii) This special needs benefit shall be granted or denied immediately upon the family's application for homeless assistance, and benefits shall be available for up to three working days. The county welfare department shall verify the family's homelessness within the first three working days. If the family meets the criteria of questionable homelessness established by the department, the county welfare department shall refer the family to its early fraud prevention and detection unit, if the county has such a unit, for assistance in the verification of homelessness within this period.

(iii) After homelessness has been verified, the three-day limit shall be extended for a period of time that, when added to the initial benefits provided, does not exceed a total of 16 calendar days. This extension of benefits shall be done in increments of one week, and shall be based upon searching for permanent housing, which shall be documented on a housing search form, good cause, or other circumstances defined by the department. Documentation of a housing search is required for the initial extension of benefits

beyond the three-day limit and on a weekly basis thereafter if the family is receiving temporary shelter benefits. Good cause shall include, but is not limited to, situations in which the county welfare department has determined that the family, to the extent it is capable, has made a good faith but unsuccessful effort to secure permanent housing while receiving temporary shelter benefits or that the family is homeless as a direct and primary result of a state or federally declared natural disaster.

(iv) Notwithstanding clauses (ii) and (iii), the county may waive the three-day limit and may provide benefits in increments of more than one week for a family that becomes homeless as a direct and primary result of a state or federally declared natural disaster.

(B) (i) A nonrecurring special needs benefit for permanent housing assistance is available to pay for last month's rent and security deposits if these payments are reasonable conditions of securing a residence, or to pay for up to two months of rent arrearages, if these payments are a reasonable condition of preventing eviction.

(ii) The last month's rent or monthly arrearage portion of the payment shall meet both of the following requirements:

(I) It shall not exceed 80 percent of the family's total monthly household income without the value of CalFresh benefits or special needs benefit for a family of that size.

(II) It shall only be made to families that have found permanent housing costing no more than 80 percent of the family's total monthly household income without the value of CalFresh benefits or special needs benefit for a family of that size.

(iii) However, if the county welfare department determines that a family intends to reside with individuals who will be sharing housing costs, the county welfare department shall, in appropriate circumstances, set aside the condition specified in subclause (II) of clause (ii).

(C) The nonrecurring special needs benefit for permanent housing assistance is also available to cover the standard costs of deposits for utilities that are necessary for the health and safety of the family.

(D) A payment for, or denial of, permanent housing assistance shall be issued no later than one working day from the time that a family presents evidence of the availability of permanent housing. If an applicant family provides evidence of the availability of

1 permanent housing before the county welfare department has
2 established eligibility for aid under this chapter, the county welfare
3 department shall complete the eligibility determination so that the
4 payment for, or denial of, permanent housing assistance is issued
5 within one working day from the submission of evidence of the
6 availability of permanent housing, unless the family has failed to
7 provide all of the verification necessary to establish eligibility for
8 aid under this chapter.

9 (E) (i) Except as provided in clauses ~~(ii)~~ and (ii), (iii), and (iv),
10 eligibility for the temporary shelter assistance and the permanent
11 housing assistance pursuant to this paragraph is limited to 16
12 cumulative calendar days of temporary assistance and one payment
13 of permanent assistance every 12 months. A person who applies
14 for homeless assistance benefits shall be informed that, with certain
15 exceptions, the temporary shelter benefit is limited to a maximum
16 of 16 calendar days for that 12-month period.

17 (ii) (I) A family that becomes homeless as a direct and primary
18 result of a state or federally declared natural disaster is eligible for
19 temporary and permanent homeless assistance.

20 (II) If there is a state or federally declared disaster in a county,
21 the county human services agency shall coordinate with public
22 and private disaster response organizations and agencies to identify
23 and inform recipients of their eligibility for temporary and
24 permanent homeless housing assistance available pursuant to
25 subclause (I).

26 (iii) (I) A family is eligible for temporary and permanent
27 homeless assistance if homelessness is a direct result of domestic
28 violence by a spouse, partner, or roommate; physical or mental
29 illness that is medically verified that shall not include a diagnosis
30 of alcoholism, drug addiction, or psychological stress; or the
31 uninhabitability of the former residence caused by sudden and
32 unusual circumstances beyond the control of the family, including
33 natural catastrophe, fire, or condemnation. These circumstances
34 shall be verified by a third-party governmental or private health
35 and human services agency, except that domestic violence may
36 also be verified by a sworn statement by the victim, as provided
37 under Section 11495.25. Homeless assistance payments based on
38 these specific circumstances may not be received more often than
39 once in any 12-month period. In addition, if the domestic violence
40 is verified by a sworn statement by the victim, the homeless

1 assistance payments shall be limited to two periods of not more
2 than 16 cumulative calendar days of temporary assistance and two
3 payments of permanent assistance. A county may require that a
4 recipient of homeless assistance benefits who qualifies under this
5 paragraph for a second time in a 24-month period participate in a
6 homelessness avoidance case plan as a condition of eligibility for
7 homeless assistance benefits. The county welfare department shall
8 immediately inform recipients who verify domestic violence by a
9 sworn statement of the availability of domestic violence counseling
10 and services, and refer those recipients to services upon request.

11 (iv)

12 (II) If a county requires a recipient who verifies domestic
13 violence by a sworn statement to participate in a homelessness
14 avoidance case plan pursuant to ~~clause (iii)~~, *subclause (I)*, the plan
15 shall include the provision of domestic violence services, if
16 appropriate.

17 (v)

18 (III) If a recipient seeking homeless assistance based on
19 domestic violence pursuant to ~~clause (iii)~~ *subclause (I)*, has
20 previously received homeless avoidance services based on domestic
21 violence, the county shall review whether services were offered
22 to the recipient and consider what additional services would assist
23 the recipient in leaving the domestic violence situation.

24 (iv) *A family that is eligible for temporary and permanent
25 homeless assistance, and that includes a pregnant person, shall
26 not be subject to the maximum benefit limits specified in clause
27 (i). Verification of pregnancy is required as a condition of
28 eligibility for extended aid pursuant to this clause.*

29 (vi)

30 (v) The county welfare department shall report necessary data
31 to the department through a statewide homeless assistance payment
32 indicator system, as requested by the department, regarding all
33 recipients of aid under this paragraph.

34 (F) The county welfare departments, and all other entities
35 participating in the costs of the CalWORKs program, have the
36 right in their share to any refunds resulting from payment of the
37 permanent housing. However, if an emergency requires the family
38 to move within the 12-month period specified in subparagraph
39 (E), the family shall be allowed to use any refunds received from
40 its deposits to meet the costs of moving to another residence.

1 (G) Payments to providers for temporary shelter and permanent
2 housing and utilities shall be made on behalf of families requesting
3 these payments.

4 (H) The daily amount for the temporary shelter special needs
5 benefit for homeless assistance may be increased if authorized by
6 the current year's Budget Act by specifying a different daily
7 allowance and appropriating the funds therefor.

8 (I) A payment shall not be made pursuant to this paragraph
9 unless the provider of housing is any of the following:

10 (i) A commercial establishment.

11 (ii) A shelter.

12 (iii) A person with whom, or an establishment with which, the
13 family requesting assistance has executed a valid lease, sublease,
14 or shared housing agreement.

15 (J) (i) Commencing July 1, 2018, a CalWORKs applicant who
16 provides a sworn statement of past or present domestic abuse and
17 who is fleeing their abuser is deemed to be homeless and is eligible
18 for temporary homeless assistance under clause (i) of subparagraph
19 (A) and under subparagraph (E), notwithstanding any income and
20 assets attributable to the alleged abuser.

21 (ii) The homeless assistance payments issued under this
22 subparagraph shall be granted immediately after the family's
23 application, and benefits shall be available in increments of 16
24 days of temporary shelter assistance pursuant to clause (i) of
25 subparagraph (A). The homeless assistance payments shall be
26 limited to two periods of not more than 16 cumulative calendar
27 days each of temporary assistance within a lifetime. The homeless
28 assistance payments issued under this subparagraph shall be in
29 addition to other payments for which the CalWORKs applicant,
30 if the applicant becomes a CalWORKs recipient, may later qualify
31 under this subdivision.

32 (iii) For purposes of this subparagraph, the housing search
33 documentation described in clause (iii) of subparagraph (A) shall
34 be required only upon issuance of an immediate need payment
35 pursuant to Section 11266 or the issuance of benefits for the month
36 of application.

37 (g) The department shall establish rules and regulations ensuring
38 the uniform statewide application of this section.

39 (h) The department shall notify all applicants and recipients of
40 aid through the standardized application form that these benefits

1 are available and shall provide an opportunity for recipients to
2 apply for the funds quickly and efficiently.

3 (i) The department shall work with county human services
4 agencies, the County Welfare Directors Association of California,
5 and advocates of CalWORKs recipients to gather information
6 regarding the actual costs of a nightly shelter and best practices
7 for transitioning families from a temporary shelter to a permanent
8 shelter, and to provide that information to the Legislature, to be
9 submitted annually in accordance with Section 9795 of the
10 Government Code.

11 (j) (1) Except for the purposes of Section 15200, the amounts
12 payable to recipients pursuant to Section 11453.1 shall not
13 constitute part of the payment schedule set forth in subdivision
14 (a).

15 (2) The amounts payable to recipients pursuant to Section
16 11453.1 shall not constitute income to recipients of aid under this
17 section.

18 (k) For children receiving Kin-GAP pursuant to Article 4.5
19 (commencing with Section 11360) or Article 4.7 (commencing
20 with Section 11385), there shall be paid, exclusive of any amount
21 considered exempt as income, an amount of aid each month, which,
22 when added to the child's income, is equal to the rate specified in
23 Sections 11364 and 11387.

24 (l) (1) A county shall implement the semiannual reporting
25 requirements in accordance with Chapter 501 of the Statutes of
26 2011 no later than October 1, 2013.

27 (2) Upon completion of the implementation described in
28 paragraph (1), each county shall provide a certificate to the director
29 certifying that semiannual reporting has been implemented in the
30 county.

31 (3) Upon filing the certificate described in paragraph (2), a
32 county shall comply with the semiannual reporting provisions of
33 this section.

34 (m) This section shall become operative on January 1, 2020, or
35 when the department notifies the Legislature that the Statewide
36 Automated Welfare System can perform the necessary automation
37 to implement this section, whichever date is later.

38 (n) This section shall become inoperative on July 1, 2021, or
39 on the date the department notifies the Legislature that the
40 Statewide Automated Welfare System can perform the necessary

automation to implement Section 11450, as added by Section 2 of the act that added this subdivision, whichever date is later, and is repealed on January 1 of the following year.

SEC. 15. Section 11450 of the Welfare and Institutions Code, as added by Section 2 of Chapter 152 of the Statutes of 2020, is amended to read:

11450. (a) (1) (A) Aid shall be paid for each needy family, which shall include all eligible brothers and sisters of each eligible applicant or recipient child and the parents of the children, but shall not include unborn children, or recipients of aid under Chapter 3 (commencing with Section 12000), qualified for aid under this chapter. In determining the amount of aid paid, and notwithstanding the minimum basic standards of adequate care specified in Section 11452, the family's income, exclusive of any amounts considered exempt as income or paid pursuant to subdivision (e) or Section 11453.1, determined for the prospective semiannual period pursuant to Sections 11265.1, 11265.2, and 11265.3, and then calculated pursuant to Section 11451.5, shall be deducted from the sum specified in the following table, as adjusted for cost-of-living increases pursuant to Section 11453 and paragraph (2). In no case shall the amount of aid paid for each month exceed the sum specified in the following table, as adjusted for cost-of-living increases pursuant to Section 11453 and paragraph (2), plus any special needs, as specified in subdivisions (c), (e), and (f):

| Number of eligible needy persons in the same home | Maximum aid |
|--|----------------|
| 1..... | \$ 326 |
| 2..... | 535 |
| 3..... | 663 |
| 4..... | 788 |
| 5..... | 899 |
| 6..... | 1,010 |
| 7..... | 1,109 |
| 8..... | 1,209 |
| 9..... | 1,306 |
| 10 or more..... | 1,403 |

(B) If, when, and during those times that the United States government increases or decreases its contributions in assistance of needy children in this state above or below the amount paid on July 1, 1972, the amounts specified in the above table shall be increased or decreased by an amount equal to that increase or decrease by the United States government, provided that no increase or decrease shall be subject to subsequent adjustment pursuant to Section 11453.

(2) The sums specified in paragraph (1) shall not be adjusted for cost of living for the 1990–91, 1991–92, 1992–93, 1993–94, 1994–95, 1995–96, 1996–97, and 1997–98 fiscal years, and through October 31, 1998, nor shall that amount be included in the base for calculating any cost-of-living increases for any fiscal year thereafter. Elimination of the cost-of-living adjustment pursuant to this paragraph shall satisfy the requirements of former Section 11453.05, and no further reduction shall be made pursuant to that section.

(b) (1) If the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant ~~child who is 18 years of age or younger at any time after verification of pregnancy,~~ *person as of the date of the application for aid*, in the amount that would otherwise be paid to one person, as specified in subdivision (a), if the pregnant ~~child~~ *person* and the child, if born, would have qualified for aid under this chapter. Verification of pregnancy shall be required as a condition of eligibility for aid under this subdivision.

~~(2) Notwithstanding paragraph (1), if the family does not include a needy child qualified for aid under this chapter, aid shall be paid to a pregnant person for the month in which the birth is anticipated and for the six-month period immediately prior to the month in which the birth is anticipated, in the amount that would otherwise be paid to one person, as specified in subdivision (a), if the pregnant person and child, if born, would have qualified for aid under this chapter. Verification of pregnancy is required as a condition of eligibility for aid under this subdivision.~~

~~(3)~~

(2) Paragraph (1) shall apply *to a pregnant person who is 18 years of age or younger* only when the Cal-Learn Program is operative.

1 (c) The amount of ~~forty-seven dollars (\$47)~~ *eighty-two dollars*
2 *(\$82)* per month shall be paid to a pregnant person qualified for
3 aid under subdivision (a) or (b) to meet special needs resulting
4 from pregnancy if the pregnant person and child, if born, would
5 have qualified for aid under this chapter. *Commencing January 1,*
6 *2023, and each year thereafter, that amount shall be adjusted*
7 *annually to reflect any increases in the cost of living. The annual*
8 *cost-of-living adjustment shall be based on the increase in the*
9 *California Necessities Index for the year in which the adjustment*
10 *becomes effective.* County welfare departments shall refer all
11 recipients of aid under this subdivision to a local provider of the
12 California Special Supplemental Nutrition Program for Women,
13 Infants, and Children. If that payment to a pregnant person qualified
14 for aid under subdivision (a) is considered income under federal
15 law in the first five months of pregnancy, payments under this
16 subdivision do not apply to a person eligible under subdivision
17 (a), except for the month in which birth is anticipated and for the
18 three-month period immediately prior to the month in which
19 delivery is anticipated, if the pregnant person and child, if born,
20 would have qualified for aid under this chapter.

21 (d) For children receiving AFDC-FC under this chapter, there
22 shall be paid, exclusive of any amount considered exempt as
23 income, an amount of aid each month that, if added to the child's
24 income, is equal to the rate specified in Section 11460, 11461,
25 11462, ~~11462.1~~, or 11463. In addition, the child is eligible for
26 special needs, as specified in departmental regulations.

27 (e) In addition to the amounts payable under subdivision (a)
28 and former Section 11453.1, a family is entitled to receive an
29 allowance for recurring special needs not common to a majority
30 of recipients. These recurring special needs include, but are not
31 limited to, special diets upon the recommendation of a physician
32 for circumstances other than pregnancy, and unusual costs of
33 transportation, laundry, housekeeping services, telephone, and
34 utilities. The recurring special needs allowance for each family
35 per month shall not exceed that amount resulting from multiplying
36 the sum of ten dollars (\$10) by the number of recipients in the
37 family who are eligible for assistance.

38 (f) (1) After a family has used all available liquid resources,
39 both exempt and nonexempt, in excess of one hundred dollars
40 (\$100), with the exception of funds deposited in a restricted account

1 described in subdivision (a) of Section 11155.2, the family is also
2 entitled to receive an allowance for nonrecurring special needs.
3 This paragraph does not apply to the allowance for nonrecurring
4 special needs for homeless assistance pursuant to subparagraph
5 (A) of paragraph (3).

6 (2) An allowance for nonrecurring special needs shall be granted
7 for replacement of clothing and household equipment and for
8 emergency housing needs other than those needs addressed by
9 subparagraph (A) of paragraph (3). These needs shall be caused
10 by sudden and unusual circumstances beyond the control of the
11 needy family. The department shall establish the allowance for
12 each of the nonrecurring special needs items. The sum of all
13 nonrecurring special needs provided by this subdivision shall not
14 exceed six hundred dollars (\$600) per event.

15 (3) (A) (i) An allowance for nonrecurring special needs for
16 homeless assistance is available to a homeless family seeking
17 shelter when the family is eligible for aid under this chapter.

18 (ii) Homeless assistance for temporary shelter is also available
19 to homeless families that are apparently eligible for aid under this
20 chapter. Apparent eligibility exists when evidence presented by
21 the applicant, or that is otherwise available to the county welfare
22 department, and the information provided on the application
23 documents indicate that there would be eligibility for aid under
24 this chapter if the evidence and information were verified.
25 However, an alien applicant who does not provide verification of
26 their eligible alien status, or a person with no eligible children who
27 does not provide medical verification of their pregnancy, is not
28 apparently eligible for purposes of this section.

29 (iii) Homeless assistance for temporary shelter is also available
30 to homeless families that would be eligible for aid under this
31 chapter but for the fact that the only child or children in the family
32 are in out-of-home placement pursuant to an order of the
33 dependency court, if the family is receiving reunification services
34 and the county determines that homeless assistance is necessary
35 for reunification to occur.

36 (B) A family is considered homeless, for the purpose of this
37 section, when the family lacks a fixed and regular nighttime
38 residence, the family has a primary nighttime residence that is a
39 supervised publicly or privately operated shelter designed to
40 provide temporary living accommodations, or the family is residing

1 in a public or private place not designed for, or ordinarily used as,
2 a regular sleeping accommodation for human beings. A family is
3 also considered homeless for the purpose of this section if the
4 family has received a notice to pay rent or quit.

5 (4) (A) (i) A nonrecurring special needs benefit of eighty-five
6 dollars (\$85) a day shall be available to families of up to four
7 members for the costs of temporary shelter, subject to the
8 requirements of this paragraph. The fifth and additional members
9 of the family shall each receive fifteen dollars (\$15) per day, up
10 to a daily maximum of one hundred forty-five dollars (\$145).
11 County welfare departments may increase the daily amount
12 available for temporary shelter as necessary to secure the additional
13 bedspace needed by the family.

14 (ii) This special needs benefit shall be granted or denied the
15 same day as the family's application for homeless assistance, and
16 benefits shall be available for up to three working days. Upon
17 applying for homeless assistance, the family shall provide a sworn
18 statement that the family is homeless. If the family meets the
19 criteria of questionable homelessness, which means that there is
20 reason to suspect that the family has permanent housing, the county
21 human services agency shall refer the family to its early fraud
22 prevention and detection unit, if the county has such a unit, for
23 assistance in the verification of homelessness within this period.

24 (iii) After homelessness has been verified, the three-day limit
25 shall be extended for a period of time that, when added to the initial
26 benefits provided, does not exceed a total of 16 calendar days.
27 This extension of benefits shall be done in increments of one week,
28 and shall be based upon searching for permanent housing, which
29 shall be documented on a housing search form, good cause, or
30 other circumstances defined by the department. Documentation
31 of a housing search is required for the initial extension of benefits
32 beyond the three-day limit and on a weekly basis thereafter if the
33 family is receiving temporary shelter benefits. Good cause shall
34 include, but is not limited to, situations in which the county welfare
35 department has determined that the family, to the extent it is
36 capable, has made a good faith but unsuccessful effort to secure
37 permanent housing while receiving temporary shelter benefits or
38 that the family is homeless as a direct and primary result of a state
39 or federally declared disaster.

1 (iv) Notwithstanding clauses (ii) and (iii), the county may waive
2 the three-day limit and may provide benefits in increments of more
3 than one week for a family that becomes homeless as a direct and
4 primary result of a state or federally declared disaster.

5 (B) (i) A nonrecurring special needs benefit for permanent
6 housing assistance is available to pay for last month's rent and
7 security deposits if these payments are conditions of securing a
8 residence, or to pay for up to two months of rent arrearages, if
9 these payments are a reasonable condition of preventing eviction.

10 (ii) The last month's rent or monthly arrearage portion of the
11 payment shall meet both of the following requirements:

12 (I) It shall not exceed 80 percent of the family's total monthly
13 household income without the value of CalFresh benefits or special
14 needs benefit for a family of that size.

15 (II) It shall only be made to families that have found permanent
16 housing costing no more than 80 percent of the family's total
17 monthly household income without the value of CalFresh benefits
18 or special needs benefit for a family of that size.

19 (iii) However, if the county welfare department determines that
20 a family intends to reside with individuals who will be sharing
21 housing costs, the county welfare department shall, in appropriate
22 circumstances, set aside the condition specified in subclause (II)
23 of clause (ii).

24 (C) The nonrecurring special needs benefit for permanent
25 housing assistance is also available to cover the standard costs of
26 deposits for utilities that are necessary for the health and safety of
27 the family.

28 (D) A payment for, or denial of, permanent housing assistance
29 shall be issued no later than one working day from the time that a
30 family presents evidence of the availability of permanent housing.
31 If an applicant family provides evidence of the availability of
32 permanent housing before the county welfare department has
33 established eligibility for aid under this chapter, the county welfare
34 department shall complete the eligibility determination so that the
35 payment for, or denial of, permanent housing assistance is issued
36 within one working day from the submission of evidence of the
37 availability of permanent housing, unless the family has failed to
38 provide all of the verification necessary to establish eligibility for
39 aid under this chapter.

1 (E) (i) Except as provided in clauses ~~(ii) and (ii)~~, (iii), and (iv),
2 eligibility for the temporary shelter assistance and the permanent
3 housing assistance pursuant to this paragraph is limited to the
4 number of days allowable under subparagraph (A) for temporary
5 shelter assistance and one payment of permanent housing assistance
6 every 12 months. A person who applies for homeless assistance
7 benefits shall be informed that, with certain exceptions, the
8 temporary shelter benefit is limited to the number of days allowable
9 under subparagraph (A) for the 12-month period.

10 (ii) (I) A family that becomes homeless as a direct and primary
11 result of a state or federally declared disaster is eligible for
12 homeless assistance.

13 (II) If there is a state or federally declared disaster in a county,
14 the county human services agency shall coordinate with public
15 and private disaster response organizations and agencies to identify
16 and inform recipients of their eligibility for homeless assistance
17 available pursuant to subclause (H).

18 (iii) (I) A family is eligible for homeless assistance if
19 homelessness is a direct result of domestic violence by a spouse,
20 partner, or roommate; physical or mental illness that is medically
21 verified that shall not include a diagnosis of alcoholism, drug
22 addiction, or psychological stress; or the uninhabitability of the
23 former residence caused by sudden and unusual circumstances
24 beyond the control of the family, including natural catastrophe,
25 fire, or condemnation. These circumstances shall be verified by a
26 third-party governmental or private health and human services
27 agency, except that domestic violence may also be verified by a
28 sworn statement by the victim, as provided under Section 11495.25.
29 Homeless assistance payments based on these specific
30 circumstances may not be received more often than once in any
31 12-month period. In addition, if the domestic violence is verified
32 by a sworn statement by the victim, the homeless assistance
33 payments shall be limited to two periods of not more than 16
34 cumulative calendar days of temporary shelter assistance and two
35 payments of permanent housing assistance. A county may require
36 that a recipient of homeless assistance benefits who qualifies under
37 this paragraph for a second time in a 24-month period participate
38 in a homelessness avoidance case plan as a condition of eligibility
39 for homeless assistance benefits. The county welfare department
40 shall immediately inform recipients who verify domestic violence

1 by a sworn statement of the availability of domestic violence
2 counseling and services, and refer those recipients to services upon
3 request.

4 (iv)

5 (II) If a county requires a recipient who verifies domestic
6 violence by a sworn statement to participate in a homelessness
7 avoidance case plan pursuant to ~~clause (iii)~~, *subclause (I)* the plan
8 shall include the provision of domestic violence services, if
9 appropriate.

10 (v)

11 (III) If a recipient seeking homeless assistance based on
12 domestic violence pursuant to ~~clause (iii)~~ *subclause (I)* has
13 previously received homeless avoidance services based on domestic
14 violence, the county shall review whether services were offered
15 to the recipient and consider what additional services would assist
16 the recipient in leaving the domestic violence situation.

17 (iv) *A family that is eligible for temporary and permanent*
18 *homeless assistance, and that includes a pregnant person, shall*
19 *not be subject to the maximum benefit limits specified in clause*
20 *(i). Verification of pregnancy is required as a condition of*
21 *eligibility for extended aid pursuant to this clause.*

22 (vi)

23 (v) The county welfare department shall report necessary data
24 to the department through a statewide homeless assistance payment
25 indicator system, as requested by the department, regarding all
26 recipients of aid under this paragraph.

27 (F) Payments to providers for temporary shelter and permanent
28 housing and utilities shall be made on behalf of families requesting
29 these payments.

30 (G) The daily amount for the temporary shelter special needs
31 benefit for homeless assistance may be increased if authorized by
32 the current year's Budget Act by specifying a different daily
33 allowance and appropriating the funds therefor.

34 (H) A payment shall not be made pursuant to this paragraph
35 unless the provider of housing is any of the following:

36 (i) A commercial establishment.

37 (ii) A shelter.

38 (iii) A person with whom, or an establishment with which, the
39 family requesting assistance has executed a valid lease, sublease,
40 or shared housing agreement.

1 (I) (i) Commencing July 1, 2018, a CalWORKs applicant who
2 provides a sworn statement of past or present domestic abuse and
3 who is fleeing their abuser is deemed to be homeless and is eligible
4 for temporary shelter assistance under clause (i) of subparagraph
5 (A) and under subparagraph (E), notwithstanding any income and
6 assets attributable to the alleged abuser.

7 (ii) The homeless assistance payments issued under this
8 subparagraph shall be granted the same day as the family's
9 application, and benefits shall be available in increments of 16
10 days of temporary shelter assistance pursuant to clause (i) of
11 subparagraph (A). The homeless assistance payments shall be
12 limited to two periods of not more than 16 cumulative calendar
13 days each of temporary shelter assistance within the applicant's
14 lifetime. The second 16-day period shall continue to be available
15 when the applicant becomes a CalWORKs recipient during the
16 first 16-day period. The homeless assistance payments issued under
17 this subparagraph shall be in addition to other payments for which
18 the CalWORKs applicant, if the applicant becomes a CalWORKs
19 recipient, may later qualify under this subdivision.

20 (iii) For purposes of this subparagraph, the housing search
21 documentation described in clause (iii) of subparagraph (A) shall
22 be required only upon issuance of an immediate need payment
23 pursuant to Section 11266 or the issuance of benefits for the month
24 of application.

25 (g) The department shall establish rules and regulations ensuring
26 the uniform statewide application of this section.

27 (h) The department shall notify all applicants and recipients of
28 aid through the standardized application form that these benefits
29 are available and shall provide an opportunity for recipients to
30 apply for the funds quickly and efficiently.

31 (i) The department shall work with county human services
32 agencies, the County Welfare Directors Association of California,
33 and advocates of CalWORKs recipients to gather information
34 regarding the actual costs of a nightly shelter and best practices
35 for transitioning families from a temporary shelter to permanent
36 housing, and to provide that information to the Legislature, to be
37 submitted annually in accordance with Section 9795 of the
38 Government Code.

39 (j) (1) Except for the purposes of Section 15200, the amounts
40 payable to recipients pursuant to Section 11453.1 shall not

1 constitute part of the payment schedule set forth in subdivision
2 (a).

3 (2) The amounts payable to recipients pursuant to Section
4 11453.1 shall not constitute income to recipients of aid under this
5 section.

6 (k) For children receiving Kin-GAP pursuant to Article 4.5
7 (commencing with Section 11360) or Article 4.7 (commencing
8 with Section 11385), there shall be paid, exclusive of any amount
9 considered exempt as income, an amount of aid each month, which,
10 when added to the child's income, is equal to the rate specified in
11 Sections 11364 and 11387.

12 (l) (1) A county shall implement the semiannual reporting
13 requirements in accordance with Chapter 501 of the Statutes of
14 2011 no later than October 1, 2013.

15 (2) Upon completion of the implementation described in
16 paragraph (1), each county shall provide a certificate to the director
17 certifying that semiannual reporting has been implemented in the
18 county.

19 (3) Upon filing the certificate described in paragraph (2), a
20 county shall comply with the semiannual reporting provisions of
21 this section.

22 (m) (1) Notwithstanding the rulemaking provisions of the
23 Administrative Procedure Act (Chapter 3.5 (commencing with
24 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
25 Code), the State Department of Social Services may implement
26 and administer this section by means of all-county letters or similar
27 instructions from the department until regulations are adopted.
28 These all-county letters or similar written instructions shall have
29 the same force and effect as regulations until the adoption of
30 regulations.

31 (2) The department shall adopt emergency regulations no later
32 than 18 months following the completion of all necessary
33 automation to implement this section. The department may readopt
34 any emergency regulation authorized by this section that is the
35 same as, or substantially equivalent to, an emergency regulation
36 previously adopted under this section.

37 (3) The initial adoption of emergency regulations pursuant to
38 this section and one readoption of emergency regulations shall be
39 deemed an emergency and necessary for the immediate
40 preservation of the public peace, health, safety, or general welfare.

Initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and the one readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and each shall remain in effect for no more than 180 days, by which time final regulations shall be adopted.

(n) This section shall become operative on July 1, 2021, or on the date the department notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement this section, whichever date is later.

(o) Notwithstanding subdivision (n), the individual changes imposed by the act adding this section that result in a cost shall become operative only if necessary funds are appropriated for these changes in the annual Budget Act or another statute for these purposes.

SEC. 16. Section 14005.18 of the Welfare and Institutions Code is amended to read:

14005.18. (a) (1) An individual is eligible, to the extent required by federal law, as though the individual was pregnant, for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy.

(2) (A) *An individual described in paragraph (1) is also eligible for an additional 10-month period following the 60-day postpartum period, for a total of 12 months of continuous eligibility after the end of pregnancy.*

(B) *This paragraph shall be implemented only to the extent that any necessary federal approvals have been obtained and federal financial participation is available. In the first quarter of 2022, the department shall seek any necessary federal approvals to provide for implementation of this paragraph.*

~~(2)~~

(3) For purposes of ~~paragraph (1)~~, this subdivision, “postpartum services” means those services provided after childbirth, child delivery, or miscarriage.

(b) (1) Notwithstanding subdivision (a), Section 15840, the income eligibility requirements specified in Section 15832, and the annual redetermination requirements described in Section 14005.37, a pregnant individual who is receiving health care

1 coverage under a program identified in subdivision (d) and who
2 is diagnosed with a maternal mental health condition shall remain
3 eligible for the Medi-Cal program under their current eligibility
4 category for a period of one year following the last day of the
5 individual's pregnancy if the individual complies with the
6 requirements specified in subdivision (c) and is otherwise eligible
7 for the Medi-Cal program.

8 (2) For purposes of this section, "maternal mental health
9 condition" means a mental health condition that occurs during
10 pregnancy or during the postpartum period and, includes, but is
11 not limited to, postpartum depression.

12 (c) (1) An individual, or a designee of the individual, who seeks
13 to extend Medi-Cal program coverage pursuant to this section shall
14 submit to a county eligibility worker a note from that individual's
15 treating health care provider stating that the health care provider
16 has diagnosed the individual with a maternal mental health
17 condition within 60 days following the last day of the individual's
18 pregnancy.

19 (2) Notwithstanding paragraph (1), an individual who has had
20 Medi-Cal coverage discontinued within the 60-day period
21 beginning on the last day of pregnancy, but who is diagnosed with
22 a maternal mental health condition more than 60 days following
23 the last day of pregnancy and within the time limit described in
24 subdivision (i) of Section 14005.37, may be reinstated to their
25 previous Medi-Cal eligibility pursuant to subdivision (i) of Section
26 14005.37 by submitting a note, as described in paragraph (1), from
27 the individual's treating health care provider within the timeframe
28 described in that subdivision.

29 (d) For purposes of this section, "Medi-Cal program" refers to
30 any of the following programs:

31 (1) The Medi-Cal Access Program, as described in Chapter 2
32 (commencing with Section 15810) of Part 3.3.

33 (2) The Medi-Cal program, as described in this article.

34 (3) The Perinatal Services Program, as described in Article 4.7
35 (commencing with Section 14148).

36 (e) This section does not limit the ability of a qualified individual
37 to apply for and purchase a qualified health plan in Covered
38 California pursuant to Title 22 (commencing with Section 100500)
39 of the Government Code if the qualified individual is otherwise
40 eligible for coverage pursuant to that title.

(f) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section by means of all-county letters, provider bulletins, or similar instructions, without taking regulatory action.

(g) Implementation of this section is subject to an appropriation in the annual Budget Act for these purposes.

(h) Implementation of this section is suspended on December 31, 2021, except that if the estimates of General Fund revenues and expenditures determined pursuant to Section 12.5 of Article IV of the California Constitution that accompany the May Revision required to be released by May 14, 2021, pursuant to Section 13308 of the Government Code, contain projected annual General Fund revenues that exceed projected annual General Fund expenditures in the 2021–22 fiscal year and the 2022–23 fiscal year by the sum total of General Fund money appropriated for all programs suspended pursuant to the Budget Act of 2019 and all related trailer bill legislation implementing the provisions of the Budget Act of 2019, then the suspension shall not take effect. It is the intent of the Legislature to consider alternative solutions to restore this program, should the suspension take effect.

(i) This section shall become inoperative upon the date on which paragraph (2) of subdivision (a) may be implemented, and shall be repealed on January 1 of the following year.

SEC. 17. Section 14005.18 is added to the Welfare and Institutions Code, to read:

14005.18. (a) (1) An individual is eligible, to the extent required by federal law, as though the individual was pregnant, for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy.

(2) (A) An individual described in paragraph (1) is also eligible for an additional 10-month period following the 60-day postpartum period, for a total of 12 months of continuous eligibility after the end of pregnancy.

(B) This paragraph shall be implemented only to the extent that any necessary federal approvals have been obtained and federal financial participation is available.

(b) This section shall become operative upon the date on which paragraph (2) of subdivision (a) of this section, as amended in Section 16 of the bill that added this section.

1 *SEC. 18. Section 14005.225 of the Welfare and Institutions*
2 *Code is amended to read:*

3 14005.225. (a) (1) The department shall seek any state plan
4 amendments or federal waivers necessary to provide ~~pregnant~~
5 ~~women~~ *a pregnant individual* whose income is over 109 percent
6 of, and is up to and including 138 percent of, the federal poverty
7 level as determined, counted, and valued in accordance with the
8 requirements of Section 1396a(e)(14) of Title 42 of the United
9 States Code, as added by the federal Patient Protection and
10 Affordable Care Act (Public Law 111-148) and as amended by
11 the federal Health Care and Education Reconciliation Act of 2010
12 (Public Law 111-152) and any subsequent amendments, with full
13 scope Medi-Cal benefits without a share of cost during their
14 pregnancy and ~~through the end of the calendar month in which the~~
15 ~~60th day after the end of their pregnancy falls. for a 12-month~~
16 ~~period beginning on the last day of their pregnancy.~~

17 (b) To the extent permitted by state and federal law, ~~a woman~~
18 ~~an individual~~ eligible under this section shall be required to enroll
19 in a Medi-Cal managed care health plan in those counties in which
20 a Medi-Cal managed care health plan is available.

21 (c) Notwithstanding Chapter 3.5 (commencing with Section
22 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
23 the department, without taking any further regulatory action, shall
24 implement, interpret, or make specific this section by means of
25 all-county letters, plan letters, plan or provider bulletins, or similar
26 instructions until the time regulations are adopted. The department
27 shall adopt regulations by July 1, 2017, in accordance with the
28 requirements of Chapter 3.5 (commencing with Section 11340) of
29 Part 1 of Division 3 of Title 2 of the Government Code.
30 Notwithstanding Section 10231.5 of the Government Code,
31 beginning six months after the effective date of this section, the
32 department shall provide a status report to the Legislature on a
33 semiannual basis, in compliance with Section 9795 of the
34 Government Code, until regulations have been adopted.

35 (d) This section shall be implemented only if and to the extent
36 that federal financial participation is available and any necessary
37 federal approvals have been obtained.

38 *SEC. 19. Section 14132.24 is added to the Welfare and*
39 *Institutions Code, to read:*

1 14132.24. (a) *The following definitions apply for purposes of*
2 *this section:*

3 (1) *“Community-based doula group” means a group or*
4 *collective of doulas working together that prioritizes doula access*
5 *for underserved populations. The doula care that is provided by*
6 *community-based doula groups often goes beyond basic prenatal*
7 *and postpartum care, to encompass a broader and more holistic*
8 *vision of support for the pregnant person and their family or*
9 *supporting loved ones. Many community-based doula groups draw*
10 *their membership directly from the communities that they serve.*
11 *This often allows community-based doula groups to offer culturally*
12 *congruent care, and not simply culturally appropriate care.*

13 (2) *“Core competencies” means the foundational and essential*
14 *knowledge, skills, and abilities required for doulas serving*
15 *Medi-Cal beneficiaries.*

16 (3) *“Department” means the State Department of Health Care*
17 *Services.*

18 (4) *“Doula” means a birth worker who provides health*
19 *education, advocacy, and physical, emotional, and nonmedical*
20 *support for pregnant and postpartum persons before, during, and*
21 *after childbirth, otherwise known as the perinatal period. A doula*
22 *provides support during miscarriage, stillbirth, and abortion.*

23 (5) *“Full-spectrum doula care” means prenatal and postpartum*
24 *doula care, continuous presence during labor and delivery, and*
25 *doula support during miscarriage, stillbirth, and abortion.*

26 (6) *“Perinatal period” means the period including pregnancy,*
27 *labor, delivery, and the postpartum period.*

28 (7) *“Postpartum” means the one-year period following the end*
29 *of a pregnancy.*

30 (b) (1) *The department shall establish a full-spectrum doula*
31 *care program for all pregnant and postpartum Medi-Cal*
32 *beneficiaries in California.*

33 (2) *Any Medi-Cal beneficiary who is pregnant as of July 1,*
34 *2023, shall be entitled to full-spectrum doula care. For a pregnancy*
35 *that is carried to term, a pregnant person shall be eligible for at*
36 *least four prenatal appointments, continuous support during labor*
37 *and delivery, and at least eight postpartum appointments.*

38 (3) *Doula care shall be available to any Medi-Cal beneficiary*
39 *without prior authorization or cost-sharing.*

1 (4) (A) *The department shall develop multiple payment and*
2 *billing options for doula care. The department shall ensure all of*
3 *the following:*

4 (i) *Any doula and community-based doula group providing*
5 *services to Medi-Cal beneficiaries shall be guaranteed payment*
6 *within 30 days of submitting a claim for reimbursement.*

7 (ii) *An individual doula shall be able to obtain a National*
8 *Provider Identifier number and be directly reimbursed by the*
9 *department.*

10 (iii) *A community-based doula group shall be able to obtain*
11 *reimbursement for any doula working as part of their group. If a*
12 *community-based doula group employs doulas on a salaried basis,*
13 *the department shall determine appropriate reimbursement rates*
14 *based on the salaries provided and not on a per-client or*
15 *per-service basis.*

16 (B) (i) *Payment for doulas shall include prenatal care, care*
17 *during labor and delivery, postpartum care, and additional services*
18 *that encompass a broader and more holistic vision of support for*
19 *the pregnant person and their family or supporting loved ones.*

20 (ii) *In setting reimbursement rates for doula care, the*
21 *department and Medi-Cal managed care health plans shall take*
22 *into consideration all of the following:*

23 (I) *The rate for any paid, community-based doula pilot programs*
24 *serving the Medi-Cal population in the prior five years.*

25 (II) *The cost of living in the county.*

26 (III) *The sustainable living wage, as calculated in the county.*

27 (C) *Presence at a stillbirth shall be reimbursed at the same rate*
28 *as presence at a labor and delivery resulting in a live birth.*
29 *Postpartum services shall also be covered for a stillbirth.*

30 (D) *There shall be a separate reimbursement for presence*
31 *during miscarriage or abortion.*

32 (E) *The department and Medi-Cal managed care health plans*
33 *shall separately reimburse for each prenatal and postpartum*
34 *appointment. There shall also be separate reimbursement for*
35 *administrative costs, including travel costs.*

36 (F) *The department shall make efforts to revisit the*
37 *reimbursement rate as necessary to account for inflation, cost of*
38 *living adjustments, and other factors.*

39 (G) *Pursuant to paragraph (4) of subdivision (d), a doula shall*
40 *provide documentation that they have met the core competencies*

1 *specified by the board, as described in paragraphs (1) and (2),*
2 *inclusive, of subdivision (d), to be authorized by the department*
3 *to be reimbursed under the Medi-Cal program.*

4 *(5) The department shall establish a centralized registry listing*
5 *any doula who is available to take on new clients.*

6 *(A) The registry shall align with existing Medi-Cal provider*
7 *directory requirements.*

8 *(B) The registry shall be searchable by Medi-Cal managed care*
9 *health plan, geographical area, race and ethnicity of the doula,*
10 *languages spoken by the doula, and any relevant specializations,*
11 *including adolescents, homeless, substance use disorder, or refugee*
12 *or immigrant populations.*

13 *(6) Each Medi-Cal managed care health plan in each county*
14 *shall provide information about the availability of doula care in*
15 *their materials and notices on reproductive and sexual health,*
16 *family planning, pregnancy, and prenatal care. A Medi-Cal*
17 *managed care health plan shall inform all pregnant and*
18 *postpartum enrollees at each prenatal and postpartum appointment*
19 *about the availability of doula care, the benefits of doula care,*
20 *that doula care is available in addition to other prenatal and*
21 *postpartum care, and how to obtain a doula.*

22 *(C) The information included on the registry shall be accessible*
23 *by internet website, an application on a smartphone, paper, and*
24 *telephone.*

25 *(c) (1) The department shall convene a doula advisory board*
26 *that shall decide on a list of core competencies required for doulas*
27 *who are authorized by the department to be reimbursed under the*
28 *Medi-Cal program. This board shall reconvene, as deemed*
29 *necessary by the department, at regular intervals, but no less than*
30 *once every five years.*

31 *(2) Core competencies shall include, at a minimum, a*
32 *demonstration of competency, through training or attestation of*
33 *equivalency or lived experience, in all of the following areas:*

34 *(A) Understanding of basic anatomy and physiology as related*
35 *to pregnancy, the childbearing process, the postpartum period,*
36 *breast milk feeding, and breast-feeding or chest-feeding.*

37 *(B) Capacity to employ different strategies for providing*
38 *emotional support, education, and resources during the perinatal*
39 *period.*

1 (C) Knowledge of and ability to assist families with utilizing a
2 wide variety of nonclinical labor coping strategies.

3 (D) Strategies to foster effective communication between clients,
4 their families, support services, and health care providers.

5 (E) Awareness of integrative health care systems and various
6 specialties of care that a doula can provide information for in
7 order to address client needs beyond the scope of the doula.

8 (F) Knowledge of community-based, state-funded and federally
9 funded, and clinical resources available to the client for any need
10 outside the doula's scope of practice.

11 (G) Knowledge of strategies for supporting breast-feeding or
12 chest-feeding, breast milk feeding, and lactation.

13 (3) At least two-thirds of the membership of the board shall be
14 composed of practicing doulas who are providing doula care to
15 Medi-Cal beneficiaries. At least two-thirds of the practicing doulas
16 on the board shall be from communities experiencing the highest
17 burden of birth disparities in the state, including doulas who are
18 low income, doulas of color, doulas from and working in rural
19 communities, and doulas who speak a language other than English.

20 (4) In order to be authorized by the department to be reimbursed
21 under the Medi-Cal program, a doula shall provide documentation
22 that they have met the core competencies specified by the board.
23 The board may also create alternative ways to meet the core
24 competencies, such as by providing documentation of certification
25 through another doula certification program that meets the
26 required core competencies.

27 (5) The department shall seek to work with outside entities, such
28 as foundations or nonprofits, to make trainings available at no
29 cost that meet the core competencies to people who wish to become
30 doulas who are from communities experiencing the highest-burden
31 of birth disparities in the state, including people who are low
32 income, people of color, people from and working in rural
33 communities, and people who speak a language other than English,
34 who wish to become doulas. These trainings shall be available in
35 a manner that makes them accessible to these populations.

36 SEC. 20. Section 15840 of the Welfare and Institutions Code
37 is amended to read:

38 15840. (a) At a minimum, coverage provided pursuant to this
39 chapter shall be provided to subscribers during one pregnancy,
40 and until the end of the month in which the 60th day after

1 pregnancy occurs, and to eligible children less than two years of
2 age who were born of a pregnancy covered under this program or
3 the Access for Infants and Mothers program under Part 6.3
4 (commencing with Section 12695) of Division 2 of the Insurance
5 Code to a woman enrolled in the Access for Infants and Mothers
6 program.

7 (b) (1) A subscriber described in subdivision (a) is also eligible
8 for an additional 10-month period following the 60-day postpartum
9 period, for a total of 12 months of continuous eligibility after the
10 end of pregnancy.

11 (2) This paragraph shall be implemented only to the extent that
12 any necessary federal approvals have been obtained and federal
13 financial participation is available. In the first quarter of 2022,
14 the department shall seek any necessary federal approvals to
15 provide for implementation of this paragraph.

16 (b)

17 (c) Coverage provided pursuant to this chapter shall include, at
18 a minimum, those services required to be provided by health care
19 service plans approved by the Secretary of Health and Human
20 Services as a federally qualified health care service plan pursuant
21 to Section 417.101 of Title 42 of the Code of Federal Regulations.

22 (e)

23 (d) Medically necessary prescription drugs shall be a required
24 benefit in the coverage provided pursuant to this chapter.

25 (d)

26 (e) To the extent required pursuant to Section 15818 to comply
27 with paragraph (1) of subdivision (b) of Section 30122 of the
28 Revenue and Taxation Code, health education services related to
29 tobacco use shall be a benefit in the coverage provided under this
30 chapter.

31 (e) ~~This section shall become operative on July 1, 2014.~~

32 SEC. 21. Chapter 3.5 (commencing with Section 18249) is
33 added to Part 6 of Division 9 of the Welfare and Institutions Code,
34 to read:

35
36 CHAPTER 3.5. PREGNANT AND POSTPARTUM ASSISTANCE

37
38 18249. (a) The State Department of Social Services shall
39 administer a program to provide a monthly stipend to low-income

1 *pregnant and postpartum people commencing at six months of*
2 *pregnancy and until 24 months after birth.*

3 *(b) A monthly stipend issued pursuant to this chapter is exempt*
4 *from consideration as income and assets for the purposes of*
5 *determining eligibility and benefit amount for any programs*
6 *administered and funded by the state.*

7 *SEC. 22. No appropriation made pursuant to Section 15200*
8 *of the Welfare and Institutions Code shall be made for purposes*
9 *of this act.*

10 *SEC. 23. The Legislature finds and declares that Section 2 of*
11 *this act, which adds Section 123635 of the Health and Safety Code,*
12 *imposes a limitation on the public's right of access to the meetings*
13 *of public bodies or the writings of public officials and agencies*
14 *within the meaning of Section 3 of Article I of the California*
15 *Constitution. Pursuant to that constitutional provision, the*
16 *Legislature makes the following findings to demonstrate the interest*
17 *protected by this limitation and the need for protecting that*
18 *interest:*

19 *In order to protect the confidential identity and information of*
20 *persons who are the subject of, or a part of, a maternal death*
21 *review, it is necessary to ensure that this confidential information*
22 *is protected from the public.*

23 *SEC. 24. If the Commission on State Mandates determines that*
24 *this act contains costs mandated by the state, reimbursement to*
25 *local agencies and school districts for those costs shall be made*
26 *pursuant to Part 7 (commencing with Section 17500) of Division*
27 *4 of Title 2 of the Government Code.*

28 ~~SECTION 1. Section 4440 of the Welfare and Institutions Code~~
29 ~~is amended to read:~~

30 ~~4440. The department has jurisdiction over all of the following~~
31 ~~institutions:~~

32 ~~(a) Fairview Developmental Center.~~

33 ~~(b) Porterville Developmental Center.~~

34 ~~(c) Sonoma Developmental Center.~~