

AMENDED IN SENATE APRIL 15, 2021

AMENDED IN SENATE APRIL 5, 2021

AMENDED IN SENATE MARCH 10, 2021

SENATE BILL

No. 65

Introduced by Senator Skinner
(Coauthor: Senator Rubio)
(Coauthor: Assembly Member Carrillo)

December 7, 2020

An act to add Section 123660 to, to add Article 4.7 (commencing with Section 123635) to Chapter 2 of Part 2 of Division 106 of, and to add Article 4 (commencing with Section 128295) to Chapter 4 of Part 3 of Division 107 of, the Health and Safety Code, to add Section 17141.5 to the Revenue and Taxation Code, to amend Sections 11320.3, 11450, 14005.18, and 15840 of, to add Section 14132.24 to, and to add ~~Chapter 3.5 (commencing with Section 18249) to Part 6 Article 3.8 (commencing with Section 11347) to Chapter 2 of Part 3~~ of Division 9 of, the Welfare and Institutions Code, relating to maternal care and services.

LEGISLATIVE COUNSEL'S DIGEST

SB 65, as amended, Skinner. Maternal care and services.

(1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing, and requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensure of midwives by the Medical Board of California.

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 require the Office of Statewide Health Planning and Development to contract with programs that train certified nurse-midwives and programs that train licensed midwives to increase the number of students receiving quality education and training as a certified nurse-midwife or a licensed midwife, and would require the office to contract only with programs that include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and that are organized to prepare program graduates for service in those neighborhoods and communities.

(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 department, which is to replace the California Pregnancy-Associated 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, 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 *each county to annually report infant deaths to its respective local health department. The bill would require local*

health departments to establish a Fetal and Infant Mortality Review committee to investigate infant deaths to prevent fetal and infant death under specified circumstances, and would require those 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~~ *services pursuant to a schedule of benefits*. 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~~ *would extend*, 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. The bill would require the State Department of Health Care Services to, in the first quarter of 2022, seek any necessary federal approvals and any state plan amendments, as specified, for implementation of these provisions. The bill would, upon and during the implementation of the additional 10-month period of services, suspend the implementation of 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;~~ *expand the Medi-Cal schedule of benefits to include full-spectrum doula care,* 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) Existing law establishes the CalWORKs Home Visiting Program as a voluntary program for the purpose of supporting positive health, development, and well-being outcomes for eligible pregnant and parenting people, families, and infants born into poverty. Existing law requires the State Department of Social Services to award funds to participating counties in order to provide voluntary evidence-based home visiting services to any assistance unit that meets specified requirements. Existing law provides that a voluntary participant in the program is a member of a CalWORKs assistance unit, the parent or caretaker for a child-only case, a pregnant person who has applied for CalWORKs aid, as specified, or an individual who is apparently eligible for CalWORKs aid, and requires the participant to be pregnant or a parent or caretaker relative of a child less than 24 months of age at the time of enrollment.

~~(5) The~~

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.~~

This bill would establish the California Guaranteed Income Pilot for Pregnant People and Infants (CalGIPPI) as a 3-year pilot program, to be administered by counties that choose to participate, to test the capacity of the CalWORKs program to serve as a distribution point for monthly guaranteed income payments to pregnant people and parents or relative caretakers of a child less than 24 months of age, with the goal of reducing prenatal and postnatal death and improving short- and long-term health outcomes. The bill would, subject to an appropriation in the annual Budget Act, require each participating county to issue a monthly guaranteed income payment in the amount \$1,000 to participants, and would make a person who is eligible to participate in the CalWORKs Home Visiting Program eligible to participate in CalGIPPI. The bill would require the State Department of Social Services, in collaboration with the State Department of Health Care Services, to collect, and participating counties to provide, specified data to inform an evaluation report that the department is required to provide to the Legislature 6 months after the conclusion of each year of the pilot program. The bill would require the State Department of Social Services and the State Department of Health Care Services to jointly implement, interpret, or make specific these provisions by means of all-county letter or similar instructions. The bill would make implementation of CalGIPPI subject to specified certifications from the Director of Social Services and the Director of Health Care Services.

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, *guaranteed income payment distributed under CalGIPPI*, and for taxable years beginning on or after January 1, 2022, would additionally provide that the monthly-stipend *guaranteed income payment distributed under CalGIPPI* 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.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: 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 among higher income countries. There are an estimated 700 deaths
- 5 per 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 higher income countries. Currently, the United States
- 9 is 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

1 live births compared to White infants at 5.1 deaths per 1,000 live
2 births.

3 (e) Prematurity is a leading cause of infant mortality and has
4 been linked to lifelong conditions, such as behavioral development
5 issues, learning difficulties, and chronic disease.

6 (f) Racism and racial bias in health care contribute to both the
7 national maternal mortality and morbidity crisis and infant
8 mortality and morbidity, in particular for pregnant and postpartum
9 people and infants who are Black or Native American.

10 (g) A study looking at over 32 millions births in the United
11 States found that cisgender women of color, especially Black
12 cisgender women, were more likely to experience additional
13 negative birth outcomes from exposure to the effects of climate
14 change, including increased temperature and air pollution from
15 fires, which lead to increases in still birth and low birth weight,
16 respectively.

17 (h) In the United States, transgender individuals represent an
18 estimated 0.6 percent of the population. However, there is little
19 research on the pregnancy outcomes in this community. In one
20 very small study, the findings suggested that transgender persons
21 are at more risk for depression during and after pregnancy.

22 (i) California has made great progress in the last decade to
23 improve maternity care, and now boasts the lowest maternal
24 mortality rate in the country. However, the improvements in
25 maternal mortality have not come with a corresponding
26 improvement in the racial disparities in maternal health. Black and
27 Native American pregnant and postpartum people in California
28 continue to die at higher rates than non-Hispanic White pregnant
29 and postpartum people.

30 (j) California is failing pregnant and postpartum people,
31 especially those in some of the ~~state's~~ *state's* most vulnerable and
32 marginalized communities. Pregnant and postpartum people in
33 California report discrimination and bias in care based on their
34 race, gender, and language. This leads to fear and distrust of the
35 institutionalized maternal health care system, particularly by people
36 of color.

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

39 (l) Senate Bill 104 of the ~~2019-20~~ *2019-20* Regular Session
40 extended Medi-Cal eligibility to one year postpartum for a pregnant

1 person on Medi-Cal diagnosed with a mental health condition.
2 However, it is clear that all Medi-Cal enrollees could benefit from
3 the same extension of Medi-Cal eligibility at the conclusion of
4 their pregnancies.

5 (m) One of the essential goals of the State Department of Public
6 Health is to reduce health and mental health disparities among
7 vulnerable and underserved communities to achieve health equity
8 throughout California. This essential goal should extend to health
9 equity for birthing people and babies.

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

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

18
19 Article 4.7. California Pregnancy-Associated Review
20 Committee
21

22 123635. For the purposes of this section, the following terms
23 apply:

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

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

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

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

39 123636. (a) The California Pregnancy-Associated Review
40 Committee is hereby established under the State Department of

1 Public Health to continuously engage in the comprehensive,
2 regular, and uniform review and reporting of maternal deaths
3 throughout the state. The department, in collaboration with the
4 designated state perinatal quality collaborative, shall oversee the
5 committee. The committee may incorporate the membership of
6 the California Pregnancy-Associated Mortality Review Committee,
7 as it existed on December 31, 2021.

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

10 (1) Identifying and reviewing all pregnancy-related deaths,
11 including the cause, contributing factors, and disseminating
12 findings.

13 (2) Analyzing common indicators of severe maternal morbidity
14 to identify prevention opportunities and reduce near-miss
15 experiences.

16 (3) Making recommendations on best practices to prevent
17 maternal mortality and morbidity, including, but not limited to,
18 addressing socioeconomic impacts, as well as various
19 environmental impacts, including global warming, on pregnancy
20 outcomes.

21 (4) Investigating racial disparities and making recommendations
22 on the prevention of racial disparities.

23 (5) Investigating disparities experienced by lesbian, transgender,
24 and gender-nonconforming individuals and reporting findings.

25 (6) Collecting and reviewing data from maternal death
26 investigations and making recommendations about how to improve
27 or streamline data collection and investigatory processes.

28 (c) In addition to reviewing medical records, death certificates,
29 and other pertinent reports, committee investigations of maternal
30 deaths shall include, to the degree practicable, both of the
31 following:

32 (1) Voluntary interviews with pertinent surviving family
33 members or support people present with direct knowledge of, or
34 involvement in, the event, including the patient in cases of severe
35 maternal morbidity. The committee shall transcribe or summarize
36 in writing any oral statements received pursuant to this paragraph.

37 (2) Voluntary interviews with members of the medical team
38 who were present or involved in the deceased individual's direct
39 care.

1 (d) The committee shall publish its findings to the public every
2 three years as part of the publication of data on severe maternal
3 morbidity, as required pursuant to Section 123630.4. The
4 committee's findings shall also include recommendations on how
5 to prevent severe maternal morbidity and maternal mortality and
6 how to reduce racial disparities.

7 (e) (1) The committee shall be composed of a minimum of nine
8 members. The members shall be comprised of multidisciplinary
9 personnel in the field of maternal mortality and morbidity, data
10 analysis in maternal health, ~~women's~~ *women's* health, clinicians
11 in maternal health, and representatives from various public health
12 entities, and shall include all of the following:

13 (A) At least one obstetrician.

14 (B) At least one certified nurse-midwife.

15 (C) At least one certified professional midwife.

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

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

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

23 (G) At least one doula.

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

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

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

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

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

35 (2) The committee shall prioritize for membership members
36 who are representative of the diversity and geographic locations
37 of the pregnant people in populations with disproportionately high
38 occurrences of maternal mortality and morbidity.

39 (3) The State Public Health Officer shall appoint a maternal
40 mortality expert to be a member of the committee as the chair of

1 the committee. The chair shall appoint the other members of the
2 committee in accordance with the criteria specified in paragraph
3 (1).

4 (4) The committee may create subcommittees, as needed, to
5 carry out its duties.

6 (f) The committee may request from any state department,
7 division, commission, local health department, or other agency of
8 the state or political subdivision thereof, or any public authority,
9 as well as hospitals, birthing facilities, medical examiners, coroners,
10 coroner physicians, and any other facility or individual providing
11 services associated with maternal mortality, and those individuals
12 and entities shall provide information, including, but not limited
13 to, death records, medical records, autopsy reports, toxicology
14 reports, hospital discharge records, birth records, and any other
15 information that will help the committee to properly carry out its
16 functions, powers, and duties.

17 (g) Except as otherwise provided by this article, all proceedings
18 and activities of the committee, all opinions of the members of the
19 committee that are formed as a result of the committee's
20 proceedings and activities, and all records obtained, created, or
21 maintained by the committee, including written reports and records
22 of interviews or oral statements, shall be confidential, and shall
23 not be subject to public inspection, discovery, subpoena, or
24 introduction into evidence in any civil, criminal, legislative, or
25 other proceeding.

26 (h) In no case shall the committee disclose any personally
27 identifiable information to the public, or include any personally
28 identifiable information in a case summary that is prepared
29 pursuant to this article, or in any report that is prepared.

30 (i) Members of the committee shall not be questioned in any
31 civil, criminal, legislative, or other proceeding regarding
32 information that has been presented in, or opinions that have been
33 formed as a result of, a meeting or communication of the
34 committee. However, nothing in this paragraph shall prohibit a
35 committee member from being questioned, or from testifying, in
36 relation to publicly available information or information that was
37 obtained independently of the member's participation on the
38 committee, or as an expert witness in maternal death cases
39 unrelated to their case review as a member of the committee.

(j) This section does not prohibit the committee from publishing, or from otherwise making available for public inspection, statistical compilations or reports that are based on confidential information, provided that those compilations and reports do not contain personally identifying information or other information that could be used to ultimately identify the individuals concerned, and shall utilize standard public health reporting practices for accurate dissemination of these data elements, especially in regard to the reporting of small numbers so as to inadvertently risk a breach of confidentiality or other disclosure.

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

123660. (a) *Each county shall annually report infant deaths to the local health department. A local health department shall establish a Fetal and Infant Mortality Review committee to investigate infant deaths to prevent fetal and infant death if both of the following apply with respect to the county:*

(1) *The county has five or more infant deaths in a single year.*

(2) *The county has a death rate that is higher than the state's death rate for two consecutive years.*

~~(a) A local public health agency that~~

(b) *A local public health department that participates in the Fetal and Infant Mortality Review process established by the department shall do all of the following:*

(1) *Annually investigate, track, and review a minimum amount of 20 percent of the county's cases of term infants who were born following labor with the outcome of intrapartum stillbirth, early neonatal death, or postneonatal death, focusing on demographic groups that are disproportionately impacted by infant death. A county that has less than five deaths in a year shall investigate at least one death.* For purposes of this section, "term infants" means infants who are at 36 weeks or more of gestation.

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

(3) *Conduct interviews with individuals who have experienced child loss or surviving family members of maternal or infant death who have knowledge of the event. The interview shall include questions to determine if the pregnant person had concerns about*

1 perinatal care during any point in their pregnancy or postpartum
2 care, whether there were disagreements about care offered and
3 received, and whether the pregnant person had asked for certain
4 care that was denied or not received.

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

7 (5) Offer grief counseling to surviving family members.

8 ~~(b)~~

9 (c) Counties, hospitals, birthing centers, and state entities shall
10 provide to local ~~public health agencies~~ *health departments* death
11 records, medical records, autopsy reports, toxicology reports,
12 hospital discharge records, birth records, and any other information
13 that will help the local ~~public health agency~~ *health department*
14 conduct the fetal and infant mortality review within 30 days of a
15 request made in writing by a local ~~public health agency~~ *health*
16 *department*.

17 SEC. 4. Article 4 (commencing with Section 128295) is added
18 to Chapter 4 of Part 3 of Division 107 of the Health and Safety
19 Code, to read:

20
21 Article 4. Midwifery Workforce Training Act
22

23 128295. This article shall be known, and may be cited, as the
24 Midwifery Workforce Training Act.

25 128296. The Legislature finds and declares that maternity care
26 providers are in short supply and maldistributed around the state,
27 resulting in what the March of Dimes defines as “maternity care
28 deserts” and “limited-access maternity care areas.” Many major
29 counties are on track to have a critical shortage of maternity care
30 providers by 2025. Maternity care is often the very first primary
31 health care interaction, and the most common primary care
32 interaction over the life of a woman and birthing person’s
33 reproductive lifespan. Black and Native American individuals and
34 other people of color in particular have significant difficulty in
35 accessing maternity care and family planning services. Black
36 women die from pregnancy-related causes at a rate of three to four
37 times that of White women. Black infants are more than twice as
38 likely to die in their first year as White infants. Access to quality
39 care and resultant outcomes are intricately linked. Racial disparities
40 in outcomes, especially, are connected in part to quality of and

1 ability to access maternity care, especially by care providers whose
2 care models elevate patient-centered, holistic, and culturally
3 sensitive care. This kind of care is the hallmark of the midwifery
4 model.

5 128297. For purposes of this article, the following definitions
6 apply:

7 (a) “Certified nurse-midwife” means an advanced practice nurse
8 with training in midwifery, as specified in, and a certificate issued
9 pursuant to, Article 2.5 (commencing with Section 2746) of
10 Chapter 6 of Division 2 of the Business and Professions Code.

11 (b) “Licensed midwife” means an individual who has been
12 issued a license to practice midwifery pursuant to Article 24
13 (commencing with Section 2505) of Chapter 5 of Division 2 of
14 the Business and Professions Code.

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

20 (d) “Programs that train licensed midwives” means a midwifery
21 education program operated by a California school of midwifery,
22 and accredited by the Midwifery Education Accreditation Council
23 (MEAC), or approved by the Bureau for Private and Postsecondary
24 Education, or approved by the state licensing and regulatory board
25 for licensed midwives.

26 128298. (a) It is the intent of the Legislature to provide for a
27 program designed primarily to increase the number of students
28 receiving quality education and training as a certified
29 nurse-midwife or a licensed midwife to maximize the delivery of
30 reproductive services to specific areas of California where there
31 is a recognized unmet priority need.

32 (b) (1) The Office of Statewide Health Planning and
33 Development shall establish a program to contract with programs
34 that train certified nurse-midwives and programs that train licensed
35 midwives to increase the number of students receiving quality
36 education and training as a certified nurse-midwife or a licensed
37 midwife.

38 (2) The office shall only contract with programs that train
39 certified nurse-midwives and programs that train licensed midwives
40 that, at minimum, include a component of training designed for

1 medically underserved multicultural communities, lower
2 socioeconomic neighborhoods, or rural communities, and that are
3 organized to prepare program graduates for service in those
4 neighborhoods and communities.

5 (3) The office shall adopt standards and regulations necessary
6 to carry out this article. In adopting standards for programs that
7 train certified nurse-midwives and programs that train licensed
8 midwives that the office contracts with, the office may accept those
9 standards established by the programs' respective licensing and
10 regulatory bodies.

11 (4) The office may pay contracted programs that train certified
12 nurse-midwives and programs that train licensed midwives in an
13 amount calculated based on a single per-student capitation formula,
14 or through another method, in order to cover innovative special
15 program costs.

16 (c) Funds appropriated to the office for purposes of this article
17 may be used to develop new programs, expand existing programs,
18 or support current programs.

19 SEC. 5. Section 17141.5 is added to the Revenue and Taxation
20 Code, to read:

21 17141.5. (a) For taxable years beginning on or after January
22 1, 2022, gross income does not include monetary benefits provided
23 ~~to pregnant and postpartum people pursuant to Chapter 3.5~~
24 ~~(commencing with Section 18249) of Part 6 Article 3.8~~
25 ~~(commencing with Section 11347) of Chapter 2 of Part 3 of~~
26 Division 9 of the Welfare and Institutions Code.

27 (b) For taxable years beginning on or after January 1, 2022,
28 monetary benefits provided ~~to pregnant and postpartum people~~
29 ~~pursuant to Chapter 3.5 (commencing with Section 18249) of Part~~
30 ~~6 Article 3.8 (commencing with Section 11347) of Chapter 2 of~~
31 Part 3 of Division 9 of the Welfare and Institutions Code shall not
32 be considered earned income for purposes of eligibility for the
33 California Earned Income Tax Credit pursuant to Section 17052.

34 SEC. 6. Section 11320.3 of the Welfare and Institutions Code
35 is amended to read:

36 11320.3. (a) (1) Except as provided in subdivision (b) or if
37 otherwise exempt, every individual, as a condition of eligibility
38 for aid under this chapter, shall participate in welfare-to-work
39 activities under this article.

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

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

(1) An individual under 16 years of age.

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

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

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

(D) For purposes of subparagraph (C), a person shall be deemed to be planning to enroll in a postsecondary education, vocational, or technical school training program if the person or the person's parent, acting on the person's behalf, submits a written statement expressing the person's intent to enroll in such a program for the following term. The exemption from participation shall not continue beyond the beginning of the term, unless verification of 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

1 placement in foster care, and the county determines that the
2 caretaking responsibilities are beyond those considered normal
3 day-to-day parenting responsibilities such that they impair the
4 caretaker relative's ability to be regularly employed or to participate
5 in welfare-to-work activities.

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

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

13 (A) (i) The parent or other relative has primary responsibility
14 for personally providing care to a child six months of age or under,
15 except that, on a case-by-case basis, and based on criteria
16 developed by the county, this period may be reduced to the first
17 12 weeks after the birth or adoption of the child, or increased to
18 the first 12 months after the birth or adoption of the child. An
19 individual may be exempt only once under this clause.

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

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

27 (I) The availability of childcare.

28 (II) Local labor market conditions.

29 (III) Other factors determined by the county.

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

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

39 (7) A recipient who is pregnant. A pregnant recipient may
40 volunteer to participate in welfare-to-work activities.

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

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

15 (2) Section 11325.25 shall apply to a custodial parent who is
16 18 or 19 years of age and who is required to participate under this
17 article.

18 (e) Notwithstanding paragraph (1) of subdivision (d), the county
19 may determine that participation in education activities for the
20 purpose of earning a high school diploma or equivalent is
21 inappropriate for a custodial parent who is 18 or 19 years of age
22 only if that parent is reassigned pursuant to an evaluation under
23 Section 11325.25, or, at appraisal is already in an educational or
24 vocational training program that is approvable as a self-initiated
25 program as specified in Section 11325.23. If that determination is
26 made, the parent shall be allowed to continue participation in the
27 self-initiated program subject to Section 11325.23. During the time
28 that Article 3.5 (commencing with Section 11331) is operative,
29 this subdivision shall only apply to a custodial parent who is 19
30 years of age.

31 (f) A recipient shall be excused from participation for good
32 cause when the county has determined there is a condition or other
33 circumstance that temporarily prevents or significantly impairs
34 the recipient's ability to be regularly employed or to participate in
35 welfare-to-work activities. The county welfare department shall
36 review the good cause determination for its continuing
37 appropriateness in accordance with the projected length of the
38 condition, or circumstance, but not less than every three months.
39 The recipient shall cooperate with the county welfare department
40 and provide information, including written documentation, as

1 required to complete the review. Conditions that may be considered
2 good cause include, but are not limited to, the following:

3 (1) Lack of necessary supportive services.

4 (2) In accordance with Article 7.5 (commencing with Section
5 11495), the applicant or recipient is a victim of domestic violence,
6 but only if participation under this article is detrimental to or
7 unfairly penalizes that individual or their family.

8 (3) Licensed or license-exempt childcare for a child 10 years
9 of age or younger is not reasonably available during the
10 individual's hours of training or employment including commuting
11 time, or arrangements for childcare have broken down or have
12 been interrupted, or childcare is needed for a child who meets the
13 criteria of subparagraph (C) of paragraph (1) of subdivision (a) of
14 Section 11323.2, but who is not included in the assistance unit.
15 For purposes of this paragraph, "reasonable availability" means
16 childcare that is commonly available in the recipient's community
17 to a person who is not receiving aid and that is in conformity with
18 the requirements of Public Law 104-193. The choices of childcare
19 shall meet either licensing requirements or the requirements of
20 Section 11324. This good cause criterion shall include the
21 unavailability of suitable special needs childcare for children with
22 identified special needs, including, but not limited to, disabilities
23 or chronic illnesses.

24 *SEC. 7. Article 3.8 (commencing with Section 11347) is added*
25 *to Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions*
26 *Code, to read:*

27
28 *Article 3.8. California Guaranteed Income Pilot for Pregnant*
29 *People and Infants (CalGIPPI)*
30

31 *11347. (a) (1) The California Guaranteed Income Pilot for*
32 *Pregnant People and Infants (CalGIPPI) is hereby established*
33 *as a three-year pilot program to test the capacity of the CalWORKs*
34 *program to serve as a distribution point for monthly guaranteed*
35 *income payments to pregnant people and parents or relative*
36 *caretakers of a child less than 24 months of age, with the goal of*
37 *reducing prenatal and postnatal death and improving short- and*
38 *long-term health outcomes. CalGIPPI shall be a three-year pilot*
39 *program commencing from the start date of the distribution of the*
40 *monthly guaranteed income payments.*

1 (2) *Nothing in this section shall prevent the monthly guaranteed*
2 *income payment issued pursuant to this article from being a tax*
3 *credit if established under the Revenue and Taxation Code.*

4 (b) *CalGIPPPI shall be administered by counties, and*
5 *participation in CalGIPPPI is optional for counties. A participating*
6 *county shall agree to any terms specified in this article or in any*
7 *all-county letter or similar instruction issued pursuant to Section*
8 *11347.2.*

9 (c) (1) *Subject to an appropriation in the annual Budget Act*
10 *for this purpose, each participating county shall issue a monthly*
11 *guaranteed income payment in the amount of one thousand dollars*
12 *(\$1,000) to participants through the electronic benefit transfer*
13 *system created pursuant to Section 10072.*

14 (2) *To the extent permitted by federal law, the guaranteed*
15 *income payment received pursuant to this article shall not be*
16 *considered as income for the purposes of determining eligibility*
17 *and benefit amount for any means-tested program, including, but*
18 *not limited to, CalWORKs, the CalFresh program, General*
19 *Assistance, and the Medi-Cal program.*

20 (d) (1) *A person may be eligible to participate in CalGIPPPI*
21 *if they meet the standards of eligibility for the CalWORKs Home*
22 *Visiting Program, established pursuant to Article 3.4 (commencing*
23 *with Section 11330.6).*

24 (2) *A participant shall be enrolled in the first six months of*
25 *CalGIPPPI in order to ensure that the program is able to capture*
26 *the full impact of the guaranteed income payment on the full range*
27 *of prenatal and postnatal conditions and outcomes, and shall agree*
28 *to stay enrolled throughout the three-year term of CalGIPPPI,*
29 *despite changes in income, circumstances, and eligibility for*
30 *CalWORKs benefits. The State Department of Social Services and*
31 *the State Department of Health Care Services shall establish the*
32 *enrollment months.*

33 (3) *Each participating county may establish target population*
34 *priorities, consistent with any guidance provided in an all-county*
35 *letter or similar instruction issued pursuant to Section 11347.2.,*
36 *provided that the established target population priorities do not*
37 *undermine the research purpose of CalGIPPPI or violate the rights*
38 *of any participant.*

39 11347.1. (a) *For the purpose of implementing this article, the*
40 *State Department of Social Services shall form and consult with*

1 a stakeholder workgroup, which shall include, but not be limited
2 to, legislative staff, representatives of counties and county human
3 services agencies, CalWORKs eligibility workers, researchers
4 with experience in guaranteed income pilots or reducing prenatal
5 mortality or postpartum health, current or former CalWORKs
6 clients, advocates for clients, First 5 representatives, the State
7 Department of Health Care Services, the State Department of
8 Public Health, and home visiting program administrators. The
9 workgroup shall be maintained throughout the entirety of the
10 three-year term of CalGIPPPI and the entire period of time
11 necessary to finalize the report to be submitted to the Legislature
12 pursuant to subdivision (d).

13 (b) The State Department of Social Services shall convene a
14 meeting twice annually commencing upon the implementation of
15 CalGIPPPI whereby participating counties shall meet to share
16 challenges, lessons learned, and best practices for issuing the
17 monthly guaranteed income payment, and unintended impacts on
18 the administration of other safety net programs. These meetings
19 shall be open to any stakeholder described in subdivision (a).

20 (c) The State Department of Social Services, in collaboration
21 with the State Department of Health Care Services, shall collect,
22 and participating counties shall provide, data necessary to
23 administer CalGIPPPI and data related to the outcomes of
24 participants and infants, including by race, ethnicity, national
25 origin, primary and secondary language, and county. The data
26 shall include pregnancy outcomes and health outcomes for the
27 pregnant people, parents, relative caretakers, and infants served
28 under CalGIPPPI, and these data components shall be identified
29 in consultation with the stakeholder workgroup described in
30 subdivision (a). All state, county, and other participating
31 organizations shall protect the personal information of individuals
32 and families collected or maintained against loss, unauthorized
33 access, and illegal use or disclosure, consistent with applicable
34 state and federal laws.

35 (d) (1) The State Department of Social Services shall work with
36 at least one independent, research-based institution to identify
37 existing, and establish additional, outcome measurements. The
38 Legislature shall be consulted as part of the outcomes measurement
39 development process. These measurements shall inform an
40 evaluation report that shall be provided to the Legislature six

months after the conclusion of each year of the pilot program. The evaluation shall include outcomes for the pregnant people, parents, relative caretakers, and infants served under CalGIPPPI, models utilized, and measures specific to the objectives of CalGIPPPI. Notwithstanding any other law, the department may accept and expend funds from nongovernment sources for the evaluation, for a longitudinal study of CalGIPPPI that is in addition to the evaluation, or for both. The report shall include, but not be limited to, all of the following information, with respect to the period of evaluation:

(A) Starting income of the participant before receiving monthly guaranteed income payments under CalGIPPPI.

(B) Geographic indicators, including county of residence, city, and zip code.

(C) Rate of maternal mortality and morbidity amongst participants.

(D) Rate of infant mortality and morbidity amongst those being cared for by participants.

(E) Number of participants who experienced traumatic birthing experiences, as reported by the participants.

(F) Number of infants who had failure to thrive or failed to meet other developmental thresholds while participating in CalGIPPPI.

(G) Child welfare referrals and outcomes.

(H) Additional descriptive and outcome indicators, as appropriate.

(2) A report to be submitted pursuant to paragraph (1) shall be submitted in compliance with Section 9795 of the Government Code.

11347.2. Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the State Department of Social Services and the State Department of Health Care Services shall jointly implement, interpret, or make specific this article by means of all-county letter or similar instructions, without taking any regulatory action.

11347.3. Implementation of CalGIPPPI shall be subject to both of the following:

(a) The Director of Social Services and the Director of Health Care Services certifying to the Legislature that federal law and guidance authorizes the state to exempt the monthly guaranteed

1 *income payments under CalGIPPI from being considered as*
 2 *income for the purposes of determining eligibility and benefit*
 3 *amount for federally funded means-tested programs administered*
 4 *under the State Department of Social Services or the State*
 5 *Department of Health Care Services, respectively.*

6 *(b) If the monthly guaranteed income issued pursuant to this*
 7 *article is deemed to be a tax credit, the Director of Social Services*
 8 *and the Director of Health Care Services certifying to the*
 9 *Legislature that they have received any additional required*
 10 *authority from the Franchise Tax Board.*

11 ~~SEC. 7.~~

12 ~~SEC. 8.~~ Section 11450 of the Welfare and Institutions Code,
 13 as amended by Section 1 of Chapter 152 of the Statutes of 2020,
 14 is amended to read:

15 11450. (a) (1) (A) Aid shall be paid for each needy family,
 16 which shall include all eligible brothers and sisters of each eligible
 17 applicant or recipient child and the parents of the children, but
 18 shall not include unborn children, or recipients of aid under Chapter
 19 3 (commencing with Section 12000), qualified for aid under this
 20 chapter. In determining the amount of aid paid, and notwithstanding
 21 the minimum basic standards of adequate care specified in Section
 22 11452, the family's income, exclusive of any amounts considered
 23 exempt as income or paid pursuant to subdivision (e) or Section
 24 11453.1, determined for the prospective semiannual period
 25 pursuant to Sections 11265.1, 11265.2, and 11265.3, and then
 26 calculated pursuant to Section 11451.5, shall be deducted from
 27 the sum specified in the following table, as adjusted for
 28 cost-of-living increases pursuant to Section 11453 and paragraph
 29 (2). In no case shall the amount of aid paid for each month exceed
 30 the sum specified in the following table, as adjusted for
 31 cost-of-living increases pursuant to Section 11453 and paragraph
 32 (2), plus any special needs, as specified in subdivisions (c), (e),
 33 and (f):

35	Number of	
36	eligible needy	
37	persons in	Maximum
38	the same home	aid
39	1.....	\$ 326
40	2.....	535

Number of eligible needy persons in the same home	Maximum aid
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 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 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) 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 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, 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 utilities. The recurring special needs allowance for each family per month shall not exceed that amount resulting from multiplying the sum of ten dollars (\$10) by the number of recipients in the family who are eligible for assistance.

(f) After a family has used all available liquid resources, both exempt and nonexempt, in excess of one hundred dollars (\$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 (1) An allowance for nonrecurring special needs shall be granted
4 for replacement of clothing and household equipment and for
5 emergency housing needs other than those needs addressed by
6 paragraph (2). These needs shall be caused by sudden and unusual
7 circumstances beyond the control of the needy family. The
8 department shall establish the allowance for each of the
9 nonrecurring special needs items. The sum of all nonrecurring
10 special needs provided by this subdivision shall not exceed six
11 hundred dollars (\$600) per event.

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

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

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

33 (B) A family is considered homeless, for the purpose of this
34 section, when the family lacks a fixed and regular nighttime
35 residence, the family has a primary nighttime residence that is a
36 supervised publicly or privately operated shelter designed to
37 provide temporary living accommodations, or the family is residing
38 in a public or private place not designed for, or ordinarily used as,
39 a regular sleeping accommodation for human beings. A family is
40 also considered homeless for the purpose of this section if the

1 family has received a notice to pay rent or quit. The family shall
2 demonstrate that the eviction is the result of a verified financial
3 hardship as a result of extraordinary circumstances beyond their
4 control, and not other lease or rental violations, and that the family
5 is experiencing a financial crisis that may result in homelessness
6 if preventive assistance is not provided.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (III) If a recipient seeking homeless assistance based on
8 domestic violence pursuant to subclause (I), has previously
9 received homeless avoidance services based on domestic violence,
10 the county shall review whether services were offered to the
11 recipient and consider what additional services would assist the
12 recipient in leaving the domestic violence situation.

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

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

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

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

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

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

38 (i) A commercial establishment.

39 (ii) A shelter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(n) This section shall become inoperative 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 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. 8.~~

SEC. 9. 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 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 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) 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 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, 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 utilities. The recurring special needs allowance for each family per month shall not exceed that amount resulting from multiplying the sum of ten dollars (\$10) by the number of recipients in the family who are eligible for assistance.

(f) (1) After a family has used all available liquid resources, both exempt and nonexempt, in excess of one hundred dollars (\$100), with the exception of funds deposited in a restricted account described in subdivision (a) of Section 11155.2, the family is also entitled to receive an allowance for nonrecurring special needs. This paragraph does not apply to the allowance for nonrecurring special needs for homeless assistance pursuant to subparagraph (A) of paragraph (3).

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

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

(ii) Homeless assistance for temporary shelter is also available to homeless families that are apparently eligible for aid under this chapter. Apparent eligibility exists when evidence presented by

the applicant, or that is otherwise available to the county welfare department, and the information provided on the application documents indicate that there would be eligibility for aid under this chapter if the evidence and information were verified. However, an alien applicant who does not provide verification of their eligible alien status, or a person with no eligible children who does not provide medical verification of their pregnancy, is not apparently eligible for purposes of this section.

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

(4) (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 the same day as the family's application for homeless assistance, and benefits shall be available for up to three working days. Upon applying for homeless assistance, the family shall provide a sworn statement that the family is homeless. If the family meets the criteria of questionable homelessness, which means that there is reason to suspect that the family has permanent housing, the county

1 human services agency shall refer the family to its early fraud
2 prevention and detection unit, if the county has such a unit, for
3 assistance in the verification of homelessness within this period.

4 (iii) After homelessness has been verified, the three-day limit
5 shall be extended for a period of time that, when added to the initial
6 benefits provided, does not exceed a total of 16 calendar days.

7 This extension of benefits shall be done in increments of one week,
8 and shall be based upon searching for permanent housing, which
9 shall be documented on a housing search form, good cause, or
10 other circumstances defined by the department. Documentation
11 of a housing search is required for the initial extension of benefits
12 beyond the three-day limit and on a weekly basis thereafter if the
13 family is receiving temporary shelter benefits. Good cause shall
14 include, but is not limited to, situations in which the county welfare
15 department has determined that the family, to the extent it is
16 capable, has made a good faith but unsuccessful effort to secure
17 permanent housing while receiving temporary shelter benefits or
18 that the family is homeless as a direct and primary result of a state
19 or federally declared disaster.

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

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

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

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

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

38 (iii) However, if the county welfare department determines that
39 a family intends to reside with individuals who will be sharing
40 housing costs, the county welfare department shall, in appropriate

1 circumstances, set aside the condition specified in subclause (II)
2 of clause (ii).

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

7 (D) A payment for, or denial of, permanent housing assistance
8 shall be issued no later than one working day from the time that a
9 family presents evidence of the availability of permanent housing.
10 If an applicant family provides evidence of the availability of
11 permanent housing before the county welfare department has
12 established eligibility for aid under this chapter, the county welfare
13 department shall complete the eligibility determination so that the
14 payment for, or denial of, permanent housing assistance is issued
15 within one working day from the submission of evidence of the
16 availability of permanent housing, unless the family has failed to
17 provide all of the verification necessary to establish eligibility for
18 aid under this chapter.

19 (E) (i) Except as provided in clauses (ii), (iii), and (iv),
20 eligibility for the temporary shelter assistance and the permanent
21 housing assistance pursuant to this paragraph is limited to the
22 number of days allowable under subparagraph (A) for temporary
23 shelter assistance and one payment of permanent housing assistance
24 every 12 months. A person who applies for homeless assistance
25 benefits shall be informed that, with certain exceptions, the
26 temporary shelter benefit is limited to the number of days allowable
27 under subparagraph (A) for the 12-month period.

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

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

36 (iii) (I) A family is eligible for homeless assistance if
37 homelessness is a direct result of domestic violence by a spouse,
38 partner, or roommate; physical or mental illness that is medically
39 verified that shall not include a diagnosis of alcoholism, drug
40 addiction, or psychological stress; or the uninhabitability of the

1 former residence caused by sudden and unusual circumstances
2 beyond the control of the family, including natural catastrophe,
3 fire, or condemnation. These circumstances shall be verified by a
4 third-party governmental or private health and human services
5 agency, except that domestic violence may also be verified by a
6 sworn statement by the victim, as provided under Section 11495.25.
7 Homeless assistance payments based on these specific
8 circumstances may not be received more often than once in any
9 12-month period. In addition, if the domestic violence is verified
10 by a sworn statement by the victim, the homeless assistance
11 payments shall be limited to two periods of not more than 16
12 cumulative calendar days of temporary shelter assistance and two
13 payments of permanent housing assistance. A county may require
14 that a recipient of homeless assistance benefits who qualifies under
15 this paragraph for a second time in a 24-month period participate
16 in a homelessness avoidance case plan as a condition of eligibility
17 for homeless assistance benefits. The county welfare department
18 shall immediately inform recipients who verify domestic violence
19 by a sworn statement of the availability of domestic violence
20 counseling and services, and refer those recipients to services upon
21 request.

22 (II) If a county requires a recipient who verifies domestic
23 violence by a sworn statement to participate in a homelessness
24 avoidance case plan pursuant to subclause (I) the plan shall include
25 the provision of domestic violence services, if appropriate.

26 (III) If a recipient seeking homeless assistance based on
27 domestic violence pursuant to subclause (I) has previously received
28 homeless avoidance services based on domestic violence, the
29 county shall review whether services were offered to the recipient
30 and consider what additional services would assist the recipient
31 in leaving the domestic violence situation.

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

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

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

4 (G) 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 (H) 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 (I) (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 shelter 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 the same day as 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 shelter assistance within the applicant's
28 lifetime. The second 16-day period shall continue to be available
29 when the applicant becomes a CalWORKs recipient during the
30 first 16-day period. The homeless assistance payments issued under
31 this subparagraph shall be in addition to other payments for which
32 the CalWORKs applicant, if the applicant becomes a CalWORKs
33 recipient, may later qualify under this subdivision.

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

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

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

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

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

17 (2) The amounts payable to recipients pursuant to Section
18 11453.1 shall not constitute income to recipients of aid under this
19 section.

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

26 (l) (1) A county shall implement the semiannual reporting
27 requirements in accordance with Chapter 501 of the Statutes of
28 2011 no later than October 1, 2013.

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

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

36 (m) (1) Notwithstanding the rulemaking provisions of the
37 Administrative Procedure Act (Chapter 3.5 (commencing with
38 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
39 Code), the State Department of Social Services may implement
40 and administer this section by means of all-county letters or similar

1 instructions from the department until regulations are adopted.
2 These all-county letters or similar written instructions shall have
3 the same force and effect as regulations until the adoption of
4 regulations.

5 (2) The department shall adopt emergency regulations no later
6 than 18 months following the completion of all necessary
7 automation to implement this section. The department may readopt
8 any emergency regulation authorized by this section that is the
9 same as, or substantially equivalent to, an emergency regulation
10 previously adopted under this section.

11 (3) The initial adoption of emergency regulations pursuant to
12 this section and one readoption of emergency regulations shall be
13 deemed an emergency and necessary for the immediate
14 preservation of the public peace, health, safety, or general welfare.
15 Initial emergency regulations and the one readoption of emergency
16 regulations authorized by this section shall be exempt from review
17 by the Office of Administrative Law. The initial emergency
18 regulations and the one readoption of emergency regulations
19 authorized by this section shall be submitted to the Office of
20 Administrative Law for filing with the Secretary of State and each
21 shall remain in effect for no more than 180 days, by which time
22 final regulations shall be adopted.

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

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

32 ~~SEC. 9.~~

33 *SEC. 10.* Section 14005.18 of the Welfare and Institutions
34 Code is amended to read:

35 14005.18. (a) (1) An individual is eligible, to the extent
36 required by federal law, as though the individual was pregnant,
37 for all pregnancy-related and postpartum services for a 60-day
38 period beginning on the last day of pregnancy, regardless of the
39 individual's eligibility aid code.

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

5 (B) This paragraph shall be implemented only to the extent that
6 any necessary federal approvals have been obtained and federal
7 financial participation is available. In the first quarter of 2022, the
8 department shall seek any necessary federal approvals to provide
9 for implementation of this paragraph and any state plan
10 amendments necessary under Sections 1396a(e)(16) and
11 1397gg(e)(1)(J) of Title 42 of the United States Code, as amended
12 by Sections 9812 and 9822, respectively, of the federal American
13 Rescue Plan Act of 2021 (Public Law 117-2) for services provided
14 under this paragraph after the end of the 60-day postpartum period.

15 (3) For purposes of this subdivision, “postpartum services”
16 means those services provided after childbirth, child delivery, or
17 miscarriage.

18 (b) (1) Notwithstanding subdivision (a), Section 15840, the
19 income eligibility requirements specified in Section 15832, and
20 the annual redetermination requirements described in Section
21 14005.37, a pregnant individual who is receiving health care
22 coverage under a program identified in subdivision (d) and who
23 is diagnosed with a maternal mental health condition shall remain
24 eligible for the Medi-Cal program under their current eligibility
25 category for a period of one year following the last day of the
26 individual’s pregnancy if the individual complies with the
27 requirements specified in subdivision (c) and is otherwise eligible
28 for the Medi-Cal program.

29 (2) For purposes of this section, “maternal mental health
30 condition” means a mental health condition that occurs during
31 pregnancy or during the postpartum period and, includes, but is
32 not limited to, postpartum depression.

33 (c) (1) An individual, or a designee of the individual, who seeks
34 to extend Medi-Cal program coverage pursuant to this section shall
35 submit to a county eligibility worker a note from that individual’s
36 treating health care provider stating that the health care provider
37 has diagnosed the individual with a maternal mental health
38 condition within 60 days following the last day of the individual’s
39 pregnancy.

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

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

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

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

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

(e) This section does not limit the ability of a qualified individual to apply for and purchase a qualified health plan in Covered California pursuant to Title 22 (commencing with Section 100500) of the Government Code if the qualified individual is otherwise 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

1 2019, then the suspension shall not take effect. It is the intent of
2 the Legislature to consider alternative solutions to restore this
3 program, should the suspension take effect.

4 (i) Implementation of subdivisions (b) to (h), inclusive, shall
5 be suspended upon and during the implementation of subparagraph
6 (A) of paragraph (2) of subdivision (a).

7 ~~SEC. 10.~~

8 *SEC. 11.* Section 14132.24 is added to the Welfare and
9 Institutions Code, to read:

10 14132.24. (a) The following definitions apply for purposes of
11 this section:

12 (1) “Community-based doula group” means a group or collective
13 of doulas working together that prioritizes doula access for
14 underserved populations. The doula care that is provided by
15 community-based doula groups often goes beyond doula services
16 provided during the prenatal and postpartum periods to encompass
17 a broader and more holistic vision of support for the pregnant
18 person and their family or supporting loved ones. Many
19 community-based doula groups draw their membership directly
20 from the communities that they serve. This often allows
21 community-based doula groups to offer culturally congruent care,
22 and not simply culturally appropriate care.

23 (2) “Core competencies” means the foundational and essential
24 knowledge, skills, and abilities required for doulas serving
25 Medi-Cal beneficiaries.

26 (3) “Department” means the State Department of Health Care
27 Services.

28 (4) “Doula” means a birth worker who provides health
29 education, advocacy, and physical, emotional, and nonmedical
30 support for pregnant and postpartum persons before, during, and
31 after childbirth, otherwise known as the perinatal period. A doula
32 provides physical, emotional, and nonmedical support during
33 miscarriage, stillbirth, and abortion.

34 (5) “Full-spectrum doula care” means prenatal and postpartum
35 doula care, continuous presence during labor and delivery, and
36 doula support during miscarriage, stillbirth, and abortion. Doula
37 care includes physical, emotional, and other nonmedical care.

38 (6) “Perinatal period” means the period including pregnancy,
39 labor, delivery, and the postpartum period.

1 (7) “Postpartum” means the one-year period following the end
2 of a pregnancy.

3 ~~(b) (1) The department shall establish a full-spectrum doula~~
4 ~~care program for all pregnant and postpartum Medi-Cal~~
5 ~~beneficiaries in California.~~

6 *(b) (1) Full-spectrum doula care is a covered benefit.*

7 (2) Any Medi-Cal beneficiary who is pregnant as of July 1,
8 2023, shall be entitled to full-spectrum doula ~~care.~~ *care provided*
9 *by a doula or a community-based doula group pursuant to this*
10 *section.* For a pregnancy that is carried to term, a pregnant person
11 shall be eligible for at least four appointments during the prenatal
12 period, continuous support during labor and delivery, and at least
13 eight appointments during the postpartum period.

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

16 (4) (A) The department shall develop multiple payment and
17 billing options for doula care. The department shall ensure all of
18 the following:

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

22 (ii) An individual doula shall be able to obtain a National
23 Provider Identifier number and be directly reimbursed by the
24 department. *A contracting community-based doula group shall*
25 *provide the department with doula salaries for purposes of this*
26 *section.*

27 (iii) A community-based doula group shall be able to obtain
28 reimbursement for any doula working as part of their group. If a
29 community-based doula group employs doulas on a salaried basis,
30 the department shall determine appropriate reimbursement rates
31 based on the salaries provided and not on a per-client or per-service
32 basis.

33 (B) (i) Doulas shall be paid for full-spectrum doula care.

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

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

39 (II) The cost of living in the county.

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

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

4 (D) There shall be a separate reimbursement for presence during
5 miscarriage or abortion.

6 (E) The department and Medi-Cal managed care health plans
7 shall separately reimburse for each prenatal and postpartum
8 appointment. There shall also be separate reimbursement for
9 administrative costs, including travel costs.

10 (F) The department shall make efforts to revisit the
11 reimbursement rate as necessary to account for inflation, cost of
12 living adjustments, and other factors.

13 ~~(G) Pursuant to paragraph (4) of subdivision (d), a doula shall~~
14 ~~provide documentation that they have met the core competencies~~
15 ~~specified by the board, as described in paragraphs (1) and (2),~~
16 ~~inclusive, of subdivision (d), to be authorized by the department~~
17 ~~to be reimbursed under the Medi-Cal program.~~

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

20 (A) The registry shall align with existing Medi-Cal provider
21 directory requirements.

22 (B) The registry shall be searchable by Medi-Cal managed care
23 health plan, geographical area, race and ethnicity of the doula,
24 languages spoken by the doula, and any relevant specializations,
25 including adolescents, homeless, substance use disorder, or refugee
26 or immigrant populations.

27 (6) Each Medi-Cal managed care health plan in each county
28 shall provide information about the availability of doula care in
29 their materials and notices on reproductive and sexual health,
30 family planning, pregnancy, and prenatal care. A Medi-Cal
31 managed care health plan shall inform all pregnant and postpartum
32 enrollees at each prenatal and postpartum appointment about the
33 availability of doula care, the benefits of doula care, that doula
34 care is available in addition to other prenatal and postpartum care,
35 and how to obtain a doula.

36 (C) The information included on the registry shall be accessible
37 by internet website, an application on a smartphone, paper, and
38 telephone.

39 (c) (1) The department shall convene a doula advisory board
40 that shall decide on a list of core competencies required for doulas

1 who are authorized by the department to be reimbursed under the
2 Medi-Cal program. This board shall reconvene, as deemed
3 necessary by the department, at regular intervals, but no less than
4 once every five years.

5 (2) Core competencies shall include, at a minimum, a
6 demonstration of competency, through training or attestation of
7 equivalency or lived experience, in all of the following areas:

8 (A) Understanding of basic anatomy and physiology as related
9 to pregnancy, the childbearing process, the postpartum period,
10 breast milk feeding, and breast-feeding or chest-feeding.

11 (B) Capacity to employ different strategies for providing
12 emotional support, education, and resources during the perinatal
13 period.

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

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

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

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

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

26 (H) *Knowledge of scientifically-based disease prevention*
27 *strategies for the client and child, including, but not limited to,*
28 *screenings and vaccinations consistent with recommendations by*
29 *the American College of Obstetricians and the Periodicity Schedule*
30 *developed by the American Academy of Pediatrics and the Bright*
31 *Futures initiative.*

32 (3) At least two-thirds of the membership of the board shall be
33 composed of practicing doulas who are providing doula care to
34 Medi-Cal beneficiaries. At least two-thirds of the practicing doulas
35 on the board shall be from communities experiencing the highest
36 burden of birth disparities in the state, including doulas who are
37 low income, doulas of color, doulas from and working in rural
38 communities, and doulas who speak a language other than English.
39 *The board shall include at lease one obstetrician-gynecologist.*

(4) In order to be authorized by the department to be reimbursed under the Medi-Cal program, a doula shall provide documentation that they have met the core competencies specified by the board. The board may also create alternative ways to meet the core competencies, such as by providing documentation of certification through another doula certification program that meets the required core competencies. A doula who has met the core competencies set by the board shall receive a certificate of completion.

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

~~SEC. 11.~~

SEC. 12. Section 15840 of the Welfare and Institutions Code is amended to read:

15840. (a) At a minimum, coverage provided pursuant to this chapter shall be provided to subscribers during one pregnancy, and until the end of the month in which the 60th day after pregnancy occurs, and to eligible children less than two years of age who were born of a pregnancy covered under this program or the Access for Infants and Mothers program under Part 6.3 (commencing with Section 12695) of Division 2 of the Insurance Code to a pregnant person enrolled in the Access for Infants and Mothers program.

(b) (1) A subscriber described in subdivision (a) 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.

(2) 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 and state plan amendments under Sections 1396a(e)(16) and 1397gg(e)(1)(J) of Title 42 of

1 the United States Code as added by Section 9822 of the American
2 Rescue Plan Act of 2021 (Public Law 117-2) for services provided
3 under paragraph (1) after the end of the initial 60-day postpartum
4 period.

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

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

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

17 ~~SEC. 12. Chapter 3.5 (commencing with Section 18249) is~~
18 ~~added to Part 6 of Division 9 of the Welfare and Institutions Code,~~
19 ~~to read:~~

20
21 ~~CHAPTER 3.5. PREGNANT AND POSTPARTUM ASSISTANCE~~
22

23 ~~18249. (a) The State Department of Social Services shall~~
24 ~~administer a program to provide a monthly stipend to low-income~~
25 ~~pregnant and postpartum people commencing at six months of~~
26 ~~pregnancy and until 24 months after birth.~~

27 ~~(b) A monthly stipend issued pursuant to this chapter is exempt~~
28 ~~from consideration as income and assets for the purposes of~~
29 ~~determining eligibility and benefit amount for any programs~~
30 ~~administered and funded by the state.~~

31 SEC. 13. No appropriation made pursuant to Section 15200 of
32 the Welfare and Institutions Code shall be made for purposes of
33 this act.

34 SEC. 14. The Legislature finds and declares that Section 2 of
35 this act, which adds Section 123635 of the Health and Safety Code,
36 imposes a limitation on the public's right of access to the meetings
37 of public bodies or the writings of public officials and agencies
38 within the meaning of Section 3 of Article I of the California
39 Constitution. Pursuant to that constitutional provision, the

1 Legislature makes the following findings to demonstrate the interest
2 protected by this limitation and the need for protecting that interest:

3 In order to protect the confidential identity and information of
4 persons who are the subject of, or a part of, a maternal death
5 review, it is necessary to ensure that this confidential information
6 is protected from the public.

7 SEC. 15. If the Commission on State Mandates determines
8 that this act contains costs mandated by the state, reimbursement
9 to local agencies and school districts for those costs shall be made
10 pursuant to Part 7 (commencing with Section 17500) of Division
11 4 of Title 2 of the Government Code.