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SB-65 Maternal care and services. (2021-2022)

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CALIFORNIA LEGISLATURE— 2021–2022 REGULAR SESSION

SENATE BILL

NO. 65

Introduced by Senator Skinner

~~(Coauthor: Senator Rubio)~~ (Coauthors: *Senators Gonzalez, Leyva, Rubio, Stern, and Umberg*)
~~(Coauthor: Assembly Member Carrillo)~~ (Coauthors: *Assembly Members Bryan and Carrillo*)

December 07, 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, *and* to amend Sections 11320.3, 11450, 14005.18, and 15840 of, to add Section 14132.24 to, and to add 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 enact the Midwifery Workforce Training Act, under which~~ the Office of Statewide Health Planning and Development ~~to would~~ 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 as specified. The bill~~ would require the office to contract only with programs that ~~include include, or intend to 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~~ **13** 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 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 extend, to the extent that any necessary federal approvals have been obtained and federal financial participation is available, 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 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.

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 establish the California ~~Guaranteed Income Pilot for Pregnant People and Infants (CalGIPPI)~~ *Momnibus Pilot Program (Momnibus Pilot)* 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 Momnibus Pilot, except as specified*. 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~~ *the Momnibus Pilot* 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 guaranteed income payment distributed under ~~CalGIPPI~~ *the Momnibus Pilot*, and for taxable years beginning on or after January 1, 2022, would additionally provide that the monthly guaranteed income payment distributed under ~~CalGIPPI~~ *the Momnibus Pilot* 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 Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *This act shall be known, and may be cited, as the California Momnibus Act.*

~~SECTION 1.~~ **SEC. 2.** The Legislature finds and declares all of the following:

(a) The United States has the highest rates of maternal mortality among higher income countries. There are an estimated 700 deaths per year in the United States that are pregnancy-related, with about three in five deaths deemed preventable.

(b) The United States has an infant mortality rate that is higher than most higher income countries. Currently, the United States is ranked 33 out of 36 countries belonging to the Organization for Economic Cooperation and Development (OECD), with an average of 5.7 deaths per 1,000 live births.

(c) California's Native American infant mortality rate is 11.7 deaths per 1,000 live births, followed by Black infants at 8.7 deaths per 1,000 live births, which is far above the state's average of 4.2 deaths per 1,000 live births.

(d) In areas like Fresno, the disparities are even greater, with the infant mortality rate of Black infants at 20.3 deaths per 1,000 live births compared to White infants at 5.1 deaths per 1,000 live births.

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

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

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

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

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

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

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

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

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

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

SEC. 2. SEC. 3. Article 4.7 (commencing with Section 123635) is added to Chapter 2 of Part 2 of Division 106 of the Health and Safety Code, to read:

Article 4.7. California Pregnancy-Associated Review Committee

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

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

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

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

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

123636. (a) The California Pregnancy-Associated Review Committee is hereby established under the State Department of Public Health to continuously engage in the comprehensive, regular, and uniform review and reporting of maternal deaths throughout the state. The department, in collaboration with the designated state

perinatal quality collaborative, shall oversee the committee. The committee may incorporate the membership of the California Pregnancy-Associated Mortality Review Committee, as it existed on December 31, 2021.

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

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

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

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

(4) ~~Investigating~~ ~~Examining~~ racial disparities and making recommendations on the prevention of racial disparities.

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

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

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

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

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

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

(e) (1) The committee shall be composed of a minimum of ~~nine~~ **13** members. The members shall be comprised of multidisciplinary personnel in the field of maternal mortality and morbidity, data analysis in maternal health, women's health, clinicians in maternal health, and representatives from various public health entities, and shall include all of the following:

(A) At least one obstetrician.

(B) At least one certified nurse-midwife.

(C) At least one certified professional midwife.

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

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

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

(G) At least one doula.

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

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

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

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

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

(M) At least one family physician.

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

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

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

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

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

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

(i) Members of the committee shall not be questioned in any civil, criminal, legislative, *administrative*, or other proceeding regarding information that has been presented in, or opinions that have been formed as a result of, a meeting or communication of the committee. However, nothing in this paragraph shall prohibit a committee member from being questioned, or from testifying, in relation to publicly available information or information that was obtained independently of the member's participation on the committee, or as an expert witness in maternal death cases 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.

(k) A health care provider, health care facility, or pharmacy providing access to medical records pursuant to this section shall not be held liable for civil damages or be subject to any criminal or disciplinary action for good faith efforts in providing the records.

SEC. 3. **SEC. 4.** 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.

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

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

(5) Offer grief counseling to surviving family members.

(c) Counties, hospitals, birthing centers, and state entities shall provide to local health departments death records, medical records, autopsy reports, toxicology reports, hospital discharge records, birth records, and any other information that will help the local health department conduct the fetal and infant mortality review within 30 days of a request made in writing by a local health department.

SEC. 4. SEC. 5. Article 4 (commencing with Section 128295) is added to Chapter 4 of Part 3 of Division 107 of the Health and Safety Code, to read:

Article 4. Midwifery Workforce Training Act

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

128296. The Legislature finds and declares that maternity care providers are in short supply and maldistributed around the state, resulting in what the March of Dimes defines as "maternity care deserts" and "limited-access maternity care areas." Many major counties are on track to have a critical shortage of maternity care providers by 2025. Maternity care is often the very first primary health care interaction, and the most common primary care interaction over the life of a woman and birthing person's reproductive lifespan. Black and Native American individuals and other people of color in particular have significant difficulty in accessing maternity care and family planning services. Black women die from pregnancy-related causes at a rate of three to four times that of White women. Black infants are more than twice as likely to die in their first year as White infants. Access to quality care and resultant outcomes are intricately linked. Racial disparities in outcomes, especially, are connected in part to quality of and ability to access maternity care, especially by care providers whose care models elevate patient-centered, holistic, and culturally sensitive care. This kind of care is the hallmark of the midwifery model.

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

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

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

(c) "Office" means the Office of Statewide Health Planning and Development (OSHPD).

(e)

(d) "Programs that train certified nurse-midwives" means a nurse-midwifery education program that is operated by a California school of ~~nursing~~, *nursing and approved by the Accreditation Commission for Midwifery Education*, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

(f)

(e) "Programs that train licensed midwives" means a midwifery education program operated by a California school of midwifery, and accredited by the Midwifery Education Accreditation Council (MEAC), or approved by the Bureau for Private and Postsecondary Education, or approved by the state licensing and regulatory board for licensed midwives.

128298. (a) It is the intent of the Legislature to provide for a program designed primarily to increase the number of students receiving quality education and training as a certified nurse-midwife or a licensed midwife *in accordance with the global standards for midwifery education and the international definition of "midwife" as established by the International Confederation of Midwives, in order* to maximize the delivery of reproductive services to specific areas of California where there is a recognized unmet priority need.

(b) (1) The ~~Office of Statewide Health Planning and Development~~ office shall establish a program to contract with programs that train certified nurse-midwives and programs that train licensed midwives *in accordance with the global standards for midwifery education and the international definition of "midwife" as established by the International Confederation of Midwives in order* to increase the number of students receiving quality education and training as a certified nurse-midwife or *as* a licensed midwife.

(2) The office shall only contract with programs that train certified nurse-midwives and programs that train licensed midwives that, at minimum, ~~include~~ *include, or that intend to create*, 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; communities, or that seek to recruit and retain racially and ethnically diverse students, underrepresented groups, or people from underserved or historically marginalized communities.~~

(3) The office shall adopt standards and regulations necessary to carry out this article. In adopting *eligibility* standards for programs that train certified nurse-midwives and ~~programs~~ that train licensed midwives ~~that the office contracts with;~~ *in accordance with the standards set forth in subdivisions (a) and (b)*, the office may accept those *educational standards and competencies* established by the ~~programs'~~ respective *state* licensing and regulatory ~~bodies; bodies for certified nurse-midwives and for licensed midwives. The office shall take care not to implement education or competency standards beyond what is required for the training programs by their respective state licensing and regulatory bodies that could inadvertently create an unnecessary barrier for training programs to obtain funding for the training of midwives in California.~~

(4) *The office shall develop alternative strategies to provide long-term stability for, or expansion of, this act, such as through funding provided by private foundations and administered by the office for the purposes of carrying out this article.*

(5) *Nothing in this article prevents the office from developing a protocol to contract with potential programs that train nurse-midwives or that train licensed midwives, in order to support the initial startup of new training programs, as long as the eligibility requirements of this article are met or can be met through the award of funds.*

~~(4)~~

(6) The office may pay contracted programs that train certified nurse-midwives and programs that train licensed midwives in an amount calculated based on a single per-student capitation formula, or through another method, in order to cover *the costs of* innovative special ~~program costs; projects or programs.~~

~~(e)~~

(7) Funds appropriated to the office for purposes of this article ~~may be used to develop new programs, expand existing programs, or support current programs; and awarded by the office to eligible programs that train certified nurse-midwives or programs that train licensed midwives may be used by the training program to develop new initiatives, projects, or curriculum, or to expand existing initiatives, projects, or curriculum. Awarded funds may also be used for general support and sustainability of the overall training program, or to sustain specific components of the training program, including, but not limited to, tuition assistance for students, or support for preceptor recruitment, or to sustain preceptor training sites for students.~~

128299. *This article shall become operative on January 1, 2022.*

SEC. 5. SEC. 6. Section 17141.5 is added to the Revenue and Taxation Code, to read:

17141.5. (a) For taxable years beginning on or after January 1, 2022, gross income does not include monetary benefits provided pursuant to Article 3.8 (commencing with Section 11347) of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code.

(b) For taxable years beginning on or after January 1, 2022, monetary benefits provided pursuant to Article 3.8 (commencing with Section 11347) of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code shall not be considered earned income for purposes of eligibility for the California Earned Income Tax Credit pursuant to Section 17052.

~~SEC. 6.~~ **SEC. 7.** Section 11320.3 of the Welfare and Institutions Code is amended to read:

11320.3. (a) (1) Except as provided in subdivision (b) or if otherwise exempt, every individual, as a condition of eligibility for aid under this chapter, shall participate in welfare-to-work 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 placement in foster care, and the county determines that the caretaking responsibilities are beyond those considered normal day-to-day parenting responsibilities such that they impair the caretaker relative's ability to be regularly employed or to participate in welfare-to-work activities.

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

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

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

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

case basis to six months, based on criteria developed by the county.

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

(I) The availability of childcare.

(II) Local labor market conditions.

(III) Other factors determined by the county.

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

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

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

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

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

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

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

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

(1) Lack of necessary supportive services.

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

(3) Licensed or license-exempt childcare for a child 10 years of age or younger is not reasonably available during the individual's hours of training or employment including commuting time, or arrangements for childcare have broken down or have been interrupted, or childcare is needed for a child who meets the criteria of subparagraph (C) of paragraph (1) of subdivision (a) of Section 11323.2, but who is not included in the assistance unit. For purposes of this paragraph, "reasonable availability" means childcare that is commonly available in the recipient's community to a person who is not receiving aid and that is in conformity with the requirements of Public Law 104-193. The choices of childcare shall meet either licensing requirements or the requirements of Section 11324.

This good cause criterion shall include the unavailability of suitable special needs childcare for children with identified special needs, including, but not limited to, disabilities or chronic illnesses.

SEC. 7. SEC. 8. Article 3.8 (commencing with Section 11347) is added to Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 3.8. ~~California Guaranteed Income Pilot for Pregnant People and Infants (CalGIPPI)~~ California Momnibus Pilot Program

11347. (a) (1) The ~~California Guaranteed Income Pilot for Pregnant People and Infants (CalGIPPI)~~ *California Momnibus Pilot Program (Momnibus Pilot)* is hereby established as a three-year pilot program 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 the incidence and impact of maternal depression*, and improving short- and long-term health outcomes. ~~CalGIPPI The Momnibus Pilot~~ shall be a three-year pilot program commencing from the start date of the distribution of the monthly guaranteed income payments.

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

(b) ~~CalGIPPI The Momnibus Pilot~~ shall be administered by counties, and participation in ~~CalGIPPI the Momnibus Pilot~~ is optional for counties. A participating county shall agree to any terms specified in this article or in any all-county letter or similar instruction issued pursuant to Section 11347.2.

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

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

(d) (1) ~~A-Except as provided in paragraph (2), a person may be is~~ eligible to participate in ~~CalGIPPI the Momnibus Pilot~~ if they ~~meet the standards of eligibility for~~ *would otherwise be considered eligible to participate in* the CalWORKs Home Visiting Program, established pursuant to Article 3.4 (commencing with Section ~~11330.6~~; *11330.6*), *regardless of whether or not their county of residence or the assistance unit participates in that program.*

(2) A noncustodial parent is not eligible to participate in the Momnibus Pilot.

~~(2)~~

(3) A participant shall be enrolled in the first six months of ~~CalGIPPI the Momnibus Pilot~~ in order to ensure that the program is able to capture the full impact of the guaranteed income payment on the full range of prenatal and postnatal conditions and outcomes, and shall agree to stay enrolled throughout the three-year term of ~~CalGIPPI; the Momnibus Pilot~~, despite changes in income, circumstances, and eligibility for CalWORKs benefits. The State Department of Social Services and the State Department of Health Care Services shall establish the enrollment months.

~~(3)~~

(4) Each participating county may establish target population priorities, consistent with any guidance provided in an all-county letter or similar instruction issued pursuant to Section 11347.2., provided that the established target population priorities do not undermine the research purpose of ~~CalGIPPI the Momnibus Pilot~~ or violate the rights of any participant.

11347.1. (a) For the purpose of implementing this article, the State Department of Social Services shall form and consult with a stakeholder workgroup, which shall include, but not be limited to, legislative staff, representatives of counties and county human services agencies, CalWORKs eligibility workers, researchers with experience in guaranteed income pilots or reducing prenatal mortality or postpartum health, current or former CalWORKs clients, advocates for clients, First 5 representatives, the State Department of Health Care Services, the State Department of Public Health, and home visiting program administrators. The workgroup shall be maintained

throughout the entirety of the three-year term of ~~CaGIPPPi~~ *the Momnibus Pilot* and the entire period of time necessary to finalize the report to be submitted to the Legislature pursuant to subdivision (d).

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

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

(d) (1) The State Department of Social Services shall work with at least one independent, research-based institution to identify existing, and establish additional, outcome measurements. The Legislature shall be consulted as part of the outcomes measurement development process. These measurements shall inform an 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 ~~CaGIPPPi~~ *the Momnibus Pilot*, models utilized, and measures specific to the objectives of ~~CaGIPPPi~~ *the Momnibus Pilot*. Notwithstanding any other law, the department may accept and expend funds from nongovernment sources for the evaluation, for a longitudinal study of ~~CaGIPPPi~~ *the Momnibus Pilot*, 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 ~~CaGIPPPi~~ *the Momnibus Pilot*.

(B) Geographic indicators, including county of residence, city, and ~~zip code~~ *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 ~~CaGIPPPi~~ *the Momnibus Pilot*.

(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 ~~CaGIPPPi~~ *the Momnibus Pilot* 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 income payments under ~~CaGIPPPi~~ *the Momnibus Pilot* from being considered as income for the purposes of determining eligibility and benefit amount for federally funded means-tested programs administered under the State Department of Social Services or the State Department of Health Care Services, respectively.

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

11347.4. (a) *This article shall become operative on January 1, 2022, provided that an appropriation in the Budget Act has been made pursuant to subdivision (b), or on the date the Legislature receives the certification required by subdivision (a) of Section 11347.3, whichever is later.*

(b) Subject to an appropriation in the annual Budget Act, the department shall award funds to participating counties for the purposes of this article in order to provide the Momnibus Pilot monthly payments to any assistance unit that meets the requirements of this article, to comply with the Momnibus Pilot program reporting requirements, and to participate in the stakeholder workgroup. Benefits authorized pursuant to this section are not entitlement services and participating counties may limit the number of families participating in the program to ensure that the costs do not exceed the amount of funds awarded to the county for this purpose.

SEC. 8.~~SEC. 9.~~ Section 11450 of the Welfare and Institutions Code, as amended by Section 1 of Chapter 152 of the Statutes of 2020, is amended to read:

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

Number of eligible needy persons in the same home	Maximum aid
1	\$ 326
2	535
3	663
4	788
5	899
6	1,010
7	1,109
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 described in subdivision (a) of Section 11155.2, the family is also entitled to receive an allowance for nonrecurring special needs.

(1) 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 paragraph (2). 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.

(2) (A) (i) 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. The family shall demonstrate that the eviction is the result of a verified financial hardship as a result of extraordinary circumstances beyond their control, and not other lease or rental violations, and that the family is experiencing a financial crisis that may result in homelessness if preventive assistance is not provided.

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

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

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

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

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

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

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

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

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

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

(D) A payment for, or denial of, permanent housing assistance shall be issued no later than one working day from the time that a family presents evidence of the availability of permanent housing. If an applicant family provides evidence of the availability of permanent housing before the county welfare department has established eligibility for aid under this chapter, the county welfare department shall complete the eligibility determination so that the payment for, or denial of, permanent housing assistance is issued within one working day from the submission of evidence of the availability of permanent housing, unless the family has failed to provide all of the verification necessary to establish eligibility for 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 sworn statement of the availability of domestic violence counseling and services, and refer those recipients to services upon request.

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

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

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

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

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

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

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

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

(i) A commercial establishment.

(ii) A shelter.

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

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

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

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

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

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

(i) The department shall work with county human services agencies, the County Welfare Directors Association of California, and advocates of CalWORKs recipients to gather information regarding the actual costs of a nightly shelter and best practices for transitioning families from a temporary shelter to a permanent shelter, and to provide that information to the Legislature, to be submitted annually in accordance with Section 9795 of the 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. 9. SEC. 10. 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 human services agency shall refer the family to its early fraud prevention and detection unit, if the county has such a unit, for assistance in the verification of homelessness within this period.

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

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

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

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

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

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

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

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

(D) A payment for, or denial of, permanent housing assistance shall be issued no later than one working day from the time that a family presents evidence of the availability of permanent housing. If an applicant family provides evidence of the availability of permanent housing before the county welfare department has established eligibility for aid under this chapter, the county welfare department shall complete the eligibility determination so that the payment for, or denial of, permanent housing assistance is issued within one working day from the submission of evidence of the availability of permanent housing, unless the family has failed to provide all of the verification necessary to establish eligibility for 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 the number of days allowable under subparagraph (A) for temporary shelter assistance and one payment of permanent housing 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 the number of days allowable under subparagraph (A) for the 12-month period.

(ii) (I) A family that becomes homeless as a direct and primary result of a state or federally declared disaster is eligible for 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 homeless assistance available pursuant to subclause (H).

(iii) (I) A family is eligible for 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 shelter assistance and two payments of permanent housing 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 sworn statement of the availability of domestic violence counseling and services, and refer those recipients to services upon request.

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

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

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

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

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

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

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

(i) A commercial establishment.

(ii) A shelter.

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

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

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

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

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

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

(i) The department shall work with county human services agencies, the County Welfare Directors Association of California, and advocates of CalWORKs recipients to gather information regarding the actual costs of a nightly shelter and best practices for transitioning families from a temporary shelter to permanent housing, and to provide that information to the Legislature, to be submitted annually in accordance with Section 9795 of the 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) (1) 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 may implement and administer this section by means of all-county letters or similar instructions from the department until regulations are adopted. These all-county letters or similar written instructions shall have the same force and effect as regulations until the adoption of regulations.

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

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

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

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

~~SEC. 10.~~ **SEC. 11.** Section 14005.18 of the Welfare and Institutions Code is amended to read:

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

pregnancy, regardless of the individual's eligibility aid code.

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

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

(3) For purposes of this subdivision, "postpartum services" means those services provided after childbirth, child delivery, or miscarriage.

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

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

(c) (1) An individual, or a designee of the individual, who seeks to extend Medi-Cal program coverage pursuant to this section shall submit to a county eligibility worker a note from that individual's treating health care provider stating that the health care provider has diagnosed the individual with a maternal mental health condition within 60 days following the last day of the individual's 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 2019, then the suspension shall not take effect. It is the intent of the Legislature to consider alternative solutions to restore this program, should the suspension take effect.

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

SEC. 11. ~~SEC. 12.~~ Section 14132.24 is added to the Welfare and Institutions Code, to read:

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

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

(2) "Core competencies" means the foundational and essential knowledge, skills, and abilities required for doulas serving Medi-Cal beneficiaries.

(3) "Department" means the State Department of Health Care Services.

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

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

(6) "Perinatal period" means the period including pregnancy, labor, delivery, and the postpartum period.

(7) "Postpartum" means the one-year period following the end of a pregnancy.

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

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

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

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

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

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

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

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

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

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

(II) The cost of living in the county.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) At least two-thirds of the membership of the board shall be composed of practicing doulas who are providing doula care to Medi-Cal beneficiaries. At least two-thirds of the practicing doulas on the board shall be from communities experiencing the highest burden of birth disparities in the state, including doulas who are low

income, doulas of color, doulas from and working in rural communities, and doulas who speak a language other than English. The board shall include at least 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. 12. SEC. 13. 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 the United States Code as added by Section 9822 of the American Rescue Plan Act of 2021 (Public Law 117-2) for services provided under paragraph (1) after the end of the initial 60-day postpartum period.

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

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

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

SEC. 13. SEC. 14. No appropriation made pursuant to Section 15200 of the Welfare and Institutions Code shall be made for purposes of this act.

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

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

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

REVISIONS:
Heading—Line 4.