

END-OF-SESSION HEALTH TRAILER BILL SUMMARY (2026 BUDGET ACT – AB 173)

***Note:** The summary below only highlights items of interest to local health departments.*

H.R. 1 Implementation (WIC 14007.5, 14007.8)

- Recasts provisions related to citizenship and immigration status and Medi-Cal eligibility, including to specify that qualified non-citizens shall be eligible for full-scope state-funded Medi-Cal beginning October 1, 2026, through June 30, 2027.
- Effective October 1, 2026, specifies that maintenance dialysis services medically necessary for the treatment of chronic dialysis and end-stage renal disease delivered in a freestanding outpatient dialysis center or hospital-based dialysis facility are Medi-Cal covered services regardless of whether the treatment meets the definition of an emergency medical condition for specified qualified non-citizens enrolled in restricted scope Medi-Cal. Requires DHCS to fund the dialysis services, subject to an appropriation by the Legislature, to the extent federal financial participation is unavailable. Prohibits DHCS from interrupting, reducing, or conditioning the coverage of dialysis services on the availability of federal financial participation. Requires DHCS to issue guidance to Medi-Cal fee-for-service providers on regarding the coverage of dialysis services for this population.
- Specifies the July 1, 2027, prohibition of Medi-Cal dental benefits to qualified non-citizen and UIS populations ages 19 and older shall not apply to individuals who are pregnant or one-year postpartum.

988 Suicide & Crisis Lifeline (GOV 53123.1.5, 53123.2, 53123.3, 53123.4, 53123.7; RTC 41030, 41031, 41135, 41136)

- Recasts provisions requiring Office of Emergency Services (OES) to, no later than 90 days after the passage of the measure, to establish and convene the State 988 Technical Advisory Board for the purpose of advising OES on interoperability of 988, 911, and behavioral health crisis services and the development of technical and operational standards for the 988 system.
- Extends the requirement for the State 988 Technical Advisory Board to convene no less than quarterly from until December 31, 2028 to December 31, 2029.
- Adds representatives from designated 988 centers and county behavioral health agencies to the State 988 Technical Advisory Board.
- Requires OES, in consultation with DHCS, to, on or before December 31, 2029, procure and implement an interoperable solution.
- No later than January 1, 2028, requires EMSA, in consultation with the Commission on Peace Officer Standards and Training, CalHHS, DHCS, and OES, to develop and adopt voluntary statewide protocols governing the transfer of calls and communications between 911 public safety answering points and 988 centers and mobile crisis team dispatch points, including county behavioral health mobile crisis dispatch points. Specifies required contents of voluntary protocols.
- Requires EMSA to confer with county behavioral health agencies, 988 centers, 911 public safety answering points, public safety agencies, and other first responders on the development of transfer protocols.
- Adds EMSA to the CalHHS State 988 Advisory Group. Specifies the State 988 Advisory Group shall not be disbanded before January 1, 2030.
- Specifies required contents of updates to be provided by CalHHS until December 31, 2029, to include progress toward implementing an interoperable solution between 988 and 911, progress toward statewide integration between 988 centers and mobile crisis teams, and statewide answer rates for call, text messages, and chats.

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- Requires CalHHS, subject to an appropriation, to maintain a 988 System Governance Board to provide cross-agency coordination and oversight related to the implementation of the 988 system until January 1, 2030. Requires membership of the board to include, at minimum, CalHHS, DHCS, EMSA, CDPH, DMHC, the Department of Insurance, and OES.
- Requires DHCS to be responsible for oversight of 988 center operations, administration of the 988 State Suicide Behavioral Health Crisis Services Fund, and establishment of statewide standards and protocols to support least restrictive responses to behavioral health crises, including behavioral health or medical responses in lieu of law enforcement response whenever safe and appropriate.
- Requires EMSA to establish statewide training and protocol standards in alignment with national best practices and California's needs for personnel involved in transfer of calls between 911 and 988, medical triage, and response to warm handoffs.
- Authorizes EMSA to implement a quality monitoring program to oversee the effectiveness of activities of statewide training and protocol standards for medical and behavioral health calls. Authorizes system participants, including but not limited to state and local agencies, public safety answering points, and 988 centers to provide EMSA with data necessary to perform the EMSA assessment.
- Specifies the statute does not prohibit 988 centers from coordinating with other behavioral health crisis response entities, including city-operated and locally operated mobile crisis teams.
- Requires DHCS to develop and update, as necessary, a two-year statewide funding estimate for 988 centers and state administrative costs. Authorizes the annual statewide funding estimate to inform the Legislature's appropriation from the 988 State Suicide and Behavioral Health Crisis Services Fund for operations of 988 centers and state administrative costs. Requires the statewide funding estimate to be developed through a public process with input from stakeholders. Requires DHCS, beginning with 2027-28 and every fiscal year thereafter, to project an annual statewide funding estimate for the next fiscal year prior to the enactment of the annual Budget Act for the next fiscal year. Specifies factors to be considered in the annual statewide funding estimate.
- Requires DHCS to require an entity seeking 988 State Suicide and Behavioral Health Crisis Services Fund to annually file an expenditure, revenues, and outcomes report with specified contents. Requires DHCS to review and approve or deny annual expenditure, revenues, and outcomes reports.
- Requires CalHHS, subject to an appropriation and in consultation with DMHC, DHCS, Department of Insurance, EMSA, and relevant stakeholders, to develop recommendations for a system of funding, including non-state General Fund sources, for the operation of mobile crisis teams.
- Requires DHCS, no later than October 1, 2027, to establish a process for entities to apply for approval as a designated 988 center. Specifies criteria for approval, eligibility for funding, and operating standards to ensure quality. Requires DHCS to establish oversight and monitoring of designated 988 centers, including audits and onsite visits. Authorizes DHCS to suspend or revoke a designation.
- Requires DHCS to make publicly available online a list of 988 centers and any corrective action plans, suspensions, or revocations imposed upon a designated 988 center.
- Requires OES, in consultation with CalHHS and DHCS, to make an annual determination for 988 surcharge amounts to be assessed on access lines and prepaid mobile telephone services.

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LGBTQ+ Suicide Prevention (GOV 53123.8)

- Specifies legislative intent language to reinstate the 988 Suicide & Crisis Lifeline's LGBTQ+ Youth Specialized Services Program.
- Requires CalHHS to annually determine whether an adequate specialized LGBTQ+ suicide prevention hotline is activated by the federal government under 988. Specifies criteria for consideration in determining the adequacy of the federal "press 3" option.
- If CalHHS determines that a specialized suicide prevention hotline has not been activated by the federal government: 1) authorizes CalHHS, within six months after the determination, to request SAMHSA to allow the state to implement the "press 3" function at the state level for calls originating in the State of California; and 2) requires CalHHS and OES, within 12 months after approval by SAMHSA or its 988 administrator, to ensure that "press 3" functionalities are available in the state.
- No later than 12 months after the approval by SAMHSA or its 988 administrator, requires CalHHS to identify and contract with a qualified entity or entities that specialize in LGBTQ+ suicide prevention activities. Requires CalHHS to determine eligibility criteria, an application process, and administration of funds.
- Specifies requirements of qualified entities to function as a 988 center provider.
- Specifies implementation is subject to an appropriation by the Legislature and contingent upon CalHHS obtaining and maintaining necessary federal approvals and CalHHS, in consultation with DHCS, determining that other federal funding sources, including SAMHSA grants, are not jeopardized.

988 and Behavioral Health Crisis Services Public Awareness Campaign (HSC 131325)

- Requires CDPH, in consultation with DHCS, to implement public awareness strategies to assist in the implementation of the 988 Suicide & Crisis Lifeline in the State of California. Requires the purpose of the strategies to be to increase public awareness of the 988 lifeline and associated services and conduct statewide evaluation of the communication strategies implemented to increase public awareness.
- Requires CDPH to coordinate state behavioral health crisis communications strategies by conducting an assessment of existing communications efforts, developing relevant goals, identifying key audiences, and applying best practices and research-informed resources from community partners. Requires CDPH to engage community partners in developing and disseminating communications strategies.

ADAP Rebate Fund (HSC 120956)

- Adds HIV status as a factor for consideration in use of ADAP Rebate Funds for housing support for individuals living with HIV who are eligible for the Housing Opportunities for Persons with AIDS Program (HOPWA).

Substance Use Disorder Investments

- Appropriates federal funds to DHCS for encumbrance or expenditure through June 30, 2027, for the following amounts and purposes:
 - \$105.6 million in local assistance and \$1.2 million in state operations to expend State Opioid Response Grant Funds
 - \$6.0 million in local assistance to expend Substance Abuse Prevention and Treatment Block Grant funds