

# Senate Committee on Health

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## Summary of Significant Legislation Heard by the Committee 2009 Session

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### *Committee Members*

Senator Elaine Alquist, Chair  
Senator Tony Strickland, Vice-Chair  
Senator Sam Aanestad  
Senator Gilbert Cedillo  
Senator Dave Cox  
Senator Abel Maldonado  
Senator Gloria Negrete McLeod  
Senator Mark DeSaulnier  
Senator Mark Leno  
Senator Fran Pavley  
Senator Lois Wolk

### *Staff Director*

Peter Hansel

### *Committee Assistants*

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### *Consultants*

Roger Dunstan

Scott Bain

Mia Orr

Lisa Chan-Sawin

Concepcion Tadeo

**Senate Health Committee**  
**Summary of Significant Legislation, 2009**  
(Reflects the status of bills as of December 31, 2009)

**AGING AND LONG-TERM CARE**

**SB 303 (Alquist) - Nursing facility residents: informed consent**

Codifies existing regulations that establish a skilled nursing facility (SNF) resident's right to informed consent concerning the use of psychotherapeutic drugs. Specifies the type of information residents must receive in order to make informed consent, and requires nursing home staff to verify informed consent prior to the administration of a psychotherapeutic drug. *Vetoed.*

**SB 687 (Alquist) - Long-term health care facilities: health-care-associated infection**

Prohibits a person from being refused placement in a long-term health care facility (LTCF) based on the diagnosis of a health-care-associated infection (HAI) or a positive test for the presence of an organism. Requires long-term health care facilities to implement appropriate infection control measures for patients diagnosed with an HAI and requires each facility to maintain a record of infections. *Senate Appropriations Committee.*

**SB 732 (Alquist) - Medi-Cal: long-term care reimbursement: cost reporting methodology**

Requires the Department of Health Care Services (DHCS) to establish a skilled nursing facility (SNF) cost reporting methodology that allows the department to adjust Medi-Cal reimbursement rates in an expedient manner. Subsequently amended to allow DHCS to continue the use of provider bulletins in implementing the Medi-Cal Long-Term Care Reimbursement Act and SNF quality assurance fee instead of regulations for one additional year. *Senate Appropriations Committee.*

**AB 215 (Feuer) - Skilled nursing facilities: ratings**

Requires a long-term health care (LTC) facility that provides skilled nursing care to post, in accordance with specified requirements, the overall facility rating information determined by the federal Centers for Medicare and Medicaid Services (CMS). *Chapter 420, Statutes of 2009.*

**AB 317 (Yamada) - Adult day health care centers**

Exempts two veteran's facilities (one in Ventura and one in Lancaster) from the moratorium prohibiting the enrollment of adult day health care centers into the Medi-Cal program. *Vetoed.*

**AB 392 (Feuer) - Long-term health care facilities**

Appropriates \$1.6 million from the Federal Health Facilities Citation Penalties Account to the Department of Aging for local ombudsman programs. Takes effect immediately as an urgency statute. *Chapter 102, Statutes of 2009.*

**AB 773 (Lieu) - Health facilities citations: notifications**

Requires long-term care facilities to post Class "AA" and "A" citations for 120 days. This bill deletes the requirement in existing law that the posting be prescribed in regulations issued by the Department of Public Health (DPH), and that the violations be posted until the violation is corrected to the satisfaction of DPH, up to a maximum of 120 days. This bill deletes the requirement in existing law that the citation become final before it is required to be posted. Additionally, the bill specifies the minimum locations where the citation must be posted, the paper and font size of the posting (which must include the name and address of the facility) and require the posting to include whether the citation is a Class AA or Class A citation. *Chapter 472, Statutes of 2009.*

**AB 931 (Fletcher) - Emergency drug supply container limit**

Increases the limit on the number of forms of drugs from 24 to 48 that can be stored in a secured emergency supplies container (known as an "emergency kit") provided by a pharmacy to a skilled nursing facility or an intermediate care facility. Caps the number of psychotherapeutic medications in an emergency kit but allows the number to be increased by the Department of Public Health through a program flexibility request granted to a facility based on the needs of the facility's patient population, as specified. Allows DPH to increase the limit on the number of doses in an emergency kit from 4 to 16.

*Chapter 491, Statutes of 2009.*

**AIDS/HIV/HEPATITIS****AB 221 (Portantino) - HIV testing: skin punctures**

This bill permits HIV (human immunodeficiency virus) counselors to perform basic skin punctures for the purpose of administering rapid HIV tests. Permits an HIV counselor to perform specified HIV tests if he or she has been trained in rapid HIV test proficiency for skin puncture blood tests, oral swab tests, and in universal infection control precautions, consistent with best infection control practices established by the Division of Occupational Safety and Health in the Department of Industrial Relations and the federal Centers for Disease Control and Prevention (CDC). *Chapter 421, Statutes of 2009.*

**AB 1045 (John A. Perez) - HIV and AIDS reporting**

This bill stipulates that a clinical laboratory shall not be required to report CD4+ T-Cell test results to the local health officer, as required by this section, if the clinical laboratory can demonstrate that the CD4+ T-Cell test result is not related to a diagnosed case of HIV infection. *Chapter 501, Statutes of 2009.*

**AB 1397 (Hill) - Tissue Donation**

Modifies the responsibilities of physicians providing insemination or advanced reproductive technologies (ART) to HIV discordant couples where one partner is HIV positive and one is HIV negative. The bill requires a physician providing insemination or ART to inform the recipient of medical guidelines for testing after use of sperm from an HIV or HTLV reactive donor. The bill clarifies that the physician providing insemination or ART is not responsible for providing prophylactic testing, monitoring, and follow-up of the recipient, but requires the physician to recommend follow-up testing of the recipient for HIV and HTLV, as specified. The physician must also inform the recipient that she must provide documentation prior to treatment that she has established an ongoing physician relationship with another physician to provide for her medical care during, and after completion of, fertility services. The bill also allows the Department of Public Health to adopt regulations by the American Society for

Reproductive Medicine governing facilities that process sperm, as well as updates to those standards over time, through a modified rulemaking process. *Vetoed*.

## **ALCOHOL AND DRUGS**

### **SB 268 (Harman) - Alcoholism or drug abuse recovery or treatment facilities: licensing**

Requires applicants seeking licensure as a residential alcoholism or drug abuse recovery treatment facility to include in the application to the Department of Alcohol and Drug Programs (DADP) a certification that the proposed facility complies with local zoning, or is a legal non-conforming use, and to submit a fire clearance approved by the State Fire Marshall (SFM) or local fire prevention officer that is valid for the two-year duration of the license. *Failed in Assembly Health Committee.*

### **SB 707 (DeSaulnier) - Alcohol and other drug counselor licensing and certification**

Establishes a system of registration, certification, and licensing for alcohol and other drug counselors by the Department of Alcohol and Drug Programs (DADP). Creates three categories of certified counselors beginning with a Certified Alcohol and Other Drug Counselor, and including an advanced and clinical supervisor certification, who would all be certified by DADP to practice alcohol and drug counseling in a program licensed or certified by DADP. Establishes a Licensed Alcohol and Other Drug Counselor (LAODC) who may maintain an independent practice and can also provide clinical supervision. *Senate Appropriations Committee.*

### **AB 217 (Beall) - Medi-Cal: alcohol and drug screening and brief intervention services**

Establishes a screening and brief intervention (SBI) services program for pregnant women or women of childbearing age within the Medi-Cal program, to be administered by the Department of Health Care Services, in collaboration with the Department of Alcohol and Drug Programs, for the purpose of allowing local funds to be used to secure federal matching funds for these services. Provides that participation in the screening and intervention program shall be voluntary for a Medi-Cal beneficiary and that the results shall be subject to all confidentiality requirements applicable to medical records. *Vetoed.*

### **AB 417 (Beall) - Medi-Cal Drug Treatment Program: buprenorphine**

Requires buprenorphine services to be included within the scope of Drug Medi-Cal services, subject to certain requirements (buprenorphine is used to treat opioid addiction). Additionally, this bill requires a narcotic replacement therapy dosing fee for buprenorphine to be established. This bill would not be implemented if the Department of Health Care Services (DHCS) determines the provisions of this bill require an unbundling of Drug Medi-Cal reimbursement rates. *Senate Appropriations Committee.*

### **AB 564 (Portantino) - Substance Abuse Treatment Fund: prohibition of excessive salaries**

Establishes a limitation on the amount of compensation a director, officer, or employee of a nonprofit substance abuse treatment facility may receive from public sources, not to exceed a certain federal compensation limitation, and establish specified compensation requirements for any director, officer, or employee who collects rent from a drug treatment facility. Establishes restrictions on the distribution of funds from the Substance Abuse Treatment Trust Fund, it would amend the Substance Abuse and Crime Prevention Act of 2000. Requires the restrictions on compensation be included in any contract that the state enters into for drug treatment. *Failed passage on the Senate Floor, reconsideration granted.*

## **CHILDRENS HEALTH**

### **SB 1 (Steinberg) – Health care coverage: children**

Expands eligibility for the Medi-Cal program and the Healthy Families Program by modifying the income requirements applicable to those programs, and by making coverage available regardless of citizenship or immigration status. Requires the Managed Risk Medical Insurance Board and the State Department of Health Care Services to make specified technological improvements to the existing eligibility determination and enrollment systems for the Medi-Cal program and the Healthy Families Program and to develop a process to transition the enrollment of children from local children's health initiatives into those programs by July, 1 2011. *Senate Health Committee.*

### **SB 438 (Yee) - Healthy Families and Medi-Cal Enrollment**

Requires the Department of Health Care Services, to seek federal approval for an option to accelerate Medi-Cal enrollment for children and pregnant women who apply for Medi-Cal at a county welfare office. Transfers Healthy Families program eligibility determination to county welfare offices. (These provisions were amended out of the bill.) *Senate Appropriations Committee.*

### **AB 627 (Brownley) - Child care: nutritional requirements**

Establishes a 12-month or more pilot project in which a number of licensed child care centers and child day care homes that participate in the federal Child Care and Adult Food Program would receive higher state meal reimbursement to implement higher nutrition and physical activity standards. The pilot would include an evaluation conducted by an independent agency to assess the health, nutrition and other related impacts on children, providers, and parents. The pilot would be designed and implemented by the California Department of Education (CDE) only if the Superintendent of Public Instruction determines that non-General Fund funding sources, including federal or grant funds, are available to implement the pilot project. *Vetoed.*

## **CLINICAL AND FORENSIC LABORATORIES AND TISSUE BANKS**

### **SB 744 (Strickland) - Clinical laboratories: Deemed status**

Requires the State Department of Public Health to issue a certificate of deemed status to laboratories accredited by certain private, nonprofit organizations that they deem meet state licensure or registration requirements, provided that specified conditions are met. Requires a certificate of deemed status to be renewed annually provided that the conditions for issuance are still met. Except as otherwise authorized, provides that DHS shall not conduct routine inspections of a laboratory issued a certificate of deemed status. Specifies that this bill should not be construed to prohibit the exercise of DHS's authority to conduct complaint investigations, sample validation inspections, or require submission of proficiency testing results to DHS to ensure compliance of any clinical laboratory with state standards. Requires a clinical laboratory applying for a license to perform tests or examinations, and a clinical laboratory applying for certification, to pay an application fee based on the number of tests it performs or expects to perform, as specified. Requires DPH to report to the Legislature by July 1, 2013 the extent to which the state oversight program meets or exceeds federal oversight standards, the extent to which the federal Department of Health and Human Services is accepting applications from states for exemptions from federal clinical laboratory oversight, and the potential cost to the state for an exemption. *Chapter 201, Statutes of 2009.*

### **SJR 15 (Alquist) - Public health laboratories**

This resolution encourages the Centers for Medicare and Medicaid Services to amend regulations, and the Congress and the President to enact legislation, that would allow qualified non-doctoral, non-board certified persons to serve as laboratory directors of local public health laboratories. *Assembly Health Committee.*

### **AB 599 (Hall) - Forensic blood alcohol testing laboratories**

Provide that, until the effective date of specified regulatory changes, for forensic alcohol labs that are accredited in the forensic alcohol analysis discipline or subdiscipline by the American Society of Crime Laboratory Directors/Laboratory Accreditation Board (ASCLD/LAB), compliance with the standards of that accrediting body is sufficient to comply with proficiency testing requirements pertaining to forensic alcohol labs. Requires proposed changes to regulations dealing with forensic alcohol laboratories to be submitted to the California Health and Human Services Agency by December 31, 2010. *Vetoed.*

### **AB 995 (Block) - Tissue bank licensing**

Exempts from tissue bank licensing requirements the storage of certain federal Food and Drug Administration (FDA) regulated tissue-based products by a person who is licensed to provide health care services and who is acting within the scope of their license, provided the tissue-engineered product has been obtained from a licensed tissue bank and is stored in strict accordance with federal Food and Drug Administration regulations and guidelines, and is used for the purpose of implantation into, or application on, a patient and is not intended for further distribution. Requires, in order to be eligible for the exemption, the entity or organization where the physician or podiatrist who is eligible for the exemption is practicing to notify DPGH, as specified. *Chapter 497, Statutes of 2009.*

## **DOMESTIC VIOLENCE**

### **SB 273 (Corbett) - Domestic violence**

Changes the definition of domestic violence in the comprehensive shelter-based service program administered by the Maternal, Child, and Adolescent Health Division Branch in the Department of Public Health to explicitly extend services to males and makes the program subject to specified anti-discrimination provisions. Changes the definition of domestic violence in the statewide domestic violence program administered by the California Emergency Management Agency to explicitly extend services to males. *Chapter 177, Statutes of 2009.*

### **AB 1003 (John A. Perez) - Domestic violence grants**

Allows the number of grants awarded in the Equality in Prevention and Services for Domestic Abuse Program to be increased beyond the four annual limit currently permitted, changes the process by which these grants are awarded, and provides standards for domestic violence programs staff who provide services using these grant awards. *Chapter 498, Statutes of 2009.*

## **EMERGENCY MEDICAL SERVICES**

### **SB 38 (Alquist) - Emergency services: seniors**

Requires the California Highway Patrol, in consultation with local law enforcement officials, to develop a uniform system for addressing situations involving missing persons who are elderly and have an

impaired mental state. Makes implementation of any new duties to local law enforcement will be contingent upon receiving federal funding. *Assembly Appropriations Committee*.

**AB 235 (Hayashi) - Emergency services and care**

Extends the definition of emergency services and care to include additional screening, examination, and evaluation by appropriate medical professionals to determine if a psychiatric emergency medical condition exists, and clarifies hospital and health plan responsibilities regarding psychiatric emergencies. *Chapter 423, Statutes of 2009*.

**AB 911 (Lieu) - Emergency rooms: overcrowding**

Requires all hospitals that operate emergency departments to assess the condition of its emergency department by determining a crowding score, as specified. Requires hospitals to develop and file full capacity protocols that correspond to the crowding score with the Office of Statewide Health Planning and Development. *Vetoed*.

**AB 1272 (Hill) - Emergency medical services: trauma center: helicopter landing pad**

This bill would require a local emergency medical service to include within its trauma system plan the provision of air transport of trauma patients to, and between, trauma centers, if the local emergency medical service agency elects to implement a trauma system. *Senate Health Committee*.

**AB 1475 (Solorio) - Emergency medical services**

Limits the reimbursement for administering county Maddy Emergency Medical Services Funds to actual administrative costs or ten percent, whichever is lower, including additional penalty assessment funds authorized until January 2014. *Chapter 532, Statutes of 2009*.

**AB 1503 (Lieu) - Emergency medical care: billing**

Requires emergency room physicians to provide a discount payment policy for uninsured and specified low-income patients and revises the conditions under which physicians may seek uncompensated care payments through a Maddy Emergency Medical Services Fund. *Senate Health Committee*.

## **ENVIRONMENTAL HEALTH**

**SB 759 (Leno) - Federal state of emergency: aerial spraying of pesticide: inert ingredients: information.**

This bill prohibits the use of pesticides for aerial spraying near populated areas or specified sites in certain emergency circumstances, unless the manufacturer had previously disclosed the complete ingredient list to the Office of Environmental Health Hazard Assessment (OEHHA). The bill requires OEHHA to disclose ingredient information to local governments and specified health care providers in effected areas, and requires the director to seek federal reimbursement for all state costs associated with the emergency, as permitted by federal law. *Senate Appropriations Committee*

**SB 797 (Pavley) - Product Safety: Bisphenol A**

This bill prohibits, on or after January 1, 2011, the manufacture, sale or distribution of any bottle or cup that contains bisphenol A, at a level above 0.1 parts per billion (ppb), if the bottle or cup is designed or intended to be filled with a liquid, food, or beverage intended primarily for consumption by children three years of age or younger. The bill also prohibits, on or after July 1, 2011, the manufacture, sale or distribution of liquid infant formula in a can or plastic bottle containing bisphenol A or lined with a

material containing bisphenol A. The bill exempts specified medical devices, and food and beverage containers designed or intended primarily to contain liquid, food or beverages for consumption by the general population.

The bill also requires manufacturers to use the least toxic alternative when replacing bisphenol A in containers, and prohibits manufacturers from replacing bisphenol A with carcinogens or reproductive toxicants as identified by the United States Environmental Protection Agency (US EPA) or as listed in the Safe Drinking Water and Toxic Enforcement Act of 1986.

The bill repeals these prohibitions if the Department of Toxic Substances Control (DTSC) adopts a regulatory response, pursuant to the current "Green Chemistry" provisions of AB 1879 (Feuer and Huffman), Chapter 559, Statutes of 2008, regarding the use of bisphenol A. The bill does not prohibit or restrict DTSC's authority to adopt regulations to limit exposure to or reduce the level of hazard posed by bisphenol A, as established by the "Green Chemistry" law. ***Failed on the Assembly Floor.***

## **FOOD SAFETY, LABELLING AND NUTRITION**

### **SB 173 (Florez) - Food safety: testing and recalls**

Provides that the State Public Health Officer may adopt regulations for the voluntary recall of food that, without intervention, could transmit an illness that could kill or seriously affect the health of humans, including, in addition to the original condition, those clinically plausible secondary illnesses, infections, pathogens, contagions, toxins, or conditions arising from the effects of the original condition. ***Vetoed.***

### **SB 190 (Wright) - Misbranded food: pomegranate juice**

Directs the Department of Public Health to adopt regulations establishing definitions and standards of identity for 100% pomegranate juice in consultation with interested parties by July 1, 2011. Clarifies that the regulations must apply regardless of the origin or source of the pomegranates. Requires moneys deposited on or after January 1, 2010, into the Food Safety Fund, to be made available, upon appropriation by the Legislature, to fund the development and adoption of the regulations required by this bill. ***Assembly Appropriations Committee.***

### **SB 241 (Runner) - Retail food facilities**

Establishes "single operating site mobile food facility" as a new category of mobile food facilities regulated under the California Retail Food Code, imposes various requirements on these facilities, and revises standards applicable to mobile food facilities and satellite food facilities, makes additional technical and non-substantive amendments to the California Retail Food Code, and declares that these provisions will take effect immediately as an urgency statute. ***Chapter 571, Statutes of 2009.***

### **SB 453 (Padilla) - Food safety**

Requires an individual involved in the preparation, storage, or service of food to obtain a food handler card within 30 days after his or her hire date commencing January 1, 2011. Requires the California Department of Public Health (DPH) to develop and implement standards for accrediting food handler certification organizations and guidelines for approved food handler courses by June 1, 2010. ***Senate Appropriations Committee.***

## **HEALTH CARE COVERAGE**

### **SB 56 (Alquist) - California Health Benefits Service Program**

Establishes, within the Department of Health Care Services, the California Health Benefits Service Program to authorize and facilitate the creation of joint ventures among public health coverage programs, including existing publicly operated Medi-Cal managed care plans and the County Medical Services Program (CMSP), to provide health coverage to uninsured persons and health insurance purchasers, including individuals, employers and other health plan sponsors. *Senate Appropriations Committee.*

### **SB 227 (Alquist) - Health care coverage**

Reforms and restructures the Major Risk Medical Insurance Program (MRMIP). Requires health plans and health insurers (collectively “carriers”) to accept for coverage all persons eligible for MRMIP, as they are assigned to the carrier by the Managed Risk Medical Insurance Board (MRMIB), or elect instead to pay a fee for support of MRMIP, as specified. Revises subscriber contributions, from a maximum of between 125 percent to 137.5 percent to between 110 and 150 percent, which is set on a sliding scale, and allows further premium subsidies for low-income subscribers upon receipt of federal funds. Prohibits coverage in MRMIP from containing an annual benefit limit, and makes other changes regarding benefits. Requires MRMIB to establish a process for eligibility and re-enrollment of persons enrolled in the Guaranteed Issue Pilot (GIP) program, and requires MRMIB to provide certain reports to the Legislature. Expands the duties of MRMIB consistent with the provisions above, and establishes an 11-member advisory board to advise MRMIB. *Assembly Appropriations Committee.*

### **SB 727 (Cox) - Cal-COBRA**

Requires health plans and health insurers to offer continuation health coverage to active employees of small employers with 2-19 employees whose employer terminated a group benefit plan and did not provide a successor plan. The bill would apply to employees of small businesses with 2 to 19 employees. Would take effect as an urgency statute. *Senate Appropriations Committee.*

### **SB 810 (Leno) – Single payer health coverage**

Establishes the California Healthcare System (CHS), an entity that would provide affordable and comprehensive health care coverage for all Californians. Requires the CHS to provide specified health care benefits and to negotiate or set fees for health care services and pay claims for those services. Establishes a new state agency, the California Healthcare Agency (CHA), to oversee the CHS. Requires the Governor to appoint a Healthcare Commissioner to head the CHA and assigns several duties to the Commissioner. Requires the Commissioner to seek all necessary federal waivers, exemptions, agreements, and legislation to implement the CHS. Requires the Commissioner to seek approval to direct current federal payments for health care programs to the CHS, which would then assume responsibility for the services provided by those programs. Prohibits the sale of private health care service plans and health insurance policies in the state. Provides that a resident with an income at or below 200% of the Federal Poverty Level (FPL) is eligible for benefits like those provided by California's existing Medi-Cal program. Creates various offices and boards to aid in the administration of the CHS. Establishes the Healthcare Fund within the State Treasury, into which funds would be deposited to support CHS costs. *Senate Appropriations Committee.*

### **AB 1541 (Committee on Health) - Health care coverage**

Extends from 30 days to 60 days the time period an individual or dependent, who has lost or will lose Healthy Families Program (HFP) coverage, the Access for Infants and Mothers (AIM) Program coverage, or Medi-Cal program coverage, has to request enrollment in group coverage without being

considered a late enrollee. Deletes the requirement that a Healthy Families Program enrollee be disenrolled because of “aging out” of the program or exceeding the program’s income limits in order to be considered a late enrollee. *Chapter 542, Statutes of 2009.*

## **HEALTH CARE FACILITIES AND CLINICS**

### **SB 148 (Oropeza) - Mammogram machines: inspection: posting of results.**

Requires a facility that operates a mammogram machine to post notices of serious violations, as defined, in an area that is visible to patients. Requires the facility to post the notice within two working days after receipt of documents from DPH and requires that the documents remain posted for a minimum of five working days or until action correcting the violation has been completed, whichever is later.

*Chapter 169, Statutes of 2009.*

### **SB 196 (Corbett) - Emergency medical services**

Increases from 90 to 120 days the public notice a general acute care hospital must provide prior to closing or downgrading an emergency department (ED) and includes employees among the entities who must be notified. Increases from 30 to 60 days the public notice a general acute care hospital or acute psychiatric hospital must give prior to closing a facility or eliminating or relocating a supplemental service. *Vetoed.*

### **SB 221 (Walters) – Home dialysis agencies**

Repeals existing statute which provides for the licensing and regulation of home dialysis agencies, and makes findings and declarations that the statute has created confusion and misunderstandings with respect to dialysis services provided in skilled nursing facilities (SNFs).

### **SB 289 (Ducheny) - Hospitals: seismic safety: periodic reports**

Requires owners of hospital buildings that are classified as nonconforming, Structural Performance Category-1 (SPC-1) buildings, (defined in regulations as a building that is at risk of collapse in an earthquake), who have requested extensions of the 2008 deadline for seismic retrofitting or rebuilding, to include additional information in statutorily required reports due to the Office of Statewide Health Planning and Development (OSHPD) by June 30, 2011, regarding buildings they intend to remove from acute care service. *Assembly Inactive File.*

### **SB 360 (Yee) - Health facilities: direct care nurses**

Clarifies that current requirements, under which hospitals must ensure that direct care registered nurses receive orientation to the hospital and to the patient care unit or clinical care area in which they will be working, apply to new hires, casual, per diem, registry, and traveler staff. Specifies procedures through which the competency of direct care registered nurses may be demonstrated and validated. Provides that patient care staff who are undergoing orientation, and who have not had their competency demonstrated and validated, shall not count as staff for the purposes of meeting minimum nurse-to-patient ratios. Deletes provisions of existing law that allow the Department of Public Health (DPH) to take into consideration the unique nature of the University of California teaching hospitals when establishing licensed nurse-to-patient ratios. *Senate Appropriations Committee.*

### **SB 364 (Florez) - Health facilities: cancer centers**

Prohibits an officer, director, or member of a governing board of a general acute care (GAC) hospital designated by the National Cancer Institute (NCI) as a comprehensive cancer center, and that accepts state funds, from holding a position as an officer, director, or member of the board, or a similar position,

of a corporation that manufactures or sells tobacco products, as defined, or a corporation that has, within the past five years, violated federal or state controlled substances laws or regulations. ***Assembly Inactive File.***

**SB 442 (Ducheny) – Clinic corporations: licensing.**

Requires the California Department of Public Health to issue a single, consolidated license to a clinic corporation, or an entity that operates multiple clinics under a single governing board with a universal administrative and operative structure. Requires the department to calculate the licensing fee for a single consolidated license, based on a percentage of the current primary care clinic fee, and apply it to each primary care clinic included on the consolidated license. ***Senate Appropriations Committee.***

**SB 499 (Ducheny) - Hospitals: seismic safety**

Allows hospitals that sought, but did not receive, seismic reclassifications to qualify for a current up-to-two year extension that is available to hospital buildings that have filed building plans, submitted a construction timeline, and are under construction. Modifies reporting requirements for hospitals with Structural Performance Category - 1 buildings. Requires hospitals to include additional information in the reports concerning buildings they intend to retrofit, replace, or remove from acute care service and subjects hospitals that do not submit reports as required to fines, as specified. Authorizes OSHPD, until January 1, 2013, to utilize computer modeling, as specified, for purposes of determining the structural performance category of general acute care hospital buildings. Provides that OSHPDs submissions to the California Building Standards Commission related to this authority, or for the purposes of implementing conforming changes in nonstructural performance categories, shall be deemed to be emergency regulations. ***Chapter 601, Statutes of 2009.***

**SB 726 (Ashburn) - Health care districts: rural hospitals: employment of physicians**

Revises an existing pilot project allowing qualified health care districts and qualified rural hospitals, as specified, to directly employ physicians and extends the sunset date for the pilot project from January 1, 2011, to January 1, 2018. ***Assembly Floor Inactive File.***

**SB 743 (Senate Health Committee) - Health facilities: psychiatric patient release**

Clarifies the immunities from civil and criminal liability that are granted to specified hospitals and their staff related to the detention of persons who cannot be safely released from the hospital because they are a danger to themselves, to others, or are gravely disabled, as defined. ***Chapter 612, Statutes of 2009.***

**SJR 13 (Oropeza) - New dialysis clinic licensure and certification**

Urges the federal Centers for Medicare and Medicaid Services (CMS) to adopt regulations, and the Congress and President to enact legislation, to improve, speed up, and streamline the process for timely licensure and certification surveys of new dialysis clinics to provide patients with access to these services as soon as possible, and to eliminate the chilling impact on new clinic construction in California. Cites several factors demonstrating a need for more timely licensure and certification of new dialysis clinics. ***Assembly Health Committee.***

**AB 57 (Price) - University of California hospitals: staffing**

Requires the Department of Public Health (DPH) to establish a procedure for collecting and reviewing written staffing plans developed by the University of California (UC) general acute care hospitals, acute psychiatric hospitals, and special hospitals. Requires DPH to review documentation from each hospital concerning several aspects of its patient classification plan. Makes various findings and declarations concerning inadequate hospital staffing. ***Vetoed.***

**AB 303 (Beall) - Medi-Cal: Hospitals: designated public hospitals: seismic safety requirements**

Allows specified county and University of California disproportionate share hospitals (DSH) that contract with the California Medical Assistance Commission (CMAC) to serve Medi-Cal patients to receive supplemental Medi-Cal reimbursement from the Construction and Renovation Reimbursement Program (CRRP) for new capital projects to meet state seismic safety deadlines for which plans have been submitted to the state after January 1, 2007 and before December 31, 2011. *Chapter 428, Statutes of 2009.*

**AB 523 (Huffman) - Hospitals: seismic safety**

Allows the Office of Statewide Health Planning and Development (OSHPD) to grant a two-year extension of the 2013 seismic deadline for a hospital building that is under the control of a health care district, but is operated by a third party under a lease that extends at least through December 31, 2009, based on a declaration that the district has lacked, and continues to lack, unrestricted access to the hospital building for seismic planning purposes during the time of the lease. Establishes a series of interim deadlines and requirements the hospital must meet in order to qualify for the extension. States that the Legislature intends by this act to affirm the existing hospital seismic deadlines, and intends for the extension provided by the bill to be a one-time extension that is intended to address the unique needs of Marin General Hospital. *Chapter 243, Statutes of 2009.*

**AB 773 (Lieu) - Health facilities: citations: notifications**

Requires long-term care facilities to post Class "AA" and "A" citations for 120 days. This bill deletes the requirement in existing law that the posting be prescribed in regulations issued by the Department of Public Health (DPH), and that the violations be posted until the violation is corrected to the satisfaction of DPH, up to a maximum of 120 days. This bill deletes the requirement in existing law that the citation become final before it is required to be posted. Additionally, the bill specifies the minimum locations where the citation must be posted, the paper and font size of the posting (which must include the name and address of the facility) and require the posting to include whether the citation is a Class AA or Class A citation. *Chapter 472, Statutes of 2009.*

**AB 818 (Hernandez) - Health facilities: connection ports and patient safety**

Delays the prohibition on a health facility using a tubing connection that would fit into a connection port other than the type for which it was intended until the earlier of January 1, 2014 or 36 months after the International Organization for Standardization (ISO) publishes a new applicable design standard for epidural connections, and the earlier of January 1, 2013, or 24 months after ISO publishes an applicable design standard, for intravenous or enteral connections. Requires the Advanced Medical Technology Association to report annually to the Legislature on the progress of the development of those standards. Requires hospitals and skilled nursing facilities to include measures to prevent adverse effects associated with misconnecting intravenous, enteral feeding, and epidural lines in their patient safety plans. *Chapter 476, Statutes of 2009.*

**AB 1083 (John A. Perez) - Health facilities: security plans**

Requires hospital security and safety assessments to be conducted not less than annually, and requires hospital security plans to be updated annually. Provides that hospital security plans may additionally include efforts to cooperate with local law enforcement regarding violent acts at the facility. Requires hospitals to consult with affected employees and members of the medical staff in developing their security plans and assessments. *Chapter 506, Statutes of 2009.*

**AB 1235 (Hayashi) - Hospitals: seismic safety**

Authorizes the Office of Statewide Health Planning and Development (OSHPD) to approve, in lieu of a current extension for a hospital building that is owned and operated by a county, city, or city and county, under which the hospital owner is allowed to replace a hospital building by January 1, 2020 with a building that meets the January 1, 2030 standards in lieu of retrofitting the hospital by 2013, a specific extension for a hospital building that is owned or operated by Alameda County on the Alameda County Medical Center's Fairmont campus. Requires that the approval be on the basis of a declaration filed by the Alameda County board of supervisors that the county lacks the ability to meet the 2013 deadline and commits to meet interim deadlines, as specified. *Senate Inactive File.*

**AB 1544 (Health) - Hospitals: outpatient clinic services**

Establishes timeframes and procedures for DPH to act on applications by general acute care (GAC) hospitals to add a new, or modify an existing, outpatient clinic service as a supplemental service. Specifies that an onsite inspection is not required prior to approving the application but allows DPH to conduct an inspection prior to approving or denying an application if it determines that the hospital does not meet the requirements of the department. Limits an outpatient clinic service to providing nonemergency primary health care services in a clinical environment to patients who remain in the outpatient clinic for less than 24 hours. *Chapter 542, Statutes of 2009.*

## **HEALTH CARE INFORMATION & MEDICAL PRIVACY**

**SB 270 (Alquist) - Health Information Technology Advisory Panel.**

Creates a health information technology advisory panel to advise the Governor and the Legislature on health information technology in California. *Senate Appropriations Committee.*

**SB 337 (Alquist) - Health information.**

Revises the timelines for reporting of unauthorized access to, or use or disclosure of, patients' medical information, and provides limited exemptions to the reporting timelines in cases where law enforcement agencies are investigating such privacy breaches. Authorizes the California Health and Human Services Agency to apply for federal health information technology and health information exchange grants. Requires the governor to designate a qualified nonprofit entity to apply for federal health information exchange grants on behalf of the state if no application is made by the state. *Chapter 180, Statutes of 2009.*

**SB 368 (Maldonado) - Confidential medical information: unlawful disclosure**

Allows the Office of Health Information Integrity (OHII) to audit the procedures and records of a health care provider at any time in order to determine the provider's compliance with requirements to establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of patient's medical information, and to reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure. (Subsequently gutted and amended to require the California Health Facilities Financing Authority to establish a low-interest loan repayment program for health care providers to provide financing for health care information technology systems.) *Senate Health Committee.*

## **HEALTH CARE PERSONNEL**

### **SB 726 (Ashburn) - Health care districts: rural hospitals: employment of physicians**

Revises an existing pilot project allowing qualified health care districts and qualified rural hospitals, as specified, to directly employ physicians and extends the sunset date for the pilot project from January 1, 2011, to January 1, 2018. *Assembly Inactive File.*

### **AB 657 (Hernandez) – Health professions workforce: master plan**

This bill would require the Office of Statewide Health Planning and Development (OSHPD), in collaboration with the California Workforce Investment Board and based on information provided by the health care workforce clearinghouse, to establish the Health Professions Workforce Task Force (task force) to assist in the development of a health professions workforce master plan for the state. The task force would be required, by October 31, 2013, to submit a complete statewide health professions workforce master plan to OSHPD and the Legislature. *Vetoed.*

### **AB 1503 (Lieu) - Emergency medical care: billing**

Revises requirements for physicians seeking payment for emergency medical services through local Maddy Emergency Medical Services (EMS) funds. Requires physicians who provide emergency medical services in hospitals to implement a discount payment policy for financially qualified patients, as defined. Requires physicians providing emergency medical services to limit the expected payment for services from financially qualified patients, as specified. Requires these physicians to provide notices and information to patients, and places limits on the collections activities of these physicians, as specified. Clarifies that amounts paid under a physician's discounted payment policy do not constitute a physician's customary charge for purposes of establishing reimbursement amounts under the Medicare and Medi-Cal programs. *Senate Health Committee.*

## **HEALTH INSURANCE REGULATION**

### **SB 158 (Wiggins) - Health care coverage: human papillomavirus**

Requires every individual or group health care service plan contract issued, amended, or renewed, on or after January 1, 2010, that includes coverage for treatment or surgery of cervical cancer, to also provide coverage for an annual cervical cancer screening test and a human papillomavirus vaccination upon the referral of the patient's health care provider. Coverage includes the conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, and the option of any cervical cancer screening test approved by the federal Food and Drug Administration. This bill excludes specialized health care service plan contracts, Medicare supplement, short-term limited duration health insurance, CHAMPUS-supplement, TRI-CARE supplement, or to hospital indemnity, accident-only, and specified disease insurance. *Vetoed.*

### **SB 529 (Wyland) - Health care coverage: FDA approved treatments.**

Requires a health care service plan contract or a health insurance policy that provides coverage of a health condition to also provide coverage for any federal Food and Drug Administration approved treatment of that condition. Provides an exemption for investigational new drug applications. *Senate Health Committee.*

**SB 630 (Steinberg) - Health care coverage: dental/orthodontic reconstructive surgery**

Defines reconstructive surgery, as of July 1, 2010, to include medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures, except as specified. Imposes a state-mandated local program since a willful violation of this provision by a health care service plan would be a crime. *Chapter 604, Statutes of 2009.*

**AB 2 (De La Torre) - Individual Health Care Coverage**

Imposes specific requirements and standards on health care service plans licensed by the Department of Managed Health Care (DMHC) and health insurers subject to regulation by the California Department of Insurance (CDI), (collectively carriers) related to the application forms, medical underwriting, and notice and disclosure of rights and responsibilities for individual health plan contracts, and health insurance policies, including the establishment of an external independent review process to approve or deny a carrier's decision to cancel or rescind an individual's health care coverage. Requires carriers to demonstrate that an applicant intentionally misrepresented or intentionally omitted material information on the application prior to the issuance of a contract or policy, among other requirements, in order to rescind or cancel an individual plan contract or policy. Requires DMHC and CDI to establish a per-case reimbursement schedule to pay for independent reviews, and requires the costs of the independent review system to be paid for by the carriers, as specified. *Vetoed.*

**AB 56 (Portantino) - Health care coverage: mammographies**

Requires health insurers to provide coverage for mammography services, upon referral by a provider, beginning July 1, 2010. Excludes self-insured employee welfare benefit plans from this requirement. Allows physician assistants to make referrals, to the extent allowed by their scope of practice. Requires health plans and health insurers to notify subscribers or policyholders of recommended timelines for testing, unless exempted. Provides an exemption for specialized health insurance, Medicare supplement insurance, short-term limited duration health insurance, CHAMPUS supplement insurance, TRI-CARE supplement insurance, or to hospital indemnity, accident-only, or specified disease insurance from the requirement to provide the information above. Expands the method by which health plans and health insurers may notify a subscriber or policyholder of recommended timelines for an individual to undergo tests for the screening or diagnosis of breast cancer. *Vetoed.*

**AB 98 (De La Torre) - Health care coverage: maternity services**

Requires every individual or group health insurance policy, unless exempted, to cover maternity services. Provides an exemption for specialized health insurance, Medicare supplement insurance, short-term limited duration health insurance, vision-only, or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement insurance, TRI-CARE supplement insurance, hospital indemnity, accident-only, and specified disease insurance. Defines maternity services to include prenatal care, ambulatory care maternity services, involuntary complications of pregnancy, neonatal care, and inpatient hospital maternity care, including labor and delivery and postpartum care. *Vetoed.*

**AB 108 (Hayashi) - Individual health care coverage: rescission**

Prohibits health care service plans and health insurers from rescinding plan contracts or insurance policies for any reason after 24 months following their issuance. *Chapter 406, Statutes of 2009.*

**AB 119 (Jones) - Health care coverage: pricing.**

Eliminates an exception in current law that allows health plans and health insurers to use gender as a basis for premium, price, or charge differentials, when used on valid statistical and actuarial data, beginning January 1, 2011. *Chapter 365, Statutes of 2009.*

**AB 244 (Beall) - Health care coverage: mental health services**

Requires health plans and insurers to cover the diagnosis and medically necessary treatment of a mental illness of a person of any age under the same terms and conditions applied to other medical conditions. Clarifies that specified health plans or insurers that are exempt from the bill include Medicare supplement insurance policies, or specialized health insurance policies, except behavioral health-only insurance policies. *Vetoed.*

**AB 513 (De Leon) - Health care coverage: breast feeding.**

Requires health care service plan contracts and health insurance policies issued, renewed, or amended on or after January 1, 2010, that provides maternity coverage to provide coverage for lactation consultation with a lactation consultant and for provisions of a personal electric or personal manual breast pump or coverage for the rental of a hospital grade electric breast pump. *Vetoed.*

**AB 591 (De La Torre) - Insurance: referral fees: health plans and insurance: filings: identification cards.**

Requires health care service plans and health insurers to file a copy of each of its plan contracts issued, and a list of health insurance policies with more than 50,000 covered individuals, to their respective regulating agencies annually. Requires health care service plans and health insurers, if they issue identification cards, to identify their respective state regulating agencies and provide a phone number where the departments may be reached. Increases the maximum fine for violating the prohibition on unlawful referrals for compensation in relation to auto insurance claims from \$1,000 to \$5,000. *Senate Appropriations Committee.*

**AB 684 (Ma) - Claim reimbursement: late payments: dental services.**

Increases the interest rate health plans and health insurers covering dental services must pay for uncontested claims, and claims that the carrier determines to be payable that are not reimbursed within 60 working days. Requires the interest that accrues to be paid to the carriers' respective regulating agency for enforcement of specified laws, upon appropriation. Requires carriers offering dental coverage to follow a specified process for requesting additional information related to a claim. *Senate Health Committee.*

**AB 730 (Ma) - Health insurance: unlawful postclaims underwriting: penalties.**

Increases the maximum civil penalty for each act of post-claims underwriting, as prohibited in the Insurance Code, from \$118 to a maximum of \$5,000 for each act, and up to \$10,000 for each act or violation where the health insurer knew or had reason to know that the act was unlawful. Requires that the first \$118 of each penalty collected for post-claims underwriting violations be deposited in the General Fund and the balance of any penalty revenue be deposited in the Major Risk Medical Insurance Fund to be used, upon appropriation by the Legislature, for the Major Risk Medical Insurance Program. Requires civil penalties and disciplinary actions imposed against insurers for specified violations of the Insurance Code, including post-claims underwriting violations, to be determined at a hearing conducted in accordance with the Administrative Procedures Act. *Vetoed.*

**AB 1449 (Jones) – Health care coverage: solicitation.**

Revises, and makes specific to individual health care coverage, the duty established for agents, brokers, solicitors, or sales representatives, who assist an applicant in completing applications for individual health care coverage to help an applicant provide answers to health questions accurately and completely. *Senate Appropriations Committee.*

**AB 1521 (Jones) – Health care coverage: solicitation.**

Prohibits the variation in the compensation that health care service plans or health insurers pay to a solicitor for the sale of, offer of, or application for, an individual health plan contract or insurance policy that would depend on the health status, claims experience, industry, or occupation of the individual. *Senate Appropriations Committee.*

**AB 1541 (Committee on Health) – Health care coverage**

Extends from 30 days to 60 days the time period an individual or dependent, who has lost or will lose Healthy Families Program (HFP) coverage, the Access for Infants and Mothers (AIM) Program coverage, or Medi-Cal program coverage, has to request enrollment in group coverage without being considered a late enrollee. *Chapter 542, Statutes of 2009.*

**AB 1543 (Committee on Health) – Medicare supplement coverage**

Makes conforming changes to the requirements and standards that apply to Medicare supplement contracts and policies for the purpose of complying with recent federal law changes affecting the benefits, the issuance and the pricing of these policies. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. *Chapter 10, Statutes of 2009.*

## **MEDI-CAL, HEALTHY FAMILIES, AND OTHER PUBLIC HEALTH INSURANCE PROGRAMS**

**SB 1 (Steinberg) – Health care coverage: children**

Expands eligibility for the Medi-Cal program and the Healthy Families Program by modifying the income requirements applicable to those programs, and by making coverage available regardless of citizenship or immigration status. Requires the Managed Risk Medical Insurance Board and the State Department of Health Care Services to make specified technological improvements to the existing eligibility determination and enrollment systems for the Medi-Cal program and the Healthy Families Program and to develop a process to transition the enrollment of children from local children's health initiatives into those programs by July, 1 2011. *Senate Health Committee.*

**SB 114 (Liu) - Medi-Cal: Independent foster care adolescents**

Requires an independent foster care adolescent, who is in foster care on his or her 18th birthday, to be enrolled in Medi-Cal without any interruption in coverage and without requiring a new application. Requires DHCS to develop and implement a simplified form for redetermination, and requires independent foster care adolescents to fill out and return this form only if information previously reported is no longer accurate. *Senate Appropriations Committee.*

**SB 208 (Steinberg) - Medi-Cal: Demonstration project waiver**

Requires the Department of Health Care Services (DHCS) to submit an application to the federal Centers for Medicare and Medicaid Services (CMS) for a waiver to implement a demonstration project by September 1, 2010 for federal approval that does the following: strengthen California's health care

safety net, maximize opportunities to expand coverage to the eligible but uninsured populations, optimize opportunities to increase federal financial participation, promotes effective use of state and local funds and improves health outcomes. AB 342 (Bass) contains identical provisions and is in Senate Health Committee. *Assembly Health Committee.*

**SB 311 (Alquist) - Healthy Families Program: prospective payment system**

Requires the Managed Risk Medical Insurance Board to apply the Medicaid prospective payment system to services provided under the program by federally qualified health centers and rural health clinics and would authorize the board to adopt emergency regulations to implement that requirement. Provides that the program will not take effect until a separate appropriation is made and the state receives matching federal funds. States the intent of the Legislature to enact legislation that would implement other provisions of the federal Children's Health Insurance Program Reauthorization Act of 2009. *Senate Appropriations Committee.*

**SB 438 (Yee) - Healthy Families and Medi-Cal Enrollment**

Requires the Department of Health Care Services, to seek federal approval for an option to accelerate Medi-Cal enrollment for children and pregnant women who apply for Medi-Cal at a county welfare office. Transfers Healthy Families program eligibility determination to county welfare offices. (These provisions were amended out of the bill.) *Senate Appropriations Committee.*

**AB 217 (Beall) - Medi-Cal: alcohol and drug screening and brief intervention services**

Establishes a screening and brief intervention (SBI) services program for pregnant women or women of childbearing age within the Medi-Cal program, to be administered by the Department of Health Care Services, in collaboration with the State Department of Alcohol and Drug Programs, for the purpose of allowing local funds to be used to secure federal matching funds for these services. Provides that participation in the screening and intervention program shall be voluntary for a Medi-Cal beneficiary and that the results shall be subject to all confidentiality requirements applicable to medical records. *Vetoed.*

**AB 411 (De La Torre) - Skilled nursing facilities: quality assurance fee: Medi-Cal reimbursement**

Requires a skilled nursing facility (SNF) that is part of a continuing care retirement community to pay the SNF quality assurance fee until July 31, 2011 by eliminating an exemption from paying the fee for such facilities. Additionally, this bill repeals a requirement that the weighted average Medi-Cal SNF reimbursement rate for the 2009-10 and 2010-11 rate years not be increased over the amount in the 2008-09 year. Instead, this bill would require, for the 2009-10 rate year, the weighted average Medi-Cal SNF reimbursement rate to not exceed 2.5 percent of the weighted average Medi-Cal reimbursement rate for the prior fiscal year. Additionally, this bill would result in an increase in the weighted average Medi-Cal SNF reimbursement rate for the 2010-11 rate year in an amount not to exceed 5 percent of the prior fiscal year. This bill would take effect immediately as an urgency statute. (This bill was subsequently gutted and amended and made a two-year bill.) *Senate Rules Committee.*

**AB 511 (De La Torre) - Medi-Cal: ambulance transportation services providers: quality assurance fees**

Imposes, as a condition of participation in the Medi-Cal Program, a 5.5 percent quality assurance fee (QAF) on ambulance transportation services providers until the 2015-16 fiscal year, and requires revenue from the QAF to be used exclusively to enhance federal financial participation (FFP) under Medi-Cal, provide additional reimbursements or to support quality improvement efforts. Implements this bill only if the state receives federal approval and legislation is enacted during the 2009-10

legislative sessions that make an appropriation to fund a Medi-Cal rate increase for ambulance transportation services providers. *Senate Appropriations Committee.*

**AB 754 (Chesbro) - Medi-Cal: mental health plans**

Commencing July 1, 2011, requires the Department of Mental Health to allocate and distribute the full contracted amount of General Fund payment for the managed mental health care program, exclusive of the Early and Periodic Screening Diagnosis, and Treatment Program specialty mental health services provided under the Medi-Cal specialty mental health services waiver, at the beginning of the contract period. The allocated funds shall be considered to be funds of the plan that may be held by the Department of Mental Health. Requires the Department of Mental Health to develop a methodology to ensure that these funds are held as the property of the plan and shall not be reallocated for other purposes. *Senate Inactive File*

**AB 839 (Emmerson) - Medi-Cal: providers: remedies**

Changes Medi-Cal provider remedies, including specifying the judicial remedy when there is a dispute over processing or payment of money and modifies the date for the beginning of a period when a health care provider is barred from enrollment in Medi-Cal as specified in law. *Chapter 255, Statutes of 2009.*

**AB 896 (Galgiani) - Health care programs: provider reimbursement rates**

Extends the current requirement that inpatient payment rates for the California Childrens Services Program and the Genetically Handicapped Persons Program be 90 percent of the Medi-Cal hospital interim rate until January 1, 2011, after which provider payment rates for services rendered in those programs must be identical to the Medi-Cal rates of payment for the same service performed by the same provider type. Prior to the enactment of AB 896, the requirement that inpatient rates of payment be 90 percent of the Medi-Cal hospital interim rate sunset January 1, 2010

*Chapter 260, Statutes of 2009.*

**AB 1076 (Jones) - Medi-Cal**

Requires the Department of Health Care Services (DHCS) to expand the Medical Case Management (MCM) Program to include Medi-Cal beneficiaries who have two or more chronic conditions and have used the hospital emergency department (ED) four or more times in the previous twelve months, and specifies the type of services which must be included in case management services. Requires the Medi-Cal disease management benefit to include the designation of a primary care provider as a patient's medical home. *Senate Rules Committee.*

**AB 1142 (Price) – Medi-Cal proof of eligibility**

Requires hospitals to provide proof of a person's Medi-Cal eligibility to hospital-based providers, ambulance service providers and other providers of professional services. Requires Medi-Cal providers to ensure that patient debts that are sold to a collection agency will be recalled under specified circumstances. *Chapter 511, Statutes of 2009.*

**AB 1269 (Brownley) - Medi-Cal: eligibility**

Effective March 1, 2010, extends, and increases eligibility for, the Medi-Cal California Working Disabled Program (CWD Program). Permits individuals otherwise eligible for the CWD program, but who are temporarily not working, to remain in the program for up to 26 weeks, provided the individuals continue to pay monthly premiums that is equal to five percent of their individual countable income during the temporary nonworking period. This provision is subject to federal financial participation (FFP). Extends specified resource exemptions to apply for the beneficiary under any other Medi-Cal

program under which the beneficiary later becomes eligible for medical assistance where that eligibility is based on age, blindness, or disability. *Chapter 282, Statutes of 2009.*

**AB 1383 (Jones) - Medi-Cal: hospitals: supplemental payments: coverage dividend fee**

Imposes a coverage dividend fee on hospitals, except for designated public hospitals, for a period that would end on December 31, 2010. Requires hospitals to be paid supplemental payments which, when combined with their other Medi-Cal payments, would be in an amount equal to the upper payment limit for hospital outpatient and inpatient services, as specified. Requires Department of Health Care Services (DHCS) to pay Medi-Cal managed care plans enhanced payments as part of the monthly capitated payment for the exclusive purpose of making supplemental payments to hospitals for the provision of Medi-Cal hospital services. Requires the DHCS to submit state plan amendments to the federal government and seek any necessary approvals to implement a system of supplemental payments for hospitals. Requires revenue from the fee to be used only to make specified increased Medi-Cal payments to hospitals, the administrative costs of DHCS and to pay for health care coverage for children. *Chapter 627, Statutes of 2009.*

**AB 1445 (Chesbro) - Medi-Cal: federally qualified health centers and rural health clinics**

Allows federally qualified health centers (FQHCs) and rural health clinics (RHCs) to be reimbursed by Medi-Cal for multiple visits by a patient with a single or different health care professional on the same day at a single location, when a patient has an appointment with a mental health professional or has contracted an illness or been injured and requires additional treatment. *Senate Appropriations Committee.*

**AB 1568 (Salas) - Veteran's Benefits**

Requires the Department of Health Care Services (DHCS) to work in conjunction with various state and local agencies, to use the federal public assistance and reporting information system (PARIS) to identify veterans enrolled in the Medi-Cal program, and to assist them in obtaining federal veterans' health care benefits. Repeals provisions requiring the Department of Health Care Services (DHCS) to select three consenting counties to participate in PARIS. (These provisions were amended out of this bill.) *Chapter 29, Statutes 2009.*

## **MEDICAL RESEARCH**

**SB 343 (Alquist) - Stem cell research: intellectual property standards.**

Requires that intellectual property standards that the California Institute for Regenerative Medicine's Independent Citizen's Oversight Committee develops to include a requirement that each grantee, and the licensees of the grantee, to submit to the institute for approval a plan that will afford uninsured Californians access to any drug that is, in whole or in part, the result of research funded by the institute. Specifies that the plan must require that the grantees and licensees provide drugs to California state and local government funded programs at one of the three benchmark prices in the California Discount Prescription Drug Program, except when the institute adopts a waiver. *Senate Health Committee.*

## **MENTAL HEALTH**

### **SB 152 (Cox) - Medi-Cal funding: mental health services**

Commencing March 1, 2010, requires the Department of Mental Health to send a reimbursement claim to the State Controller within 90 days after the receipt of a mental health service claim from county contractors, with specified exceptions. Provides that interest will accrue on the claim beginning on the 91<sup>st</sup> day after submission, to be paid in equal parts from the budgets of the Department of Mental Health, the Department of Health Care Services, and the California Health and Human Services. *Assembly Health Committee.*

### **SB 296 (Lowenthal) - Mental health services**

Requires health care service plans and health insurers that provide professional mental health services to issue identification cards to all enrollees and insureds containing specified information by July 1, 2011, and provide specified information relating to their policies and procedures on their Internet web sites by January 1, 2012. *Chapter 575, Statutes of 2009.*

### **AB 244 (Beall) - Health care coverage: mental health services**

Requires health plans and insurers to cover the diagnosis and medically necessary treatment of a mental illness of a person of any age under the same terms and conditions applied to other medical conditions. Clarifies that specified health plans or insurers that are exempt from the bill include Medicare supplement insurance policies, or specialized health insurance policies, except behavioral health-only insurance policies. *Vetoed.*

### **AB 398 (Monning & Chesbro) - Acquired brain trauma**

Transfers the administrative duties and oversight of the California traumatic brain injury program from the Department of Mental Health to the Department of Rehabilitation, and extends the program's sunset date from July 1, 2012 to July 1, 2019. *Chapter 439, Statutes of 2009.*

### **AB 710 (Yamada) - Veterans Substance Abuse and Mental Health Fund**

Requires the Department of Veterans Affairs to consult with the Department of Mental Health and the Department of Alcohol and Drug Programs to identify federal funds available for funding community-based organizations that provide substance abuse and mental health services to veterans, as specified. If identified, the Department of Veterans Affairs would apply for federal Substance Abuse and Mental Health Services Administration funds through the Department of Mental Health or the Department of Alcohol and Drug Programs. Requires The Department of Veterans Affairs to establish a process to certify the eligibility of community-based organizations and to establish criteria for determining renewal of funding for recipient organizations. *Senate Appropriations Committee.*

### **AB 1571 (Veterans Affairs Committee) - Mental health services**

Includes veterans and representatives from a veteran's organization in the list of local stakeholders required to be consulted in the development and update of each county's Mental Health Services Act plan. Requires the Department of Mental Health to inform the California Department of Veterans Affairs of county plans that have outreach programs or that provide services specifically for veterans. *Chapter 546, Statutes of 2009.*

## **PRESCRIPTION DRUGS**

### **SB 341 (DeSaulnier) - Pharmaceuticals: adverse drug reactions: Drug Safety and Effectiveness Program.**

Requires the California Department of Public Health to make every effort to enter into a contract with the University of California to establish a program to evaluate scientific literature related to the safety and effectiveness of prescription drugs and to communicate that information to consumers and prescribers. Requires that the program include specified components, including an Internet Web site designed to disseminate information to health care professionals and consumers on the relative safety and effectiveness of those drugs, and, until January 1, 2015, a prescription education service, if the department and the University of California enter into a contract or agreement to establish the program. *Senate Appropriations Committee.*

## **PUBLIC HEALTH**

### **SB 769 (Alquist) -Federal funding: supplemental appropriations: pandemic flu.**

Provides that federal funding received pursuant to the federal Supplemental Appropriations Act, 2009 (Public Law 111-32) for pandemic flu preparedness and response is subject to appropriation by the Legislature for allocation by the Department of Public Health pursuant to the 2008-09 federally approved collaborative state-local plan and in the same proportion as stipulated in the 2008-09 federally approved state-local plan (30 percent to the state, 70 percent to the counties). *Senate Unfinished Business.*

### **AB 517 (Ma) - Safe Body Art Act**

Enacts the Safe Body Art Act to provide minimum statewide standards for the regulation of tattooing, body piercing, and permanent cosmetic application. Repeals current law governing the development of standards for these businesses. *Vetoed.*

### **AB 1020 (Emmerson) - Public swimming pools: anti-entrapment devices and systems.**

Conforms state law to recently enacted federal pool safety standards, the Virginia Graeme Baker Pool and Spa Safety Act, by requiring a public swimming pool, as defined, to be equipped with anti-entrapment devices or systems that meet federal requirements, with specified exemptions. The bill requires every public swimming pool constructed on or after January 1, 2010, to meet certain anti-entrapment specifications, and requires that a public swimming pool constructed prior to January 1, 2010, be retrofitted to comply with these anti-entrapment measures, unless the pool was already retrofitted to meet the requirements of the VGB Act. The bill requires an owner that already retrofitted pools pursuant to the enactment of the VGB Act, to certify to the Department of Public Health that the retrofit was completed. The bill allows DPH to impose an annual fee on the owners of public swimming pools, and creates the Recreational Health Fund within the State Treasury to collect these fees. *Chapter 267, Statutes of 2009*

### **AB 1100 (Duvall) - Potable reuse demonstration water.**

Defines potable reuse demonstration water (PRDW) as secondary effluent (treated wastewater) from a wastewater treatment facility, operated by a wastewater treatment agency with a source control program that goes beyond conventional source control. The water must be treated to remove particulates by specified processes. In order to be classified as PRDW, the water must meet or exceed all federal and state drinking water standards and all maximum contaminant levels (MCLs) set by DPH for public drinking water. This bill allows the operator of a facility that produces PRDW to bottle and distribute the

water for educational purposes, provided the operator first tests samples of the water in accordance with current federal and state bottled water testing standards, and sets a limit of no more than 1,000 gallons of PRDW to be bottled per year. The water is not to be sold or exchanged for financial consideration. Under this bill, PRDW would be subject to the regulations governing the transportation, bottling, and handling of bottled water. The bill also specifies other bottling and labeling requirements. *Senate Environmental Quality Committee.*

## **TOBACCO**

### **SB 400 (Corbett) - Electronic Cigarettes**

Provides that electronic cigarettes are drugs under state law, making them subject to the Sherman Food, Drug, and Cosmetic Law. *Vetoed.*

### **SB 600 (Padilla) - Cigarette and tobacco products taxes: Tobacco Tax and Health Protection Fund**

Imposes a \$1.50 tax on cigarettes and, indirectly, an equivalent tax on tobacco products and would take effect immediately as a tax levy. Provides that 85 percent of the funds resulting from the tax will be deposited into the General Fund and 15 percent into the Tobacco Tax and Health Protection Fund, which is created by the bill, for tobacco control, tobacco disease research, and lung cancer research. Creates the Tobacco Tax General Fund Account within the State's General Fund. Requires Board of Equalization (BOE) to adjust the tax rate to reflect any changes in the California Consumer Price Index (CCPI).

*Senate Rules Committee.*

### **SB 602 ( Padilla) - Retail tobacco sales: licenses**

Prohibits the State Board of Equalization (BOE) from issuing new retail tobacco licenses in areas of over concentration. Repeals the current restrictions that limits BOE's enforcement actions against retail tobacco license holders for violations of underage sales laws to periods when the percentage of underage sales, as measured by the statewide youth purchase survey, is 13 percent or more. Requires enforcement agencies to notify BOE of retailers' violations of underage sales laws. (These provisions were amended from the bill.) *Assembly Rules Committee.*

### **AB 574 (Hill) - Health facilities: smoking**

Prohibits smoking in all areas of acute care hospitals, including the general hospital campus, buildings, parking areas, plazas, and sidewalks. *Vetoed.*

## **WOMEN'S HEALTH/REPRODUCTIVE HEALTH**

### **SB 158 (Wiggins) - Health care coverage: human papillomavirus**

Requires every individual or group health care service plan contract issued, amended, or renewed, on or after January 1, 2010, that includes coverage for treatment or surgery of cervical cancer, to also provide coverage for an annual cervical cancer screening test and a human papillomavirus vaccination upon the referral of the patient's health care provider. Coverage includes the conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, and the option of any cervical cancer screening test approved by the federal Food and Drug Administration. This bill excludes

specialized health care service plan contracts, Medicare supplement, short-term limited duration health insurance, CHAMPUS-supplement, TRI-CARE supplement, or to hospital indemnity, accident-only, and specified disease insurance. **Vetoed.**

**AB 52 (Portantino) - Umbilical Cord Blood Collection**

Extends for one year the date by which the Department of Public Health (DPH) is required to establish the Umbilical Cord Blood Collection Program and, requires DPH to contract with up to five licensed or accredited blood banks to collect and store umbilical cord blood, as specified. Imposes a temporary \$1 fee on specified birth certificates to fund the program. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. **Senate Health Committee.**

**AB 359 (Nava) - Breast cancer screening: digital mammography**

Permits a provider for the Every Woman Counts breast cancer screening program to employ digital mammography commencing January 1, 2010, and to be reimbursed by the Every Woman Counts program. **Chapter 435, Statutes of 2009**

**AB 543 (Ma) - Perinatal care: Nurse Family Partnership**

Authorizes the use of Nurse-Family Partnership Program grant moneys as a match for other grants administered by the Department of Public Health. Extends, from January 1, 2009 to January 1, 2014, the date on which the California Families and Children Account ceases to exist, if it has insufficient funds to implement the Nurse-Family Partnership Program. **Vetoed**

**AB 1317 (Block) - Assisted oocyte production: advertisements**

Requires a specified warning in all advertisements for human egg donations associated with the delivery of fertility treatment. Requires donors to fertility treatment centers be provided with medically accurate information regarding potential risks. Clarifies that the entity advertising for egg donors for reproductive purposes is responsible for providing medically accurate information to a potential donor as part of the screening process before the donor signs a binding contract. **Chapter 523, Statutes of 2009.**