

## ADOPTIONS AND FOSTER CARE

### **SB 887 (Ortiz) - Foster Care Group Home Regulation**

(Adds Chapter 3.2, commencing with Section 8250, to Division 1 of Title 2 of, and adds Section 12528.8 to, Government Code, amends Section 1520.1 of Health and Safety Code, adds Section 138.8 to Labor Code, adds Section 19553.5 to Revenue and Taxation Code, and amends Sections 11460, 11462.06, 11466.1, and 11466.2 of, and adds Sections 11460.05, 11466.20, 11466.23, and 11466.26 to, Welfare and Institutions Code)

Establishes the Foster Care Policy Council consisting of representatives from the Governor's office, chief probation officers, county welfare directors, mental health directors, the Office of the Superintendent of Public Instruction, State Department of Social Services (DSS), juvenile courts judges, current and former foster youth, foster care group home providers, foster family agencies, foster family home providers, foster parents, adoption agencies, direct service workers, researchers of child welfare services and foster care, and other appropriate interested parties.

Requires the Council to review existing policies affecting the foster care system, and in particular, the effective care of foster children, as specified. Also, requires the Council to evaluate and assess the methods of improving the quality of services for abused, neglected, seriously disturbed, and delinquent children. Requires the Council to ensure high standards of care and accountability in the foster care system.

Establishes the Group Home Fraud Investigative Unit in the office of the Attorney General to: investigate, and refer for prosecution, group home violations pertaining to fraud; and establish a liaison with DSS.

Authorizes the director of DSS to inspect the income tax returns of a group home licensee when the director determines, based on reasonable suspicion, that a group home provider has committed fraud that can be validated by specific and identifiable information from the Federal Tax Bureau.

Requires DSS to: 1) monitor and enforce compliance of group home nonprofit status; and 2) develop regulations on or before January 1, 2001 requiring group home providers to certify that representations made in financial documents submitted to DSS, or other entity designated by the director, for purposes of compliance or reimbursement, are correct to the best knowledge and belief of the provider. Makes a violation of this provision punishable as a misdemeanor.

Requires DSS to adopt regulations that: 1) specify which documents group home are required to maintain on a daily, weekly, and monthly basis; and 2) impose a daily fine in the absence of good cause for not submitting requested information or not allowing access to the facility. Requires DSS to work in consultation with foster care group home licensee representatives and Department of Justice (DOJ) to develop regulations. When adopting or amending these regulations, prohibits the imposition of a penalty until at least six months after the protocols, procedures, and guidelines are in place.

Requires DSS to re-audit and perform a fiscal audit of any group home that fails a program audit, as specified, and authorizes DSS to terminate a group home reimbursement rate and revoke its license if the group home fails its program audit twice in a two-year period.

Requires that leases between a group home provider and its officers, key employees of the corporation, relatives, or the facility's board of directors, for the lease of a shelter, comply with requirements under current law limiting reimbursement for such shelter leases. Requires specified group home providers to obtain an approval letter from the Charitable Trusts Section of DOJ.

Requires DSS to notify a group home licensee within 90 days of closing a fraud investigation.

*Status: Vetoed by Governor*

### **SB 949 (Speier) - Family Foster Care Improvement and Adoption Facilitation**

#### **Act of 1999**

(Adds Sections 16124, 16125, 16126, and 16127 to, and repeals and adds Section 11461 of, Welfare and Institutions Code)

Creates the Family Foster Care Improvement and Adoption Facilitation Act of 1999.

Repeals and recasts the payment methodology for foster family homes and approved homes of relatives or non-related legal guardians by creating two separate payment schedules with a basic rate increase of approximately 8.5 percent for homes with relatives or non-related legal guardians and 20.5 percent for licensed family homes.

Requires that adoptive parents of children who are under juvenile court jurisdiction or who are part of the state's foster care program shall receive an adoption assistance payment that is not reduced due to income or assets, and shall not have their income and assets reviewed except to determine adequacy.

Provides for waiver of the confidentiality of the juvenile court proceedings upon application of specified parties, including a parent of the child, court appointed child advocate, child protective service agencies, child's guardian, or child's counsel, etc. The waiver could be granted upon demonstration that the waiver either assists in a permanent adoptive placement home, rather than placement in nonrelative foster care, or the waiver otherwise would be in the best interest of the child.

Requires the Department of Social Services (DSS) to establish a training and certification program, by July 1, 2000, for all licensed family foster care providers that includes: 1) training in parenting and special needs skills and continuing education; 2) designation of skilled, certified family foster care providers who meet certain standards; 3) a 10 percent rate increase for certified skilled, certified family foster care providers; and 4) authorization for DSS to assess training fees as specified.

Provides foster family care providers with: 1) qualified immunity from third party liability for juvenile court-placed children; and 2) publicly assigned and paid legal counsel for a provider disciplinary action where license revocation is sought by DSS or the county, under specified conditions.

*Status: Died in Assembly Appropriations Committee*

**SB 1270 (Health & Human Services Committee) - Interstate Adoptions Compact**

(Amends Sections 366, 366.3, 10554, 11404.1, 14051, and 16501.1, of, adds Sections 366.24, 366.25, and 16121.2 to, and adds Chapter 2.6, commencing with Section 16170, to Part 4 of Division 9 of, Welfare and Institutions Code)

Includes in the definition of medically needy those children eligible to receive Medi-Cal pursuant to the interstate adoption assistance compact, and sunsets this definition on October 1, 2002.

Authorizes the State Departments of Social Services (DSS) and Health Services (DHS) to develop, negotiate and enter into an interstate compact agreement with other states, for the protection of children who receive adoption assistance services, including procedures for adoption assistance payments, including medical payments.

Establishes provisions for the state to enter into Interstate Adoption Assistance Agreements that include:

- Provisions that the compact require: joinders by all states; withdrawals by written notice from the compact; protections for the children for states that withdraw; written adoptions assistance agreements expressly for the child, enforced by the parents and state administrative agency; and proper administration;
- Provisions for procedures and entitlement to medical and other necessary services and provisions for proper administration of the compact.

Establishes Medi-Cal eligibility for any child that has:

- A state-only adoption assistance agreement from another state and is now a California resident;
- Special needs, with a state-only adoption assistance agreement with California, if the child is placed out-of-state or moves out-of-state with his or her adoptive family and the receiving state does not provide Medicaid benefits to the child.

Authorizes DSS and DHS to adopt regulations, and requires incorporation of the interstate adoption assistance agreement(s) into any relevant state plans.

*Status: Chapter 887, Statutes of 1999*

**SB 1946 (McPherson) - Kinship Support Services**

(Amends Section 16605 of the Welfare and Institutions Code)

Appropriates \$3 million to the State Department of Social Services (DSS) for the support of the Kinship Support Services Program (KSSP). Directs DSS to use \$2,775,000 of the funds appropriated for program support and \$225,000 for technical assistance to KSSP providers.

Requires DSS to give priority in the awarding of KSSP grants to counties that participated in the program prior to the 2001-2002 fiscal year, and to counties that have received technical assistance and training but no funding.

Provides that counties participating in KSSP shall not become ineligible due to reductions in the number of relative care placements.

Authorizes DSS to select additional agencies to provide technical assistance to KSSP providers. Requires DSS to contract for a study of the cost and benefits and the effectiveness of KSSP.

*Status: Chapter 866, Statutes of 2000*

**SB 1980 (Ortiz) - Foster Care Group Homes**

(Adds Section 12528.8 to, and adds Chapter 3.2, commencing with Section 8250, to Division 1 of Title 2 of, the Government Code, to amend Section 1520.1 of the Health and Safety Code, adds Section 138.8 to the Labor Code, adds Section 19553.5 to the Revenue and Taxation Code, and amends Sections 11460, 11462.06, 11466.1, and 11466.2 of, and adds Sections 11460.05, 11466.20, 11466.23, and 11466.26 to, the Welfare and Institutions Code)

Establishes the Foster Care Policy Council, consisting of various representatives of the Governor's office, and other appropriate interested parties.

Requires the Council to review existing foster care policies and to evaluate and assess methods of improving the quality of services to abused, neglected, seriously emotionally disturbed, and delinquent children and their families.

Establishes the Group Home Fraud Investigative Unit in the Attorney General's office to investigate and refer for prosecution incidences of fraud by group home providers, and requires the Unit to establish a liaison with the Department of Social Services (DSS) to receive referrals and cooperate in fraud investigations.

Requires the Franchise Tax Board to permit DSS to inspect the income tax returns of a group home licensee upon a showing of reasonable suspicion that the licensee committed fraud.

Requires that DSS conduct a program audit of each group home every four years. Requires that DSS perform a second program audit and a fiscal audit within one year after a group home fails a program audit by two or more rate classification levels (RCL) below the level the group home was reimbursed.

Authorizes DSS to terminate the reimbursement rate for a group home and revoke its license if the group home fails two consecutive program audits by two or more RCLs or once by four or more RCLs.

*Status: Died in Assembly Appropriations Committee*

**AB 575 (Aroner) - Title IV-E Compliance: Wards of the Court**

(Amends Sections 202, 366.23, 366.26, 628, 635, 636, 652, 653.5, 658, 660, and 706.5, of, and adds Sections 636.1, 706.6, 726.4, 727.2, 727.3, 727.31, and 727.4 to, Welfare and Institutions Code)

Codifies requirements of the foster care (Title IV-E) programs pertaining to wards of the court. Requires a probation officer to: 1) submit a written report as prescribed, when there was contact with a minor and consideration of releasing a minor in custody who is at risk of entering foster care, and requires the court to release the minor unless there is a prima facie showing that Section 601 or 602 describe the child; 2) complete a case plan, as prescribed, within 30 days or by the date of the disposition hearing, including in his or her investigation whether a reasonable effort was made to prevent or eliminate removal of the minor from his or her home; 3) and make a referral for services to the family, if determined appropriate to prevent removal.

Requires the court to make a determination on the record of the following: 1) whether retaining a child in his or her home is contrary to the child's welfare; 2) whether reasonable efforts were made to prevent the child's removal from home; and 3) whether there are services to prevent detention.

Makes specific the contents of the probation officer's social study. Requires reunification, removal, or continued detention with corresponding determinations.

Specifies that out-of-home placement shall be based upon a safe setting in the least restrictive environment, the most appropriate setting in close proximity to the parent's home, and placement best suited to meet the child's special needs and best interest (with priority, in order, for relatives, tribal members, foster family, group care, and other residential treatment).

Establishes a means to monitor the care of a foster child who is a juvenile court ward, to ensure that everything reasonable is done towards safe reunification or permanent placement.

***Status: Chapter 997, Statutes of 1999***

**AB 645 (Honda) - Minors: Special Education**

(Amends Sections 19, 102, 202, 209, 241.1, 300.2, 317, 358.1, 360, 361, 361.5, 366.21, 366.22, 706.5, 1401, and 1402 of Welfare and Institutions Code)

Requires court personnel, probation officers, child advocates, social workers and court-appointed counsel, who currently provide services to children in foster care, to assess at various points whether or not the dependent child is receiving educational services and ensure the child receives those services.

Requires also that the above named personnel ensure children receive special education services, when indicated.

***Status: Vetoed by Governor***

**AB 686 (Aroner) - Dependent Children: Termination of Jurisdiction**

(Amends Sections 362, 366.3, and 727 of, and adds Section 391 to, Welfare and Institutions Code)

Prohibits the juvenile court from terminating jurisdiction over a child in foster care, who has reached the age of 18, until the county welfare department submits a written report verifying that the child has been given available information and documents concerning his or her family history, including the whereabouts of any siblings under the jurisdiction of the juvenile court, the child's social security card, California Identification Card, certified birth certificate, and proof of citizenship or residence. The county welfare department also is required to provide the child assistance with the following: completing an application for Medi-Cal or other health insurance; securing housing; obtaining employment; applying for admission to college or a vocational training program; and obtaining financial aid.

Requires the county welfare department to ensure that a dependent child who has reached the age of 18 is present in court at the time the juvenile court terminates jurisdiction, except when the welfare department is unable to locate the child.

Requires the dependency court, at the six-month status review hearings, to review the progress of the county welfare department in providing the above information and services.

Clarifies and reinforces the ability of the juvenile court to direct parents or guardians to ensure the child's regular school attendance and secure any other educational services as needed.

*Status: Chapter 911, Statutes of 2000*

**AB 1020 (Corbett) - Special Education: Foster Parents**

(Amends Section 56029 of, and adds Article 3.7, commencing with Section 56055, to Chapter 1 of Part 30 of, Education Code, amends Section 7579.5 of Government Code, and amends Section 361 of Welfare and Institutions Code)

Adds to those authorized to submit a referral, for assessment of a student's eligibility for special education, the following persons: a guardian, foster parent (to the extent permitted by federal law), student advocate, an adult designated by the parent or guardian to represent the interest of the student (if the right of the parent or guardian to make educational decisions has not been limited by a court) and a person acting in the place of a parent or a person who is legally responsible for the child's welfare.

Clarifies that if no court has limited the right of the parent or guardian to make educational decisions for the student, the parent or guardian is not prevented from designating another adult to represent the interests of the student for educational and related services. In addition, provides that, unless an adult has been designated to represent the student, a foster parent or advocate assigned to the student may not be prevented from submitting a referral for special education assessment.

Requires the court to limit the right of a parent or guardian to make educational decisions for a child in foster care if the parent or guardian: 1) is unknown, is deceased, or whereabouts are unknown; 2) is incarcerated or institutionalized and cannot arrange for care for the child; 3) is in a location that prevents the exercise of timely in-person care; 4) is suffering from mental disability that renders him or her incapable of making educational decisions for the child; or 5) will not be available due to entering a residential treatment program.

Authorizes the court to limit the parent's or guardian's right to make educational decisions if the court finds, by a preponderance of evidence, that the parent or guardian has:

- Failed to demonstrate due diligence in providing for the child's educational needs or attending to necessary matters pertaining to the child's education, such as failure to attend meetings with the child's teacher, respond to problems relating to the child's performance or behavior at school, participate in implementation of the child's individual educational plan, if the child is an individual with exceptional needs, as well as failure to ensure regular school attendance to a detrimental degree.
- Demonstrated, without good cause, a pattern of unreliability in attending to routine responsibilities pertaining to the child's care and welfare, including, but not limited to, failure by the parent or guardian to visit the child during the time the child has been in out-of-home care, if the parent had access to transportation.

*Status: Vetoed by Governor*

**AB 1987 (Steinberg) - Dependent Children: Siblings**

(Amends Sections 358.1, 361.2, 362.1, 366, 366.1, 366.3, 388, 16002, and 16501.1 of, and adds Section 16004 to, the Welfare and Institutions Code)

Requires the court, when the child has been ordered removed from the home and at subsequent status review hearings, to consider the existence and nature of any sibling relationship and whether the relationship should be developed or maintained, and to consider the impact of the sibling relationship on the placement and planning for legal permanence

Requires the court's order that places the child in foster care to include visitation between the child and any siblings, unless the court finds by clear and convincing evidence that visitation is detrimental to either child.

Requires that, when out-of-home placement of the child is made, the case plan shall include provisions for the development and maintenance of sibling relationships and, where appropriate, that siblings are informed of significant life events that occur within a child's extended family.

Permits a person, including a dependent of the juvenile court, who wishes to assert a sibling relationship with a dependent child to file a verified petition in dependency court to request visitation with or placement near the dependent child, consideration in the development of a case plan or permanent plan for the dependent child, or make any other request for an order that may be shown to be in the best interest of the dependent child;

Requires CDSS, in consultation with the County Welfare Directors Association and others, to study and make recommendations to increase the available sibling placement resources, including a possible special licensing category, and to submit by November 1, 2001, legislative recommendations for placing siblings together.

*Status: Chapter 909, Statutes of 2000*

**AB 2706 (Cunneen) - Child Welfare Services "Wraparound" Programs**

Under current law, foster children who live in group homes are placed according to the severity of their needs, and group homes receive one of 14 rate classification levels (RCLs). Current law allows counties to establish a wraparound services project, under which a county may provide comprehensive services to children who would qualify for placement in a group home with an RCL of 12 or higher without removing them from their home or placing them in a group home facility.

AB 2706 expands eligibility for the wraparound program by reducing the minimum RCL at which children are eligible from RCL 12 to RCL 10.

Establishes a new reimbursement rate for wraparound services for children who otherwise would be placed in an RCL 10 or 11 facility at the average cost of an RCL 10 to 11 placement, minus the cost of any out-of-home placement cost.

*Status: Chapter 259, Statutes of 2000*

## AGING AND LONG-TERM CARE

**SB 1082 (Ortiz) - Continuing Care Retirement Communities**

(Amends Sections 1771, 1771.5, 1771.9, 1779, and 1788 of, and adds Section 1771.11 to, Health and Safety Code)

Specifies a list of rights for residents of Continuing Care Retirement Communities (CCRCs) and requires CCRC providers to allow residents access to financial information regarding the operation of the CCRC.

Requires each provider to adopt and submit a comprehensive disaster preparedness plan to protect CCRCs and residents from natural disasters.

Requires a provider to notify residents within 10 days of submitting an application for a certificate of authority to initiate construction, close a sale or transfer of a CCRC, and to notify residents of any other plans, as specified.

*Status: Chapter 949, Statutes of 1999*

**SB 1448 (Hughes) - Medi-Cal: Estate Claims**

(Adds Section 366.3 to the Code of Civil Procedure and amends Section 14009.5 of the Welfare and Institutions Code)

Specifies that action to recover Medi-Cal costs from a deceased Medi-Cal recipient's estate must begin within one year after the recipient's death.



Prevents the Department of Health Services (DHS) from filing a claim against the estate of a surviving spouse after his/her death to pay for prior services to a deceased Medi-Cal recipient.

Clarifies that a DHS estate claim must be waived for undue hardship to dependents, heirs, or survivors, who have submitted an application for waiver or reduction of DHS' claim, based on published criteria that the state must establish.

Requires that waivers be granted consistent with DHS regulations that must, at a minimum, define "undue hardship" and consider specified criteria.

Requires DHS to consider it an undue hardship when a sibling, son, or daughter of a deceased Medi-Cal recipient lawfully resides in the recipient's home on a continuous basis, as specified.

Specifies that, for the purpose of this bill, "health care services" must not include in-home supportive personal care services when performed by a dependent, heir, or survivor of the deceased beneficiary.

Defines the term "estate" with respect to a deceased individual to include all real and personal property and other assets included within the individual's estate, as defined in California probate law.

Specifies that various disputes are subject to appeal by administrative law hearing or judicial review, as described.

Prevents DHS from taking action to enforce a recovery claim until final determination of a hardship application or other appeals.

Prohibits interest from accruing on any recovery claim until final adjudication of the claim.  
*Status: Died in Senate Appropriations Committee*

### **SB 1461 (Escutia) - Multipurpose Senior Services Program**

(Adds Section 9565.6 to the Welfare and Institutions Code)

Finds that it is in the best financial interest of the State of California to provide alternatives to nursing home care; that seniors live longer and more fulfilling lives when they are able to stay in their own homes; that Multipurpose Senior Services Program (MSSP) provides a cost-effective alternative to nursing home care; and that MSSP currently serves less than one-third of California's estimated senior need for in-home care.

Declares that the legislature intends to provide in-home services for all appropriate Medi-Cal beneficiaries and intends to realize this purpose in an incremental fashion through progressive appropriations within the state budget.

Directs the Department of Health Services to seek an expansion of the federal Medicaid waiver to obtain federal financial participation for an additional 36,000 slots in MSSP.

Directs the Legislative Analyst to produce a strategic expansion plan for MSSP to serve all program eligibles. The plan shall be developed in consultation with the department and appropriate legislative staff. It shall include an assessment of resource needs for strategic expansion, make recommendations and establish timelines, and it shall address geographic variances in need for additional program slots.

States that future expansion of the MSSP program shall be contingent on progressive budget appropriations, yearly evaluations of program need for additional slots and an assessment of the program's continued cost-effectiveness.

**Status:** *Died in Senate Appropriations Committee*

**SB 1551 (Dunn) - Long-Term Care Facilities: Family Councils**  
(Amends Section 1418.4 of the Health and Safety Code)

Clarifies existing law and strengthens the rights of the family council to meet, provide notice of those meetings, and ensure a facility's cooperation.

States that the family council must be allowed to meet at least once a month and prohibits a facility from limiting the right of family council members to meet independently with persons from outside the facility during non-working hours. Allows staff or visitors to attend family council meetings, at the group's invitation.

Requires a facility to:

- Provide a designated staff person to assist and respond to written requests that result from family council meetings.
- Consider the views and act upon the grievances and recommendations of a family council concerning proposed policy and operational decisions affecting resident care and life in the facility.
- Respond in writing to written requests or concerns of the family council, within 10 working days.
- Include notice of the family council meetings in at least a quarterly mailing, and inform family members or representatives of new residents of the existence of the family council, and the time, place, and date of meetings, and the contact person when a family council exists.

Prohibits a facility from willful interference, as defined, in the formation, maintenance or promotion of a family council.

Provides that violation of the bill's provisions constitute a class "B" violation (residents' rights).

**Status:** *Chapter 448, Statutes of 2000*

**SB 1793 (Ortiz) - Seniors: Legal Services**

(Adds Chapter 6.5, commencing with Section 9320, to Division 8.5 of the Welfare and Institutions Code)

Makes Legislative declarations regarding the possible need to expand the existing Senior Legal Hotline due to the increased number of seniors in California.

Appropriates \$100,000 to establish a task force to study, make action steps and timelines to establish a statewide legal hotline for senior citizens.

Specifies what areas of study should be considered for the statewide hotline such as: reorganizing the delivery of legal services; determine the appropriate level of state funding needed; determine a method for distributing funds to local legal service programs; and creation of a permanent body administered by the Department of Aging to enhance communication among various legal service programs, as specified.

Specifies that the members of the task force will be appointed by the Director of the Department of Aging. Members will include, but not be limited to: Legislators, Representative directors of existing legal service programs, the Legal Services Developer of California within the Department of Aging, Area Agency on Aging Directors, Senior advocacy organizations, and a representative of the State Bar of California.

Provides legislative intent to fund a statewide hotline on or before July 1, 2001, if the study determines the need. Provides that if the task force determines the need for a hotline it will become operational on or before January 1, 2002

*Status: Died in Assembly Appropriations Committee*

**SB 2077 (Ortiz) - Continuing Care Contracts: Retirement Communities: Elderly**

(Amends Sections 1770, 1771, 1771.2, 1772, 1773, 1774, 1775, 1776.6, 1777, 1777.2, 1777.4, 1779, 1779.2, 1779.4, 1779.6, 1779.8, 1779.10, 1780, 1780.2, 1780.4, 1781, 1781.2, 1781.4, 1781.6, 1781.8, 1781.10, 1782, 1783, 1783.2, 1784, 1785, 1786, 1786.2, 1787, 1788, 1788.2, 1788.4, 1789, 1789.2, 1789.4, 1789.6, 1789.8, 1793.5, 1793.6, 1793.7, 1793.8, 1793.9, 1793.11, 1793.13, 1793.15, 1793.17, 1793.19, 1793.21, 1793.23, 1793.25, 1793.27, 1793.29, 1793.50, 1793.56, 1793.58, 1793.60, and 1793.62 of, amends and renumbers Sections 1771.9 and 1771.11 of, adds Sections 1771.3, 1772.2, 1779.7, 1783.3, 1789.1, 1792.1, 1792.3, 1792.4, 1792.5, and 1792.6 to, to add Article 6.5, commencing with Section 1792.11, of Chapter 10 of Division 2 of, repeals Section 1771.8 of, and repeals and adds Sections 1771.4, 1771.5, 1771.6, 1771.7, 1792, and 1792.2 of, the Health and Safety Code)

Revises and adds numerous provisions related to continuing care contracts (CCCs) and continuing care community resident (CCRC) rights:

- Definitions and General Provisions - Adds or amends definitions for “assisted living,” “assisted living unit,” “continuing care promise,” “continuing care contract,” “monthly care fees,” “periodic changes,” “preferred access,” “resale fee,” and “health care guarantee,” and makes certain arrangements exempt from continuing care contract law, under specified criteria.

- Application Process - Clarifies Department of Social Services (DSS) authority to eliminate application requirements; establishes a minimum application fee of \$2,000 for providers making organizational changes; and allows DSS to deny an application, if the applicant fails to provide necessary information within 90 days after a DSS notice.
- Deposit Period - Adds various requirements to the deposit agreement, including notification, conversion to entrance fees and refunds.
- Conversion of Buildings to Community Care Retirement Communities (CCRCs) - Eliminates the requirement that buildings must be constructed at least five years prior to converting to CCRCs.
- Certificate of Authority - Clarifies that Notice of Statutory Limitation on Transfer must be submitted to DSS before a provisional certificate of authority or certificate of authority is issued.
- Contracts – Includes specified statements in continuing care contracts involving transfer provisions, terms for refunds, and liability for negligence.
- Reporting Requirements – Includes provisions requiring the provider to notify the resident association of proposed changes in business structure, management, or financing within 10 days of notifying DSS. and specifies requirements for CCRCs regarding a disclosure statement prior to execution of a deposit agreement.
- Reserve Fund – Requires any provider that furnishes care to a prepaid continuing care contract executed after January 1, 1979, establish a reserve fund escrow account; specifies how the escrow account may be invested; allows DSS to increase or decrease the amount a provider is required to hold as a reserve; and specifies how the liquid reserve requirements may be met; among other things.
- Actuarial Studies – Provides that over a four-year period the department, providers, and resident representatives assess the effectiveness of using actuarial studies to analyze the long-term financial viability of providers in California.

*Status: Chapter 820, Statutes of 2000*

**SB 2180 (Health and Human Services Committee) - Adult Day Health Care: Licensing**

(Amends Sections 1572, 1575.3, 1575.4, 1576, 1580.5, and 1590.5 of, adds Section Sections 1575.45 and 1590.3 to, the Health and Safety Code, and amends Section 14574 of, and adds Section 14574.1 to, the Welfare and Institutions Code)

Requires the California Department of Aging (CDA) to issue a provisional license to all new applicants, under conditions already specified in existing law, and allows a provisional Adult Day Health Care (ADHC) license to be extended for a six-month period, after the one-year expiration date.

Allows CDA to: conduct unannounced inspection visits at any time within the first 90 days of operation, as resources permit, and immediately require a plan of correction, limit enrollment, prohibit new enrollment, and revoke the provisional license of an ADHC center, if CDA determines that the center does not meet basic requirements for licensure and certification.

Specifies that a regular license must be issued only if the ADHC center: substantially meets specified standards and regulations; has no violations that jeopardize the health or safety of participants; and has adopted a plan for correction, which has been approved CDA.

Specifies that the revocation of a provisional license shall be considered immediate grounds for revocation of the certification.

Allows an “applicant,” for a provisional license to request an adjudicative hearing, if the request for a license has been denied and specifies how the proceeding to review the denial must be conducted.

Specifies that at the end of the provisional license period, the department must assess the ADHC center’s compliance with licensure requirements in order to issue a regular license. Specifies that denial, suspension, or termination of a license to operate an ADHC center is cause for termination of Medi-Cal certification.

Requires CDA to prepare guidelines for adoption by the local planning councils to evaluate the community need for ADHC centers and requires CDA to review county ADHC plans.

*Status: Chapter 869, Statutes of 2000*

### **AB 161 (Alquist) - California Osteoporosis Prevention and Education Program**

(Adds Chapter 1, commencing with Section 125700, to Part 8 of Division 106 of Health and Safety Code)

Creates California Osteoporosis Prevention and Education Program (COPE) within the Department of Health Services (DHS) to target persons 50 years of age or older to do the following with regard to osteoporosis: promote public awareness; promote educational and training programs for health professionals; and conduct a statewide needs assessment on the scope of the problem and need for intervention.

Requires DHS to do the following with regard to osteoporosis, based on scientific evidence and need assessment results: develop a grants program for applied research; provide education and training to the general public and professionals; develop effective interventions for management; and establish community practice interventions to improve prevention and management.

Convenes an advisory panel to guide program development and requires the DHS director to seek private sector financial support, grants, and other appropriate moneys to support COPE.

*Status: Chapter 819, Statutes of 1999*

**AB 394 (Kuehl) - Health Facilities: Nursing Staff**

(Adds Section 2725.3 to Business and Professions Code, and adds Section 1276.4 to Health and Safety Code)

Finds and declares the basic principle that staffing in an acute care setting should be based on patient care needs.

Directs the Department of Health Services (DHS) to adopt minimum, specific numerical nurse-to-patient ratios on a shift-by-shift, day-by-day basis. Ratios are to ensure safe and adequate patient care which shall be adequate to permit: assessment; nursing diagnosis; planning; intervention; evaluation; and, when justified, patient advocacy.

Prohibits specified types of health facilities from assigning unlicensed personnel to perform nursing functions, in lieu of a registered nurse, and from assigning unlicensed personnel, perform functions, as specified, which require scientific knowledge and technical skills.

Requires that by March 1, 2000, acute care hospitals must determine and provide nursing staffing according to regulations developed by (DHS). Presumes specified nurse to patient ratios to be minimum ratios, including one nurse to two patients in critical care units (burn, labor/delivery, recovery, emergency, and intensive care). Licensed vocational nurses are permitted to constitute up to 50 percent of nursing unit staff. One nurse to three patients shall be the ratio for pediatric/step-down and intermediate care patients; one nurse to four patients is the ratio for specialty and telemetry units; one nurse to six patients in general medicine. DHS shall not adopt any lower unit nurse/patient ratio unless such reduced ratios allow for all elements of nursing care to be provided, and that each ratio provides safe and adequate care, and that ratios do not include unlicensed personnel. Failure of DHS to produce ratios by March 2000 shall default to those ratios described in the bill.

Requires general acute care hospitals, acute psychiatric hospitals, and special hospitals, to adopt written policies and procedures for training and orientation of direct patient care staff. Allows for a waiver of the nurse to patient ratio provisions for rural general acute care hospitals, as specified.

Requires orientation and demonstrated competence, as specified, before assigning a nurse or other direct patient care staff to nursing units or clinical areas. Requires all temporary personnel to receive the same amount and type of orientation as provided to permanent staff.

*Status: Chapter 945, Statutes of 1999*

**AB 452 (Mazzoni) - Administration of Public Long-Term Care Programs**

(Adds and repeals Section 12803.2 of Government Code)

Requires the Secretary of the Health and Human Services Agency to establish and staff the Long Term Care Council to: coordinate policy development and program operations; develop a strategic plan for Long Term Care (LTC) policy; and provide leadership in developing a LTC system out of the array of programs that currently provide LTC services.

Specifies that LTC Council's duties must: promote coordinated planning and policy development; develop strategies to improve the quality and accessibility of consumer information; develop strategies to better monitor the consumer responsiveness of LTC services and programs, and provide a study of trends affecting the need for such services.

Requires the Legislative Analyst's office to provide a summary of state LTC spending and to estimate the population served by each program.

**Status: Chapter 895, Statutes of 1999**

**AB 1160 (Shelley) - Long-Term Health Care Facilities: Skilled Nursing Facilities**

(Adds Section 12528.5 to Government Code, amends Sections 1267.5, 1276.5, 1333, 1336.2, 1337.1, 1337.2, 1337.3, 1417.3, 1420, 1422, 1424, 1428, 1430, 1436, 1438, and 1599.1 of, and adds Sections 1276.6, 1325.1, 1417.15, 1417.4, and 1424.05 to, Health and Safety Code, and amends Sections 14124.7 and 15630 of, and adds Section 14126.02 to, Welfare and Institutions Code)

Establishes the goal for direct care staffing in skilled nursing facilities as follows:

- Registered nurses (RN) and licensed vocational nurses (LVN)--1 nurse to 15 patients on the day shift; 1 nurse to 20 patients on the evening shift; and 1 nurse to 30 patients on the night shift.
- Certified nurse assistants (CNA)--1 CNA to 5 patients on the day shift; 1 CNA to 10 patients on the evening shift; and 1 CNA to 15 patients on the night shift.

Increases the state civil penalties for citations, as described in the bill. Authorizes the Department of Health Services (DHS) to appoint a temporary manager, under specified circumstances, including when the continued management of the facility by the current licensee threatens the health, safety, or security of the residents, or the facility has been out of compliance with applicable state or federal laws for three or more months.

Authorizes the facility's license to be suspended and a provisional license be issued if one or more of the following remedies is actually imposed for a violation of federal or state law: involuntary termination from the Medicare or Medi-Cal program; appointment of a temporary manager; civil monetary penalties of \$1000 or more per day; and a ban on new admission or denial of payment for either Medicare or Medi-Cal for current residents.

Requires DHS, by January 2001, to develop and implement a new Medi-Cal reimbursement system. The proposed system is to be based on cost components reflecting direct and indirect resident care facility property and others appropriate components. Directs that daily rates be adjusted for the acuity (severity) of patients and reflects cost of meeting individual needs. Directs the department to develop minimum per patient nursing hours.

**Status: Vetoed by Governor**

### **AB 1731 (Shelley) - Long-Term Health Care Facilities**

(Amends Sections 1250, 1253, 1265, 1267, 1267.5, 1294, 1298, 1331, 1333, 1336.2, 1337.1, 1337.3, 1417.2, 1417.3, 1417.4, 1420, 1421.1, 1421.2, 1422, 1422.5, 1424, 1428, 1428.1, 1438, and 1599.1 of, adds Sections 1276.7, 1325.5, 1417.15, 1418.91, 1422.6, 1423.5, 1424.5, 1429.1, and 1437.5 to, and repeals Sections 1430.5, 1435, and 1435.5 of, the Health and Safety Code, amends Section 14124.7 of, and adds Section 14126.02 to, the Welfare and Institutions Code)

Includes a major reform package for skilled nursing facilities and intermediate care facilities, including the following provisions: creates provisional licenses, and authorizes temporary managers and court-appointed receivers; expands citations and penalties; increases information relating to the State Ombudsman, complaints and resident appeals; requires federal compliance and creates a Financial Solvency Board; initiates a Quality Awards Program; and expands disclosure requirements and increases inspections.

Directs the State Department of Health Services (DHS) to study and provide recommendations for an increase in minimum nursing hours and sets forth several factors for consideration.

States intent to have 3.5 direct care nursing hours per patient day by 2004 or whatever staffing levels DHS determines is required to provide nursing home residents with a safe environment and quality skilled nursing care.

Replaces provisions relating to the appointment of a temporary manager to those set forth in SB 1862, except that the amendments allow the appointment to be effective immediately with a statement of allegations rather than depending upon the processing and issuance of the formal statement of cause and concerns. The statement of cause and concern is instead required to be issued within 48 hours.

Revises the training programs for nurse assistant certification and require DHS, by January 1, 2004, in consultation with specified entities, to perform various duties regarding examination review and the development of career ladder opportunities for certified nurse assistants.

Requires DHS to vary the cycle for conducting inspections of nursing facilities to reduce the predictability of the inspections.

Requires DHS to submit a report to the Legislature by December 1, 2001, and annually thereafter reviewing the effectiveness of the long-term health facility enforcement system.

Prohibits intra-facility transfers made as a result of a resident changing their method of payment for services from private pay or Medicare to Medi-Cal. Requires DHS to review current reimbursement methodology, and other models for a reimbursement structure to better promote quality of care and report to the Legislature.

***Status: Chapter 451, Statutes of 2000***



### **AB 1753 (Romero) - Alzheimer's Disease and Related Disorders**

(Amends Sections 1569.15, 1569.33, and 1569.616 of, and adds Sections 1569.626 and 1569.627 to, the Health and Safety Code)

Specifies that any person applying for residential care facilities for the elderly (RCFE) licensure must provide a specified disclosure to the Department of Social Services (DSS), if the facility promotes or advertises, or plans to promote or advertise, special care, special programming, or special environments for persons with dementia.

Requires DSS to review, as part of its annual evaluation process, the plan of operation, training logs, and marketing materials of any RCFE that advertises or promotes special care, special programming, or a special environment for persons with dementia, by July 1, 2001, to monitor compliance with training requirements for direct care staff and disclosure requirements for facilities with special features.

Requires the RCFE administrator certification program to devote at least four hours, of the minimum 40-hour classroom instruction, to the subject of serving clients with dementia.

Requires that, on or after January 1, 2002, an RCFE administrator must have at least eight hours of the 40-hour continuing education requirement for certification dedicated to instruction in serving clients with dementia, including, but not limited to, instruction related to: direct care, physical environment, and admission procedures and assessment.

Requires training for direct care staff working in an RCFE that advertises or promotes special care, special programming, or a special environment for persons with dementia, as follows:

- Six hours of resident care orientation, which is devoted to the care of persons with dementia, within the first four weeks of employment, as specified.
- Eight hours of in-service training per year on the subject of serving residents with dementia, as specified.

Requires an RCFE that advertises or promotes special care, special programming, or a special environment for persons with dementia to disclose specified information to DSS regarding those special features in its plan of operation, which must be provided to the public upon request.

*Status: Chapter 434, Statutes of 2000*

### **AB 1846 (Lowenthal) - Senior Housing**

(Adds a heading as Article 1, commencing with Section 9100, to, and adds Article 2, commencing with Section 9115, of, Chapter 2 of Division 8.5 of, and adds Chapter 4.5, commencing with Section 9450, to Division 8.5 of, the Welfare and Institutions Code)

Declares the intent of the Legislature that the "aging in place" concept is recognized and supported by the state, that funding for education and making home improvements be facilitated through public and private sources, and that recommendations for changes in home modifications policies and information for projects and products be developed.

Establishes the Senior Housing and Information and Support Center within the California Department of Aging (CDA) to serve as a clearinghouse for information for seniors and their families about resources and services.

Specifies that the center shall provide information about housing options and home modifications alternatives; distribute this information to each area agency on aging and other entities; and promote the education and training for professionals who work directly with seniors to maximize opportunities for independent living.

Directs CDA, in consultation with the commission, to enter into a contract with a research-based university gerontology department to develop information and materials to educate Californians on the concept of "aging in place" and the benefits of home modifications.

Provides that CDA shall distribute the materials developed by the contractor to each area agency on aging and other entities. CDA and the contractor shall sponsor regional training sessions and seminars using the developed materials.

*Status: Chapter 797, Statutes of 2000*

**AB 1875 (Davis) - Multipurpose Senior Services Program**

(Adds Section 9565.5 to the Welfare and Institutions Code)

Requires the Department of Health Services (DHS) to apply for an expansion of a Medi-Cal home and community based waiver to secure federal participation to serve a total of 11,000 people in the Multipurpose Senior Services Program (MSSP).

Requires California Department of Aging (CDA) to conduct an evaluation of the cost-effectiveness of the MSSP program to be submitted to the Legislature no later than March 1, 2002. The evaluation shall include: the number of participants in the program, a comparison of outcomes for people that received services and those who did not, total expenditures for the program, cost per participant for the program and the number of individuals who entered a long-term care facility.

Provides program expansion will only be implemented to the extent that funds are appropriated for that purpose.

*Status: Died in Senate Appropriations Committee*

**AB 1896 (Jackson) - Long-Term Care: Pilot Project**

(Adds Chapter 13, commencing with Section 9760, to Division 8.5 of the Welfare and Institutions Code)

Requires the California Department of Aging (CDA), in cooperation with the State Independent Living Council, California Department of Social Services, and California Department of Health Services, to administer the pilot project.

Requires CDA to select at least three general acute care hospitals for the Long-term Care Options program, outlines site criteria, and specifies pilot project goals.

Specifies that long-term care options may include licensed nursing facilities, residential care facilities, hospice care, or home and community-based services and that emphasis must be placed on the least restrictive environment.

Specifies that the Long-term Care Options program must employ a multi-disciplinary team of professionals, as specified, and provide the following services:

- A face-to-face comprehensive health and psychosocial assessment of the patient,
- An environmental assessment of the patient's home,
- A comprehensive long-term care plan that addresses the needs of the patient, using and improving the database developed by CDA, and
- Availability of services for seven days a week at hours that best meet the needs of program participants and their families.

Specifies that Long-term Care Options program staff and volunteer must maintain confidentiality of all information provided by patients, as specified.

Requires each grantee hospital to collect data corresponding to that collected by the program on a control group of patients, who do not receive services from the program, to measure the effectiveness of each Long-term Care Options program.

**Status: Vetoed by Governor**

#### **AB 1978 (Cedillo) - State Supplementary Program Benefits for Veterans**

(Adds Chapter 3.5, commencing with Section 12400, to Part 3 of Division 9 of the Welfare and Institutions Code)

Provides benefits under SSP to veterans who were members of the Government of the Commonwealth of the Philippines military forces in the service of the United States on July 31, 1941, or thereafter, if they:

- Were receiving SSP benefits in California as of December 14, 1999.
- Are eligible for benefits under Title VIII of the federal Social Security Act, as amended by Public Law 106-169.
- Maintain a permanent residence in the Republic of the Philippines, with an absence of no more than 30 days in a 12-month period, or two periods of 30 days in a 36-month period.

Requires the benefit level to be calculated the same as benefits for SSP recipients residing in California.

Requires the Secretary of the state Health and Human Services Agency to seek federal agreement to administer the benefit in conjunction with benefits paid under Title VIII.

**Status: Chapter 143, Statutes of 2000**

**AB 2558 (Hertzberg) - Senior Volunteer Pilot Program**

(Adds and repeals Chapter 6.5, commencing with Section 9520, of Division 8.5 of the Welfare and Institutions Code)

Finds that California's seniors are the healthiest and most well-educated senior population in history; that seniors are a reservoir of experience, practical knowledge and lasting values; that Americans aged 50 to 75 rank community service second in their priorities; and that continued involvement in productive activity and the presence of a strong social network are the two most important factors contributing to prolonged well-being later in life. Also finds that retirement vastly increases free time; that the aging of the "Baby Boomer" generation will triple the number of Californians over 65; and that volunteering falls off sharply after retirement.

Requires the California Commission on Improving Life through Service, in consultation with an advisory board consisting of representatives from the Department of Aging, Department of Education, the Corporation for National Service, civic ventures and community service programs, to establish a three-year neighborhood-based pilot program to promote the use of senior volunteers in working with children and school staff. Requires that the pilot shall consist of a minimum of seven programs throughout the state.

Requires that programs be designed and implemented by partnerships of organizations whose membership makes significant contributions and brings expertise in education, tutoring, mentoring both in school and after-school venues and mobilizing and supporting senior volunteers.

Specifies that at least 50% of local programs selected for funding be operated by partnerships that have existing National Senior Service Corps programs acting as the applicant. Selection criteria will include the strength and breadth of the partnership and its coordination with existing senior volunteer programs in communities where they exist.

Specifies that the pilot shall be based on the best practices of existing Experience Corps programs.

*Status: Chapter 597, Statutes of 2000*

**AB 2834 (Alquist) - Geriatric Specialist Training**

(Adds Chapter 4.5, commencing with Section 128300, to Part 3 of Division 107 of the Health and Safety Code)

Requires the Office of Statewide Health Planning and Development (OSHPD) to administer grants to California postsecondary educational institutions that establish fee-waiver programs for students enrolled in a program leading to bachelor of science or masters degrees in gerontology.

Specifies that medical residents who complete a fellowship in geriatrics leading to eligibility for a Certificate of Added Qualifications must be eligible to receive \$60,000, pursuant to specified criteria.

Requires OSHPD, in consultation with participating institutions, to establish criteria for participation and evaluation of these programs. Requires OSHPD to submit an annual report, as specified, to the Legislature on implementation and effectiveness of this chapter.

Specifies that the amount of grants awarded annually, under this chapter, must not exceed \$1 million, and that implementation of this chapter is dependent upon funds appropriated for this purpose.

*Status: Vetoed by Governor*

**AB 2916 (Human Services) - Adult Day Care Facilities and Adult Day Support Centers: Criminal Background Checks**

(Amends Section 1522 of the Health and Safety Code)

Exempts the following persons in an adult day care facility or adult day support center from the criminal background clearance requirements:

- Relatives, significant others, or close friends of a client, as specified.
- Volunteers, as specified, and third party contractors or business professionals, as specified.
- Licensed or certified medical professionals, as specified.
- Employees of licensed home health agencies and members of licensed hospice interdisciplinary teams, as specified.
- Clergy or other spiritual caregivers, as specified.

Authorizes a licensee to require a criminal record clearance of any exempt individual, if the individual has client contact.

*Status: Died on Assembly Inactive File*

## **AIDS/HIV**

**SB 1029 (Haynes) - HIV Test Results: Public Health Reporting**

(Amends Section 121025 of, and adds Section 121040 to, Health and Safety Code)

Finds and declares that increased surveillance would improve planning to prevent HIV infections; that partner notification and contact tracing can limit the spread of the disease; that the confidentiality of AIDS reporting has been consistently maintained; and that confidential reporting of HIV is not likely to deter individuals from seeking testing.

Requires that public health records relating to HIV and laboratory results from persons with low CD4+ counts shall be reportable and shall be confidential. Permits confidential disclosure of personal identifiers (names) to local, state or federal public health agencies or medical researchers when such information is necessary to carry out responsibilities of the agency. Makes such records exempt from disclosure, discovery or civil, criminal or administrative orders.

Requires laboratories, blood banks, plasma centers and physicians to report persons believed to be infected with HIV to any health officer. Reports shall include subject names, identifiers and test results, as well as sexual partners or other persons at risk of

contracting the disease. Directs that data derived from HIV case reporting be used to conduct partner notification, epidemiological analysis and allocation of resources. States legislative intent to minimize spread of HIV.

Assures continuation of anonymous alternative test sites, requires such sites to report, but exempts alternative testing from identifying subjects. Requires alternative sites to offer partner notification assistance and to report any subsequent contact communications. Exempts HIV home collection and test kits, requires manufacturers of home kits to counsel positive test subjects and to make referral to a voluntary partner notification program.

**Status: Failed Passage in Senate Health and Human Services Committee**

**AB 103 (Migden) - HIV Test Results: Public Health Reporting**

(Amends Section 121025 of, and adds and repeals Section 121040 of, Health and Safety Code)

Requires, no later than January 1, 2001, that HIV cases be reported to state or local public health agencies, using a uniform, statewide system that employs a unique code that does not report the names or other identifying information of individuals infected with HIV. Requires the Department of Health Services (DHS) to consult with external, interested parties, including representatives of communities most affected by HIV, as well as HIV experts, in the development, implementation and evaluation of the HIV case reporting system.

Specifies that data from case reporting be used to conduct epidemiological analysis, and target and evaluate HIV prevention activities. Requires DHS to evaluate the implementation of the HIV reporting system by January 1, 2003. Adds public health records relating to HIV cases reported pursuant to this bill to existing confidentiality protections for records pertaining to AIDS.

Specifies that nothing in this bill shall require the reporting of the results of an HIV test performed with a home test kit. Specifies that nothing in this section shall abolish or negatively affect any partner notification currently conducted by medical personnel or public health officials, as it is authorized by state law. Specifies that nothing in this bill shall be construed to impose criminal or civil liability for reporting individual cases of HIV test results pursuant to the reporting system established by this bill.

**Status: Vetoed by Governor**

**AB 518 (Mazzoni) - AIDS: Clean Needle and Syringe Exchange Projects**

(Repeals and adds Section 4145 of Business and Professions Code, and adds Chapter 15, commencing with Section 121340, to Part 4 of Division 105 of Health and Safety Code)

Authorizes a pharmacist, physician, or certain other persons to furnish hypodermic needles and syringes without a prescription or permit, when operating needle exchange programs

(NEPs), and allows a person to obtain needles and syringes from NEPs without a prescription.

Authorizes cities and counties to adopt NEPs in consultation with the Department of Health Services (DHS). Provides that providers and users of NEPs shall not be subject to criminal prosecution for possession of syringes or needles during participation in NEPs.

Makes certain requirements of NEPs, including: development of operating procedures to be approved by local government; development of a database to collect data to be reported to the department annually; community outreach and preventive education; efforts to secure treatment for drug addiction, enhance treatment capacity, and provide preferential acceptance of HIV-infected drug users into treatment; involvement of public safety officials; etc.

***Status: Returned by the Governor to Assembly Desk. Provisions creating immunity from criminal prosecution for needle exchange programs were signed into law via AB 136 (Mazzoni), Chapter 762/Statutes of 1999.***

## ALCOHOL AND DRUGS

### **SB 847 (Vasconcellos) - Marijuana Research Act of 1999**

(Adds Section 11362.9 to Health and Safety Code)

Finds and declares a need for scientific research on the effectiveness of medical marijuana and states intent to develop and conduct such research.

Directs the creation of a program to develop and conduct studies to ascertain the medical safety and efficacy of marijuana as a therapeutic agent and, if justified, to determine medical guidelines for marijuana treatment.

Permits the University of California to implement the research program, or if the University declines, directs the appointed Research Advisory Panel to select and administer the research grants. Specifies inclusion of appropriate personnel, information systems, protocols, and laboratories. Prioritizes research on AIDS, HIV, cancer, glaucoma, and seizures. Specifies employment of the National Institute of Health peer review process and directs allocations to any qualified institution.

Specifies support of clinical trials comparing methods of administering marijuana (inhalational, oral and tinctural) and evaluating marijuana as both primary and adjunctive treatment. Requires that research marijuana be of appropriate quality, and states preference for the National Institute on Drug Abuse as the source for research project. Authorizes solicitation and acceptance of additional funding from public and private sources. Requires a report to the Legislature every six months describing research activities and limits administrative costs to 10 percent of total available funding.

***Status: Chapter 750, Statutes of 1999***

**SB 1623 (Perata) - Medi-Cal: Substance Abuse**

(Amends Section 11758.46 of the Health and Safety Code, and amends Section 14021 of, and adds Sections 14021.35 and 14021.45 to, the Welfare and Institutions Code)

Expands the definition of drug Medi-Cal services to include outpatient drug-free services, day care rehabilitative services, and case management services.

Specifies that day care rehabilitative services for nonperinatal Medi-Cal eligible persons, and case management services, shall be provided only to the extent that funding is provided in the annual Budget Act.

Changes the drug Medi-Cal program from the clinic option to the rehabilitation option under federal Medicaid law. Limits the addition of the rehabilitation option to drug Medi-Cal providers who are certified.

Requires the Department of Health Services (DHS) to amend the state plan for medical assistance to add case management services as a covered benefit under the Medi-Cal Drug Treatment Program and submit the plan for federal approval by an unspecified date. Requires DHS to submit a letter to the Legislature by that unspecified date explaining the circumstances delaying the plan's submission.

Requires DHS, in consultation with the Department of Alcohol and Drug Programs, (DADP) to define case management services and establish the standards under which case management services qualify as a drug Medi-Cal reimbursable service and develop an appropriate rate of reimbursement, subject to utilization controls.

Requires DADP to prepare by an unspecified date, amendments to the medical assistance state plan to expand the location including home, school, and community-based sites, and type of therapeutic services offered under drug Medi-Cal available to states under the category of "other diagnostic, screening, preventative, and rehabilitative services"; expand federal financial participation (FFP) in alcohol and drug treatment services; expand FFP for day care rehabilitative and care management services that meet the rehabilitation needs of alcohol or other drug dependent persons; and improve fiscal systems and accountability structures for drug Medi-Cal costs and rates.

*Status: Died in Assembly Health Committee*

**SB 1807 (Vasconcellos) - Addiction: Treatment**

(Adds Section 11877.2 to, and adds Chapter 9.8, commencing with Section 11545, to Division 10 of, the Health and Safety Code, and adds Section 1000.8 to the Penal Code)

Requires the Department of Alcohol and Drug Program (DADP) to establish an office-based opiate treatment program (OBOT) program. Requires an OBOT to either hold a primary licensed narcotics treatment program (NTP) license or be affiliated and associated with an NTP, as specified. Authorizes DADP to approve an OBOT if specified conditions are met and requires DADP, in considering an OBOT application, to independently weigh the treatment needs and concerns of the county, city, or areas to be served by the OBOT.



Defines, for purposes of this bill, an OBOT to mean a program in which physicians provide addiction treatment services; and community pharmacies supply necessary medication both to physicians for distribution and through direct administration and dispensing services.

Authorizes a person participating in a deferred entry of judgment program or a preguilty plea program, as specified, to also participate in a licensed methadone or licensed methadone or levoalphacetylmethadol (LAAM) program if specified conditions are met. Provides that participation in the program shall not be the sole reason for exclusion from a deferred entry or preguilty plea program.

Provides that urinalysis results that only establish that a person described above has ingested or taken methadone administered or prescribed by a licensed methadone or LAAM program is not to be considered a violation of the terms of the deferred entry of judgment or preguilty plea program, as specified.

Specifies that this bill not be interpreted to amend any provisions governing deferred entry and diversion programs.

Finds and declares that licensed physicians, experienced in the treatment of addiction, should be allowed and encouraged to treat addiction by all appropriate means.

*Status: Chapter 815, Statutes of 2000*

**SB 1866 (Vasconcellos) - Controlled Substances: Asset Forfeiture: Substance Abuse Treatment**

(Amends Sections 11471, 11489, and 11495 of, adds Sections 11471.2 to, and amends and renumbers Section 11471.5 of, the Health and Safety Code)

Provides that "property is deemed to be seized whenever any agency takes possession or control of the property."

Sets out the following requirements for federal adoption of a state or local seizure:

- Local prosecutor must file a petition for adoption establishing that the drug activity was interstate, or that state law would be too burdensome, or that forfeiture is only allowed under federal law.
- Allows court to deny adoption if it would deny violated rights under California law.
- Violation of adoption rules is a misdemeanor.

Changes the distribution of money forfeited or the proceeds of sale of property seized under the asset forfeiture law as follows:

- Currently, 65 percent of the funds are distributed to the state or local law enforcement entities that participated in the seizure and 15 percent of these funds are deposited in a special fund for funding programs to combat and divert gang activity. This bill clarifies that the use of the 15 percent funds (or 9.75 percent of the total) is to cause the

development and continuation of positive intervention programs for high risk elementary and secondary school age students and that local law enforcement should work in partnership with state and local agencies and the private sector in administering these programs.

- Currently, 24 percent of the funds are deposited to the state General Fund and up to \$10 million is made available for school safety and security. This bill instead specifies that beginning January 1, 2001, all the funds deposited in the General Fund shall be made available for drug prevention and treatment programs upon appropriation by the Legislature.

Requires the Attorney General to publish a report on drug forfeiture in electronic form and requires additional public reports for state forfeiture as specified. This report must be made by March 1, 2002, and by the March 1 date every year thereafter.

*Status: Vetoed by Governor*

**SB 1891 (Leslie) - Alcohol and Drug Treatment: Community Based Programs**

(Adds Section 11758 to the Health and Safety Code)

Affirmatively states that faith-based adult and adolescent chemical dependence programs that meet the requirements governing drug and alcohol prevention and treatment programs are eligible for state funding.

Appropriates \$20 million General Fund to the Department of Alcohol and Drug Programs (DADP) to fund adult and adolescent chemical dependence programs provided by community based organizations, including faith-based organizations. Prohibits DADP from requiring a religious organization to alter its form of internal governance or remove religious symbols as a condition of receiving funds.

*Status: Failed Passage in Senate Health and Human Services Committee*

**AB 930 (Calderon) - Alcohol and Drug Programs: Narcotic Replacement Therapy**

(Amends Sections 11875, 11876, 11877.6, 11877.7, 11877.8, and 11877.14 of, and adds Section 11876.1 to, Health and Safety Code)

Strengthens the licensing and oversight functions of the Department of Alcohol and Drug Programs (DADP) with regard to narcotic treatment programs providing replacement narcotic therapy. Includes requiring, rather than empowering, DADP to enforce treatment guidelines for narcotic replacement therapy programs.

Makes several changes including specifying the steps to be taken following an inspection and requires DADP to subsequently visit programs that have submitted corrective action plans.

Requires DADP to impose a penalty of \$100 per day for a program that fails to timely submit a corrective action plan, or to timely implement any corrective action when it has been found to not be in compliance with applicable laws and regulations.

*Status: Chapter 717, Statutes of 1999*

## CALWORKS

### **SB 659 (Wright) - CalWORKs: Food Stamps: General Assistance**

(Adds Sections 11251.4 and 18901.3 to, and repeals and amends Sections 11251.3 and 17012.5 of, Welfare and Institutions Code)

Repeals the requirement that individuals who are convicted of certain drug offenses are ineligible for CalWORKs and Food Stamp benefits. Instead, prohibits an individual convicted (after December 31, 1997) of possession or use of a controlled substance from eligibility for CalWORKs or Food Stamp benefits unless: 1) the individual has completed a drug treatment program, or is currently enrolled or willing to enroll in such a program; 2) at least five years have elapsed since the individual fulfilled the conditions imposed by the court; or 3) the individual currently is not using a controlled substance.

Prohibits an individual convicted (after December 31, 1997) of the sale, transportation, distribution, or manufacture of a controlled substance from eligibility for CalWORKs cash benefits. However, permits eligibility for CalWORKs services and Food Stamp coupons for such individuals if: 1) the individual has completed a state-licensed, certified or county-run drug treatment program, or currently is enrolled or willing to enroll in such a program; 2) at least five years have elapsed since the individual fulfilled the conditions imposed by the court; or 3) the individual currently is not using a controlled substance.

Requires a county-level interagency team comprised of representatives from the county departments of social services, alcohol and drug services, mental health services and probation to provide case management services to all families that include individuals receiving benefits under this bill.

Requires CalWORKs services provided under this bill to be coordinated with the Department of Corrections female offender treatment and employment program.

***Status: Vetoed by Governor***

### **SB 1247 (Escutia) - CalWORKs: Electronic Benefits Transfer**

(Amends Section 10072 of Welfare and Institutions Code)

Requires that when CalWORKs cash benefits are issued through electronic benefits transfer (EBT), counties must "stagger" the issuance over 3 days, unless a county obtains a waiver from the Department of Social Services. Thus, instead of all checks being mailed on the first of the month, EBT benefits would be available to the recipient on one of the first three days of the month. The purpose of the staggering is to prevent the EBT operating system processor, and ATMs at local banks or grocery stores, from being overwhelmed by the volume of electronic transactions that would occur if all CalWORKs transfers were accomplished in one day. Allows the state to grant waivers from the three-day staggering to small counties or others that do not require the additional time.

Requires the county to issue one EBT card to each adult member of the household or assistance unit, at the option of the recipient who is the head of household or assistance unit. This enables other adults, who are aid recipients in the same household, to have an EBT card for the convenience of the household.

Requires a report on the amount of interest to be earned, if any, through the CalWORKs payment delay and, if interest funds available, the proposed allocation of those interest funds.

*Status: Chapter 371, Statutes of 1999*

**SB 1249 (Escutia) - CalWORKs Program: Omnibus Clean-Up**

(Amends Sections 11253.5, 11322.6, 11323.2, and 11325.2 of Welfare and Institutions Code)

Contains the Senate's major improvements to the CalWORKs program, including the following:

- Requires that the appraisal of a CalWORKs recipient at the time of entry into the program include his or her level of English language proficiency.
- Clarifies that the unavailability of supportive services for CalWORKs recipients, which prevent a recipient from satisfying assigned welfare-to-work activities, constitutes good cause for not complying with a welfare-to-work plan.
- Permits training related to self-employment to include technical assistance, market research, and other necessary activities included in a welfare-to-work plan.
- Requires that if a county determines that a child is not regularly attending school, it must provide the parent of the child an opportunity to resolve the attendance problem through counseling or mediation before sanctioning the family (if child under age 16) or after sanctioning (if child age 16 or older).

Provides that CalWORKs recipients whose use of automobile transportation is necessary for welfare-to-work activities, or to retain employment, shall be entitled to reasonable mileage reimbursement based on an available community reimbursement standard.

Requires the State Department of Social Services (DSS) to provide the Legislature an annual update on the status and expected impact of the CalWORKs program, with the purpose of providing advance information to the Legislature on anticipated CalWORKs results prior to large numbers of families reaching time limits. Requires the report to include:

- Overview of findings of reports on CalWORKs research;
- Percent and number of persons expected to reach time limits in the next four years;
- Percent and number of recipients participating in program activities and the number of recipients sanctioned for not participating;
- Projected gaps in the availability of supportive services;
- Percent and number of recipients or past recipients estimated to be employed and the average wage received;

- Percent and number of persons with multiple barriers to employment and the anticipated services needed by those persons to obtain and retain employment.

Appropriates \$272,000 from the Emergency Food Assistance Program Fund tax check-off account to DSS for allocation to the Emergency Food Assistance Program.

**Status:** *Vetoed by Governor*

**SB 1509 (Haynes) - State Contracts: Religious Organizations**

(Adds Chapter 13.5, commencing with Section 7130, to Division 7 of Title 1 of the Government Code)

Declares intent of the Legislature to allow state agencies to contract with nonprofit educational or social service religious organizations on the same basis as any other nongovernmental provider, without impairing the religious character of the organization or diminishing the religious freedom of the beneficiaries of a state funded program.

Requires state agencies that contract with or award grants to nongovernmental entities to consider religious organizations on the same basis as any other private organization under any program administered by the state agency, if the programs are implemented consistent with the U.S. and California constitutions.

Prohibits a state agency from requiring a religious organization contractor to alter its form of internal governance or remove religious symbols to be eligible for a contract or grant. Prohibits state agencies from discriminating in contracting against an organization on the basis of the organization's religious character.

Authorizes, but does not mandate, that state agencies require religious organizations with which they are contracting to agree not to require attendance or participation in religious activities, as a condition or part of public services provided by the organization.

Requires state agencies, prior to referring individuals to a contracted provider, to give individuals the option of a religious or nonreligious provider. Requires state agency to provide individuals who receive, or would receive, state funded assistance from a religious organization, and have objections to its religious character, access to an equally valuable alternative provider within a reasonable time after the date of the objection.

**Status:** *Died in Senate Health and Human Services Committee*

**SB 1984 (Wright) - CalWORKs: Food Stamps: General Assistance**

(Adds Section 18901.3 to, and repeals and amends Section 11251.3 of, the Welfare and Institutions Code)

Provides an exemption from the denial of CalWORKs and Food Stamp eligibility to individuals convicted of possession or use of a controlled substance after December 31, 1997 if they meet one of the following criteria:

- Have successfully completed, are currently participating in, or are willing to enroll and subsequently provide verification of enrollment in, a state-licensed, certified or county-run drug treatment program.

- Are currently participating in a court-mandated drug treatment or diversion program.
- At least five years have passed since their fulfillment of court-imposed conditions in the disposition of their criminal case, including conditions related to incarceration, parole, and probation.
- Are not currently using a controlled substance.

Requires that beneficiaries who are not currently enrolled in treatment initially submit to and pass periodic medical drug screening tests, that demonstrate they are not using a controlled substance. After aid is commenced, beneficiaries under this bill would be required to submit to and pass periodic drug screening tests to continue receiving benefits.

Establishes that if a person has failed or refuses to participate in the drug treatment program without good cause, or failed or refused to comply with the drug screening tests, their needs shall not be taken into consideration and penalties shall be applied.

Convenes a team comprised of certain providers to offer case management services. Requires that where applicable, CalWORKs services be coordinated with services provided under the Department of Corrections' female offender treatment and that a representative of the Department of Corrections Parole and Community Services Division cooperate with the case management team.

Makes aid available to participants in the form of vouchers or vendor payments for at least rent and utilities.

Directs the Department of Social Services to adopt regulations regarding the drug screening procedure, interpretation of drug screening results, standards for reliability and accuracy of tests and authorizes the department to adopt these as emergency regulations.

*Status: Died in Assembly Human Services Committee*

**SB 2013 (Health & Human Services Committee) - Food Stamp Program:**

**Application Form**

(Adds Section 18901.8 to the Welfare and Institutions Code)

Requires the Department of Social Services (DSS) to work with stakeholder groups in developing a shorter, simpler food stamps form, evaluate using the form for Medi-Cal and CalWORKs applications, and seek any necessary federal approvals to implement the form.

Requires DSS to permit a county sufficient time to reprogram its automated system before requiring the county to implement the simplified form.

Requires DSS to report to the Legislature by July 1, 2001, on implementation of the simplified form.

*Status: Chapter 682, Statutes of 2000*

**AB 510 (Wright) - Public Social Services: Recipient Quarterly Reporting**

(Amends and repeals Section 11265.1 of, adds Section 18910 to, and repeals, adds, and repeals Section 11265.2 of, Welfare and Institutions Code)

Provides that the CalWORKs provisions requiring the Department of Social Services (DSS) to maintain a monthly recipient reporting system for use in determining eligibility and grant amount is inoperative, when simplified reporting under the bill is implemented statewide, and also repeals a six-county demonstration program.

Requires each county to redetermine, on a quarterly basis instead of a monthly basis, the financial eligibility of each CalWORKs and food stamp recipient and requires every CalWORKs and food stamp recipient to complete a quarterly report form, signed under penalty of perjury, that contains all information necessary to determine financial eligibility.

Requires each county to conduct an annual eligibility redetermination and to have a face-to-face interview with the recipient at the redetermination, unless the recipient has regular contact with the county through CalWORKs or other similar programs. Permits, or in some cases mandates, that a county conduct a subsequent face-to-face interview under specified conditions.

Requires every CalWORKs and food stamp recipient to report to the county, in writing and within 10 days, any changes in his or her income as required by food stamp regulations, plus changes in source of income, resources, address or household composition. Requires the county to recompute the grant, upon the report of any required change. Requires CalWORKs or food stamp benefits that must be modified as a result of the change report be modified on a prospective not retroactive basis.

*Status: Chapter 826, Statutes of 1999*

**AB 1039 (Aroner) - CalWORKs: Demonstration Projects: Employment**

(Amends Sections 11320.1, 11322.9, 11324.8, 11325.21, 11325.23, 11454, 18242, 18243, and 18247 of, adds Sections 11322.95 and 11477.03 to, and repeals Section 18246 of, Welfare and Institutions Code)

Permits the director of the Department of Social Services to approve demonstration projects, in up-to-five counties, to provide a subsidized employment program as an alternative, or in addition to, community service activities. Specifies that:

- Participants in subsidized employment would be entitled to a stipend for mandatory payroll deductions and other work expenses instead of the earned income disregard;
- Participation shall not exceed one year;
- Employers or entities other than the county shall pay participants' wages;
- Counties may fund the wages for subsidized employment through their single allocation or any other funds;
- Counties shall monitor the retention of participants as permanent employees of employers participating in subsidized employment and cancel participation of employers who demonstrate an unwillingness to permanently hire participants;

- Subsidized employment shall be counted as welfare-to-work activities and shall be deemed to be grant-based on-the-job training;
- Participants shall be considered employees for all purposes, including the Fair Labor Standards Act, and must be compensated at no less than the higher of the state or federal minimum wage.

Requires counties to include, in their existing notice to CalWORKs applicants and in the welfare-to-work plan, a description of the right of the applicant or recipient to contest the terms of his or her welfare-to-work plan or seek changes in the plan.

Conforms provisions pertaining to the allowable work activities for students to the allowable work activities for other CalWORKs recipients.

**Status: Vetoed by Governor**

**AB 1233 (Aroner) - CalWORKs: Community Service Programs**

(Amends Sections 11322.6 , 11322.61, 11322.9, and 11451.5 of the Welfare and Institutions Code)

Establishes that the "earned income disregard" does not apply to wages funded by the diversion of a recipient's cash grant or grant savings from employment.

Specifies that both the recipient's cash grant and the aid grant savings resulting from employment can be diverted as a wage subsidy to employers providing grant-based on-the-job training.

Requires that the total amount diverted does not exceed the family's maximum aid payment.

Prohibits a county from assigning a participant to grant-based on-the-job training unless and until the participant has voluntarily agreed to participate by executing a voluntary consent form, to be developed by the State Department of Social Services.

**Status: Chapter 933, Statutes of 2000**

**AB 2052 (Aroner) - Public Transportation: CalWORKs Recipients**

(Amends Section 99315 of, and adds Chapter 3.5, commencing with Section 99170, to Part 11 of Division 10 of, the Public Utilities Code)

Creates a Welfare-to-Work Account (WTWA) in the State Transportation Fund. Makes the funds in the account available to Caltrans for allocation to six regional entities to develop transportation projects and services that address the transportation needs of CalWORKs recipients.

Names the regional entities to receive funds as Fresno County Council of Governments, Los Angeles County Metropolitan Transportation Authority, the Orange County Transportation Authority, the [Bay Area] Metropolitan Transportation Commission, the Riverside County Transportation Commission, and the Stanislaus Council of Governments.



Requires each regional entity to create its own welfare-to-work trust fund, prohibits the commingling or blending of funds available for other purposes, and requires each entity to establish a program for making competitive grants to local claimants (defined elsewhere in law as transit operators, nonprofit entities and other local agencies) that provide transportation services.

Allows claimants to apply for grants to provide transportation for CalWORKs recipients (to job sites, educational facilities, and child care facilities), to buy vehicles for transportation of CalWORKs recipients, and to implement transportation systems to assist CalWORKs recipients in obtaining jobs or other services that promote employability.

Directs the California Department of Social Services (CDSS), in consultation with representatives of the CalWORKs program, regional entities, and claimants, to prepare evaluation reports due to the Legislature by December 31, 2003.

Transfers \$20,000,000 from the TANF reserve fund of the Budget Act of 2000 to WTWA. Distributes the funds in the WTWA equally among the participating regional entities. Returns to the General Fund any funds not encumbered by June 30, 2003.

*Status: Died in Senate Appropriations Committee*

## CHILD CARE

### **SB 845 (Escutia) - Child Care Master Plan**

(An act relating to child care)

Requires the State Department of Education (SDE) to develop a child care Master Plan, to guide the state's efforts to meet child care needs. Requires completion of the plan on or before January 1, 2002, including submission to the Legislature. Requires SDE to develop the Master Plan jointly with the Child Development Policy Advisory Committee (CDPAC) and the Department of Social Services (DSS), the Secretary of Education or Governor's designee, representatives of providers of child care and development services, recipients of child care and development services, and other interested groups.

Establishes that the primary goal of the Master Plan is to streamline the state's child care delivery system to promote early education and to improve collaboration between SDE, DSS, the Chancellor's Office of the Community Colleges, and the Children and Families First Commission.

Declares Legislative intent to: expand child care capacity so all Californians have access to child care utilizing specified strategies; provide sufficient public and private resources to support subsidized child care for all eligible families; improve the quality of child care; and expand opportunities for early childhood education.

*Status: Died in Assembly Appropriations Committee*

**SB 1703 (Escutia) - Child Care Development**

(Amends Section 8202 of, and to add Section 8276.8 to, the Education Code)

States legislative intent to provide funding sufficient to enable all eligible children to receive high quality child care and development services by 2005.

Permits the annual Budget Act to modify statutory spending priorities for subsidized child care and development services.

Requires the Superintendent of Public Instruction (SPI) to submit to the Legislature, by March 1, 2001, an estimate of the costs associated with providing high quality, subsidized child care services to all children who meet income eligibility criteria by 2005. States that this is required only if an appropriation is made for these purposes.

Requires the SPI, beginning January 1, 2005, to provide child care and development services to all eligible children. States that this is required only if an appropriation is made for these purposes.

*Status: Chapter 704, Statutes of 2000*

**SB 1992 (Chesbro) - Child/Community Care Facilities: Criminal Background Checks**

(Amends Sections 1520, 1522, 1522.04, 1568.0821, 1568.09, 1569.17, 1596.66, and 1596.871 of the Health and Safety Code)

Applies to persons seeking a license to operate a community care facility, a residential care facility for persons with chronic illness, a residential care facility for the elderly, or a child care facility; persons other than clients who reside in the facility; and persons who provide care to clients or supervise staff.

Permits the Department of Social Services to continue processing an application when it learns the applicant is awaiting trial for a crime.

Clarifies the conditions under which various, specified individuals are exempt from criminal clearance requirements.

Expands the list of crimes for which an exemption cannot be granted to include sexual exploitation by a physician or other specified professional, torture, carjacking with the use of a dangerous weapon, drawing or exhibiting a firearm in a day care center, willful food poisoning, and arson under specified circumstances.

Clarifies that an individual's criminal record clearance can be transferred from one licensed facility to another.

*Status: Chapter 819, Statutes of 2000*

**SB 2014 (Speier - Child Care Facilities Financing Act**

(Adds Chapter 2.3, commencing with Section 8498.01, to Part 6 of the Education Code)

Establishes legislative intent, by submitting the Child Care Facilities Financing Act to the voters, that funds from the sale of bonds under this Act be used to expand the capacity for child care services in licensed child day care facilities through construction, renovation, or acquisition of facilities.

Creates the Child Care Facilities Bond Fund, with the proceeds from the bonds to be allocated by the Superintendent of Public Instruction to the Child Care Facilities Direct Loan and Grant Fund, also established by this Act.

Creates the Child Care Facilities Direct Loan and Grant Fund from which funds are to be used for subordinated direct loans and grants for the construction, renovation, or acquisition of licensed child care and child development facilities in California.

Requires the Department of Education to establish criteria for loan and grant-making from this fund for eligibility, licensing and repayment.

Requires the Department of Education to administer the Fund and make grants and loans available to any person or organization that provides licensed child care and development services.

Requires that all provisions within this Act conform to the State General Obligation Bond Law.

*Status: Died in Senate Appropriations*

**AB 181 (Zettel) - Child Day Care: "6 to 6" Extended School Day San Diego Pilot**

(Adds and repeals Section 1596.7927 of Health and Safety Code, and adds Section 11170.6 to Penal Code)

Establishes the "6 to 6" pilot program, upon a resolution by the City Council of San Diego, and defines the program as an extended school day program operated by a community based organization, child care agency, or other entity under contract with a public school district or a city. Specifies that the mission of the "6 to 6" program encompass: homework assistance, academic enrichment, reading, tutoring, creative and performing arts, and sports and recreational activities.

Exempts from licensure "6 to 6" programs that meet prescribed requirements including, but not limited to, the following:

- The program is operated on a school site in current use by a public school or school district that collaborates with the City of San Diego to provide an extended day program.
- The children served regularly attend school within the district or districts, exclusively.
- Site supervisors meet the qualifications that apply to a center director in a licensed day care setting and all staff shall have negative tuberculosis test and a criminal background check.

- The contract between the entity operating the "6 to 6" program and the city or school district includes a child to staff ratio comparable to that required by the After School Learning and Safe Neighborhoods Partnerships Program, a ratio of 1 adult to 20 children.

Requires, upon the completion of the pilot, an evaluation of the health and safety of the participants compared with licensed care, focusing on children ages 5 to 8 years, conducted by an independent evaluator and financed by the city.

*Status: Chapter 851, Statutes of 1999*

**AB 212 (Aroner) - Child Care and Development**

(Adds Section 8300 to the Education Code)

Allocates specified funding in the Budget Act of 2000 to local child care planning councils, based on the percentage of state-funded center-based child care funds received in each county. Permits the funding to be continued in future years.

Requires the California Department of Education (CDE) to develop guidelines for local child care planning councils to use in developing county plans to improve retention of child care workers in state subsidized centers.

Requires the guidelines to be approved by the Secretary of Education and the Department of Finance (DOF).

Requires each county's plan to be approved by CDE prior to receiving its allocation, and require the funds to be used in accordance with the plan.

Permits up to 1% of the allocation to be used to reimburse administrative expenses associated with the planning process.

Requires the Superintendent of Public Instruction to report by April 10 each year to the Legislature, the Secretary of Education, DOF, and the Governor on the distribution and uses of the funds.

Reflects agreement reached with the Governor that the Legislature send him a bill for the expenditure of \$15 million which he set aside in the Budget Act of 2000 for the purpose of promoting retention of qualified child care workers.

*Status: Chapter 547, Statutes of 2000*

**AB 561 (Romero) - California Child Care Health Linkages Program**

(Adds Article 10.5, commencing with Section 8264.6, to Chapter 2 of Part 6 of Education Code, and adds Article 9, commencing with Section 124172, to Chapter 3 of Part 2 of Division 106 of Health and Safety Code)

Authorizes any state-subsidized child care and development program, or any association, coalition, or consortium of state-subsidized child care and development programs, within the territories of the counties of Alameda, Contra Costa, Humboldt, Los Angeles, San

Diego, Santa Cruz, and Ventura and the City and County of San Francisco, to apply to the State Department of Education to participate in California Child Care Health Linkages Program (CCCHLP).

Requires the Superintendent of Public Instruction (SPI), in consultation with the State Department of Health Services (DHS), to select participants, with a priority given to applicants with expertise in physical and behavioral health and serve the populations specified (low immunizations and high Medi-Cal eligibility, potential subscribers to healthy families, uninsured children, and children in households below 200 percent of the federal poverty level).

Requires Family Health Coordinators to provide outreach; assist families to gain access to health services; work collaboratively with the Child Care Health Consultant; assist in compliance monitoring in health and safety standards; and establish linkages with other supportive services.

Requires a Graduate School of Public Health of the California State University system to provide start-up, training, coordination, and program resources to participants in CCCHLP.

Requires the SPI, in consultation with DHS, to report to the Legislature no later than March 30, 2002, on the effect of the demonstration projects.

*Status: Died in Senate Appropriations Committee*

**AB 2011 (Wayne) - Family Day Care Homes: Licensing Unannounced Visits**

(Amends Sections 1597.55a and 1597.55b of the Health and Safety Code)

Requires the State Department of Social Services (DSS) Division of Community Care Licensing to make an unannounced visit to licensed family day care homes within every two-year period and as often as necessary to ensure compliance by visiting at least 50 percent each year. Requires DSS to select the sites in a manner that makes the timing of the visits unpredictable.

Deletes the requirement that the homes be visited on or before the third anniversary of their licensure when sufficient funding exists to do so.

*Status: Vetoed by Governor*

## CHILD SUPPORT

**SB 240 (Speier) - Child Support Enforcement**

(Amends Section 30 of Business and Professions Code, amends Section 708.780 of Code of Civil Procedure, amends Sections 5246, 7552.5, 7571, 7572, 7575, 10003, 10004, 10005, 17430, 17506, 17508, and 17520 of, and adds Sections 3680.5, 5005, 7551.5, 10013, 10014, 10015, 17405, 17407, and 17509 to, Family Code, and amends Sections 11350.6, 11355, 11478.5, and 11478.51 of, and adds Sections 11475.6, 11478.3, and 11478.52 to, Welfare and Institutions Code)

Mandates that any board regulating a professional license (e.g., the State Bar and the State Department of Real Estate) must require every licensee, at the time of issuance or renewal of a license, to provide the social security number of each individual listed on the license. Provides that licenses are subject to revocation, suspension, or denial of a renewal application for nonpayment of child support, including licenses issued to an entity if the delinquent obligor is listed on the license.

Provides that if the results of a genetic test are consistent with the requirement to establish a rebuttable presumption of paternity (i.e. the test reflects a paternity index of 100 or greater) a voluntary declaration of paternity form and instructional information on the declaration must be mailed to all parties. Authorizes publicly funded or licensed health clinics, pediatric offices, Head Start programs, child care centers, social services providers, prisons, and schools among the entities to offer parents the opportunity to sign a voluntary declaration of paternity.

Permits the Attorney General (AG) to declare foreign jurisdictions to be reciprocating states under the Uniform Interstate Family Support Act for purposes of establishing and enforcing support obligations if the AG is satisfied that reciprocal provisions will be made by the foreign jurisdictions.

Authorizes the family law facilitator to provide services concerning the issues of child custody and visitation, as they relate to calculating child support, if funding is provided for that purpose. Appropriates \$705,000 from the General Fund to the State Department of Social Services for funding the family law facilitator program.

Clarifies, consistent with the provisions for Family Law Information Centers, that the family law facilitator does not represent any party, that no attorney-client relationship is created between a party and the family law facilitator, and that the family law facilitator must maintain the confidentiality of information provided.

Expands the California Parent Locator Service to include information obtained from a provider of electronic digital pager communication or a provider of cellular telephone services.

Requires the IV-D agency to periodically compare information collected by the State Employment Development Department to records of delinquent child support obligors for the purpose of identifying cases where the obligor is employed but there is no earnings withholding order in effect.

Requires all local child support agencies to interview the custodial parent within 10 business days of opening a child support case, and to re-interview the parent on an as needed basis.

***Status: Chapter 652, Statutes of 1999***

**AB 150 (Aroner) - California Child Support Automation System**

(Amends Section 17710 of Family Code, amends and repeals Section 15200.95 of, and repeals and adds Chapter 4, commencing with Section 10080, of Part 1 of Division 9 of, Welfare and Institutions Code, and amends Item 5180-001-0001 of the Budget Act of 1999)

Repeals requirements for a 4-consortia automation system and instead requires the Department of Social Services to establish a single, statewide automated system. Revises current procedures for state agencies to contract with vendors to expedite contracting for a statewide, automated child support system. Provides oversight by the State Auditor's office.

Permits the state to pass on to counties fiscal responsibility for specified federal penalties, but conditions the passing on of penalties on compliance, by counties, with terms of an agreement with the state regarding operation of the program. Repeals current law, which exempts Los Angeles county from responsibility for a portion of federal penalties (penalties due to failure of all counties to achieve statewide automation) and instead exempts that county from a portion of the penalties contingent on future compliance. (Los Angeles County previously met requirements for statewide automation.)

*Status: Chapter 479, Statutes of 1999*

**AB 380 (Wright) - Modifying, Setting Aside and Enforcing Child Support Orders**

(Amends Sections 3652, 3653, 3654, 4009, 7575, 7642, 17212, and 17402 of, amends heading of Chapter 6, commencing with Section 3650, of Part 1 of Division 9 of, adds Sections 17400.5, 17401, 17433, 17521, and 17530 to, adds Article 4, commencing with Section 3690, to Chapter 6 of Part 1 of Division 9 of, and repeals Section 4071.5 of, Family Code, adds Section 166.5 to Penal Code, and amends Sections 11350, and 11478.1 of, and adds Sections 11350.61, 11356.2, 11358, 11475.12, and 11475.14 to, Welfare and Institutions Code)

Makes several substantive and procedural changes to current child support statutes. Major provisions include: revising the ability of the county to require child support orders to include recoupment of up to three years of back public assistance aid; allowing a set-aside of a child support order based on fraud, perjury or lack of notice, under specified circumstances; providing a specified procedure to set-aside an order in the case of mistaken identity; and allowing obligors who have willfully disobeyed a court ordered child or spousal support obligation to, in lieu of incarceration, post a bond of a sufficient amount to secure compliance with an existing obligation.

*Status: Chapter 653, Statutes of 1999*

**AB 472 (Aroner) - Public Assistance: Child Support Services**

(Adds Section 17401 to, and adds Chapter 5, commencing with Section 17800, to Division 17 of, Family Code, and amends Sections 10950, 10951, 10963, 18242, 18243, and 14247 of, adds Section 11475.6 to, and repeals Section 18246 of, Welfare and Institutions Code)

Permits custodial and noncustodial parents to request a state administrative hearing ("fair hearing") to consider a parent's claim that one of the following actions (or failures to take

action) has occurred on the part of a state or county child support agency: denial of an application for child support services or failure to take action within required time frames; actions or inaction on a child support case, including delays in services and failure to satisfy the requirements of state or federal law; failure to distribute, or incorrect distribution or disbursement, of child support collections or incorrect calculation of arrearages; and, improper decisions to close a child support case. Requires all hearing requests to be made within specified timeframes.

Requires local child support offices to implement their own internal complaint resolution processes to handle complaints, and requires district attorneys to inform parents about the availability of fair hearings to address their grievances.

Revises the provisions of current law to reauthorize the approval of up to three child support assurance demonstration projects and amends current requirements.

*Status: Chapter 803, Statutes of 1999*

## **CHILD WELFARE SERVICES**

### **SB 955 (Escutia) - Child Welfare Services: Out-of-Home Care**

(Adds Sections 11462.07 and 16500.1 to Welfare and Institutions Code)

Expresses legislative intent to use the strength of families and communities to serve the needs of children who are alleged to be abused or neglected in order to:

- Reduce removal of children out-of-home;
- Encourage family reunification when it can be accomplished;
- Locate permanent placement if determined that the children cannot live with their biological families;
- Reduce the number of placements for the children;
- Promote educational progress for foster children.

Requires the state to encourage the development of approaches to child protection that:

- Allow children to remain in their own schools, in close proximity to their families;
- Increase the number and quality of available foster families;
- Use a team approach to foster care that permits the biological and foster families to participate and use team decision-making in case planning;
- Ensure that licensing requirements do not create a barrier to recruitment of high-quality foster homes;
- Provide training for foster parents and staff on working effectively with families and communities;
- Use community resources to assist in developing placements for children, and providing support for them and their families, to ensure an appropriate array of placement resources.



Requires the Department of Social Services to:

- Consider an existing array of program models, including but not limited to, wrap-around services, children's systems of care, family unity and family conferencing models, and the Annie E. Casey Family to Family model;
- Ensure that emergency response, family maintenance, family reunification, and permanent placement services are coordinated with the implementation of these models and ensure consistency between child welfare services program regulations and these models;
- In conjunction with specified stakeholders, review existing child welfare services program regulations to ensure that they are consistent with the legislative intent stated in #1 above;
- Determine how to incorporate into the program regulations best practices guidelines for assessment of children and families;
- Increase the reimbursement rate for specified foster care group home programs.

*Status: Chapter 634, Statutes of 1999*

**SB 1268 (Health & Human Services Committee) - California Children and Families First Act of 1998**

(Amends Section 130110 of Health and Safety Code)

Renames the Commission the California Children and Families Commission. Changes the statutory reference to one ex-officio member of the Commission from the Secretary of the Health and Welfare Agency to the Secretary of the California Health and Human Services Agency. Changes the reference to another ex-officio member of the Commission from the Secretary of Child Development and Education to the Secretary for Education. Adds the Superintendent of Public Instruction as an ex-officio member of the Commission, expanding the number of ex-officio members from two to three.

*Status: Vetoed by Governor*

**AB 1235 (Ashburn) - Foster Care: Foster Homes, Child Care Facilities and Infant Supplement Rates**

(Amends Sections 18251 and 18254 of the Welfare and Institutions Code)

Adds legislative intent to establish an infant supplement rate by 10 percent, as a step toward an amount appropriate to fund the actual cost of providing services to foster youth, who are themselves parents, and to their infants.

Provides, for the 2000-01 Fiscal Year, a new uniform rate of \$890 per month for each child cared for by a teen parent in a foster care group home. Provides, for the 2000-01 Fiscal Year, that a new uniform rate be paid for each child cared for by a teen parent in a foster family home or a foster family agency, a rate equal to the basic rate that would be paid on the child's behalf if the child were placed in foster care separately from his or her parent.

Requires the Department of Social Services to reimburse counties for 100 percent of the nonfederal share of the cost of infant supplement rate increases.

*Status: Vetoed by Governor*

**AB 2012 (Shelley) - Foster Care Providers: Educational Support Requirements**

(Amends Sections 42921 and 42923 of, and adds Sections 42921.5, 42922.1, 42922.3, 42922.4, and 42922.5 to, the Education Code, amends Section 1529.2 of the Health and Safety Code, and adds Section 16011 to the Welfare and Institutions Code)

Expands the Foster Youth Services (FYS) program by authorizing any county office of education, consortium of school districts, or consortium of county offices of education to provide educational services to children who reside in licensed foster care homes through the FYS program.

Requires each FYS program to have an educational advocate to provide services to juvenile dependent and wards as defined.

Requires FYS programs to form a local advisory group, chaired by the presiding judge of the juvenile court and including representatives from the county social services, probation, mental health, and health departments, representatives from the county office of education, the student attendance review board, and the court appointed special advocate program.

Permits members of local advisory groups to exchange confidential information relevant to the education of any foster child under the jurisdiction of the juvenile court and permits representatives of FYS programs to inspect dependent children's juvenile court case files.

Requires the health and education summary of a dependent child's case plan to include the child's educational status, attendance information, classroom behavior, academic achievement, and the status of the child's individualized education program, if any.

*Status: Vetoed by Governor*

**AB 2258 (Leach) - Community Care Licensing: Crisis Nurseries**

(An act relating to emergency shelter)

Requires the Department of Social Services (DSS) to study the licensing of crisis nurseries as a separate category of care, including evaluating the nature of crisis nurseries and appropriate standards to use in licensing them.

Defines "crisis nursery" as temporary shelter for children who are admitted into care upon the request of a parent or legal guardian.

Requires DSS to consult with operators of crisis nurseries and with parents who have used the services in conducting the study.

Requires DSS to submit the study to the Legislature by January 1, 2002.

*Status: Vetoed by Governor*

**AB 2307 (Davis) - Children: Foster Care**

(Amends Section 16300 of, and adds Section 16003 to, the Welfare and Institutions Code)

Directs each community college district with a foster care education program to make available to relatives caring for a foster child orientation and training, that provides information about the role, rights and responsibilities of the relative caregiver, provides an overview of the child protective system, provides information about child development and about services available to caregivers, and so forth;

Makes relative caregivers eligible for annual training courses covering child development, accessing education and health services for foster children, maintaining contact with birth parents, and permanency options; and,

Requires each community college district with a foster care education program to: develop appropriate program parameters in collaboration with the counties; and make every attempt to make the training and orientation programs for relative caregivers highly accessible in the communities in which they reside.

Requires the county, when a child is placed with a relative caregiver, to inform the relative caregiver of the availability of training and orientation programs.

Specifies legislative intent that the county shall make every reasonable effort to forward the names and addresses of relative caregiver families who choose to receive the training and orientation information to the appropriate community colleges.

Specifies that the bill shall not be construed to preclude counties from developing or expanding existing training and orientation programs for foster care providers to include relative caregivers.

*Status: Chapter 745, Statutes of 2000*

**AB 2315 (Mazzoni) - Children of Incarcerated Parents**

(Adds Section 1203.15 to the Penal Code, and adds Chapter 6, commencing with Section 16575, to Part 4 of Division 9 of the Welfare and Institutions Code)

Requires, when a defendant over age 18 who is a parent is to be incarcerated, that probation officers include in the sentencing report filed with the criminal court a discussion of what arrangements exist for the care of a defendant's children in the defendant's absence.

Requires, at the option of county boards of supervisors, that the report also be sent to the County Child Protective Services Agency for assessment, review and disposition.

Requires the Attorney General to convene a study group to include representatives of state and local law enforcement, child welfare and mental health agencies, parents who have been incarcerated, individuals who were minors when a parent was incarcerated, and the courts to develop and disseminate a "model protocol" by March 2002 for the care of children at the time of their parent's arrest.

Requires the Department of Justice to disseminate the model protocol to county boards of supervisors and the city councils, and to local law enforcement, judicial, child welfare, and mental health agencies.

**Status: Vetoed by Governor**

**AB 2375 (Honda) - Juveniles: Special Education**

(Amends Sections 19, 102, 1401, 1402, and 1440 of, and adds Section 366.5 to, the Welfare and Institutions Code)

Requires court appointed special advocates to receive training in educational rights and responsibilities, including the right of a child to receive special education services if the child has exceptional needs and accommodations if the child has disabilities.

Authorizes a county, upon adoption by the Board of Supervisors and approved by the presiding Judge of the Superior Court, to elect to:

- Require, if the county probation department and the county welfare department jointly develop a written protocol, the protocol to consider the minor's educational needs, including consideration for an assessment if the child is believed to be in need of special education or referral to the appropriate agency for accommodation for a disability.
- Require that one of the responsibilities of a court appointed counsel is to advocate in the juvenile court for the minor's educational rights.
- Require that each social study or evaluation made by a court appointed social worker or child advocate include a discussion of the child's educational needs and whether the right of the parent or guardian to make educational decisions should be limited.

**Status: Vetoed by Governor**

## **DEVELOPMENTAL/GENETIC DISABILITIES**

**SB 156 (Figueroa) - Child Development: California Early Start Program**

(Amends Sections 95001, 95001.5, 95003, 95004, 95007, 95012, 95014, 95016, 95018, 95020, and 95022 of, amends the heading of Chapter 3, commencing with Section 95012, of Title 14 of, adds Section 95029.5 to, and repeals Title 14, commencing with Section 95000 of, Government Code)

Revises the Early Start Program which requires early intervention services for infants and toddlers at risk of disability. Requires, to the extent possible, interventions to be provided in natural environments. Also, requires the Department of Developmental Services (DDS) to investigate and resolve complaints, and modifies requirements for interagency agreements between departments to ensure coordination, assure timely delivery of services, etc. In addition, requires the individual family service plan for each infant and toddler in the program to include current diagnosis, medications, required medical procedures, primary and specialty care providers, etc.

Requires DDS and the California Department of Education to report to the Legislature by January 1, 2002, on: 1) the unduplicated count of children served by both departments; 2) services provided and variations by geographic region or ethnic group; 3) ethnic distribution of children served; 4) funding per child in programs; and, 5) the status of the data to be reported to the federal Office of Special Education Services annually.

*Status: Vetoed by Governor*

**SB 846 (Escutia) - Californians with Disabilities Act**

(Adds Chapter 9.5, commencing with Section 19820, to Part 2 of Division 10 of Welfare and Institutions Code)

Creates the Californians with Disabilities Act to initiate a comprehensive state effort to implement the federal Americans with Disabilities Act (ADA) and requires the Health and Human Services Agency to administer this Act, in cooperation with its departments, the Department of Fair Employment and Housing, and the Department of Justice. Requires the Agency to develop a specified plan to ensure compliance with this Act and the ADA, including oversight of periodic self-assessments by public agencies and a plan for reviewing private industry.

Requires the Department of Rehabilitation to review its Order of Selection Process (a process to prioritize the delivery of services when resources do not permit all eligible persons to receive services) to ensure continuity of services without suspending services to new applicants, as specified.

*Status: Died in Senate Appropriations Committee*

**SB 1005 (Escutia) - Learning Disabilities Training: Department of Social Services**

(Adds Sections 11325.26 and 16206.1 to Welfare and Institutions Code)

Requires the Department of Social Services (DSS) to provide training within the child welfare academies on learning disabilities, traumatic brain injuries, and attention-deficit/hyperactivity disorder in children.

Requires that the training cover: screening; referring for assessment; referring for treatment; and advising parents on how to secure needed accommodations for their children within schools and elsewhere.

Requires DSS to: recommend a screening tool for CalWORKs case managers to screen participants for learning disabilities; and provide training to CalWORKs supervisors on learning disabilities, screening, and making referrals for treatment.

*Status: Vetoed by Governor*

**SB 1104 (Chesbro) - Developmental Services: Regional Center Staffing**

(Amends Section 14672.9 of Government Code, and amends Sections 4690.3, 4690.4, and 4691.5 of Welfare and Institutions Code)

Requires that the Department of Developmental Services contracts must specify, for the Early Start program, an overall average of 45 consumers to each staff member. Requires

Regional Centers to report to the Legislature, by an unspecified date, the following information: 1) consumer-to-case management staff ratios for all programs; and 2) a description of how Regional Centers are meeting statutory mandates to provide staff expertise in special education, criminal justice, family support, housing, community integration, quality assurance, and consumer advocacy.

*Status: Vetoed by Governor*

**AB 2531 (Scott) - Long-Term Care Facilities for Persons with Developmental Disabilities: Certified Assistants**

(Adds Article 8.75, commencing with Section 1336.5, to Chapter 2 of Division 2 of the Health and Safety Code, and amends Section 14110.6 of the Welfare and Institutions Code)

Requires certified developmental assistants (CDA's), as a condition of employment in a long-term care facility for the developmentally disabled (LTC/DD), as defined, to complete a standardized training program and competency examination, consisting of a precertification training program, as described, and a continuing in-service training program.

Defines "LTC/DD" as an intermediate care facility for the developmentally disabled, an intermediate care facility for the developmentally disabled-habilitative, an intermediate care facility for the developmentally disabled-nursing, or a continuous care facility/developmentally disabled-nursing.

Defines "CDA" as any person who, for compensation, performs basic care services directed at the safety, comfort, personal hygiene, or protection of developmentally disabled consumers, but does not include any services which by law may only be performed by a licensed nurse or a qualified mental retardation professional.

Permits, at the facility's discretion, individuals certified as CDA's to receive a \$0.20 per hour wage differential above the level established by the facility for noncertified personnel.

Establishes processes for certification, for revocation of a certificate, and for appeals of revocation, and sets the fees for the new certification.

*Status: Vetoed by Governor*

## HEALTH CARE

**SB 149 (Haynes) - Sharon Hampton Act of 1999: Abortion Regulation**

(Adds Article 2.5, commencing with Section 123455, to Chapter 2 of Part 2 of Division 106 of Health and Safety Code)

Requires that all abortion facilities be licensed and accredited every two years in addition to other licensing requirements. Directs the Department of Health Services (DHS) to maintain a public record of accredited facilities. Requires adoption by DHS of regulations

and standards which: license all abortion facility staff; provide emergency services and staff; include transfer agreements with hospitals; and monitor post abortion treatment.

Requires any physician transferring abortion patients to cooperate with a peer review process. Specifies reporting of negative review recommendations to the Medical Board, federal Health Care Financing Agency, Attorney General and local law enforcement.

Requires suspension of the license of any peer reported physician and revocation of any licensee found negligent. Prohibits reimbursement of any abortion service provided by a facility employing a disciplined physician. Requires a pathology report on all fetal remains.

Authorizes access, inspections and imposition of penalties to abortion facilities by the department.

Makes willful violation a misdemeanor subject to up to \$5,000 per day fine. Directs courts to consider specified facts in sentencing.

*Status: Failed Passage in Senate Health and Human Services Committee*

#### **SB 480 (Solis) - Universal Health Care Coverage**

(Adds Division 25, commencing with Section 25000, to Welfare and Institutions Code)

Directs the Secretary of Health and Human Services to report to the Legislature by December 15, 2000, the means, methods, mechanisms and scope of health care coverage for all residents. Further directs the Secretary to consider research on methods of financing, delivering and defining universal coverage; to confer with consumers, providers, insurers and other stakeholders and federal policy makers and state officials. Requires the Secretary to annually report progress on improving coverage for the uninsured.

*Status: Chapter 990, Statutes of 1999*

#### **SB 584 (Chesbro) - Primary Health Care Services in Rural Areas**

(Amends Sections 124715, 124725, and 124735 of, adds Sections 124570 and 124745 to, and repeals and adds Sections 124555 and 124710 of, Health and Safety Code)

Requires the Department of Health Services (DHS) to grant funds for up to three years to eligible, private, nonprofit, community-based primary care clinics for the implementation of local health programs for seasonal agricultural and migratory workers and of health services development projects in underserved rural areas.

Appropriates \$1,653,000 from the Physician Services Account in the Cigarette and Tobacco Products Surtax Fund to DHS for expanded access to primary care clinics.

*Status: Chapter 744, Statutes of 1999*

**SB 1425 (Figueroa) - Domestic Violence: Medical Examinations**

(Adds Article 2.3, commencing with Section 11163.70, to Chapter 2 of Title 1 of Part 4 of the Penal Code)

Requires that in any case in which a physician or other health care professional determines that a patient's injuries are the result of domestic violence, and additional supportive services or forensic examination is desired by the health care professional and patient, the following protocols are to be observed:

- Telephone notification to a victim advocate after obtaining consent of the patient. The advocate shall discuss domestic violence options, resources, safety planning, and a forensic examination. If the patient consents to a forensic examination, the advocate or health care professional shall consult with law enforcement to obtain proper authorization for the forensic examination. The standard forensic examination forms shall become part of the patient's medical record.
- The victim shall be informed that refusing a forensic examination is not a ground for denial of treatment of the victim's injuries.
- If required, a report shall be made to a local law enforcement agency.

Requires the Department of Justice, in collaboration with the Department of Health Services and with the assistance of an advisory committee, to develop and adopt a standard state form for collecting forensic evidence. The advisory committee shall develop and adopt suggested guidelines that describe appropriate cases for forensic examination. The guidelines may be adopted or amended by each county sheriff after consultation with law enforcement agencies in his or her jurisdiction. The advisory committee members shall not be reimbursed for travel or per diem.

Provides that no costs incurred by the physician, hospital, emergency medical facility, or other health care provider for purposes of a forensic examination of a victim of domestic violence, shall be charged directly or indirectly to a victim. Bills for these evidentiary examination costs shall be submitted to the law enforcement agency that requests or authorizes the examination.

*Status: Died in Assembly Appropriations*

**SB 1601 (Perata) - Medicare: Prescription Drugs Medi-Cal Eligibility:**

**Income Disregard**

(Adds Section 14005.41 to, and adds and repeals Chapter 3.5, commencing with Section 12400, to Part 3 of Division 9 of, the Welfare and Institutions Code)

Establishes the Medicare Supplemental Assistance Program (Medi-Supp Program) to be administered by the Department of Health Services (DHS) whose purpose is to provide Medicare-eligible persons the financial assistance to purchase Medicare supplemental insurance for prescription drug coverage until prescription drug coverage is a benefit provided by the Medicare program.

States that financial assistance will be available to all Medicare recipients except those receiving coverage for prescription drugs under the Medi-Cal program.



Creates the Medicare Supplemental Assistance Fund in the State Treasury for implementation of the Medi-Supp Program.

Sunsets the Medi-Supp Program on the first day of the month following the date that DHS executes a declaration stating that prescription drug coverage has become available under the Medicare program.

Establishes an income disregard equal to 100 percent of the federal poverty level for aged, blind, and disabled applicants to the Medi-Cal program. Entitles aged and disabled Medi-Cal recipients to the same income disregard, but only to the extent that it is more beneficial than the earned income disregard available to recipients.

*Status: Died in Senate Appropriations Committee*

**SB 1630 (Hayden) - Assisted Reproductive Technology**

(Adds Section 2253.1 to the Business and Professions Code, and amends Section Sections 1635.1 and 1639.55 of, and adds Chapter 7, commencing with Section 1700, to Division 2 of, the Health and Safety Code)

Specifies that a violation of this bill constitutes unprofessional conduct.

Repeals a provision exempting an individual physician engaged in the collection of tissue from his or her patient or the implantation of tissue into his or her patient from licensure as a tissue bank.

Provides definitions for the purposes of this bill, including assisted reproductive technologies (ART), which refers to all procedures whereby human gametes (oocyte and sperm) are artificially combined either in the laboratory (in vitro fertilization or IVF) or within the fallopian tube (gamete introfallopian transfer) as well as pharmaceutically-induced manipulation of oocyte production through the use of injectable (nonoral) stimulation drugs.

Requires on or after January 1, 2002, prior to providing ART, a physician to provide to his or her patient or oocyte donor a standardized written summary of health and consumer issues related to ART, as specified.

Requires, no later than January 1, 2002, the Department of Health Services (DHS), after consultation with the appropriate national medical specialty societies, to develop a standardized written summary regarding health and consumer issues relating to ART and oocyte donation, as specified.

Authorizes DHS to assess each tissue bank, as specified, a fee for the exclusive purpose of developing the summary required by this bill and requires that the total amount collected by DHS is not to exceed \$80,000. Authorizes the Medical Board of California (MBC) to charge a fee for copies of the form, as specified.

Prohibits, on and after January 1, 2002, any licensed tissue bank from providing ART or services related to oocyte donation unless the medical director of the facility is certified in a specialty or subspecialty, as specified.

Requires DHS, in consultation with specified entities, to consider whether it is necessary to establish limits on lifetime oocyte donations; and whether there should be a limit on the amount of financial compensation paid to a donor or other guidelines relating to oocyte donation.

*Status: Vetoed by Governor*

**SB 1821 (Sher) - Health Programs: Eligibility**

(Adds Section 10618.5 to the Welfare and Institutions Code)

Deems any child enrolled in the Food Stamp Program, WIC, or the federal school lunch programs to have met income eligibility requirements for participation in Healthy Families and Medi-Cal.

Requires administering agencies to implement a streamlined process for establishing Medi-Cal or Healthy Families eligibility of a child enrolled in or applying for food stamps, WIC, or the federal school lunch programs. Prohibits the agencies from requiring the child to provide any unnecessary or duplicative information. Makes the Department of Health Services (DHS) the lead agency.

Requires administering agencies to fully cooperate in distributing enrollment information to DHS and the Managed Risk Medical Insurance Board, to the maximum extent permitted by federal and state law. Provides that the information be used for the sole purpose of determining a child's eligibility for Medi-Cal or Healthy Families.

Provides that an applicant on behalf of a child is not required to provide any documentation except to document immigration status if a child is a noncitizen.

States legislative intent to make the Medi-Cal and Healthy Families Program enrollment process more user friendly and efficient for children currently enrolled in programs with income eligibility guidelines similar to the Medi-Cal and Healthy Families programs to make the process more accessible for those in need of care.

*Status: Died in Assembly Appropriations*

**SB 1880 (Sher) - Pharmaceutical Assistance Program Study**

(An act relating to health)

Requires that CalPERS, in consultation with the Department of Health Services, contract with a qualified independent entity to conduct a study to determine the feasibility of aggregating the purchase of prescription drugs, and to ensure access to all programs by pharmacies licensed in California, for all of the following:

- Medi-Cal and Medicare participants;
- Participants in the Public Employees' Medical and Hospital Care Act program;

- Other individuals for whom governmental entities subsidize, in whole or in part, the purchase of prescription drugs or prescription drug benefits; and,
- Uninsured and underinsured person 65 years of age and older.

Specifies the areas to be included by the study and states that nothing in the bill will permit a breach of, or preempt, current confidentiality agreements or provisions.

Requires the results of the study to be submitted to the Legislature and the Governor within eight months of securing the funding and, if the results of the study show that the program is not feasible or would result in a reduction in the quality of care for program beneficiaries, requires that fact to be clearly stated in the results.

Specifies that if the program proposed by the study would aggregate the purchase of prescription drugs by more than one of the groups identified above, it will not be implemented without the enactment of a statute.

***Status: Vetoed by Governor***

**SB 2089 (Johannessen) - Medicinal Marijuana**

(Adds Chapter 5.5, commencing with Section 11340, to Division 10 of the Health and Safety Code)

Specifies the requirements of any physician recommending or approving marijuana to a patient. Requires a physician to document issuance of a marijuana recommendation in a patient's medical record, requires entry of the diagnosis justifying the recommendation, requires specifying the recommended dosage, quantity and frequency of use of the approved marijuana, requires specification of the duration of recommended use and limits such use to less than one year, and limits approved consumption to no more than one-quarter ounce per week. Makes non-compliance with these provisions by a physician unprofessional conduct subject to administrative penalty.

States intent of Legislature to regulate illegal use and cultivation of marijuana as a controlled product but permits possession and cultivation for medicinal use. Prohibits possession or cultivation of marijuana without a physician's approval, makes possession/cultivation inconsistent with a physician's recommendation a criminal offense. Makes medical use of marijuana a defense to a charge of illegal possession.

Limits any physician's valid recommendation for a one year period to any of the following: two outdoor plants, six indoor plants (three flowering stage and three vegetative stage), one and thirty-three hundredths pounds

***Status: Failed Passage in Senate Health and Human Services Committee***

**AB 368 (Kuehl) - Partially Sighted Persons: Prosthetic Devices**

(Adds Section 1367.185 to Health and Safety Code, adds Section 10145.1 to Insurance Code, and adds Section 14132.766 to Welfare and Institutions Code)

Requires every health plan, every health insurer, and the Medi-Cal program to cover prosthetic devices for individuals with low vision. Covers all plans issued, amended, renewed, or delivered in California on or after July 1, 2000.

Defines "prosthetic devices" as devices that substitute for or augment visual function for a diseased eye by providing magnification to enable the use of alternative sites of the eye for vision. Include, but not be limited to, magnification devices, including spectacle-mounted devices, illumination-related devices, telescopes, field expansion devices, video magnifiers, computer-based devices and voice-output devices.

*Status: Died in Senate Appropriations Committee*

**AB 525 (Kuehl) - Health Benefits: Reproductive Health Care**

(Adds Section 1363.02 to, and adds Chapter 2.15, commencing with Section 1339.80, to Division 2 of, the Health and Safety Code, adds Section 10604.1 to the Insurance Code, and adds Section 14016.8 to the Welfare and Institutions Code)

Makes a legislative finding that some hospitals and other providers do not offer a full range of reproductive health services and may prohibit sterilization, infertility treatments, abortion, or contraceptive services.

Specifies that a health care service plan, a disability insurer, and Medi-Cal managed care plan must provide a statement, as described, to inform a potential enrollee that some hospitals and other providers do not provide one or more of the following services that may be covered under the plan contract: family planning, contraceptive services (including emergency contraception), sterilization (including tubal ligation at the time of labor and delivery), infertility treatments, or abortion.

Requires a health care service plan, a disability insurer, and Medi-Cal managed care plan to include, on or before July 1, 2001, the specified statement at the beginning of each provider directory, in a prominent location on any provider directory posted on the health plan's website, and in a conspicuous place in the plan's evidence of coverage and disclosure forms.

Exempts a health care service plan, a disability insurer, and Medi-Cal managed care plan from the statement in a service area where none of the providers with which it contracts limits or restricts any of the reproductive services described in the statement.

Specifies that this bill does not apply to specialized health care service plans (e.g., dental care-only) or Medicare supplement plans.

Specifies that hospital and other providers are not required to post, send, deliver, or otherwise provide the statement.

*Status: Chapter 347, Statutes of 2000*

**AB 573 (Cardenas) - Health Coverage: Deaf and Hearing Impaired**

(Adds Section 1367.187 to Health and Safety Code, adds Section 10145.2 to Insurance Code, and adds Section 14132.767 to Welfare and Institutions Code)

Requires health plans, health insurers, and the Medi-Cal program to provide coverage for auditory prostheses for hearing impaired persons.

Requires medical clearance from a licensed physician, in accordance with current federal Food and Drug Administration guidelines or by informed consent with a signed medical waiver, to make a request for or to deny an auditory prosthesis. Additionally, requires the request to be accompanied by a treatment plan that specifies fitting for and rehabilitation to be employed with the auditory prosthesis.

*Status: Died in Senate Appropriations Committee*

**AB 791 (Thomson) - Healing Arts: Pain Management**

(Amends Section 2089 of Business and Professions Code, adds Section 1254.7 to Health and Safety Code)

Requires applicants for licensure as a physician, who begin medical school on or after June 1, 2000, to complete coursework in pain management and end-of-life care.

Requires health facilities to include pain as an item to be assessed at the same time patient vital signs are taken. Additionally, requires health facilities to ensure that pain assessment is performed in a manner that is appropriate to a patient.

*Status: Chapter 403, Statutes of 1999*

**AB 894 (Alquist) - Skilled Nursing Facilities: Antipsychotic Medication**

(Adds Section 1418.9 to the Health and Safety Code)

Requires the physician or surgeon of a resident in a skilled nursing facility that prescribes, orders, or increases an order for an antipsychotic medication, as defined, to:

- Obtain informed consent from the resident to prescribe, order, or increase an order for the medication.
- Seek consent of the resident to notify the resident's interested family member, as designated in the medical record.
- Make reasonable attempts, either personally or through a designee, to notify the interested family member within 48 hours of the prescription, order, or increase of an order, if the resident consents to the notice.

Specifies the circumstances where no notification is required, and defines various terms, including "antipsychotic medication" and "increase of an order." These terms are narrowly defined as follows:

- "Antipsychotic medication" means a medication approved by the U.S. Food and Drug Administration for the treatment of psychosis. [Note: The California Welfare and Institutions Code defines "antipsychotic medication" more broadly to mean, "any medication customarily prescribed for the treatment of symptoms of psychoses and other severe mental and emotional disorders."]

- "Increases of an order" means an increase of the dosage of the medication above the dosage range stated in a prior consent from the resident. [Note: Some antipsychotic medications may require small increases in dosage over a period of time before the medication reaches a certain blood level. With this definition, a physician and surgeon need not notify an interested family member for incremental dosage increases that occur prior to the patient being stabilized on the medication.]

Specifies that this bill does not require consent from an interested family member for an attending physician and surgeon of a resident to prescribe, order, or increase an order for antipsychotic medication.

*Status: Chapter 46, Statutes of 2000*

**AB 1253 (Nakano) - Pilot Program: Uninsured Working Poor Families**

(Adds and repeals Chapter 8, commencing with Section 124960, of Part 4 of Division 106 of Health and Safety Code)

Requires the Department of Health Services to establish and administer a three-year pilot program to provide health care services to poor adults and children who are not eligible for health care coverage from other sources. Requires the pilot project to be implemented through the participation of the Venice Family Clinic and requires the clinic to develop a managed health care delivery system to provide to uninsured families a standard health benefit package, as specified.

Requests the School of Public Health of the University of California, Los Angeles, to participate in the pilot program by developing an overall evaluation design, as specified on or before June 30, 2000, and preparing an evaluation of the pilot program and a financial analysis that includes the amounts expended by the program each year of operation and for what purposes expenditures were made, on or before March 30, 2003. States legislative intent that no more than \$375,000 be appropriated for the purpose of implementing this program.

*Status: Chapter 1025, Statutes of 1999*

**AB 2185 (Gallegos) - Eye Pathology Screening: Newborns**

(Adds Article 6.4, commencing with Section 124111, to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code)

Establishes the Newborn Eye Pathology Screening Task Force (task force) to advise the State Department of Health Services (DHS) on the newborn eye pathology screening protocol. Provides that the task force consist of 12 members appointed by the Director of DHS. Specifies the composition of the task force including an ophthalmologist, pediatrician, parent, and others.

Requires DHS, by June 30, 2002, to adopt the protocol developed by the American Academy of Pediatrics (AAP) for detecting the presence of treatable causes of blindness in infants by two months of age.

Requires DHS, by January 1, 2003, if the AAP has not developed such a protocol, to develop and adopt a protocol, in consultation with the task force, and subsequently conform the protocol to any future protocol developed by AAP.

**Status: Chapter 325, Statutes of 2000**

**AB 2397 (Maddox) - Anatomical Gifts**

(Amends Section 27491.45 of the Government Code, and amends Sections 7151.5, 7153, 7153.5, 7154, and 7155 and 7154 of the Health and Safety Code)

Revises the Anatomical Gift Act to specify that only the following persons may become donees of anatomical transplant, therapy or research gifts: a hospital, physician, surgeon or procurement organization. Accredited medical or dental schools, colleges or universities; designated individuals; and a person who reconditions pacemakers may only accept donations for education or research.

Revises the Anatomical Gift Act to specify the actions that a search would include in the effort to locate a responsible person to consent to the release of a part from the body for transplantation, therapy or reconditioning (same as those in #1 above).

Requires, following the final disposition of the remains of a donor, upon request of the donor's attorney or family member, as specified, the donee to return the cremated remains of the donor free of charge. Specifies that a person who knowingly returns the cremated remains of a person other than the specified donor shall be punished by imprisonment in county jail for not more than one year.

Specifies that a person may not knowingly, for valuable consideration, purchase or sell a part for research or for any other purpose, if the removal of the part is intended to occur after death. Specifies that valuable consideration does not include transportation. Makes violation subject to either three, five, or seven years of incarceration or a fine of up to \$50,000, or both. Contains a "crimes" disclaimer.

**Status: Chapter 830, Statutes of 2000**

**AB 2415 (Migden) - Healthy Families Program: Medi-Cal: Eligibility**

(Amends Section 12693.76 of the Insurance Code)

Finds that existing Medi-Cal eligibility requirements and procedures deter applicants, and that 1996 federal welfare reform changes have made Medi-Cal an important program for addressing the health care needs of the working poor.

Makes legal immigrant children eligible for the Healthy Families Program without regard to the availability of federal financial participation and, instead, subject to the availability of funds for that purpose in the annual Budget Act.

**Status: Chapter 944, Statutes of 2000**

## HEALTH FACILITIES

### **SB 97 (Burton) - Health Facilities: Retaliation Against Employee or Patient with Grievance**

(Adds Section 1278.5 to Health and Safety Code)

Makes findings and declarations to encourage patients, nurses, and other health care workers to notify government entities of suspected unsafe patient care and conditions.

Prohibits any health facility from retaliating or discriminating against an employee or patient who has filed a grievance or provided information to a governmental entity relating to the care, services, or conditions at that facility. Makes violation of this provision subject to a civil penalty of not more than \$25,000, and a willful violation would be a misdemeanor punishable by a fine of not more than \$20,000.

Establishes a “rebuttable presumption” that any discriminatory treatment taken by a health facility is retaliatory if it occurs against a patient within 180 days of his/her filing a grievance or complaint, or an employee within 120 days of such filing

Exempts from the above provisions an inmate of either a Department of Youth Authority or Department of Corrections’ correctional facility and a long-term health care facility that is subject to existing law.

*Status: Chapter 155, Statutes of 1999*

### **SB 817 (Escutia) - Health Facilities: Exclusive Medical Contracts**

(Adds Section 1316.7 to Health and Safety Code)

Permits a hospital to enter into non-exclusive physician contracts for medical services, except emergency services, upon a showing that such contracts are necessary to either ensure adequate physician coverage or to improve medical care.

States that determinations of the necessity of physician contracts shall be made only after consultation with the hospital's medical staff. Prohibits any physician contract from denying a patient the services of the patient's qualified physician.

*Status: Failed Passage in Assembly Health Committee*

### **SB 1801 (Speier) - Health Facilities: Seismic Building Standards**

(Amends Section 130060 of the Health and Safety Code)

Permits hospital buildings, as specified, to receive a five-year extension of the January 1, 2008, deadline under specified circumstances.

Requires, on or before March 1, 2001, the Office of Statewide Health Planning and Development to establish a schedule of interim deadlines that hospitals will be required to meet in order to be eligible for an extension of the 2008 deadline.



Expresses legislative intent to facilitate the process of having more hospital buildings in substantial compliance with the Alfred E. Alquist Seismic Safety Act, to remove non-conforming hospitals out of service more quickly.

**Status:** *Chapter 850, Statutes of 2000*

**SB 1847 (Alarcon) - Clinics**

(Adds and repeals Chapter 2, commencing with Section 125720, to Part 8 of Division 106 of the Health and Safety Code)

Establishes the Community Clinic Investment Act (CCIA) of 2000, a one-time \$50 million fund to provide grants for capital outlay projects for primary care clinics serving in shortage designation areas caring for indigent, underserved and uninsured Californians.

Authorizes California Health Facilities Financing Authority (CHFFA) to make capital outlay grants to primary care clinics and free clinics.

Requires CHFFA, in consultation with representatives of primary care clinics and other affected parties, to develop a process and criteria for making grants under the CCIA. Requires CHFFA to determine clinic eligibility for awards, determine the amount to be allocated to each clinic, notify clinic representatives of fund availability and allocate funds to clinics that have met eligibility criteria.

Specifies that no individual grant made under the CCIA shall exceed the total cost of the project as determined by the clinic and specified by CHFFA.

Requires the State Department of Health Services to provide to CHFFA information pursuant to making capital outlay grants to primary care clinics.

**Status:** *Died in Assembly Health Committee*

**SB 1886 (Escutia) - Health Facilities: Seismic Safety**

(Amends Section 6254 of the Government Code, and amends Section 130050 of, and adds Sections 130075 and 130076 to, the Health and Safety Code)

Requires hospitals to submit specified data to the Office of Statewide Health Planning and Development (OSHPD) regarding the cost of compliance with seismic safety requirements, along with the hospital's compliance plan, by January 1, 2001, unless an extension is granted by OSHPD.

Prohibits data submitted to OSHPD regarding hospital compliance costs from being subject to discovery or being admitted into evidence in any administrative, judicial or other proceeding.

Requires OSHPD to contract with a national accounting firm for estimates of additional types of costs related to compliance with the Alfred E. Alquist Seismic Safety Act, including, but not limited to: asbestos abatement; loss of facility service; temporary facilities and parking; land purchases; insurance purchases; and, borrowing costs.

Requires individual hospital data to be kept confidential by the accounting firm, and to be reported in aggregate form to OSHPD by March 1, 2001, and March 2, 2002.

Permits OSHPD to establish hospital fees to recover costs incurred to meet the requirements of this bill and establishes the Hospital Seismic Cost Data Fund.

*Status: Vetoed by Governor*

**SB 2006 (Leslie) - Health Facilities: Seismic Building Standards**

(Adds Section 130063 to the Health and Safety Code)

Exempts any one or two story general acute care hospital building located in Seismic Zone 3 from meeting the January 1, 2008, nonstructural seismic safety compliance deadline, if that hospital building meets year 2002 nonstructural requirements.

Requires a hospital eligible for this exemption to meet the January 1, 2030 nonstructural requirements deadline if the building is to be used for general acute care inpatient services after January 1, 2030.

Requires the Office of Statewide Health Planning and Development (OSHPD) to determine the maximum allowable level of earthquake ground shaking potential for purposes of the provisions of this bill.

Requires a hospital requesting an exemption to provide a site specific engineering geologic report that demonstrates earthquake ground shaking potential.

Requires a hospital requesting exemption under these provisions to pay the actual expenses incurred by the OSHPD and the Division of Mines and Geology.

*Status: Chapter 851, Statutes of 2000*

**AB 82 (Cunneen) - Hospitals: Medical Staff Contracts**

(Adds Section 1250.04 to Health and Safety Code)

Requires a hospital, prior to taking any action to enter into, transfer, or terminate any exclusive contract or decision to close a medical staff department to new applicants, to present to its medical staff the following:

- The hospital must present reasons for the proposed action in writing, with conclusions and supporting evidence, to the medical staff, and seek a written recommendation on the proposed action in accordance with medical staff by-laws.
- Following notification by the hospital governing body, and prior to any decision to close a department, the medical staff shall have 30 to 60 days to provide written comments.
- The hospital governing body may accept, modify, or reject the medical staff's recommendation. The recommendation may only be modified or rejected if the decision is in writing and supported by a preponderance of all the evidence.
- In cases where a department consists of more than one physician, the requirements of this bill shall not apply to the termination of a single physician's privileges for a medical disciplinary cause, unless an exclusive contract is created or terminated.

- Notification and comment requirements shall not apply in circumstances where the medical staff initiates a written proposal to close a department or enter into, transfer or terminate an exclusive contract that takes into consideration quality and availability of medical care into consideration.
- In cases where a medical staff department consists of a single physician, whose hospital privileges are terminated for a medical disciplinary cause, the medical staff's comments may be sought prior to the termination of that physician's contract.

Exempts state-owned and operated hospitals, and Medi-Cal contracting hospitals with exclusive contracts in anesthesiology, pathology or radiology from the requirements of this bill.

*Status: Died in Senate Health and Human Services Committee*

**AB 282 (Torlakson) - Health Facility Construction Loan Insurance**

(Amends Sections 129010, 129020, 129035, 129040, 129050, 129055, 129065, 129080, 129090, 129100, 129105, 129173, 129174, 129200, and 129210 of, adds Sections 129045, 129051, 129087, 129092, and 129152 to, adds Article 5.5 (commencing with Section 129220) to Chapter 1 of Part 6 of Division 107 of, repeals Section 129025 of, and repeals and adds Section 129075 of, Health and Safety Code)

Repeals existing requirements for the Office of Statewide Health Planning and Development (OSHPD) to inventory and develop a state health facilities plan, and rather requires Cal-Mortgage to review and assess its program periodically and to produce a state plan every two years. Requires annual report to the Legislature.

Authorizes Cal-Mortgage to charge a variable insurance premium based on loan risk. Authorizes up-front premiums.

Establishes new requirements a health facility must meet to qualify for Cal-Mortgage loan insurance, by requiring that OSHPD determine that the facility is needed by the community.

Requires, for a project to be eligible for Cal-Mortgage participation, the project to meet financial risk criteria. Requires OSHPD to establish a maximum acceptable level of financial risk for the projects it insures, and prohibits OSHPD from approving a project if its risk level is above this maximum.

Requires OSHPD to develop and implement a system for assessing the relative financial risk of the applicant. The system is required to include, but is not limited to, an assessment of the applicant's financial strength, credit history, security for the loan, cash flow, and ability to repay the debt.

Permits OSHPD to approve a project with a level of insurance risk that exceeds the established maximum if OSHPD determines that the project meets a significant community need or will be a sole community provider.

Limits security for Cal-Mortgage loans to first deeds or mortgages.

Requires OSHPD to develop and maintain a formal system of monitoring borrowers, to assist OSHPD in identifying as early as possible those who are experiencing financial difficulties.

Permits OSHPD to insure an emergency working capital loan, if the office determines it is needed to minimize the risk to the Health Facility Construction Loan Insurance Fund, to preserve the value of the assets used to secure the insured loan, or to protect the health and safety of the community served. Requires OSHPD to monitor the disbursement of all proceeds from working capital loans.

Permits OSHPD to issue bonds for the purpose of refunding a borrower's defaulted bonds, provided that there are adequate present value savings to refund all or part of the defaulted bonds.

Deletes the \$2.5 billion limit on the amount that OSHPD may insure unless a state plan is submitted, and inserts a \$3 billion limit.

*Status: Chapter 848, Statutes of 1999*

**AB 421 (Aroner) - Health Facilities: License Suspension and Revocation: Emergency Services**

(Adds Sections 1301 and 1302 to the Health and Safety Code)

Creates the Emergency Department Supplemental Fund to be administered by the California Medical Assistance Commission (CMAC). Permits a Board of Supervisors to support an application for augmentation from the Emergency Department Supplemental Fund if a facility: agrees to have it's Emergency Room (ER) remain open and is suffering from financial hardship. Defines "financial hardship" as a five percent operation margin of uncompensated or under compensated care. Authorizes CMAC to require specified financial data and make specified findings.

*Status: Died in Senate Appropriations*

**AB 2393 (Hertzberg) - Clinics**

(Amends Section 1204 of the Health and Safety Code)

Clarifies that nothing in Health and Safety Code Section 1204 prohibits a community or free clinic from:

- Being reimbursed for services by third-party payers; or
- Entering into managed care contracts for providing services to private or public health plan subscribers, as long as such clinics maintain all other requirements for community clinic licensure.

Clarifies statutory authority for community clinics to contract with private and public third party payers for provision of medical services. Resolves a civil action against Kaiser Health and Planned Parenthood

*Status: Chapter 27, Statutes of 2000*

**AB 2611 (Gallegos) - Health Facilities: Emergency Services**

(An act relating to emergency health care)

Requires the Senate Office of Research to conduct a comprehensive study of the hospital emergency room department on-call coverage issue in California, to convene a working group of affected California stakeholders, and to report to the Legislature by January 1, 2002, with recommendations to address the California hospital emergency room on-call issues.

*Status: Chapter 828, Statutes of 2000*

**IN-HOME SUPPORTIVE SERVICES**

**SB 288 (Peace) - In-Home Supportive Services: Administration**

(Adds Sections 12301.3, 12301.4, and 12302.25 to, and repeals Section 12302.7 of, Welfare and Institutions Code)

Specifies the membership composition of an In-Home Supportive Services (IHSS) advisory committee to be comprised of at least 50 percent current or past recipients of personal assistance services paid for through public or private funds or as recipients of IHSS, as specified.

Specifies that the county shall be eligible to receive state reimbursement of administration costs for only one advisory committee. Requires counties to comply with specified requirements.

*Status: Chapter 445, Statutes of 2000*

**AB 16 (Honda) - In-Home Supportive Services**

(Amends Section 12301.6 of, and adds Section 12301.8 to, Welfare and Institutions Code)

Requires the state to share in the annual, nonfederal cost of services for counties, under the public authority or nonprofit consortium mode of administration, at the same rate it pays for other forms of In-Home Supportive Services (IHSS) administration and mode of service delivery.

Requires the state, beginning in the 1999-2000 fiscal year and continuing in subsequent fiscal years, to reimburse counties that have public authorities, nonprofit consortia, or contracts for the cost of increased wages and benefits for IHSS workers, provided the county spends at least the amount it accrues in savings during that fiscal year (due to the receipt of federal Medicaid Personal Care Option funding) for the cost of the increased wages and benefits (above the reduced county share-of-cost).

*Status: Died in Senate Appropriations Committee*

**AB 2137 (Maldonado) - Caregiver Background Checks: Fee Waiver**

(Amends, repeals, and adds Section 15660 of the Welfare and Institutions Code)

Requires the Department of Justice (DOJ) to waive the fee for performing certain criminal background checks when the check is requested by an IHSS recipient.

Applies only to non-relative individual providers who are IHSS recipients' employees.

Does not allow DOJ to increase the applicant processing fee in order to defray the cost of fees waived pursuant to this bill.

*Status: Vetoed by Governor*

## MEDI-CAL

**SB 82 (Vasconcellos) - Medi-Cal: Medically Necessary Pregnancy-Related Services**

(Amends Section 14007.5 of, and adds Section 14007.7 to, Welfare and Institution Code)

Provides that any alien who is otherwise eligible for Medi-Cal services, but who does not meet specified requirements relating to residency status, is eligible for medically necessary pregnancy-related services.

*Status: Died in Assembly Appropriations Committee. Provisions of this bill were signed into law via AB 1107 (Cedillo), Chapter 146/Statutes of 1999.*

**SB 111 (Figueroa) - Medi-Cal: Eligibility: Children Under 19 Years of Age**

(Adds Section 14005.235 to Welfare and Institutions Code)

Makes any child under 19, who meets all other applicable requirements and whose family income is less than 133 percent of federal poverty level, eligible for Medi-Cal, to the extent federal financial participation is available.

Contains a mandated costs disclaimer finding reimbursement is available to local government through Medi-Cal.

*Status: Returned by Governor to Assembly Desk*

**SB 124 (Figueroa) - Medi-Cal: Eligibility: Application by Mail**

(Amends Section 14012 of, and adds Sections 11052.6 and 14005.25 to, Welfare and Institutions Code)

Eliminates the requirement that a personal interview be conducted as a condition of receiving benefits and authorizes Medi-Cal application by mail. Grants continuous presumptive eligibility to eligible children under 18 years of age. Specifies that reaffirmation for adults shall be in accordance with general standards established by the department.

*Status: Died in Senate Appropriations Committee*

**SB 856 (Brulte) - Medi-Cal: Reimbursement: Dental Services**

(Amends Sections 14087.46 and 14089 of, adds Section 14089.9 to, and adds and repeals Sections 14080 and 14080.1 of, Welfare and Institutions Code)

Requires the Department of Health Services (DHS) to implement a pilot project in which the director may require dental care providers to present pretreatment radiographs for patients when requesting reimbursement for restorative services performed on more than six teeth in one visit.

Specifies that the director may also require dental care providers to present pretreatment radiographs when requesting reimbursement for restorative services performed on a patient who has had previous work done on more than 10 teeth in the preceding six months.

Specifies that pretreatment radiographs shall be used solely for the purpose of identifying possible fraudulent patterns of practice and not as a mechanism to deny payment of claims. Requires reimbursement for all pretreatment radiography.

Presents legislative findings that a reduction in fraud may be achieved by providing reasonable reimbursement to patients who can corroborate care provided by dentists who have made potentially fraudulent reimbursement claims so that they can seek care from another dentist.

Requires DHS to implement a two-year pilot project, under which the director of DHS may request any Medi-Cal dental patient to visit another dentist for a review of previously provided services. Such patients would be reimbursed for expenses in an amount not exceeding \$25 per visit.

Requires DHS to report to the Legislature by December 31, 2001 on the effectiveness of submittal of pretreatment x-rays and the patient reimbursement program in reducing dental service fraud.

Authorizes, instead of requires, DHS to implement a dental managed care program for Medi-Cal beneficiaries to achieve major cost savings, while ensuring access and quality of care, as specified.

Eliminates a requirement in existing law that DHS make every effort to achieve operational contracts to place all Medi-Cal beneficiaries in dental managed care by October 1, 1995, and authorization for DHS to determine which counties or categories of Medi-Cal beneficiaries are to be included in the dental managed care program.

Eliminates existing law that removes fee-for-service dental services as an option in a county or region where DHS has achieved one or more operational managed care contracts, as specified, and instead requires fee-for-service dental services to remain an option for beneficiaries if DHS enters into a contract for dental managed care services in a county other than Sacramento County.

Requires DHS, in consultation with an independent entity, to evaluate the Sacramento County geographic managed care provision of dental services and present a report to the Legislature on or before January 1, 2001, with respect to all of the following:

- Access to dental services in the Sacramento County geographic managed care pilot project as compared to the level of access in a Denti-Cal fee-for-service county with demographics similar to Sacramento County.
- Cost-effectiveness of the program, including a comparison with the cost-effectiveness of the Denti-Cal fee-for-service program.
- Quality of dental care provided.

Requires dental managed care services to continue until December 31, 2002, and permits fee-for-service dental care services and dental managed care services to be options for Medi-Cal beneficiaries in Sacramento County beginning January 1, 2003. States

Legislative intent that on and after January 1, 2003, DHS continue to contract with those providers of dental managed care services in Sacramento County that have performed satisfactorily as determined by DHS in accordance with the Sacramento County geographic managed care program in order to provide beneficiaries with continuity of coverage.

**Status: Vetoed by Governor**

#### **SB 1969 (Solis) - Medi-Cal: Share-of-Cost: End-Stage Renal Disease Patients**

(Adds Section 14007.10 to the Welfare and Institutions Code)

Requires the share-of-cost computation for Medi-Cal eligible patients suffering from end-stage renal disease and undergoing dialysis treatments to be calculated by increasing the Medi-Cal maintenance need levels by \$400 per month for all family size categories.

Requires the Department of Health Services to seek all necessary federal approvals, and implements this bill only to the extent of full federal participation and pursuant to the receipt of all necessary federal approvals.

Finds and declares that dialysis patients have monthly and ongoing medication costs, special dietary requirements, in-home care costs, frequent transportation costs, and other special costs associated with their care.

**Status: Vetoed by Governor**

#### **SB 2020 (Speier) - Health Care**

(Adds Section 48217 to the Education Code, adds Section 1250.6 to the Health and Safety Code, amends Sections 12693.70 and 12693.75 of, and adds Section 12693.305 to, the Insurance Code, and amends Section 14011 of, and adds Section 14016.11 to, the Welfare and Institutions Code)

Requires school districts, on an annual basis, to ask the parent or legal guardian of each new and returning pupil if they would like information about and assistance in obtaining free or low-cost health insurance, as specified. Authorizes community-based organizations



with certified application assistants to provide outreach and assistance at school sites. Requires information and assistance to be provided in the family's chosen language.

Requires the Department of Health Services (DHS), in collaboration with the Managed Risk Medical Insurance Board (MRMIB) and the State Department of Education (DOE), to evaluate the use of school sites for assisting families in applying for Medi-Cal and Healthy Families Program (HFP). Requires DHS to report to the Legislature by September 1, 2002, on their findings, including the number of children and parents assisted and enrolled in the Medi-Cal program and the number of children assisted and enrolled in HFP.

Requires every public or private licensed health care facility to offer to enroll a newborn child in either HFP or Medi-Cal prior to discharge of the newborn child if the child is eligible for either program. Specifies that failure to comply would not be a crime.

Requires Department of Managed Care by July 1, 2001, to develop a package of current information, including benefits and premiums on all available health insurance programs for children in California, for distribution and outreach. Requires the DMC to provide the packages to school districts and private schools that have elementary or high school pupils and the schools to distribute to all enrolling pupils.

Expands eligibility in HFP to a children in families with annual or monthly household income up to or equal to 300% FPL. Requires MRMIB to determine the family contribution amount on a sliding scale, except that the family contribution may not be less than the contribution required for children eligible without the expansion, as specified.

Prohibits HFP and Medi-Cal from requiring any documentation that is not mandated by federal law or regulation.

*Status: Died in Assembly Appropriations Committee*

### **SB 2050 (Speier) - Children's Health Care Programs**

(Adds Section 123867 to the Health and Safety Code)

Requires the Department of Health Services (DHS) to revise the California Children's Services program application in order to permit any applicant to also apply for coverage under Medi-Cal and Healthy Families (HF). Requires DHS to establish procedures for submitting Medi-Cal and HF applications via the Internet.

Requires the Health and Human Services Agency to convene a work group on simplifying and unifying the Medi-Cal and HF programs. Requires a report to the Legislature by September 1, 2001 outlining the major differences between the two programs, identifying any proposed changes that would require a federal waiver, and identifying the steps necessary in order to unify and simplify the programs.

*Status: Vetoed by Governor*

**AB 155 (Migden) - Medi-Cal Coverage for Workers with Disabilities**

(Adds and repeals Section 14007.9 of Welfare and Institutions Code)

Makes any employed individual with a net countable income that does not exceed 250% of the federal poverty level eligible for Medi-Cal benefits, subject to the payment of monthly premiums established by the Department of Health Services (DHS), if the individual meets specified requirements. Requires the individual to be deemed eligible if he or she is determined to be disabled as outlined in federal law for the SSI program.

Requires DHS to submit an amendment to the state Medicaid plan in order to ensure receipt of federal financial participation for this new program.

*Status: Chapter 820, Statutes of 1999*

**AB 499 (Aroner) - Medi-Cal: Assisted Living Demonstration Project**

(Adds Section 14132.26 to the Welfare and Institutions Code)

Requires the State Department of Health Services (DHS) to develop a Medi-Cal assisted living benefit federal waiver program, in conjunction with other state departments, consumers, consumer advocates, housing and service providers, and experts in the fields of gerontology, geriatric health, nursing services and independent living.

Requires DHS to submit necessary waiver applications or modifications to the Medicaid state plan to the Health Care Financing Implementation to implement the waiver program. Specifies that the waiver program shall only be implemented to the extent federal financial participation is available.

Requires the assisted living benefit design to include services that enable individuals to remain in the least restrictive and most homelike environment while receiving the medical and personal care necessary to protect health and well being. Specifies that benefits provided shall only include services not otherwise available under the state plan, and may include medicine management, coordination with a primary health care provider and case management.

Establishes eligibility based on a determination by DHS that the individual is eligible for placement in a nursing facility and is eligible for the Medi-Cal program. Requires eligibility assessments to be based on the individual's ability to perform functional and instrumental activities of daily living, as well as the individual's medical diagnosis and prognosis, and other criteria, including other Medi-Cal services.

Requires an eligible individual to participate only if he or she is fully informed of the program the beneficiary is receiving and the nature of the assisted living benefit and indicates his or her choice to participate, in writing.

Tests the effectiveness of the waiver program through two service delivery approaches. Defines the models to provide an assisted living benefit, one to residents of licensed residential care through the facility operator, the second to residents in publicly funded senior and disabled housing projects through an independent agency.

Requires DHS to limit the number of participants during the initial three years of operation to a number that is statistically significant for purposes of the program evaluation and that meets any requirements of the federal Health Care Financing Administration.

Requires DHS to evaluate the effectiveness of the waiver program, including participant satisfaction, health and safety, quality of life and demonstration of cost neutrality, and to estimate projected state and local savings of statewide expansion. Requires that the evaluation be submitted to the Legislature by January 1, 2003.

Provides that the waiver program shall not be implemented if it will result in additional costs to the state and the waiver program.

*Status: Chapter 557, Statutes of 2000*

**AB 784 (Romero) - Medi-Cal Fraud**

(Amends Sections 14170.8 and 14171.6 of, and to add Section 14100.75 to, Welfare and Institutions Code)

Establishes several new anti-fraud measures in the Medi-Cal program including requiring any provider of goods or services who applies for a Medi-Cal provider number after March 1, 2000 to provide to the Department of Health Services (DHS) a bond or other security satisfactory to DHS of an amount determined by DHS, based on an estimation of billing amounts, but not less than \$25,000.

Requires every primary Medi-Cal supplier of pharmaceuticals or medical equipment and supplies to maintain certain accounting records related to services provided for Medi-Cal providers. Currently, only primary suppliers to incontinence supplies providers are required to maintain accounting records. Exempts specified non-profit community clinics, licensed health facilities, and providers operated by a city, county, school district, county office of education or state special school from requirements of specified Medi-Cal providers of goods or services to provide to DHS a bond or other security to DHS from its provisions.

*Status: Chapter 993, Statutes of 1999*

**AB 1015 (Gallegos) - Medi-Cal and Healthy Families Eligibility**

(Amends Sections 12693.29, 12693.30, 12693.77, 12693.80, 12693.85, 12693.88, 12693.89, 12693.90, 12693.92, 12693.93, and 12963.96 of, and adds Section 12693.69 to, Insurance Code, and amends Sections 14005.30, 14012, and, 14154.15 of Welfare and Institutions Code)

Makes several changes to the Medi-Cal and Healthy Families programs.

Revises the eligibility requirement for a Medi-Cal family eligibility category by eliminating the resource allowance and instead eliminating a resource test and applying a gross income test of no more than 300% of the federal poverty level.

Eliminates authorization for the Department of Health Services (DHS) to require Medi-Cal reaffirmation at times other than on an annual basis.

Requires DHS to conduct pilot outreach and education projects by allocating grant funds through a competitive process to community-based organizations, schools, counties, or other entities with experience serving the uninsured. The purpose of the outreach projects is to encourage the enrollment of uninsured families into health care programs. Requires DHS to give priority to proposals that provide outreach to underserved populations.

Revises a requirement that MRMIB assure that participating health, dental and vision plans provide documentation on how they provide linguistically appropriate services, and instead requires DHS and MRMIB to assure that participating plans adhere to linguistically and culturally appropriate services and marketing materials for subscribers consistent with standards established in the Medi-Cal program.

Authorizes local government entities that expend money received pursuant to the California Children and Families First Program on children's health care services to, in accordance with guidelines established by DHS, apply for federal financial participation under the CHIP.

*Status: Chapter 946, Statutes of 2000*

**AB 1098 (Romero) - Medi-Cal Fraud Punishment and Grand Jury Investigations**

(Amends Sections 1241, 1265, 1287, 1301, and 1324 of, and adds Sections 1269.5, 1281.1, 1282.2, 1282.3, and 1311 to, the Business and Professions Code, amends Sections 186.2 and 923 of the Penal Code, amends Sections 14040, 14040.5, 14043.1, 14043.2, 14043.36, 14043.37, 14043.65, 14043.7, 14043.75, 14100.75, 14107, 14107.11, 14124.1, 14124.2, 14170, 14170.8, 14171.6, and 24005 of, and adds Sections 14040.1, 14043.34, 14043.61, 14043.62, and 14123.25 to, the Welfare and Institutions Code)

Increases the prison "triad" for the alternate felony-misdemeanor of Medi-Cal fraud from 16 months, two years or three years, to two, three or five years in the state prison.

Increases the maximum incarceration for misdemeanor violations related to blood and biological samples, including paying for such samples and unauthorized taking of samples, from six months to one year in the county jail.

Sets the maximum fine for the misdemeanor of paying for the giving of biological samples at \$10,000, and sets the maximum fine for unauthorized taking of biological samples at \$1,000.

Enacts a new alternate misdemeanor/felony for the reckless handling of biological samples that subjects others to the likelihood of great bodily injury, with a penalty of up to one year in the county jail or 16 months, two, or three years in state prison and/or a maximum fine of \$50,000. Makes a second or subsequent conviction be a straight felony, with a two, four or six-year prison triad and/or a \$50,000 fine.

Imposes a four-year enhancement on a defendant's sentence for every person who suffers actual harm in any Medi-Cal fraud scheme in which two or more victims have been subjected to great bodily injury or serious bodily injury.

Permits the State Attorney General to petition the court to convene a special county grand jury to investigate Medi-Cal fraud.

Permits a grand jury investigating Medi-Cal fraud in one county (County A) to share information with the grand jury in another county (County B) about crimes committed in County B.

Grants greater authority to the State Department of Health Services to deny Medi-Cal claims and suspend provider and billing agent registration.

*Status: Chapter 322, Statutes of 2000*

### **AB 1310 (Granlund) - Medi-Cal: Orthotics and Prosthetics**

Requires the Department of Health Services (DHS) to establish a trial program in the Medi-Cal program, under which prior authorization requests from certified providers of orthotic and prosthetic services and devices, which have been prescribed by a physician, are reviewed on a preservice, prepayment sampling basis.

Authorizes the DHS Director to discontinue preservice, prepayment sampling review upon a determination that unnecessary utilization has resulted from the trial program, 30 days after providing notice to the Joint Legislative Budget Committee.

*Status: Vetoed by Governor*

## **MENTAL HEALTH**

### **SB 405 (Ortiz) - Suicide Treatment and Prevention**

(Adds and repeals Section 4028 of Welfare and Institutions Code)

Enacts the California Suicide Prevention Act of 1999, to require the Department of Mental Health (DMH) to establish and implement (or contract with an outside agency for development of) a multi-county, 24-hour, centralized, seamless suicide crisis line integrated network.

Requires the crisis line established by this bill to link persons at risk of committing suicide with local suicide prevention and treatment resources.

Requires the crisis line network to maintain appropriate data and evaluate its effectiveness, and to utilize data available to DMH and the Department of Health Services (DHS).

Permits existing crisis lines that meet specifications of DMH and the American Association of Suicidology to be included in the integrated network.

Provides that the provisions of this bill shall become inoperative on June 30, 2004, and requires DMH to submit a final report to the Legislature on September 30, 2004, regarding the results of this program.

States legislative intent that: 1) DMH collaborate with other state departments and nongovernmental organizations to implement this bill; 2) the program be sustainable beyond the funding period; 3) the program should build on existing knowledge of suicide prevention; and 4) DMH leverage existing federal funds earmarked for suicide prevention and treatment programs and other available funds.

Makes various legislative findings and declarations pertaining to the issue of suicide, including that: of all violent deaths associated with schools nationwide since 1992, 14% were suicides; suicide is the fifth leading cause of death for youth; the U.S. Surgeon General has called upon states to develop a public health approach to suicide prevention.

Appropriates \$600,000 to DMH to support programs described in the bill.

*Status: Died in Assembly Appropriations Committee*

**SB 468 (Polanco) - Health Care Coverage: Mental Illness**

(Adds Section 1374.72 to the Health and Safety Code, and to add Section 10144.5 to Insurance Code)

Requires that health care service plan contracts and disability insurance policies issued, amended, or renewed after July 1, 2000, that cover hospital, medical or surgical expenses must also include coverage of the diagnosis and treatment of mental illness. Coverage of mental illness would be required to be provided under the same rates, terms and conditions as the plan or policy generally applies to other medical conditions; thus, cost sharing or benefit limitations, such as lifetime payment limits, inpatient or outpatient service limits, and co-payments would be the same for mental illness as for other health conditions.

Specifies that, for those plans and policies providing hospital, medical or surgical coverage and prescription drug coverage for other health conditions, the minimum coverage for mental illness would include inpatient hospital services, outpatient services, partial hospital services and prescription drugs. Specifies that this bill does not apply to Medi-Cal health service plans or to certain other specified plans. For the purposes of this bill, "mental illness" would be defined as the mental disorders included in the Diagnostic and Statistical Manual IV (DSM-IV) or subsequent editions. Disorders that would be specifically excluded under this bill include substance abuse disorders and the "V" code disorders, as described in the DSM-IV.

*Status: Died in Assembly Appropriations Committee*

**SB 745 (Escutia) - Mental Health: Contracts: Disputes**

(Adds Sections 5777.5 and 5777.6 to the Welfare and Institutions Code)

Requires county mental health plans, Medi-Cal and physical health managed care plans to insure the access of Medi-Cal patients to prescription psychiatric medications. Requires the plans to enter into memorandums of understanding (MOU's), with specified requirements regarding financial responsibility for prescription medications written by a mental health provider. Requires the MOU's to specify "timeliness" requirements for physical health plan authorizations of payment for medications prescribed by a mental health plan provider.

Specifies procedures to insure timely access of children in foster care to mental health care services. Requires that the Department of Mental Health insure county mental health plans follow certain procedures for authorizing payment for treatment of mental health disorders in children in foster care who are placed out-of-county, if federal approval for a proposed statewide mental health plan is not secured.

*Status: Chapter 811, Statutes of 2000*

**SB 1534 (Perata) - Mental Health: Patient Advocacy: Special Programs**

(Amends Sections 5325, 5325.1, 5326.9, 5328, 5500, 5512, 5520, 5521, 5522, 5523, 5530, 5541, 5542, and 5550 of, and adds Sections 5520.1, 5544.1, 5545.2, and 5545.3 to, the Welfare and Institutions Code)

Specifies that people with psychiatric disabilities residing in specified community care facilities have the same legal and civil rights guaranteed patients hospitalized in mental health treatment facilities, including access to the services of a patients' rights advocate.

Adds mental health clients to the list of persons who can bring an enforcement action for rights violations, and specifies that the aggrieved person need not prove actual damages to bring such an action.

Specifies that the duties of county patients' rights advocates (PRAs) include: a) providing representation in certification review hearings, capacity hearings, and hearings pertaining to the commitment of minors to public hospitals, unless such representation is already provided; b) providing assistance to minors in clinical review proceedings; c) assisting recipients of public mental health services with grievances; and d) providing outreach to recipients of mental health services to ensure that they are aware of their rights.

Specifies that PRAs have access to mental health clients in community care facilities. Permits a PRA to inspect and copy confidential client information and records, without specific authorization by the client or guardian, in the course of investigating a complaint if the client is deceased, is absent, is unable to authorize the release of information due to his or her physical or mental condition, or in accordance with routine monitoring duties. Prohibits a PRA from having access to records over a client's objections.

Clarifies the authority of PRAs to refer complaints to any appropriate state or local government agency, and requires any licensing agency that responds to a complaint referred by an advocate to prepare an annual report to the Legislature, as specified. Requires a county mental health director to be responsible for responding to complaints about any PRA.

Prohibits retaliation against advocates for the performance of their duties and prohibits discrimination and retaliation against a resident of a community care facility who initiates or participates in a complaint.

*Status: Died on Senate Unfinished Business*

**AB 34 (Steinberg) - Mental Health Funding: Local Grants**

(Amends Sections 5802, 5806, and 5814 of, and to add and repeal Section 5814.5 of, Welfare and Institutions Code)

Requires the Department of Mental Health (DMH) to administer a \$10 million grant program to demonstrate that comprehensive services can be provided to severely mentally ill adults who are homeless, recently released from a county jail or state prison, or otherwise at risk of homelessness or incarceration. To be eligible for a grant, a county must have an existing Adult-System-of-Care program or commit a specified amount of new county funds to the demonstration program. Revises the Adult-System-of-Care Act to add outreach and early intervention as program components, among other components.

Requires DMH to expend \$500,000 to evaluate this program, including measuring the cost of "comprehensive community mental health care" and its impact on criminal justice system expenditures associated with persons with mental illness. Permits the Department of Corrections and DMH to jointly develop a coordinated strategy of efficient, cost-effective services to severely mentally ill parolees.

*Status: Chapter 617, Statutes of 1999*

**AB 88 (Thomson) - Health Care Coverage: Mental Illness**

(Adds Section 1374.72 to Health and Safety Code, and adds Section 10144.5 to Insurance Code)

Requires health care service plans or disability insurer contracts issued, amended, or renewed on or after July 1, 2000, that provide hospital, medical, or surgical coverage, to provide coverage for the diagnosis and medically necessary treatment of specified severe mental illnesses and for the "serious emotional disturbances" of a child. The coverage would be required to be provided under the same terms and conditions as are applied to other medical conditions. Permits mental health coverage through a specialized mental health service plan. The specified severe mental illnesses include: Schizophrenia, Schizoaffective disorder, Bipolar disorder (manic depressive disorder), Major depressive disorders, Panic disorder, Obsessive-compulsive disorder, Pervasive developmental disorder or autism, Anorexia nervosa, and Bulimia nervosa.

Requires coverage for children with the above-named disorders, plus other mental health disorders if the child meets the criteria of "severely emotionally disturbed," as described in statute. Specifies that this bill does not apply to Medi-Cal health service plans or certain other specified plans.

Requires, for the above-named disorders, mental illness benefits to include outpatient services, inpatient hospital services, partial hospital services, and prescription drugs if a

plan contract or insurance policy otherwise covers those services. Requires the terms and conditions to be applied equally to include, but not be limited to, maximum lifetime benefits, co-payments, and deductibles.

*Status: Chapter 534, Statutes of 1999*



## MULTICULTURAL HEALTH

### **SB 613 (Solis) – Interagency Task Force on Multicultural Health**

(Amends Section 152 of, and adds Sections 153, 154, and 155 to, Health and Safety Code)

Requires the California Health and Human Services Agency to establish an interagency task force on multicultural health composed of representatives of various departments.

Requires the Office of Multicultural Health in the State Department of Health Services, in consultation with the interagency task force, to develop by November 1, 2000, a coordinated state strategy for addressing the health-related needs of California's ethnic and racial populations.

*Status: Vetoed by Governor*

### **SB 1576 (Murray) - National Health Service Corps State Loan Repayments**

(Adds Article 5, commencing with Section 128050, to Chapter 2 of Part 3 of Division 107 of the Health and Safety Code)

Establishes in the Office of Statewide Health Planning and Development (OSHPD), the California Health Service Corps State Loan Repayment Program to operate in conjunction with the National Health Service Corp (NHSC), as specified.

Requires OSHPD to administer the California Health Service Corps Loan Repayment Program utilizing the same general guidelines applicable to NHSC, as specified, except the following:

- Requires a primary medical care professional to be eligible to participate in the loan repayment program if he or she provides full-time primary health services, as specified, in either a health professional shortage area or an area of the state where unmet priority needs for primary care family physicians exist as determined by the Health Manpower Policy Commission, as specified.
- Provides that no matching funds be required from the practice site areas to repay the health care professional's outstanding loan amount.

Appropriates \$1 million from the State General Fund to OSHPD for purposes of the administration and operation of the California Health Service Corps Loan Repayment Program established, as specified.

*Status: Vetoed by Governor*

### **AB 1297 (Firebaugh) - Public Health: Foreign Medical School Graduate Residency Pilot Program**

(Adds and repeals Article 3.5, commencing with Section 92625, of Chapter 6 of Part 57 of the Education Code, and adds and repeals Article 5, commencing with Section 128040, of Chapter 2 of Part 3 of Division 107 of the Health and Safety Code)

Creates a pilot program within University of California medical schools, targeted to approximately ten percent of the entering class, which will loan education costs to students

in exchange for service within a medically underserved area. Requires each participant to qualify for admission to the medical school, commit to serve in a medically underserved area, and meet requirements for federal and state financial assistance. Requires participants to study at least two years of a foreign language and study the practice of medicine in culturally diverse communities.

Finds and declares many international medical school graduates are willing to serve in medically underserved communities and states legislative intent to increase the number of primary care and pediatric residency positions within teaching hospitals for foreign medical school graduates.

Creates the Foreign Medical School Graduate Residency program within the Office of Statewide Health Planning (OSHPD). Directs the Office to establish three pilot programs, one of which will be in Los Angeles, to increase the number of family medicine and pediatric physicians practicing in underserved areas by expanding the number of residency positions within teaching hospitals.

Creates a board to select 100 academically, culturally, and linguistically competent foreign medical school graduates willing to practice in medically underserved areas. Fifty students would begin in 2001 and another 50 in 2002.

*Status: Died in Senate Appropriations*

**AB 2417 (Firebaugh) - Assistance for Immigrants**

(Amends Sections 18930, 18938, and 18940 of the Welfare and Institutions Code)

Repeals the September 30, 2000, sunset date on eligibility for the California Food Assistance Program and Cash Assistance Program for Immigrants benefits. Extends these benefits indefinitely for legal immigrants who entered the United States on or after August 22, 1996.

*Status: Died on Assembly Inactive File*

## **PUBLIC AND ENVIRONMENTAL HEALTH**

**SB 269 (Ortiz) - Local Public Health Funding: State Aid**

(Amends Section 101230 of Health and Safety Code)

Establishes the Public Health Improvement Act of 1999 (Act), which allocates specified funds subject to availability in the annual Budget Act or some other act.

Appropriates \$4,935,000 from the General Fund to the State Department of Health Services for the purpose of the Act; specifies that funds be allocated so that each jurisdiction receives \$100,000 or its allocation for the 1999-2000 fiscal year, whichever is greater.

Requires that if the funds appropriated are insufficient to completely implement this bill, allocations are to be made as follows:

- In the first instance, no jurisdiction is to receive less than its allocation for the 1999-2000 fiscal year.
- For those jurisdictions in which the allocation is less than \$100,000, the allocation is to be reduced proportionately, by dividing the number of those jurisdictions by the funds remaining after the minimum allocations to all jurisdictions are made.

*Status: Chapter 794, Statutes of 2000*

**SB 1111 (Sher) - Control of Asthma**

(Adds Chapter 7, commencing with Section 104316, to Part 1 of Division 103 of Health and Safety Code)

Finds asthma a chronic respiratory illness of great public health significance affecting two million Californians annually. Finds asthma responsible for more than 600 deaths each year and 42,000 hospital visits annually. Finds that despite a dramatic increase in knowledge and asthma management, that asthma morbidity and mortality has significantly increased over the past 20 years. Recommends a community and environmentally based response to asthma control.

Directs the Department of Health Services to survey causes, analyze morbidity and mortality, and assesses the patterns and medical interventions, determine barriers to patient access, establish treatment protocols, practice standards and calculate the frequency of asthma in California.

Directs the department to provide public and professional education on asthma management and clinical practice. Requires the department to assist in developing new and effective asthma diagnosis and treatment protocols. Directs the department to fund research on asthma interventions which improve clinical outcomes, patient and professional education, clinical practice, disease management, exposure protection, and asthma prevention and control. Specifies terms for implementing and administering grants, requires evaluation and reporting of research findings.

Directs the department to monitor clinical and public interventions to determine and publicize successful or unsuccessful asthma interventions; to expand public and private partnerships; to inform the Department of Education and child care providers on pediatric asthma management; and to convene an advisory committee of stakeholders to advise the Department.

*Status: Died in Assembly Appropriations Committee*

**SB 1699 (Hayden) - Health: Cellular Telephones**

(Adds Article 6, commencing with Section 108670, to Chapter 5 of Division 104 of the Health and Safety Code)

Requires the Department of Health Services (DHS) to conduct a review of existing research concerning the health effects of cellular telephones and make findings regarding

the safety of cellular telephones, and to provide consumers with information, as specified. Requires DHS to report findings to the Legislature on or before July 1, 2001.

Requires DHS to advise the Legislature of any need for further research and potential costs of that research and make recommendations on any legislative action necessary to protect the public health and promote consumer awareness.

Authorizes DHS to consider the preparation of an informational brochure to be made available by either manufacturers or retailers.

Authorizes DHS in conducting its review, and in formulating its findings and recommendations, to consult with scientific researchers who conduct studies related to the biological or health effects of radio frequency electromagnetic radiation, as specified.

*Status: Died in Assembly Appropriations Committee*

**SB 1827 (Haynes) - Partial-Birth Abortion: Ban**

(Adds Section 2253.5 to the Business and Professions Code, and adds Article 2.5, commencing with Section 123455, to Chapter 2 of Part 2 of Division 106 of the Health and Safety Code)

Defines "partial-birth" abortion as an abortion that a person performs deliberately and intentionally, as described.

Prohibits anyone from knowingly performing or attempting to perform a partial-birth abortion of a human fetus.

Exempts from the prohibition a partial-birth abortion that is necessary to save a mother's life that is endangered from a physical disorder, illness, or injury.

Specifies that a violation of the prohibition of partial-birth abortion constitutes unprofessional conduct and must result in fines and penalties, as follows:

- A civil penalty of not less than \$10,000 and not more than \$25,000 for the first violation; and not less than \$50,000, and not more than \$100,000 for a subsequent violation.
- Suspension of a licensee's right to practice for one year for the first violation; and permanent revocation of a licensee's right to practice for a second violation.

Specifies that the woman who receives a partial-birth abortion is not guilty of a violation, or of complicity or conspiracy in the commission of the violation.

*Status: Died in Senate Health and Human Services Committee*

**SB 2164 (Bowen) - Health: Nutritional Standards: Milk**

(Amends Section 123275 of, and adds Section 123275.1 to, the Health and Safety Code)

Makes various legislative findings and declarations related to: the lack of a minimum standard for calcium in milk; the benefits to the federal Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program of providing a state standard

for calcium content in fluid milk sold in this state, including lower consumer milk prices; and the importance of calcium in the diet.

Allows the various milk products that meet all of the following standards to be marketed and sold in California to ensure the most nutritious products for the greatest number of beneficiaries of the WIC Program:

- Any pasteurized fluid whole milk that contains 400 International Units of vitamin D per quart, which is the California and federal milk standard.
- Any pasteurized fluid reduced fat, low fat, or skim milk that contains 2,000 International Units of vitamin A and 400 International Units of vitamin D per quart, which is California and federal milk standard.

Requires the calcium content of pasteurized whole milk, reduced fat, low-fat, and skim milk to be determined by reference to the Nutrient Database for Standard Reference maintained by the Nutrient Data Laboratory, U.S. Department of Agriculture.

*Status: Failed Passage in Senate Agriculture and Water Resources Committee*

#### **AB 210 (Wildman) - Developmental Services: Employees**

(Adds Section 19816.21 to Government Code)

Requires the Department of Personnel Administration (DPA) to undertake, by July 1, 2001, a compensation study comparing the wages and benefits provided to direct care adult program personnel, employed by for-profit and non-profit community-based agencies funded by the regional centers, to the wages and benefits of employees performing comparable duties in programs funded by the Department of Rehabilitation (DOR), the state developmental centers, local education agencies, and other comparable organizations.

Requires DPA to report the compensation study results to the Legislature, the Department of Developmental Disabilities (DDS) and DOR.

*Status: Died in Senate Appropriations Committee*

#### **AB 1725 (Reyes) - Child Health Screening Programs**

(Amends Section 124040 of the Health and Safety Code)

Requires Child Health and Disability Prevention (CHDP) to refer eligible children to the California Children Services Program (CCS) for diagnosis and treatment and defines "eligible" to mean all children who are at high risk for, are suspected of having, or have already been diagnosed with a condition qualifying a child for services under CCS.

Requires the Department of Health Services, by July 1, 2001, to adopt regulations to:

- Establish, as a part of the health screening and evaluation mandated by CHDP, screening for the condition known as "Acanthosis Nigricans."
- Authorize the use of the fasting blood glucose test when a child has Acanthosis Nigricans or is otherwise suspected of having type 2 diabetes.

*Status: Vetoed by Governor*

**AB 1791 (Wiggins) - School Districts: Epinephrine Auto-Injectors**

(Adds Section 4119.2 to the Business and Professions Code, and adds Section 49414 to the Education Code)

Authorizes a pharmacy to furnish epinephrine auto-injectors to a school district or county office of education if specified conditions are met.

Authorizes school districts and county offices of education to provide emergency epinephrine auto-injectors to trained personnel, and authorizes trained personnel to use epinephrine auto-injectors to provide emergency medical aid to any person suffering from an anaphylactic reaction.

Authorizes each public and private elementary and secondary school to voluntarily determine whether or not to make emergency epinephrine auto-injectors and trained personnel available at the school. Authorizes the school, in making this determination, to evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to epinephrine auto-injectors and trained personnel.

Requires any school district or county office of education electing to utilize epinephrine auto-injectors to create a plan to address issues related to training of personnel, prescriptions for epinephrine auto-injectors, and documentation.

***Status: Vetoed by Governor***

**AB 1847 (Wayne) - Cardiovascular Disease: Task Force and State Master Plan**

(Adds and repeals Chapter 2, commencing with Section 125720, to Part 8 of Division 106 of the Health and Safety Code)

Declares that it is appropriate and necessary to create a Cardiovascular Disease and Stroke Prevention and Treatment Task Force for the purpose of developing a master plan and recommendations that address the prevention and treatment of CVD and stroke.

Creates the Cardiovascular and Stroke Prevention and Treatment Task Force within the State Department of Health Services (DHS) and requires that the task force be composed of 12 members who have demonstrated an interest in cardiovascular disease or stroke.

Directs the Speaker of the Assembly, the Senate Committee on Rules and the Governor to appoint board members. Specifies that board members shall include providers, stroke survivors, researchers, and other experts.

Requires that the members of the task force be appointed by March 1, 2001, and that task force members serve without compensation except reimbursements for necessary travel expenses incurred in the performance of their duties of the task force. Specifies that a majority of the task force constitutes a quorum for the transaction of business.

Requires the task force to create a comprehensive Cardiovascular Disease and Stroke Prevention and Treatment State Master Plan that contains recommendations to the Legislature, the Governor, and DHS that address changes to existing laws, regulations, programs, services and policies to improve cardiovascular disease (CVD) and stroke prevention and treatment.

Requires that the task force synthesize available information on the incidence of and causes of CVD and stroke deaths and risks; consider reports and ideas from various organizations; establish a profile of the CVD and stroke burden in the State; publicize the profile and its preventability; and identify strategies that are effective in preventing, controlling, and treating risks for CVD and stroke.

Requires the task force submit the master plan to the Legislature, the Governor and DHS by October 1, 2002. Requires that the task force meet and establish operating procedures by June 1, 2001. Thereafter, the task force is required to meet between four and six times per year. After October 1, 2002, the task force shall meet a maximum of two times annually. Requires DHS to provide staff support to the task force. Establishes a sunset date of January 1, 2004.

*Status: Vetoed by Governor*

**AB 1879 (Cunneen) - Pupil Curricula: Brain and Spinal Cord Injury Prevention**  
(Adds Chapter 5.7, commencing with Section 51940, to Part 28 of the Education Code)

Requires the California Healthy Kids Resource Center in consultation with the State Department of Education, to review and adopt brain and spinal cord injury prevention curricula for use by school districts maintaining K-12 inclusive. Requires that the use of this curricula be on a voluntary basis.

Requires that the curricula contain, at minimum, age appropriate components concerning all of the following:

- Critical thinking related to learned behavior patterns, including, but not limited to, strategies and behavior patterns for avoiding common risk factors or situations.
- Acceptance of individual responsibility for avoiding or controlling the risk of injury in activities of daily life, and awareness of the possible consequences of injury, especially the effects of serious brain or spinal cord injuries.
- Recognition, avoidance, and management of high risk situations, such as the following: use of automobile or motorcycles as either a driver or passenger; consumption of intoxicating or consciousness-altering substances; participation in recreational activities that involve risk of significant physical injury (these activities include skiing, skydiving, hunting, mountain climbing, skateboarding, equestrian events, and other physically challenging pursuits; and presence as a spectator at events or a witness in circumstances where there is potential for physical injury.

Requires the California Healthy Kids Resource Center to notify school districts regarding the availability of the curricula approved pursuant to this chapter.

Appropriates \$100,000 from the General Fund to the California Healthy Kids Resource Center for the purposes of costs related to reviewing and approving curricula related to the prevention of brain and spinal cord injuries and for notifying school districts regarding the availability of the curricula.

**Status: Vetoed by Governor**

**AB 1946 (Wayne) - Public Beaches: Survey**

(Repeals and adds Section 115910 of the Health and Safety Code)

Requires the State Water Resources Control Board (SWRCB), on or before February 1, 2001, to develop a specific format for the survey documenting all beach postings and closures due to beaches exceeding bacteriological standards submitted by local health officers to the board. The survey at a minimum shall: identify the beaches in each county subject to testing and the amount and types of testing conducted; identify the geographic location and area extent of beaches that were posted or closed; and the bacteriological standards that were exceeded and the sources of the pollution, if known. Causes of pollution shall be identified with enough particularity to determine what substance, in addition to the water carrying the substance, was responsible for the standard to be exceeded.

Requires each health officer to submit to SWRCB, on or before the 15th of each month, a survey documenting all postings and closures due to beaches exceeding bacteriological standards. Surveys shall be submitted using the format developed by the board.

Requires SWRCB, on or before July 30 of each year, to publish a statewide report documenting the beach posting and closure data provided to it by the health officers for the preceding calendar year. The report shall at a minimum include the location and duration of each beach closure and the suspected sources of contamination that caused the closure. The board shall distribute copies of this report to the Governor, Legislature and major media organizations, as well as make it available to the general public within 30 days of publication.

**Status: Chapter 152, Statutes of 2000**

**AB 2018 (Thomson) - Controlled Substances: Triplicate Prescription**

(Amends Sections 11161, and 11164 of, and repeals Section 11163 of, the Health and Safety Code)

Allows a practitioner to orally, electronically, or in writing request larger amounts of prescription blanks, which are issued by the Department of Justice (DOJ) in serially numbered groups of not more than 100 forms each in triplicate.

Deletes the requirement that DOJ limit the issuance of triplicate prescription blanks to 100 forms during a 30-day period. Removes the provision that prevents DOJ from issuing more than one "prescription group" to the same prescriber at one time.



Specifies that the signature on each "triplicate" prescription for a Schedule II controlled substance must be wholly written in ink or indelible pencil in the handwriting of the prescriber, and each prescription must contain specified information either typewritten or handwritten by the physician or his or her employee.

Allows a pharmacist to fill a Schedule II controlled substance prescription, which contains an error or errors, if the pharmacist notifies the prescriber and the prescriber approves any correction and provides, by fax or mail, a corrected prescription to the pharmacist within seven days of the prescription being dispensed.

*Status: Chapter 1092, Statutes of 2000*

**AB 2306 (Florez) - Farmworker Programs**

(Amends Sections 50455, 50517.5, and 50517.6 of, amends the heading of Chapter 3.2, commencing with Section 50517.5, of Part 2 of Division 31 of, and adds Sections 1179.6 and 50517.11 to, the Health and Safety Code)

Requires the State Department of Health Services (DHS) to review and survey the extent to which agricultural workers and their families use public health programs for which they are eligible. Programs considered include: Medi-Cal; Healthy Families; immunization programs; community mental health programs; parenting programs; teen pregnancy prevention and case management programs; domestic violence and child abuse prevention programs; and various other health and human services programs. DHS shall evaluate outreach programs and their success in reaching agricultural workers and their families, and identify any barriers that prevent utilization of services. The survey shall emphasize actual experiences of workers and their families.

Requires that entities that provide services to agricultural workers, including clinics, community-based agencies, public health departments, and organizations involved with agricultural worker health and well-being be involved in the review process.

Requires the farm labor housing assistance plan under current law to include, but not be limited to, an identification of impediments to the production of housing affordable to farm laborers, federal, state, and local sources of financing, private sources of funding, innovative approaches to financing that could be used as a model, the analysis of the need for permanent and migrant housing, and measures that need to be implemented to address need for farm labor housing.

Renames the Farmworker Housing Grant Fund that is administered by the State Department of Housing and Community Development (HCD) as the Joe Serna, Jr., Farmworker Housing Grant Fund.

Creates the Joe Serna, Jr., Farmworker Family Wellness Program to provide for the integration of housing, health and other family services. The program shall: provide coordinated housing and health services; involve agricultural workers in decisions about priorities for needed programs and services; and provide for the participation of community partners in collaborative efforts to provide services in conjunction with the construction of new housing or the rehabilitation of existing housing.

Authorizes HCD to enter into a memorandum of understanding (MOU) with a nonprofit corporation that demonstrates statewide experience, capacity and capability in designing, financing and implementing programs for providing housing and health services for agricultural workers.

Prohibits HCD from entering into a new MOU or contract or commit additional funding to the program after January 1, 2004, except for costs and activities related to long-term compliance and monitoring of projects assisted pursuant to this section.

*Status: Chapter 312, Statutes of 2000*

**AB 2318 (Lowenthal) - Lindane: Prohibition**

(Adds Section 111246 to the Health and Safety Code)

Finds that Lindane is the working ingredient in over 2 million prescriptions for shampoos and creams meant to control head lice and scabies and that these prescriptions are issued to children, pregnant women and young mothers.

Finds that the main source of Lindane in sewers are from treatment of head lice and scabies, that a single treatment of Lindane pollutes 6 million gallons of water, and that Lindane has been shown to damage the liver, kidney, nervous and immune systems of laboratory animals. Also finds that there are more effective and less toxic products available for the control of head lice.

Prohibits the use of Lindane based products for the treatment of lice or scabies after January 1, 2002.

*Status: Chapter 326, Statutes of 2000*

**AB 2326 (Mazzoni) - Survivors of Brain Injury: Care**

(Adds Article 2.99, commencing with Section 14095, to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code)

Requires the Department of Health Services (DHS) to adopt procedures for, and make payment for, the provision of specified supportive and rehabilitative services to eligible functionally impaired adult survivors.

Specifies services to be provided to include: structured day programs including cognitive skill development, behavior management, counseling, support groups, occupational therapy, speech therapy, psychosocial therapy, supported living and case management; and vocational services including assessment, pre-vocational skill development, vocational skill development and supported employment.

Defines "eligible functionally impaired adult survivors" as persons over 18 years of age who otherwise meet Medi-Cal eligibility criteria and who are at risk of institutional placement due to chronic cognitive, emotional, or physical impairments caused by or diagnosed as ABI or TBI that restricts his or her ability to independently perform daily

living activities, who has an inadequate support network, and who has to leave his or her home without supportive services. Specifies that "eligible functionally impaired adult survivor" does not include an individual whose brain injury occurred before the age of 18 years and whose primary diagnosis is developmental disability.

Requires DHS to seek all necessary federal Medicaid waivers for the provision of the specified supportive and rehabilitative services and makes implementation subject to approval of such waivers. Requires DHS to seek assistance from organizations experienced in providing services to this population.

Prohibits the initial application for federal waivers from exceeding 200 individuals but may be expanded in the future through waiver amendments contingent upon cost neutrality as required by the federal Health Care Financing Administration.

Requires the Health and Human Services Agency's Long-Term Care Council, in its January 1, 2003 report to the Legislature, to include recommendations for developing and financing the most effective and efficient means of delivering statewide services to survivors of traumatic and acquired brain injuries.

*Status: Vetoed by Governor*

**AB 2381 (Longville) - Pathogenic Bacteria: Water**

(Adds 116372 to the Health and Safety Code)

Requires the Department of Health Services (DHS) to study and make recommendations regarding pathogenic bacteria in fluid dispensing devices.

Requires DHS to establish a team of scientists and evaluated industries to assist the DHS study.

Requires DHS to report its findings to the Legislature by December 31, 2001.

*Status: Vetoed by Governor*

**AB 2516 (Thomson) - Registered Nurse Education Program**

(Amends Section 128385 of the Health and Safety Code)

Extends participation in the Registered Nurse Education Program to students who agree in writing, prior to graduation to serve in an "eligible state-operated health facility."

Defines an "eligible state-operated health facility" as a state-operated health facility that has been determined by Office of Statewide Health Planning and Development to have a nursing-vacancy rate greater than non-county health facilities in the same health facility planning area.

*Status: Chapter 360, Statutes of 2000*

**AB 2591 (Cardenas) - Oral Health Services**

(Adds Chapter 1.75, commencing with Section 124460, to Part 4 of Division 106 of the Health and Safety Code)

Declares the intent of the Legislature to require the Department of Health services (DHS) to develop access to quality oral health services for low-income persons, and to use appropriated funds to establish or expand public or non-profit oral health care facilities to subsidize the provision of oral health care to persons without insurance coverage.

Requires DHS to establish a grant program to fund capital outlay projects for providing oral health services at participating primary care clinics that provide services within or including an area designated as a dental health professional shortage area.

Specifies that the grants shall be made in accordance with an agreement between DHS and the clinic, that grants shall not exceed the total cost of the project, and that all clinics funded must agree to use the facility for the purpose for which the grant was awarded for the duration of the expected life of the capital outlay project.

Requires DHS to, in consultation with representatives from primary care clinics and other affected parties, develop a process and criteria for making grants. Specifies that the process and selection criteria shall be approved and a request for proposals shall be issued by January 1, 2001.

Requires DHS to report to the Legislature by November 1, 2000 on progress related to the capital outlay project. Also requires DHS to report to the Legislature by March 1 of each year on the number of grants awarded, the amount and purpose of each grant, the name of each grantee.

*Status: Died in Senate Appropriations*

**AB 2599 (Cardenas) - Cervical Cancer Community Awareness Campaign**

(Adds Article 3, commencing with Section 104200, to Chapter 2 of Part 1 of Division 103 of the Health and Safety Code)

Requires the Department of Health Services (DHS) to conduct a cervical cancer awareness campaign to provide awareness, assistance, and information; promote the availability of preventive treatment; and perform other related activities.

Requires DHS to study and research: statistical information on cervical cancer to target the campaign in appropriate regions of the state, and current treatment, possible cures, and prevention of cervical cancer.

Requires DHS to adopt regulations to implement the Cervical Cancer Awareness Campaign, specifies that the campaign must not be implemented unless and until funds are appropriated for that purpose in the annual Budget Act, and establishes the Cervical Cancer Fund in the State Treasury upon appropriation.

*Status: Chapter 792, Statutes of 2000*

**AB 2714 (Wesson) - Blood Products**

(Amends Section 1626 of the Health and Safety Code)

Extends the sunset date from December 31, 2001 to January 1, 2003 to exempt blood platelets from paid donors through the hemapheresis process, under specified conditions, from the current prohibition against using blood from paid donors.

Removes legislative intent language stating the intent of the Legislature that all health care providers who acquire blood platelets take appropriate steps to secure blood platelets from unpaid, volunteer donors to eliminate acquisition from paid donors. Deletes legislative intent language stating the intent of the Legislature to provide those blood banks acquiring blood platelets from compensated donors with time to implement volunteer donor systems.

States the intent of the Legislature to adopt a voluntary system of blood platelets collection by January 1, 2003.

Directs the department to monitor and assess the supply and distribution of blood platelets and to make any necessary recommendation to the Legislature.

*Status: Chapter 362, Statutes of 2000*

**AB 2820 (Cardoza) - Feminine Hygiene Products: Study**

(Adds Section 138.5 to the Health and Safety Code)

Makes various findings and declarations regarding conflicting information about the link between dioxin exposure and increased risks for endometriosis.

Requires the Department of Health Services to contract with the University of California (UC) for a laboratory study that must be transmitted to the Governor and the Legislature regarding the extent to which the presence of dioxin, synthetic fibers, and other additives in feminine hygiene products, as defined, pose specified risks.

Requires the study to be conducted in accordance with specified UC policy that requires peer review.

Specifies that this bill must not apply to UC unless approved by the UC Regents through a resolution.

*Status: Died in Senate Appropriations Committee*

## **TOBACCO**

**SB 822 (Escutia) - Tobacco Product Master Settlement Agreement**

(Adds Article 3 (commencing with Section 104555) to Chapter 1 of Part 3 of Division 103 of Health and Safety Code)

Finds and declares that tobacco use presents serious public health concerns to the state; that smoking imposes large financial burdens on the state; that it is appropriate that

tobacco manufacturers be responsible for state costs of smoking; that the states and tobacco manufacturers have entered into an agreement which could result in financial advantage and avoidance of financial responsibility by non-participating manufacturers.

Requires any tobacco product manufacturer selling cigarettes in California to either: 1) become a participating manufacturer as defined in the Master Settlement Agreement and meet the financial obligations of the participants, or 2) place into escrow with the state specified amounts per units sold. Provides for release and reversion of tobacco manufacturers escrow deposits, and provides civil penalties and restricted sales for noncompliance.

*Status: Chapter 780, Statutes of 1999*

**SB 1180 (Speier) - Licensed Sale of Cigarettes and Tobacco Products**

(Adds Article 3 (commencing with Section 104550) to Chapter 1 of Part 3 of Division 102 of Health and Safety Code)

Finds and declares that despite strong statutory restrictions on sales to youth, minors can routinely obtain access to tobacco. Finds 29 million packs of cigarettes are annually sold to children in California; finds the average age of tobacco use initiation is nine years of age and finds an association between tobacco use and use of alcohol and illicit drugs; finds a state/public interest in preventing sale of tobacco to children.

Prohibits retail sale of tobacco products in California without a license. Authorizes the Department of Health Services to develop and process applications, specifies content of applications, imposes a fee of \$100 per year per place of business for each license, and requires tobacco retailers to apply for and hold a valid license.

Makes retail sale of tobacco to minors subject to penalties. Makes a first violation subject to a civil fine of \$100 and a license suspension of 30 days. Permits the department to waive this penalty if employees are trained to verify age of tobacco purchasers. A second violation, within a 12-month period is subject to a civil fine of \$500 and license suspension of 60 days; a third violation within 12 months is punishable by a \$1000 fine and 90-day suspension, a fourth violation in 12 months results in permanent revocation. Prohibits issuance of a license to any revoked retailer for a year and makes sale while suspended an infraction punishable by a \$1000 fine.

Requires display of sale licenses; contains a severability clause; disclaims any preemption of more stringent local standards and authorizes prosecution by city or District Attorneys. Authorizes adoption of departmental regulations for implementation.

*Status: Failed Passage in Senate Health and Human Services Committee*

**SB 1510 (Escutia) - Tobacco Products: Tobacco Sales**

(Adds Section 22962 to the Business and Professions Code, amends Section 118950 of the Health and Safety Code, and adds Section 308.3 to the Penal Code)

Prohibits the retail sale or display of cigarettes by self-service displays. Exempts from this provision self-service displays that are located in a retail establishment where the retailer

ensures that no person under 18 years of age is present or permitted to enter at any time and there is a specified sign prominently posted at all entrances to the retail establishment, stating that it is a restricted tobacco sales area where minors are not allowed.

Provides that any person who violates the self-service display prohibition is subject to the civil penalties prescribed under the Stop Tobacco Access to Kids Enforcement Act, and authorizes the Attorney General, a city attorney, a county counsel or district attorney, to bring a civil action to enforce this law.

Prohibits the non-sale distribution of cigarettes or smokeless tobacco products to any person on private property that is open to the general public. Specifies that this prohibition does not apply to any private property open to the general public where minors are either prohibited by law or denied access to a separate nonsale distribution area by a peace officer or licensed security guard stationed at the entrance of such distribution area.

Prohibits the sale of any cigarette, as defined, in package sizes of less than 20 cigarettes, and loose tobacco in packages of less than 0.60 ounces. It also provides that any person or entity that violates this prohibition is liable for an infraction or specified civil penalties.

*Status: Died on Senate Unfinished Business*

**SB 2070 (Schiff) - Fire Safety: Cigarettes**

(Adds Part 8, commencing with Section 14945, to Division 12 of the Health and Safety Code)

Finds and declares that the careless use of smoking materials is the leading cause of fire-related death and injury in the state, as well as a major cause of brush fires and fires in hotels, nursing homes and hospitals. Finds that "fire-safe" cigarettes are technically feasible to produce and that it is within the police powers of the state to protect the health and safety of its people by establishing fire safety standards for cigarettes sold in California.

Directs the State Fire Marshal, in consultation with the State Department of Health Services and the Bureau of Home Furnishings, to adopt fire safety standards for cigarettes sold in California no later than January 1, 2002. The standards must ensure that either an ignited cigarette will stop burning if not smoked within a time period specified by the standard, or meet other standards that will diminish the likelihood of ignition of household furnishings or brush.

Prohibits cigarettes that do not meet the above-mentioned standards from being sold in California after July 1, 2002.

Provides that any wholesaler who knowingly sells cigarettes that do not meet the fire safety standards is subject to a civil penalty of up to \$10,000 per sale. Any retailer who knowingly sells cigarettes that do not meet these standards is subject to a civil penalty of

up to \$500 for each sale if 1,000 or fewer cigarettes are sold, or up to \$1,000 for each sale if more than 1,000 cigarettes are sold. Any manufacturer that makes a false certification as to the fire safety qualities of its cigarette is subject to a maximum penalty of \$10,000 for each false certification.

*Status: Died in Assembly Governmental Organization*

**AB 100 (Thomson) - Master Tobacco Settlement Fund**

(Adds Article 1.3, commencing with Section 104485, to Chapter 1 of Part 3 of Division 103 of Health and Safety Code)

Creates the Thomson, Dunn and Escutia Tobacco Settlement Fund in the State Treasury as a repository, commencing July 1, 2000, for the state share of all funds received from the tobacco litigation Master Settlement Agreement of 1998. Restricts the use of these funds to expansion of health and health care services.

*Status: Vetoed by Governor*

**AB 437 (Wesson) - Tobacco: Sale to Minors**

(Adds Section 22959.5 to Business and Professions Code)

Requires \$2 million be continuously appropriated from the General Fund to Department of Health Services for enforcement of the Stop Tobacco Access to Kids Enforcement Act (STAKE), the state's program to enforce against the sale of tobacco products to minors. Requires that the funds appropriated pursuant to this measure be used to supplement, not supplant, existing funds allocated to the STAKE program.

*Status: Vetoed by Governor*

**AB 1595 (Migden) - Health Warning Label for Cigars**

(Adds Article 3, commencing with Section 104550, to Chapter 1 of Part 3 of Division 103 of Health and Safety Code)

Requires a manufacturer or importer of cigars to place a printed warning on each retail package of cigars shipped for distribution in California. Requires cigars to be distributed so that substantially equal numbers of cigars bear one of the required health warning labels. Requires warning labels to appear on the outside surface of retail packages in which cigars are sold and to be displayed in a clear and reasonable manner. Excludes from the labeling requirements cellophane wrappers, tubes, or similar wrappings in which individual cigars are packaged.

Makes any manufacturer or importer of cigars liable for a civil penalty not to exceed \$2,500 per day for each labeling violation. Authorizes the Attorney General, and other specified local enforcement agents to bring legal actions against non-compliant cigar manufacturers or importers.

Specifies any federal action that requires warning labels on cigars supersedes the labeling requirements of this bill.

*Status: Chapter 693, Statutes of 1999*