

Senate Committee on Health

Legislative Summary 2011 Session

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AGING AND LONG-TERM CARE

SB 177 (Strickland) - Congregate living health facilities.

Raises the bed limit for congregate living health facilities that serve terminally ill patients in counties with populations of more than 400,000, but less than 500,000, persons. *Chapter 331, Statutes of 2011.*

AB 574 (Lowenthal) - Program of All-Inclusive Care for the Elderly.

Increases the maximum number of allowable contracts between the Department of Health Care Services and Program for All-Inclusive Care for the Elderly (PACE) organizations from 10 to 15 and makes other technical changes. *Chapter 367, Statutes of 2011.*

AB 641 (Feuer) - Long-term care.

Eliminates the citation review conference process from the citation appeals process for long-term care facilities, and allows fines to be levied from both state and federal agencies when an incident violates both state and federal laws. Requires the Department of Health Care Services to consider, at the initial application or upon redetermination for the Medi-Cal long-term care benefit, whether an undue hardship exists for an applicant for home and facility care under specified circumstances relating to the transfer of assets. *Chapter 729, Statutes of 2011.*

AIDS/HIV/HEPATITIS

SB 41 (Yee) - Hypodermic needles and syringes.

Suspends certain provisions of the Disease Prevention Demonstration Project, including the ability for a city or county to authorize pharmacists to provide up to 10 hypodermic needles and syringes without a prescription, until January 1, 2015, and until then permits pharmacists and physicians to furnish up to 30 hypodermic needles and syringes for human use, without a prescription or city/county authorization, to a person 18 years or older, as specified. *Chapter 738, Statutes of 2011.*

SB 422 (Wright) - Reporting of certain communicable diseases.

Revises existing law that permits the sharing of information related to a positive HIV test between a physician, a local health officer, and the HIV-positive person's sexual partner, spouse, and/or persons with whom hypodermic needles have been shared. *Chapter 151, Statutes of 2011.*

AB 604 (Skinner) - Needle exchange programs.

Allows the California Department of Public Health (CDPH) to authorize entities meeting specified criteria to provide clean hypodermic needle and syringe exchange programs in any location where CDPH determines conditions exist for the rapid spread of deadly or disabling disease spread through the sharing of unclean needles and syringes. Sunsets on January 1, 2019. *Chapter 744, Statutes of 2011.*

AB 1382 (Hernández) - HIV counselors.

Permits HIV counselors to perform skin punctures for hepatitis C virus (HCV) tests, or combination HIV/HCV tests, under specified conditions. *Chapter 643, Statutes of 2011.*

ALCOHOL AND DRUGS

SB 41 (Yee) - Hypodermic needles and syringes.

Suspends certain provisions of the Disease Prevention Demonstration Project, including the ability for a city or county to authorize pharmacists to provide up to 10 hypodermic needles and syringes without a prescription, until January 1, 2015, and until then permits pharmacists and physicians to furnish up to 30 hypodermic needles and syringes for human use, without a prescription or city/county authorization, to a person 18 years or older, as specified. *Chapter 738, Statutes of 2011.*

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CHILDREN'S HEALTH

SB 36 (Simitian) - County Health Initiative Matching Fund.

Allows local County Health Initiative Matching Fund (CHIMF) programs to draw down federal matching funds to provide health insurance coverage to eligible children with family incomes at 400 percent of the federal poverty level (FPL), instead of up to 300 percent of the FPL in existing law. Allows CHIMF programs to draw down federal matching funds for children age 18 and under who are eligible for the Healthy Families Program, but who are unable to enroll as a result of enrollment policies initiated by the Managed Risk Medical Insurance Board due to insufficient funding. *Chapter 416, Statute of 2011.*

SB 105 (Yee) - Public safety: snow sport helmets.

Requires persons under 18 years of age to wear properly fitted and fastened snow sport helmets while downhill skiing or snowboarding, and establishes a penalty for skiers, snowboarders, and/or their parents or legal guardians for noncompliance. *Vetoed.*

SB 161 (Huff) - Schools: emergency medical assistance: administration of epilepsy medication.

Allows school districts, county offices of education, or charter schools to participate in a program to train nonmedical school employees who volunteer to administer emergency anti-seizure medication to students with epilepsy. *Chapter 560, Statutes of 2011.*

SB 502 (Pavley and De León) - Hospital Infant Feeding Act.

Establishes the Hospital Infant Feeding Protection Act to require all general acute care and special hospitals that have a perinatal unit to have an infant feeding policy and to clearly post that policy. *Chapter 511, Statutes of 2011.*

SB 614 (Kehoe) - Childhood immunization.

Allows a pupil in grades 7 through 12 to conditionally attend school for up to 30 calendar days beyond the pupil's first day of attendance for the 2011-12 school year if that pupil has not been fully immunized with all pertussis boosters appropriate for the pupil's age if specified conditions are met. *Chapter 123, Statutes of 2011.*

SB 695 (Hancock) - Medi-Cal: county juvenile detention facilities.

Permits Medi-Cal benefits to be provided to an individual awaiting adjudication in a county juvenile detention facility if the individual is eligible for Medi-Cal at admission or is subsequently determined to be eligible to receive Medi-Cal benefits, if the county agrees to pay the state's share of Medi-Cal expenditures and administrative costs, and if federal financial participation is available. *Chapter 647, Statutes of 2011.*

SB 946 (Steinberg and Evans) - Health care coverage: mental illness: pervasive developmental disorder or autism: public health.

Requires health care service plans licensed by the Department of Managed Health Care and health insurers licensed by the Department of Insurance to provide coverage for behavioral intervention therapy for autism. *Chapter 650, Statutes of 2011.*

AB 395 (Pan) - Newborn screening program.

Requires the California Department of Public Health to expand statewide screening of newborns to include screening for severe combined immunodeficiency (SCID) and other T-cell lymphopenias detectable as a result of SCID. *Chapter 461, Statutes of 2011.*

AB 396 (Mitchell) - Medi-Cal: juvenile inmates.

Requires the Department of Health Care Services to develop processes to allow counties and the Division of Juvenile Facilities within the California Department of Corrections and Rehabilitation to receive federal financial participation through Medicaid for health care services provided to juvenile detainees or detained youth, as applicable, who are admitted as inpatients in a medical institution. *Chapter 394, Statutes of 2011.*

AB 688 (Pan) - Food and drugs: sale.

Prohibits a retailer from selling, or permitting to be sold, infant formula, baby food, and over-the-counter drugs, as defined, after the "use by," "use before," or "expiration date" provided on the product's packaging, pursuant to federal law. *Chapter 681, Statutes of 2011.*

AB 989 (Mitchell) - Mental health: children's services.

Requires programs contained in county Mental Health Services Act plans, which are required to include services to address the needs of transition-age youth, to also consider the needs of transition-age foster youth. *Chapter 640, Statutes of 2011.*

AB 1319 (Butler) - Product safety: bisphenol A.

Enacts the Toxin-Free Infants and Toddlers Act, which would, except as specified, prohibit, on and after July 1, 2013, the manufacture, sale, or distribution in commerce of any bottle or cup that contains bisphenol A, at a detectable level above 0.1 parts per billion, if the bottle or cup is designed or intended to be filled with any liquid, food, or beverage intended primarily for consumption by infants or children three years of age or younger. This prohibition would cease to be implemented for an item, on the date that a prescribed notice is posted regarding the department's adoption of related regulations. *Chapter 467, Statutes of 2011.*

EMERGENCY MEDICAL SERVICES

SB 233 (Pavley) - Emergency services and care.

Clarifies existing law to explicitly permit appropriately licensed personnel to perform, within their existing scope of practice, consultations and treatments in an emergency department if. Authorizes the treating physician and surgeon to request to communicate directly with the consulting physician and surgeon, and requires the consulting physician and surgeon to examine and treat the patient in person when it is determined to be medically necessary, as specified. *Chapter 333, Statutes of 2011.*

AB 215 (Beall) - Emergency services: Emergency Medical Air Transportation Act.

Requires a county or court that has imposed a vehicle code fine, as specified, to transfer earmarked penalty assessment moneys to the State Treasurer for deposit into the Emergency Medical Air Transportation Act Fund on a monthly basis. *Chapter 392, Statutes of 2011.*

AB 412 (Williams) - Emergency medical services.

Reenacts, until January 1, 2014, provisions that sunset on January 1, 2011, authorizing Santa Barbara County to collect a penalty of \$5 for every \$10 in base fines imposed on criminal offenses and specified vehicle code offenses to be deposited in the Maddy Emergency Medical Services Fund, for the purpose of supporting emergency medical services. *Chapter 268, Statutes of 2011.*

AB 678 (Pan) - Medi-Cal: supplemental provider reimbursement.

Allows ground emergency medical transportation service providers owned by public entities (public ground emergency medical transportation providers) to receive supplemental Medi-Cal reimbursement, in addition to the rate of payment that these providers would otherwise receive for Medi-Cal ground emergency medical transportation services, up to actual costs. The nonfederal share of the supplemental reimbursement would be paid with funds from specified governmental entities through certified public expenditures. *Chapter 397, Statutes of 2011.*

AB 1059 (Huffman) - Emergency medical care.

Adds new data elements to the annual report to the Legislature required of each county establishing a Maddy Emergency Medical Services Fund regarding the moneys collected and disbursed. *Chapter 403, Statutes of 2011.*

ENVIRONMENTAL HEALTH

SB 482 (Kehoe) - Public beach contamination: standards: testing: closing.

Transfers primary jurisdiction for the beach water quality monitoring program from California Department of Public Health to the State Water Resources Control Board. *Chapter 592, Statutes of 2011.*

AB 1014 (Fletcher and Chesbro) - Food facilities: definition.

Exempts premises set aside by a beer manufacturer, as defined, for beer tasting, from the definition of a food facility, thereby, exempting beer tasting premises from the provisions of the California Retail Food Code. *Chapter 159, Statutes of 2011.*

AB 1194 (Block) - Drinking water.

Makes a number of changes to the Calderon-Sher Safe Drinking Water Act to conform it to federal law. *Chapter 516, Statutes of 2011.*

FOOD SAFETY, LABELING AND NUTRITION

SB 20 (Padilla) - Food facilities: menu labeling.

Repeals current law governing menu labeling requirements for food facilities and, instead, conforms state law to federal law. *Chapter 415, Statutes of 2011.*

SB 303 (Padilla) - Food safety: food handlers.

Clarifies that existing law requiring a food handler to obtain a food handler card only applies to food handlers employed at a food facility that sells food for human consumption to the general public; requires that after January 1, 2012, a food handler must obtain a food handler card exclusively from a nationally accredited training provider; and clarifies that snack bars, prisons, county jails, and elderly nutrition programs are exempt from the food handler certification requirements. *Chapter 233, Statutes of 2011.*

SB 818 (Wolk) - Food labeling: olive oil.

Redefines California's olive oil labeling requirements, making technical yet substantive changes to conform to United States labeling standards as outlined in the U.S. Standards for Grades of Olive Oil and Olive-Pomace oil published in the Federal Register that took effect on October 25, 2010. *Chapter 567, Statutes of 2011.*

AB 152 (Fuentes) - Food banks: grants: voluntary contributions: income tax credits.

Provides a tax credit to California growers for the costs of fresh fruits or vegetables donated to California food banks. Establishes the State Emergency Food Assistance Program (SEFAP) within the Department of Social Services and allows for contributions to SEFAP for the purchase of California grown fresh fruits or vegetables. Require the Department of Public Health to apply for federal funds available for promoting healthy eating and preventing obesity. *Chapter 503, Statutes of 2011.*

AB 581 (John A. Pérez) - Public health: food access.

Creates the California Healthy Food Financing Initiative (CHFFI), the CHFFI fund and the CHFFI Council, for the purpose of expanding access to healthy foods in underserved communities. Requires the Secretary of the California Department of Food and Agriculture (CDFA), by July 1, 2012, to prepare recommended actions to be taken to promote food access within California. Authorizes CDFA to create an Advisory Group, as specified. This authority remains in effect until January 1, 2017. *Chapter 505, Statutes of 2011.*

AB 688 (Pan) - Food and drugs: sale.

Prohibits a retailer from selling, or permitting to be sold, infant formula, baby food, and over-the-counter drugs, as defined, after the "use by," "use before," or "expiration date" provided on the product's packaging, pursuant to federal law. *Chapter 681, Statutes of 2011.*

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Exempts premises set aside by a beer manufacturer, as defined, for beer tasting, from the definition of a food facility, thereby, exempting beer tasting premises from the provisions of the California Retail Food Code. *Chapter 159, Statutes of 2011.*

AB 1319 (Butler) - Product safety: bisphenol A.

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HEALTH CARE REFORM IMPLEMENTATION

SB 51 (Alquist) - Health care coverage.

Establishes enforcement authority in California law to implement provisions of the federal Patient Protection and Affordable Care Act related to Medical Loss Ratio requirements on health plans and health insurers and prohibitions on annual and lifetime benefits. *Chapter 644, Statutes of 2011.*

AB 151 (Monning) - Medicare supplement coverage.

Requires health care service plans (health plans) and health insurers offering Medicare supplement coverage (Medigap policies) to issue coverage for a Medigap policy on a guaranteed-issue basis to an individual enrolled in a Medicare Advantage (MA) plan issued by the same issuer if there is an increase in the enrollee's premium. Requires all health plans and insurers offering Medigap policies to issue such coverage on a guaranteed-issue basis to an individual enrolled in a MA plan offered by a different health plan or insurer under specified circumstances. Establishes a threshold for a change in the premium or cost-sharing levels to be met before MA plan enrollees may switch to another carrier for Medigap coverage on a guaranteed-issue basis. *Chapter 270, Statutes of 2011.*

AB 922 (Monning) - Office of Patient Advocate.

Transfers the Department of Managed Health Care (DMHC) from the Business, Transportation and Housing Agency to the California Health and Human Services Agency (HHS), transfers the Office of the Patient Advocate (OPA) from DMHC to HHS effective July 1, 2012, revises OPA's current purpose and duties, and assigns new duties consistent with requirements of the Patient Protection and Affordable Care Act. *Chapter 552, Statutes of 2011.*

AB 1059 (Huffman) – Emergency medical care.

Adds new data elements to the annual report to the Legislature required of each county establishing a Maddy Emergency Medical Services Fund regarding the moneys collected and disbursed. *Chapter 403, Statutes of 2011.*

AB 1296 (Bonilla) - Health Care Eligibility, Enrollment, and Retention Act.

Enacts the Health Care Eligibility, Enrollment and Retention Act, requiring state entities who administer health care coverage programs to undertake a variety of activities related to eligibility, enrollment and renewal of health care coverage through Medi-Cal, the Healthy Families Program, the California Health Benefits Exchange, and, if enacted, the Basic Health Program, including a planning and development process. *Chapter 641, Statutes of 2011.*

OTHER HEALTH CARE COVERAGE BILLS

SB 222 (Evans and Alquist) – Maternity services.

In conjunction with *AB 210 (Hernandez), Chapter 508, Statutes of 2011*, requires policies in the individual health insurance market to provide coverage for maternity services. *Chapter 509, Statutes of 2011.*

SB 757 (Lieu) - Discrimination.

Requires every group health care service plan contract and every policy or certificate of group health insurance marketed, issued, or delivered to a resident of this state, regardless of the situs of the contract to comply with existing law that provides for equal coverage for registered domestic partners. *Chapter 722, Statutes of 2011.*

SB 866 (Hernandez) - Health care coverage: prescription drugs.

Requires the Department of Managed Health Care and the Department of Insurance to jointly develop a uniform prior authorization form for use on and after January 1, 2013, or six months after the form is developed, that health plans and insurers must accept when prescribing providers seek authorization for prescription drug benefits. *Chapter 648, Statutes of 2011.*

SB 946 (Steinberg and Evans) - Health care coverage: mental illness: pervasive developmental disorder or autism: public health.

Requires health care service plans licensed by the Department of Managed Health Care and health insurers licensed by the Department of Insurance to provide coverage for behavioral intervention therapy for autism. *Chapter 650, Statutes of 2011.*

AB 210 (Hernández) - Maternity services.

In conjunction with *SB 222 (Evans and Alquist), Chapter 509, Statutes of 2011*, requires policies in the individual health insurance market to provide coverage for maternity services. *Chapter 508, Statutes of 2011.*

HEALTH CARE FACILITIES AND CLINICS

SB 38 (Padilla) - Radiation control: health facilities and clinics: records.

Makes technical changes to clarify the effective dates hospitals, imaging centers, and the California Department of Public Health must comply with reporting requirements for inappropriate or excessive radiation occurring during computed tomography examinations or radiation therapy to be effective on July 1, 2012 rather than January 1, 2011. *Chapter 139, Statutes of 2011.*

SB 90 (Steinberg) - Health: hospitals: Medi-Cal.

Repeals specified Medi-Cal hospital rate freezes and rate reductions enacted in health budget trailer bills in 2008, 2010, and 2011. Imposes a Quality Assurance Fee (QAF) on specified hospitals for six months (January 1, 2011 until June 30, 2011), and uses the resulting revenue to draw down federal funds to provide supplemental payments to private hospitals in fee-for-service Medi-Cal, Medi-Cal managed care, and for acute psychiatric days; to provide \$210 million for children's health coverage in the current year (CY); and to pay for Department of Health Care Services (DHCS) administrative costs in administering the QAF and supplemental payment provisions of this bill. Reduces disproportionate share General Fund (GF) payments to private hospitals by \$30 million GF in the CY and \$75 million GF in the budget year. Requires DHCS to design and implement an intergovernmental transfer program for Medi-Cal managed care services provided by designated public hospitals (DPH) and nondesignated public hospitals (NDPH) for the purpose of increasing reimbursement to NDPHs and DPHs.

Allows hospitals that have received extensions to January 1, 2013 of the January 1, 2008 seismic deadline, for their SPC-1 buildings, to request an additional extension of up to seven years. Allows the Office of Statewide Health Planning and Development (OSHPD) to grant the extension if the hospital meets several interim deadlines and requirements. Requires OSHPD, in deciding whether to grant the extension as well as the length of the extension, to consider several criteria including the structural integrity of the building, community access to the hospital services, and the hospital owner's financial capacity, as specified. Takes effect immediately as an urgency statute, and takes effect only if *AB 113 (Monning)* also takes effect. *Chapter 19, Statutes of 2011.*

SB 177 (Strickland) - Congregate living health facilities.

Raises the bed limit for congregate living health facilities that serve terminally ill patients in counties with populations of more than 400,000, but less than 500,000, persons. *Chapter 331, Statutes of 2011.*

SB 335 (Hernandez and Steinberg) - Medi-Cal: hospitals: quality assurance fee.

Imposes a Quality Assurance Fee (QAF) on specified hospitals for 30 months (from June 30, 2011 until December 31, 2013), and uses the resulting revenue to draw down federal funds to provide supplemental payments to private hospitals in fee-for-service Medi-Cal, Medi-Cal managed care, and for acute psychiatric days, and to provide \$85 million per quarter for children's health coverage until December 31, 2013. Also requires county and University of California hospitals to be paid direct grants (not Medi-Cal payments), funded from the QAF. Establishes the Low-Income Health Program Medicaid Coverage Expansion Out-of-Network Emergency Care Services Fund (LIHP Fund), and requires moneys in the LIHP Fund to be used for medically necessary hospital emergency services for emergency medical conditions and post-stabilization care furnished by private hospitals and nondesignated public hospitals outside of the Low Income Health Program coverage network. Prohibits disproportionate share replacement payments to private hospitals from being reduced, except as specified in the 2012-13 and 2013-14 fiscal years. Appropriates \$13.6 billion to the Department of Health Care Services for purposes of this bill. Takes effect immediately as an urgency statute. *Chapter 286, Statutes of 2011.*

SB 408 (Hernandez) - Health facilities: licensure.

Requires a new health facility license application to be filed for a health facility, as defined, when there is a change of ownership, as defined, or a major change in ownership interest, as defined, and requires a prescribed notice to be filed with the Department of Public Health prior to a change of ownership, major change in ownership interest, or a change in controlling interest, as defined, of certain health facilities. *Vetoed.*

SB 442 (Calderon) - Hospitals: interpreters.

Requires general acute care hospital policies for the provision of language assistance to patients with language or communication barriers to include procedures for discussing with the patient any cultural, religious, or spiritual beliefs or practices that may influence care, and to increase the ability of hospital staff to understand and respond to the cultural needs of patients. *Vetoed.*

SB 751 (Gaines and Hernandez) - Health care coverage: provider contracts.

Prohibits contracts between health care service plans and health insurers (carriers) and a licensed hospital or health care facility owned by a licensed hospital from containing any provision that restricts the ability of the carrier from furnishing information to subscribers, enrollees, policyholders, or insureds (members) concerning cost range of procedures or the quality of services. Provides hospitals at least 20 days in advance to review the methodology and data developed and compiled by the carriers, requires risk adjustment factors for quality data, requires a disclosure on the carrier's website about the data developed and compiled by the carriers and an opportunity for a hospital to provide a link where the hospital's response to the data can be accessed. *Chapter 244, Statutes of 2011.*

AB 641 (Feuer) - Long-term care.

Eliminates the citation review conference process from the citation appeals process for long-term care facilities, and allows fines to be levied from both state and federal agencies when an incident violates both state and federal laws. Requires the Department of Health Care Services to consider, at the initial application or upon redetermination for the Medi-Cal long-term care benefit, whether an undue hardship exists for an applicant for home and facility care under specified circumstances relating to the transfer of assets. *Chapter 729, Statutes of 2011.*

AB 1394 (Committee on Health) - Health care facilities: financing.

Makes a variety of clarifying changes to the California Health Facilities Financing Authority (CHFFA) Act, including expanding the definition of health facilities, projects, and not-for-profit entities that are eligible for financing and expanding CHFFA's authority to participate in bond exchange agreements. *Chapter 330, Statutes of 2011.*

HEALTH CARE INFORMATION AND MEDICAL PRIVACY

SB 751 (Gaines and Hernandez) - Health care coverage: provider contracts.

Prohibits contracts between health care service plans and health insurers (carriers) and a licensed hospital or health care facility owned by a licensed hospital from containing any provision that restricts the ability of the carrier from furnishing information to subscribers, enrollees, policyholders, or insureds (members) concerning cost range of procedures or the quality of services. Provides hospitals at least 20 days in advance to review the methodology and data developed and compiled by the carriers, requires risk adjustment factors for quality data, requires a disclosure on the carrier's website about the data developed and compiled by the carriers and an opportunity for a hospital to provide a link where the hospital's response to the data can be accessed. *Chapter 244, Statutes of 2011.*

SB 945 (Committee on Health) - Medi-Cal: electronic records.

Requires the Department of Health Care Services to establish and administer the Medi-Cal Electronic Health Records Incentive Program to provide federally funded incentive payments to Medi-Cal providers to implement and use electronic health records systems. *Chapter 433, Statutes of 2011.*

AB 415 (Logue) - Healing arts: telehealth.

Revises the Telemedicine Development Act of 1996 to update and define terminology related to telehealth and current practice. Amends the verbal and written informed consent requirements prior to the delivery of health care via telemedicine. Removes various requirements imposed by health care service plans, health insurers, and Medi-Cal for patients to receive health care services through telehealth. Removes the sunset date authorizing teleophthalmology and teledermatology by store and forward in the Medi-Cal program. Allows a hospital where a patient is receiving telehealth services to grant privileges to, and verify and approve credentials for, providers of telehealth services who are located at a distant-site hospital or telehealth entity, pursuant to federal regulations. *Chapter 547, Statutes of 2011.*

HEALTH CARE PERSONNEL AND WORKFORCE

SB 161 (Huff) - Schools: emergency medical assistance: administration of epilepsy medication.

Allows school districts, county offices of education, or charter schools to participate in a program to train nonmedical school employees who volunteer to administer emergency anti-seizure medication to students with epilepsy. *Chapter 560, Statutes of 2011.*

SB 442 (Calderon) - Hospitals: interpreters.

Requires general acute care hospital policies for the provision of language assistance to patients with language or communication barriers to include procedures for discussing with the patient any cultural, religious, or spiritual beliefs or practices that may influence care, and to increase the ability of hospital staff to understand and respond to the cultural needs of patients. *Vetoed.*

AB 1382 (Hernández) - HIV counselors.

Permits HIV counselors to perform skin punctures for hepatitis C virus (HCV) tests, or combination HIV/HCV tests, under specified conditions. *Chapter 643, Statutes of 2011.*

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

SB 36 (Simitian) - County Health Initiative Matching Fund.

Allows local County Health Initiative Matching Fund (CHIMF) programs to draw down federal matching funds to provide health insurance coverage to eligible children with family incomes at 400 percent of the federal poverty level (FPL), instead of up to 300 percent of the FPL in existing law. Allows CHIMF programs to draw down federal matching funds for children age 18 and under who are eligible for the Healthy Families Program, but who are unable to enroll as a result of enrollment policies initiated by the Managed Risk Medical Insurance Board due to insufficient funding. *Chapter 416, Statute of 2011.*

SB 90 (Steinberg) - Health: hospitals: Medi-Cal.

Repeals specified Medi-Cal hospital rate freezes and rate reductions enacted in health budget trailer bills in 2008, 2010, and 2011. Imposes a Quality Assurance Fee (QAF) on specified hospitals for six months (January 1, 2011 until June 30, 2011), and uses the resulting revenue to draw down federal funds to provide supplemental payments to private hospitals in fee-for-service Medi-Cal, Medi-Cal managed care, and for acute psychiatric days; to provide \$210 million for children's health coverage in the current year (CY); and to pay for Department of Health Care Services (DHCS) administrative costs in administering the QAF and supplemental payment provisions of this bill. Reduces disproportionate share General Fund (GF) payments to private hospitals by \$30 million GF in the CY and \$75 million GF in the budget year. Requires DHCS to design and implement an intergovernmental transfer program for Medi-Cal managed care services provided by designated public hospitals (DPH) and nondesignated public hospitals (NDPH) for the purpose of increasing reimbursement to NDPHs and DPHs.

Allows hospitals that have received extensions to January 1, 2013 of the January 1, 2008 seismic deadline, for their SPC-1 buildings, to request an additional extension of up to seven years. Allows the Office of Statewide Health Planning and Development (OSHPD) to grant the extension if the hospital meets several interim deadlines and requirements. Requires OSHPD, in deciding whether to grant the extension as well as the length of the extension, to consider several criteria including the structural integrity of the building, community access to the hospital services, and the hospital owner's financial capacity, as specified. Takes effect immediately as an urgency statute, and takes effect only if *AB 113 (Monning)* also takes effect. *Chapter 19, Statutes of 2011.*

SB 335 (Hernandez and Steinberg) - Medi-Cal: hospitals: quality assurance fee.

Imposes a Quality Assurance Fee (QAF) on specified hospitals for 30 months (from June 30, 2011 until December 31, 2013), and uses the resulting revenue to draw down federal funds to provide supplemental payments to private hospitals in fee-for-service Medi-Cal, Medi-Cal managed care, and for acute psychiatric days, and to provide \$85 million per quarter for children's health coverage until December 31, 2013. Also requires county and University of California hospitals to be paid direct grants (not Medi-Cal payments), funded from the QAF. Establishes the Low-Income Health Program Medicaid Coverage Expansion Out-of-Network Emergency Care Services Fund (LIHP Fund), and requires moneys in the LIHP Fund to be used for medically necessary hospital emergency services for emergency medical conditions and post-stabilization care furnished by private hospitals and nondesignated public hospitals outside of the Low Income Health Program coverage network. Prohibits disproportionate share replacement payments to private hospitals from being reduced, except as specified in the 2012-13 and 2013-14 fiscal years. Appropriates \$13.6 billion to the Department of Health Care Services for purposes of this bill. Takes effect immediately as an urgency statute. *Chapter 286, Statutes of 2011.*

SB 695 (Hancock) - Medi-Cal: county juvenile detention facilities.

Permits Medi-Cal benefits to be provided to an individual awaiting adjudication in a county juvenile detention facility if the individual is eligible for Medi-Cal at admission or is subsequently determined to be eligible to receive Medi-Cal benefits, if the county agrees to pay the state's share of Medi-Cal expenditures and administrative costs, and if federal financial participation is available. *Chapter 647, Statutes of 2011.*

SB 945 (Committee on Health) - Medi-Cal: electronic records.

Requires the Department of Health Care Services to establish and administer the Medi-Cal Electronic Health Records Incentive Program to provide federally funded incentive payments to Medi-Cal providers to implement and use electronic health records systems. *Chapter 433, Statutes of 2011.*

AB 113 (Monning) – Health: hospitals: Medi-Cal.

Establishes the Non-Designated Public Hospital Inter-governmental Transfer Program for non-designated public hospitals (hospitals owned by health care districts), under which public entities would voluntarily elect to transfer funds to the state for the purpose of drawing down federal Medicaid funds to make supplemental payments to these hospitals. Appropriates \$1.5 billion from the Hospital Quality Assurance Revenue Fund and \$1.5 billion from the Federal Trust Fund to Department of Health Care Services to make supplemental payments to private hospitals under *SB 90 (Steinberg)*. Takes effect immediately as an urgency statute. *Chapter 20, Statutes of 2011.*

AB 301 (Pan) – Medi-Cal: managed care.

Extends the sunset date from January 1, 2012 to January 1, 2018, on the prohibition of services covered by the California Children's Services program from being incorporated into a Medi-Cal managed care contract entered into after August 1, 1994. *Chapter 460, Statutes of 2011.*

AB 396 (Mitchell) - Medi-Cal: juvenile inmates.

Requires the Department of Health Care Services to develop processes to allow counties and the Division of Juvenile Facilities within the California Department of Corrections and Rehabilitation to receive federal financial participation through Medicaid for health care services provided to juvenile detainees or detained youth, as applicable, who are admitted as inpatients in a medical institution. *Chapter 394, Statutes of 2011.*

AB 415 (Logue) - Healing arts: telehealth.

Revises the Telemedicine Development Act of 1996 to update and define terminology related to telehealth and current practice. Amends the verbal and written informed consent requirements prior to the delivery of health care via telemedicine. Removes various requirements imposed by health care service plans, health insurers, and Medi-Cal for patients to receive health care services through telehealth. Removes the sunset date authorizing teleophthalmology and teledermatology by store and forward in the Medi-Cal program. Allows a hospital where a patient is receiving telehealth services to grant privileges to, and verify and approve credentials for, providers of telehealth services who are located at a distant-site hospital or telehealth entity, pursuant to federal regulations. *Chapter 547, Statutes of 2011.*

AB 574 (Lowenthal) - Program of All-Inclusive Care for the Elderly.

Increases the maximum number of allowable contracts between the Department of Health Care Services and Program for All-Inclusive Care for the Elderly organizations from 10 to 15 and makes other technical changes. *Chapter 367, Statutes of 2011.*

AB 641 (Feuer) - Long-term care.

Eliminates the citation review conference process from the citation appeals process for long-term care facilities, and allows fines to be levied from both state and federal agencies when an incident violates both state and federal laws. Requires the Department of Health Care Services to consider, at the initial application or upon redetermination for the Medi-Cal long-term care benefit, whether an undue hardship exists for an applicant for home and facility care under specified circumstances relating to the transfer of assets. *Chapter 729, Statutes of 2011.*

AB 678 (Pan) - Medi-Cal: supplemental provider reimbursement.

Allows ground emergency medical transportation service providers owned by public entities (public ground emergency medical transportation providers) to receive supplemental Medi-Cal reimbursement, in addition to the rate of payment that these providers would otherwise receive for Medi-Cal ground emergency medical transportation services, up to actual costs. The nonfederal share of the supplemental reimbursement would be paid with funds from specified governmental entities through certified public expenditures. *Chapter 397, Statutes of 2011.*

AB 1066 (John A. Pérez) - Public health care: Medi-Cal: demonstration project waivers.

Makes statutory changes to implement the Section 1115 Medi-Cal Demonstration Project Waiver approved on November 2, 2010, for funding designated public hospitals (DPHs). Continues under the new waiver the fee-for-service cost-based reimbursements for DPHs, with those hospitals providing the required federal match using their own funds through certified public expenditures. Establishes under the waiver a new distribution methodology for disproportionate share hospital and Safety Net Care Pool funds to DPHs, as specified. *Chapter 86, Statutes of 2011.*

AB 1296 (Bonilla) - Health Care Eligibility, Enrollment, and Retention Act.

Enacts the Health Care Eligibility, Enrollment and Retention Act, requiring state entities who administer health care coverage programs to undertake a variety of activities related to eligibility, enrollment and renewal of health care coverage through Medi-Cal, the Healthy Families Program, the California Health Benefits Exchange, and, if enacted, the Basic Health Program, including a planning and development process. *Chapter 641, Statutes of 2011.*

AB 1297 (Chesbro) - Medi-Cal: mental health.

Requires, for purposes of federal reimbursement for specialty mental health services, the provider reimbursement amounts to be consistent with federal Medicaid requirements for calculating federal upper payment limits. Requires the reimbursement methodology to be based on certified public expenditures and to conform to Medicaid requirements. Requires claims for reimbursement for service to be submitted within longer timeframes required by federal Medicaid requirements and the approved Medicaid State Plan and waivers, instead of shorter timeframes in state regulation. *Chapter 651, Statutes of 2011.*

MEDICAL RESEARCH

AB 1329 (Davis) - Ken Maddy California Cancer Registry.

Requires the Department of Public Health to establish a process to receive applications for, and award a grant to, an agency to operate the statewide Ken Maddy California Cancer Registry. Exempts these grants from being subject to specified provisions of the Public Contract Code. *Chapter 642, Statutes of 2011.*

MENTAL HEALTH

SB 946 (Steinberg and Evans) - Health care coverage: mental illness: pervasive developmental disorder or autism: public health.

Requires health care service plans licensed by the Department of Managed Health Care and health insurers licensed by the Department of Insurance to provide coverage for behavioral intervention therapy for autism. *Chapter 650, Statutes of 2011.*

AB 989 (Mitchell) - Mental health: children's services.

Requires programs contained in county Mental Health Services Act plans, which are required to include services to address the needs of transition-age youth, to also consider the needs of transition-age foster youth. *Chapter 640, Statutes of 2011.*

AB 1297 (Chesbro) - Medi-Cal: mental health.

Requires, for purposes of federal reimbursement for specialty mental health services, the provider reimbursement amounts to be consistent with federal Medicaid requirements for calculating federal upper payment limits. Requires the reimbursement methodology to be based on certified public expenditures and to conform to Medicaid requirements. Requires claims for reimbursement for service to be submitted within longer timeframes required by federal Medicaid requirements and the approved Medicaid State Plan and waivers, instead of shorter timeframes in state regulation. *Chapter 651, Statutes of 2011.*

PRESCRIPTION DRUGS

SB 161 (Huff) - Schools: emergency medical assistance: administration of epilepsy medication.

Allows school districts, county offices of education, or charter schools to participate in a program to train nonmedical school employees who volunteer to administer emergency anti-seizure medication to students with epilepsy. *Chapter 560, Statutes of 2011.*

SB 866 (Hernandez) - Health care coverage: prescription drugs.

Requires the Department of Managed Health Care and the Department of Insurance to jointly develop a uniform prior authorization form for use on and after January 1, 2013, or six months after the form is developed, that health plans and insurers must accept when prescribing providers seek authorization for prescription drug benefits. *Chapter 648, Statutes of 2011.*

PUBLIC HEALTH

SB 278 (Gaines) - Public safety: ski resorts.

Requires ski resorts to prepare an annual safety plan and make it available to the public the same day a request is received at the resort, requires a monthly report with specified details about any fatal incidents at the resort which resulted from a recreational activity to be available within 30 days at the resort, and requires a ski resort to establish a signage policy and a safety padding policy. *Vetoed.*

SB 422 (Wright) - Reporting of certain communicable diseases.

Revises existing law that permits the sharing of information related to a positive HIV test between a physician, a local health officer, and the HIV-positive person's sexual partner, spouse, and/or persons with whom hypodermic needles have been shared. *Chapter 151, Statutes of 2011.*

SB 614 (Kehoe) - Childhood immunization.

Allows a pupil in grades 7 through 12, to conditionally attend school for up to 30 calendar days beyond the pupil's first day of attendance for the 2011-12 school year, if that pupil has not been fully immunized with all pertussis boosters appropriate for the pupil's age if specified conditions are met. *Chapter 123, Statutes of 2011.*

AB 186 (Williams) - Reportable diseases and conditions.

Requires California Department of Public Health (CDPH) to establish a list of communicable diseases and conditions for which clinical laboratories must submit a culture or a specimen to the local public health laboratory to undergo further study. Permits CDPH to modify the list of communicable diseases and conditions in consultation with appropriate local public health stakeholders, including, but not limited to, local health officers and public health laboratory directors. *Chapter 540, Statutes of 2011.*

AB 258 (Hagman) - Rabies: vaccinations.

Exempts from the rabies vaccination requirement a dog that a licensed veterinarian determines, on an annual basis, will be endangered from the vaccine due to disease or other conditions that the veterinarian can verify and document. *Chapter 542, Statutes of 2011.*

AB 300 (Ma) – Safe Body Art Act.

Enacts the Safe Body Art Act, beginning July 1, 2012, to provide minimum statewide standards for the regulation of businesses and practitioners that perform tattooing, body piercing, and/or the application of permanent cosmetics. *Chapter 638, Statutes of 2011.*

AB 581 (John A. Pérez) - Public health: food access.

Creates the California Healthy Food Financing Initiative (CHFFI), the CHFFI fund and the CHFFI Council, for the purpose of expanding access to healthy foods in underserved communities. Requires the Secretary of the California Department of Food and Agriculture (CDFA), by July 1, 2012, to prepare recommended actions to be taken to promote food access within California. Authorizes CDFA to create an Advisory Group, as specified. This authority remains in effect until January 1, 2017. *Chapter 505, Statutes of 2011.*

AB 604 (Skinner) - Needle exchange programs.

Allows the California Department of Public Health (CDPH) to authorize entities meeting specified criteria to provide clean hypodermic needle and syringe exchange programs in any location where CDPH determines conditions exist for the rapid spread of deadly or disabling disease spread through the sharing of unclean hypodermic needles and syringes. This bill sunsets on January 1, 2019. *Chapter 744, Statutes of 2011.*

AB 673 (John A. Pérez and Lara) - Office of Multicultural Health: LGBT communities.

Adds consideration of lesbian, gay, bisexual, and transgender (LGBT) communities to the duties of the Office of Multicultural Health. *Chapter 639, Statutes of 2011.*

AB 688 (Pan) - Food and drugs: sale.

Prohibits a retailer from selling, or permitting to be sold, infant formula, baby food, and over-the-counter drugs, as defined, after the "use by," "use before," or "expiration date" provided on the product's packaging, pursuant to federal law. *Chapter 681, Statutes of 2011.*

WOMEN'S HEALTH/REPRODUCTIVE HEALTH

SB 222 (Evans and Alquist) – Maternity services.

In conjunction with *AB 210 (Hernandez), Chapter 508, Statutes of 2011*, requires policies in the individual health insurance market to provide coverage for maternity services. *Chapter 509, Statutes of 2011.*

SB 502 (Pavley and De León) - Hospital Infant Feeding Act.

Establishes the Hospital Infant Feeding Protection Act which will require all general acute care and special hospitals that have a perinatal unit to have an infant feeding policy and to clearly post that policy. *Chapter 511, Statutes of 2011.*

SB 791 (Simitian) - Health care: mammograms.

Requires, until January 1, 2018, a health care provider who performs a mammography to include a notice regarding dense breast tissue, as specified, in the written report sent to the patient, if a patient has certain levels of breast density, as specified. Requires the provisions of this bill to become operative on April 1, 2012. Prohibits, prior to April 1, 2012, this bill from being construed to create or impose liability on a health care facility for failing to comply with its requirements. Repeals this section on January 1, 2018, unless a later enacted statute deletes or extends that date. *Vetoed.*

AB 210 (Hernández) - Maternity services.

In conjunction with *SB 222 (Evans and Alquist), Chapter 509, Statutes of 2011*, requires policies in the individual health insurance market to provide coverage for maternity services. *Chapter 508, Statutes of 2011.*

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