

SENATE COMMITTEE ON HEALTH

LEGISLATIVE SUMMARY 2013 - 2014 SESSION

2013

Senator Ed Hernandez, O.D., Chair
Senator Joel Anderson, Vice Chair

2014

Senator Ed Hernandez, O.D., Chair
Senator Mike Morrell, Vice Chair



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Aging and Long-Term Care

SB 816 (Committee on Health) – Hospice facilities: developmental disabilities: intellectual disability.

Requires the State Fire Marshal, in consultation with the Office of Statewide Health Planning and Development, to develop building standards for hospice facilities, and makes other minor and technical corrections to law related to hospice facilities and intellectual disabilities.

Chapter 289, Statutes of 2013.

SB 1004 (Hernandez) - Health care: palliative care.

Requires DHCS to establish standards and provide technical assistance to Medi-Cal managed care plans in delivering palliative care services. Requires DHCS to consult with stakeholders and directs DHCS to ensure the delivery of palliative care services in a manner that is cost-neutral to the General Fund (GF), to the extent practicable. ***Chapter 574, Statutes of 2014.***

AB 485 (Gomez) – In-Home Supportive Services.

Requires the new statewide California In-Home Supportive Services Authority to assume responsibility for bargaining with recognized employee organizations representing in-home supportive services providers effective January 1, 2015, and de-links this Statewide Authority from implementation of the Coordinated Care Initiative so that the Statewide Authority is permanent regardless of what happens with the Coordinated Care Initiative. ***No action taken on the Assembly Floor for concurrence in Senate amendments.***

AB 518 (Yamada & Blumenfield) – Community-based adult services: adult day health care centers.

Continues Community Based Adult Services (CBAS) as a Medi-Cal benefit and included as a covered service in contracts with all Medi-Cal managed health care plans following the expiration of a legal settlement and a Medicaid waiver in effect until August 2014, establishes patient eligibility criteria for CBAS, requires an Adult Day Health Center to meet specified staffing standards, and establishes requirements for CBAS providers, including a requirement that the Department of Health Care Services certify and enroll as new CBAS providers only those providers that are exempt from taxation under Section 501(c)(3) of the federal Internal Revenue Code, commencing July 1, 2015. ***Testimony heard in Senate Health Committee, no vote taken.***

AB 1552 (Lowenthal) – Community-based adult services: adult day health care centers.

Requires Community-Based Adult Services (CBAS) to be a Medi-Cal benefit, and to be included as a covered service in contracts with all Medi-Cal managed health care plans, with standards, eligibility criteria, and provisions that are at least equal to those contained in the Special Terms and Conditions of the state’s “Bridge to Reform” Section 1115 Medicaid Demonstration Waiver. Establishes patient eligibility criteria for CBAS, and establishes requirements for CBAS providers. ***Vetoed.***

AB 1816 (Yamada) – Long-term health care facilities.

Requires the California Department of Public Health to set a performance benchmark of at least within 60 days for completing investigations of complaints against long-term health care facilities. ***In the Senate Appropriations Committee: Hearing cancelled at the request of the author.***

AB 1974 (Quirk) - Health facilities: special services.

Specifies that a “special service” does not include a functional division, department, or unit of a nursing facility that is Medicare or Medi-Cal certified and that is organized, staffed, and equipped to provide inpatient physical therapy services, occupational therapy services, or speech pathology and audiology services to residents of the facility. ***Chapter 288, Statutes of 2014.***

AB 2139 (Eggman) – End-of-life care: patient notification.

Requires a health care provider to notify a patient diagnosed with a terminal illness, or when applicable, the right of another person authorized to make health care decisions for the patient, of his or her right to comprehensive information and counseling regarding legal end-of-life options. ***Chapter 568, Statutes of 2014.***

Alcohol and Other Drugs

SB 973 (Hernandez) – Narcotic treatment programs.

Allows individuals to be admitted into a narcotic treatment program when deemed necessary by the medical director; authorizes take-home doses to be provided to patients who are clearly adhering to the requirements of the program if daily attendance at a clinic would be incompatible with retirement or medical disability or if the program is closed on Sundays or holidays and providing a take-home dose is not contrary to federal laws and regulations; and requires the medical director to determine whether or not to dilute take-home doses. ***Chapter 484, Statutes of 2014.***

SB 1045 (Beall) – Medi-Cal Drug Treatment Program: group outpatient drug free services.

Changes the number of individuals allowed in a group to a minimum of two and a maximum of 14 for outpatient drug free services for the purposes of Drug Medi-Cal reimbursement and requires at least one individual in the group to be a Medi-Cal eligible beneficiary; for groups consisting of two individuals, the individual that is not a Medi-Cal eligible beneficiary must be receiving outpatient drug free services for a diagnosed substance abuse disorder. ***Chapter 80, Statutes of 2014.***

SB 1339 (Cannella) – Medi-Cal: Drug Medi-Cal Treatment Program providers.

Provides that if the Department of Health Care Services designates a nonprofit Drug Medi-Cal provider or applicant as a “high” categorical risk, the criminal background check and the requirement to submit fingerprint images and related information applies to the officers and executive director of the nonprofit provider or applicant. ***Chapter 488, Statutes of 2014.***

SB 1438 (Pavley) – Controlled substances: opioid antagonists.

Requires the Emergency Medical Services Authority (EMSA) to develop and adopt training and standards, and promulgate regulations, for all prehospital emergency medical care personnel, as defined, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. Authorizes the medical director of a local EMS agency to approve or conduct a trial study of the use and administration of naloxone hydrochloride or other opioid antagonists by any level of prehospital emergency medical care personnel, and authorizes the training received, specific to the use and administration of naloxone hydrochloride or other opioid antagonists during this trial study, to be used towards satisfying the training requirements established by the EMSA. Specifies that both of those types of trainings satisfy specified requirements allowing for immunity from criminal and civil liability for administering an opioid antagonist. Permits the Attorney General to authorize hospitals and trauma centers to share information with local law enforcement agencies, the EMSA, and local emergency medical services agencies about the misuse and abuse of controlled substances, limited to the number of overdoses and the substances suspected as the primary cause of the overdoses. Requires information to be shared in a manner that ensures complete patient confidentiality. ***Chapter 491, Statutes of 2014.***

AB 395 (Fox) – Alcoholism and drug abuse treatment facilities.

Authorizes 24-hour residential treatment facilities (RTFs) licensed by the Department of Alcohol and Drug Programs to provide medical services exclusively to adult residents of the RTFs recovering from alcohol and drug abuse problems if the RTFs are accredited by a nationally recognized accrediting organization and use a multidisciplinary team, including at least one physician and surgeon. ***Held on the Senate Appropriations Committee Suspense File.***

AB 2374 (Mansoor) – Substance abuse: recovery and treatment centers.

Requires deaths at licensed residential treatment facilities to be reported to the Department of Health Care Services (DHCS) in a timely manner. Requires private organizations that register or certify substance abuse counselors to verify that an applicant has not had another registration or certification revoked. Authorizes DHCS to conduct periodic reviews of certifying organizations to determine compliance with the provisions of this bill, and to take actions for noncompliance, including revocation of an organization's certification. Requires DHCS to adopt regulations specified by this bill by December 31, 2017. **Chapter 815, Statutes of 2014.**

AB 2491 (Nestande) – Substance abuse: adult recovery maintenance facilities

Requires the Department of Health Care Services (DHCS) to administer the licensure and regulation of adult recovery maintenance facilities, as defined, and would require DHCS to adopt emergency regulations, applicable only to adult recovery maintenance facilities, to implement the fee process for initial licensure, and the provisions for the extension of licensure, follow-up compliance visits, and civil penalties. **Held on the Senate Appropriations Committee Suspense File.**

Chronic Disease

SB 117 (Hueso) – Integrative cancer treatment.

Permits physicians, notwithstanding the prohibition against prescribing non-Food and Drug Administration approved or non-California Department of Public Health (DPH) approved cancer treatment, to recommend or prescribe “integrative cancer treatment” for cancer patients if the treatment is recommended or prescribed after informed consent, is recognized by the Physician’s Data Query of the National Cancer Institute or the National Institutes of Health’s National Library of Medicine and has been reported to reduce the size of a cancer, slow the progression of a cancer, or improve the quality of life of a patient with cancer, the physician prescribing the treatment complies with patient reevaluation requirements after the treatment begins, and the physician prescribing the treatment complies with the standards of care set forth in this bill. **No action taken in the Senate Business, Professions, and Economic Development Committee.**

SB 622 (Monning) – Taxation: sweetened beverage tax: Children’s Health Promotion Fund.

Enacts the Sweetened Beverage Tax Law, which imposes a one-cent per fluid ounce tax on any beverage with added caloric sweeteners, such as sodas, energy drinks, sweet teas, and sports drinks. Requires funds generated by the Sweetened Beverage Tax to be directed to the newly created Children’s Health Promotion Fund and allocated to statewide childhood obesity prevention activities and programs. **Held on the Senate Appropriations Committee Suspense File.**

SB 667 (Roth) – Healthy eating program.

Requires the Department of Public Health to establish a healthy eating program, as specified, to promote public awareness of the need to eat healthy. Specifies that this bill does not prohibit contributions to the healthy eating program by certain marketing orders issued by the Department of Food and Agriculture. ***These provisions were amended from the bill.***

SB 747 (DeSaulnier) – Public health impact assessments.

Permits the California Department of Public Health, if it determines that a product contributes to a public health epidemic, as specified, to request that the contributing product's largest manufacturers, as specified, submit a written response to that determination. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1000 (Monning) – Public health: sugar-sweetened beverages: safety warnings.

Establishes the Sugar-Sweetened Beverages Safety Warning Act, to be administered by the Department of Public Health, and requires a safety warning on all sealed sugar-sweetened beverage containers; multipacks of sealed containers; packages of concentrates, as defined; vending machines; and self-serve beverage dispensing machines. Requires the safety warning to be affixed to beverage containers, as specified, if the safety warning is not printed directly on the container. Requires the label to be posted in a place that is easily visible at the point-of-purchase of an establishment where a beverage dispensing machine is not self-serve. Allows the department and local enforcement agencies to inspect the records, as specified, of a person, as defined, to determine the quantity and type of sugar-sweetened beverages distributed, purchased, or sold. ***Failed passage in the Assembly Health Committee.***

AB 1592 (Gaines) – California Diabetes Program.

Requires the Department of Public Health (DPH) to complete and submit to the Legislature a Diabetes Burden Report by December 31, 2015, which includes, among other things, actionable items for consideration by the Legislature that will aid in attaining the goals set forth by DPH in the California Wellness Plan for 2014. Requires DPH to include in the report guidelines that will reduce the fiscal burden of diabetes to the state. ***Vetoed.***

Communicable Disease

SB 249 (Leno) – Public health: health records: confidentiality.

Authorizes the sharing of health records involving the diagnosis, care, and treatment of HIV/AIDS related to a beneficiary enrolled in federal Ryan White Act-funded programs, who may be eligible for health care under the federal Affordable Care Act, between the Department of Public Health and qualified entities, as specified. ***Chapter 445, Statutes of 2013.***

SB 1303 (Torres) – Public health: hepatitis C.

Requires every “qualifying individual,” as defined, who receives medical care from a health care practitioner to be offered a hepatitis C screening test or diagnostic test, unless the health care practitioner providing those services reasonably believes that any one of specified criteria applies. ***Testimony heard in Senate Health Committee, no vote taken.***

AB 446 (Mitchell) – HIV testing.

Revises requirements related to information required to be provided at the time an HIV test is administered, including a new requirement that a medical care provider inform patients about HIV risk reduction strategies. Clarifies that a provision in existing law exempting clinical settings from the informed consent requirements applies when a person independently requests a test from a medical care provider, a clinic and a laboratory (except a clinical laboratory). Adds to this exemption an HIV counseling and testing site that employs a trained HIV counselor.

Chapter 589, Statutes of 2013.

AB 1743 (Ting) - Hypodermic needles and syringes.

Deletes the limit on the number of syringes a pharmacist has the discretion to sell to an adult without a prescription and extends, until January 1, 2021, the statewide authorization for pharmacists to sell syringes without a prescription, as specified. ***Chapter 331, Statutes of 2014.***

AB 1898 (Brown) - Public health records: reporting: HIV/AIDS.

Adds hepatitis B, hepatitis C, and meningococcal infection to the list of diseases that local health officers report to the Department of Public Health for the purpose of the investigation, control, or surveillance of HIV/AIDS co-infection. ***Chapter 566, Statutes of 2014.***

Emergency Medical Services

SB 191 (Padilla) – Emergency medical services.

Extends to January 1, 2017, existing law: 1) authorizing county Boards of Supervisors to elect to levy an additional \$2 for every \$10 fine, penalty, or forfeiture imposed or collected by the courts for all criminal offenses, including violations of the Alcoholic Beverage Control Act and Vehicle Code for purposes of the Maddy Emergency Medical Services Fund; 2) requiring 15 percent of the collected assessments to be utilized for all pediatric trauma centers throughout the county, as specified; and, 3) requiring costs of administering money deposited into the fund pursuant to such assessments to be reimbursed in an amount that does not exceed the actual administrative costs or 10% of the money collected, whichever amount is lower. ***Chapter 600, Statutes of 2013.***

SB 535 (Nielsen) – Commission on Emergency Medical Services.

Revises the membership of the Commission on Emergency Medical Services by adding one representative from a public agency that provides air rescue and transport to be appointed by the Speaker of the Assembly and one air ambulance representative appointed by the Senate Rules Committee from a list of three names submitted by the California Association of Air Medical Services. ***Vetoed.***

SB 669 (Huff) – Emergency medical care: epinephrine auto-injectors.

Permits a prehospital emergency medical care person, first responder, or a lay rescuer to use an epinephrine auto-injector to render emergency care to another person if certain requirements are met, including obtaining specified training and certification. Permits a health care provider to issue a prescription, and permits a pharmacy to dispense, an epinephrine auto-injector to a person who presents current certification as meeting the requirements of this bill. Provides immunity from civil liability to a person who administers an epinephrine auto-injector in conformance with this bill. ***Chapter 725, Statutes of 2013.***

AB 355 (Cooley) – Emergency medical services: mobile field hospitals.

Establishes the Emergency Medical Services Authority (EMSA) within the California Health and Human Services Agency. Requires EMSA, among other things, to develop planning and implementation guidelines for emergency medical services systems which address specified components, including manpower and training, communications, transportation, system organization and management, data collection and evaluation, and disaster response. ***These provisions were amended from the bill.***

AB 633 (Salas) – Emergency medical services: civil liability.

Prohibits an employer from adopting or enforcing a policy prohibiting an employee from voluntarily providing emergency medical services, including CPR, except when a person has a do-not-resuscitate order or has otherwise expressed the desire to forego medical intervention in a legally recognized way. Extends liability immunity to employees who render emergency care voluntarily while on the job. Exempts employers from liability if an employee voluntarily provides emergency care. ***Chapter 591, Statutes of 2013.***

AB 704 (Blumenfield & Fong) – Emergency medical services: military experience.

Requires the Emergency Medical Services Authority to develop and adopt regulations to accept the education, training and practical experience that an applicant received as a member of the armed forces toward the qualifications and requirements for certification as an EMT-I or EMT-II, or licensure as an EMT-P. ***Vetoed.***

AB 1621 (Lowenthal, Rodriguez) – Emergency medical services: data and information system. Requires the Emergency Medical Services Agency (EMSA) to adopt a single statewide standard for the collection of information regarding pre-hospital care for its California Emergency Medical Services Information System (CEMSIS), requires EMSA to develop standards for electronic patient care records systems used by local emergency medical services (EMS) agencies and local pre-hospital EMS providers to ensure compatibility with CEMSIS, and requires local EMS agencies to submit patient information to EMSA utilizing the single statewide standard in a timely manner. **Held on the Senate Appropriations Suspense File.**

Food Safety and Labeling

SB 170 (Wolk) – Bale Grist Mill State Historic Park.

Exempts from the requirements to register as a food processing facility, and to obtain a permit as a retail food facility, a historic water-driven grist mill in order to allow grain to be milled, packaged and sold at the mill without having to meet the requirements of a food processing facility or a retail food facility. **Vetoed.**

SB 411 (Wolk) – Food labeling.

Requires any olive oil produced, processed, sold or possessed in California, that indicates on its label that it is from an area that is one of the approved American Viticultural Areas (AVAs) established pursuant to federal regulations, to be made of oil derived solely from olives grown in that approved AVA, rather than the existing law requirement that at least 75 percent of the oil be derived from olives grown in the AVA. **These provisions were amended from the bill.**

SB 622 (Monning) – Taxation: sweetened beverage tax: Children’s Health Promotion Fund.

Enacts the Sweetened Beverage Tax Law, which imposes a one-cent per fluid ounce tax on any beverage with added caloric sweeteners, such as sodas, energy drinks, sweet teas, and sports drinks. Requires funds generated by the Sweetened Beverage Tax to be directed to the newly created Children’s Health Promotion Fund and allocated to statewide childhood obesity prevention activities and programs. **Held on the Senate Appropriations Committee Suspense File.**

SB 1000 (Monning) – Public health: sugar-sweetened beverages: safety warnings.

Establishes the Sugar-Sweetened Beverages Safety Warning Act, to be administered by the Department of Public Health, and requires a safety warning on all sealed sugar-sweetened beverage containers; multipacks of sealed containers; packages of concentrates, as defined; vending machines; and self-serve beverage dispensing machines. Requires the safety warning to be affixed to beverage containers, as specified, if the safety warning is not printed directly on the container. Requires the label to be posted in a place that is easily visible at the point-of-purchase of an establishment where a beverage dispensing machine is not self-serve. Allows the department and local enforcement agencies to inspect the records, as specified, of a person, as defined, to determine the quantity and type of sugar-sweetened beverages distributed, purchased, or sold. ***Failed passage in the Assembly Health Committee.***

SB 1138 (Padilla) – Fish and shellfish: labeling and identification.

Requires the label of fish or shellfish that is offered for sale at wholesale or retail to clearly identify the species of fish or shellfish by its common name. ***Vetoed.***

SB 1235 (Knight) – Prepackaged food.

Expands an exemption from provisions of the California Retail Food Code (CRFC) that permits a beer manufacturer to serve chips and pretzels in the tasting facility to also allow the beer manufacturer to sell prepackaged, non-potentially hazardous food for onsite consumption. Requires a beer tasting facility that sells prepackaged, non-potentially hazardous foods to comply with general provisions of the CRFC relating to proper storage of food, inspection, and enforcement provisions, impoundment of food, penalties, and owner/operator responsibilities; limits the food display area to less than 25 square feet. ***Chapter 927, Statutes of 2014.***

SB 1381 (Evans) – Food labeling: genetically modified foods.

Enacts “The California Right to Know Genetically Engineered Food Act” to require the labeling of all genetically engineered foods sold within California. ***Failed passage on the Senate Floor.***

AB 1252 (Committee on Health) – Retail food safety.

Makes various technical, clarifying, and conforming changes to the California Retail Food Code, the state's principal law governing food safety and sanitation in retail food facilities, and makes changes necessary to implement California's cottage food operations law. ***Chapter 556, Statutes of 2013.***

AB 1965 (Yamada) – Outdoor dining facilities: pet dogs.

Permits pet dogs under control of a person to be in outdoor dining areas at food facilities, under certain specified conditions. Clarifies that local governing bodies may prohibit the presence of pet dogs in outdoor dining areas. ***Chapter 234, Statutes of 2014.***

AB 1990 (Gordon) – Food production

Permits a “community food producer,” defined as a producer of agricultural products on land that is not zoned for agricultural use, to sell whole uncut fruits or vegetables, or unrefrigerated shell eggs, directly to the public, including restaurants, if the community food producer follows certain requirements. ***Chapter 580, Statutes of 2014.***

AB 2130 (Pan & Gatto) – Retail food safety

Repeals provisions of law enacted last year that prohibits retail food employees from contacting exposed ready-to-eat foods with their bare hands, and replaces these provisions with the law that existed prior to the enactment of these provisions, which require food employees to minimize bare hand contact with ready-to-eat foods. ***Chapter 75, Statutes of 2014.***

AB 2539 (Ting) – Certified farmers’ markets.

Makes various changes to the rules governing certified farmers’ markets, including requiring all meat products offered for sale in a farmers’ market to be from approved sources and to be maintained at 41 degrees Fahrenheit, prohibiting smoking of nicotine products within 25 feet of the commerce area of the farmers’ market, and prohibiting the self-serving of food samples. ***Chapter 907, Statutes of 2014.***

Health Care Coverage

SBX1-2 (Hernandez) – Health care coverage.

Reforms California’s individual market in accordance with the federal Patient Protection and Affordable Care Act and applies its provisions to health plans regulated by the Department of Managed Health Care in the individual market; requires guaranteed issue of individual market health plans; prohibits the use of preexisting condition exclusions; establishes open and special enrollment periods consistent with the California Health Benefit Exchange (Covered California); prohibits conditioning the issuance or offering based on specified rating factors; prohibits specified marketing and solicitation practices consistent with small group requirements; requires guaranteed renewability of plans; and permits rating factors based on age, geographic region and family size only. Makes changes to California’s small group law enacted in AB 1083 (Monning), Chapter 852, Statutes of 2012, to be consistent with draft federal rules released in November 2012. ***Chapter 2, Statutes of 2013-14 First Extraordinary Session.***

SB 18 (Hernandez) – California Health Benefits Review Program: health insurance.

Requests the California Health Benefits Review Program assess, in addition to the health, medical, and financial impacts, the impact that health coverage mandates will have on essential health benefits, as specified, and the California Health Benefits Exchange (Covered California). ***These provisions were amended from the bill.***

SB 20 (Hernandez) – Individual health care coverage: enrollment periods.

Establishes an annual open enrollment period for purchasers in the individual health insurance market for the policy year beginning on January 1, 2015, from November 15, 2014 to February 15, 2015 inclusive. Contains an urgency clause that will make this bill effective upon enactment. ***Chapter 24, Statutes of 2014.***

SB 22 (Beall) – Health care coverage: mental health parity.

Requires health plans and health insurers to submit annual reports to the Department of Managed Health Care and the Department of Insurance certifying their compliance with state and federal mental health parity laws. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 126 (Steinberg) – Health care coverage: pervasive developmental disorder or autism.

Extends, until January 1, 2017, the sunset date of an existing state health benefit mandate that requires health plans and health insurance policies to cover behavioral health treatment for pervasive developmental disorder or autism (PDD/A), and requires plans and insurers to maintain adequate networks of PDD/A service providers. ***Chapter 680, Statutes of 2013.***

SB 138 (Hernandez) – Confidentiality of medical information.

Prohibits a health plan or insurer (collectively, “carriers”) from sending insurance communications relating to sensitive services, as defined, unless the carrier has received an authorization for insurance communications, as defined, from an insured individual who is under 26 years of age and insured as a dependent on another person’s insurance policy. Prohibits carrier from sending communications related to sensitive services for insured dependents over the age of 26 if he/she has submitted a nondisclosure request, as defined. ***Chapter 444, Statutes of 2013.***

SB 161 (Hernandez) – Stop-loss insurance coverage.

Establishes regulatory requirements for stop-loss insurance for small employers, including on or after January 1, 2016, setting an individual attachment point of \$40,000 or greater and an aggregate attachment point of the greater of \$5,000 times the total number of group members, 120 percent of expected claims, or \$40,000. Exempts small employer stop-loss insurance issued prior to September 1, 2013, from these attachment point requirements. ***Chapter 443, Statutes of 2013.***

SB 189 (Monning) – Health care coverage: wellness programs.

Prohibits a health care service plan or health insurer from offering a wellness program in connection with a group health plan contract or insurance policy or offering an incentive or reward based on adherence to a wellness program unless specified requirements are satisfied. ***Failed passage in the Senate Appropriations Committee.***

SB 266 (Lieu) – Health care coverage: out-of-network coverage.

Prohibits provider groups and clinics, as defined, from stating verbally or in writing that they are within the patient’s plan network or provider network unless all of the individual providers providing services are within that plan network or provider network. Requires a hospital, prior to providing non-emergency services and care to a patient, to provide a written notice to the patient stating that individual providers providing services within the hospital may not be in the patient’s plan network or provider network. Further requires a provider group, clinic, and hospital to recommend the patient contact his or her health plan and health insurer for information about providers who are within the patient’s network. ***These provisions were amended from the bill.***

SB 320 (Beall) – Health care coverage: acquired brain injury.

Prohibits a health care service plan contract or a health insurance policy from denying coverage for medically necessary medical or rehabilitation treatment for acquired brain injury at specified facilities. Permits enrollees to seek facilities outside of their service area. ***Held on the Senate Appropriations Committee Suspense File.***

SB 351 (Hernandez) – Health care coverage: hospital billing.

Establishes a method by which hospitals are identified as “diagnosis and billing outlier hospitals,” establishes an independent medical review system under which patients and payers could submit bills from outlier hospitals to independent review, and prohibits hospital systems with three or more outlier hospitals from acquiring a new hospital. ***Held on the Senate Appropriations Committee Suspense File.***

SB 353 (Lieu) – Health care coverage: language assistance.

Requires the translation of specified documents by trained and qualified translators when a health care service plan, regulated by the Department of Managed Health Care (DMHC), insurer, regulated by the California Department of Insurance (CDI), or any other person or business markets or advertises health insurance products in the individual or small group markets in a non-English language that is not a threshold language under existing law. ***Chapter 447, Statutes of 2013.***

SB 494 (Monning) – Health care providers.

Requires a health care service plan licensed by the Department of Managed Health Care to ensure one primary care physician (PCP) for every 2,000 enrollees and authorizes up to an additional 1,000 enrollees for each full-time equivalent nonphysician medical practitioner supervised by that PCP until January 1, 2019. ***Chapter 684, Statutes of 2013.***

SB 509 (DeSaulnier & Emmerson) – California Health Benefit Exchange: background checks.

Requires the Executive Board of the California Health Benefit Exchange (Covered California), consistent with federal guidance, to submit to the Department of Justice fingerprint images and related information of all employees, prospective employees, contractors, subcontractors, volunteers, or vendors whose duties include or would include access to confidential information, personal identifying information, personal health information, federal tax information, financial information, or the purposes of obtaining information of the existence and content of a record of state or federal criminal history and information as to the existence and content of pending state or federal arrests, as specified. ***Chapter 10, Statutes of 2013.***

SB 639 (Hernandez) – Health care coverage.

Codifies provisions of the Patient Protection and Affordable Care Act relating to out-of-pocket maximums on cost-sharing, health plan and insurer actuarial value coverage levels and catastrophic coverage requirements, and requirements on health insurers for coverage of out-of-network emergency services. Applies out-of-pocket limits to specialized products that offer essential health benefits and permits carriers in the small group market to establish an index rate no more frequently than each calendar quarter. ***Chapter 316, Statutes of 2013.***

SB 746 (Leno) – Health care coverage: premium rates.

Establishes new data reporting requirements on health plans and health insurers sold in the large group market and establishes new specific data reporting requirements related to annual medical trend factors by service category, as well as claims data or deidentified patient-level data, as specified, for a health care service plan (health plan) or health insurer that exclusively contracts with no more than two medical groups in the state to provide or arrange for professional medical services for the enrollees of the plan (referring to Kaiser Permanente).

Vetoed.

SB 780 (Jackson) – Health care coverage.

Establishes consumer notice requirements for health insurance preferred provider organizations (PPOs) regulated by the California Department of Insurance (CDI) and additional consumer notice requirements for health plans regulated by the Department of Managed Health Care (DMHC). Requires PPOs and DMHC-regulated health plans to allow enrollees with authorized or scheduled services from a terminated unassigned provider group or hospital to receive those services at in network cost-sharing until completion of the authorized or scheduled service for at least 60 days from date of the termination notice. Requires a filing with CDI prior to contract terminations between providers groups and hospitals and insurers.

Establishes additional disclosure requirements for health insurers regulated by CDI. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 800 (Lara) – Health care coverage programs: transition.

Requires the Department of Health Care Services to provide the California Health Benefits Exchange (Covered California) with contact information of parents of children enrolled in the Healthy Families Program or Medi-Cal, as specified, in order to assist Covered California in conducting outreach. Requires, if any statute dissolves or terminates the Managed Risk Medical Insurance Board (MRMIB), employees at MRMIB to transfer either to Covered California (in the case of employees assigned to the Pre-existing Condition Insurance Program) or to DHCS (in the case of employees assigned to other programs). ***Chapter 448, Statutes of 2013.***

SB 959 (Hernandez) - Health care coverage.

Requires health plans and insurers to deliver notice of rate changes at least 15 days in advance of the annual open enrollment period and makes numerous additional changes to current law related to health plans and insurers. ***Chapter 572, Statutes of 2014.***

SB 964 (Hernandez) - Health care coverage.

Increases oversight of health plans with respect to compliance with timely access and provider network adequacy standards by requiring health plans to submit data to the Department of Managed Health Care (DMHC) about health care providers and hospitals, grievances, and whether or not a provider has an open practice. With regard to timely access reporting, requires health plans to use standardized survey methodology if developed by DMHC for timely access reporting. Eliminates a requirement in existing law that exempts a Medi-Cal managed care plan from DMHC medical surveys upon the submission by the Department of Health Care Services of its medical audit of the plan. ***Chapter 573, Statutes of 2014.***

SB 972 (Torres) - California Health Benefit Exchange: board: membership.

Adds new areas of expertise that qualify a potential member to serve on the California Health Benefit Exchange (Covered California) Board. These areas of expertise include: 1) marketing of health insurance products; 2) information technology system management; 3) management information systems; and 4) enrollment counseling assistance, with priority to cultural and linguistic competency. ***Chapter 172, Statutes of 2014.***

SB 974 (Anderson) - California Health Benefit Exchange.

Requires the California Health Benefit Exchange (Covered California), to allow an applicant for health care coverage to indicate whether or not the applicant would like assistance with completing an application from an Exchange certified insurance agent or certified enrollment counselor. Prohibits the Exchange from disclosing any personal information, as defined, that was obtained from the application to a certified insurance agent or certified enrollment counselor if the applicant indicates that the applicant does not want assistance from an Exchange certified insurance agent or certified enrollment counselor. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 1005 (Lara) – Health care coverage: immigration status.

Establishes the California Health Exchange Program For All Californians (CHEPFAC) within state government and would require that CHEPFAC be governed by the executive board that governs Covered California. Specifies the duties of the board relative to CHEPFAC, and would require the board, by January 1, 2016, to facilitate the enrollment of individuals who would have been eligible to purchase coverage through Covered California but for their immigration status. Requires the board to provide premium subsidies and cost-sharing reductions to these eligible individuals that are the same as the premium assistance and cost-sharing reductions these individuals would have received through Covered California. Extends eligibility for full-scope Medi-Cal benefits to individuals who are otherwise eligible for those benefits but for their immigration status. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1034 (Monning) - Health care coverage: waiting periods.

Prohibits health plans and health insurance policies in the group market from imposing a waiting or affiliation period. States legislative intent to: 1) prohibit a group health plan or insurer from imposing a separate waiting or affiliation period in addition to any employer-imposed waiting period; and 2) permit a group health plan or insurer to administer a waiting period imposed by a plan sponsor, as specified. ***Chapter 195, Statutes of 2014.***

SB 1046 (Beall) - Insurance: mental illness: developmental disabilities: coverage: penalties.

Creates administrative penalties up to \$2,500 per day for health insurers regulated by the California Department of Insurance that violate current law related to mental health parity. ***Vetoed.***

SB 1052 (Torres) - Health care coverage.

Requires the California Health Benefit Exchange (Covered California) to provide links to the formularies of qualified health plans. Requires health plans and insurers that provide prescription drug benefits and maintain drug formularies to post the formulary or formularies for each product offered by the plan on the plan's website in a manner that is accessible and searchable by potential enrollees, enrollees and providers. Requires the Department of Managed Health Care and the California Department of Insurance to develop a standard formulary template that contains specified information by January 1, 2017. Requires health plans and insurers to use the standard formulary template within six months of the date the template is developed and to update their posted formularies with any change to those formularies on a monthly basis. ***Chapter 575, Statutes of 2014.***

SB 1053 (Mitchell) - Health care coverage: contraceptives.

Requires, effective January 1, 2016, most health plans and insurers to cover a variety of Food and Drug Administration-approved contraceptive drugs, devices, and products for women, as well as related counseling and follow-up services and voluntary sterilization procedures. Prohibits cost-sharing, restrictions, or delays in the provision of covered services, but allows cost-sharing and utilization management procedures if a therapeutic equivalent drug or device is offered by the plan with no cost sharing. ***Chapter 576, Statutes of 2014.***

SB 1100 (Hernandez) - Continuity of care.

Allows people with individual health insurance coverage who are in the middle of treatment for certain conditions, such as cancer or a pregnancy, when they make a health plan change to complete the treatment if their provider is not in the new health plan's network. This bill also requires notice of the process to request completion of covered services to be provided in every disclosure form, as specified, and in any evidence of coverage issued after January 1, 2015. ***Hearing cancelled at the request of the author in Assembly Health Committee.***

SB 1176 (Steinberg) - Health care coverage: cost sharing: monitoring.

Requires a health plan or health insurer to monitor the accrual of out-of-pocket costs of covered essential health benefits, makes a health plan or insurer responsible for notifying the enrollee or insured when the maximum accrual limit has been reached, and requires the plan or insurer to reimburse the enrollee or insured if cost sharing exceeds annual limits, as specified.

No action was taken on the Assembly Floor.

SB 1182 (Leno) - Health care coverage: claims data.

Requires health plans and insurers to annually provide deidentified claims data at no charge to a large group purchaser if the large group purchaser requests the information and meets specified requirements. ***Chapter 577, Statutes of 2014.***

SB 1322 (Hernandez) - California Health Care Cost and Quality Database.

Requires the Secretary of California Health and Human Services to contract with one or more private, independent, nonprofit organizations to establish and administer the California Health Care Cost and Quality Database. Requires health plans, self-insured plans, suppliers, and providers, as specified, to provide data to the non-profit(s), including claims and encounter data, as well as pricing information from allowed charges for covered health care items and services or standard price lists, as specified. Requires the non-profit(s), by January 1, 2018, to make publicly available a web-based, searchable database that presents information that facilitates comparisons of cost, quality, and satisfaction across payers, provider organizations, and other suppliers of health care services. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 1340 (Hernandez) - Health care coverage: provider contracts.

Makes a number of technical and clarifying changes to existing law prohibiting contracts between health plans or insurers and hospitals restricting the ability of the health plan/insurer from furnishing information concerning the cost range of procedures at the hospital or facility or the quality of services performed by the hospital or facility to subscribers or enrollees. Includes self-funded health coverage arrangement administered by the health plan or other persons entitled to access services through a network established by the health care service plan in the prohibition of a contract gag clause. Requires health plans and insurers to give a provider or supplier an advance opportunity of 30 days (rather than at least 20 days) to review the methodology and data developed and compiled by the health plan or insurer. ***Chapter 83, Statutes of 2014.***

SB 1446 (DeSaulnier) - Health care coverage: small employer market.

Authorizes a small employer health plan or health benefit plan (another name for health insurance policy) in effect on October 1, 2013, and renewed by December 31, 2013, that does not qualify as a grandfathered health plan or health benefit plan, to avoid compliance with specified provisions of the Affordable Care Act (ACA) and related state law, and, be renewed until October 2016, at which time compliance with the ACA and state law is required. Contains an urgency clause that makes this bill effective upon enactment. ***Chapter 84, Statutes of 2014.***

ABX1-2 (Pan) – Health care coverage.

Reforms California’s individual market in accordance with the federal Patient Protection and Affordable Care Act and applies its provisions to insurers regulated by the California Department of Insurance in the individual market; requires guaranteed issue of individual market health insurance policies; prohibits the use of preexisting condition exclusions; establishes open and special enrollment periods consistent with the California Health Benefit Exchange (Covered California); prohibits conditioning issuance or offering based on specified rating factors; prohibits specified marketing and solicitation practices consistent with small group requirements; requires guaranteed renewability of plans; and permits rating factors based on age, geographic region and family size only. Makes conforming changes to California’s small group law enacted in AB 1083 (Monning) Chapter 852, Statutes of 2012. ***Chapter 1, Statutes of 2013-14 First Extraordinary Session.***

AB 219 (Perea) – Health care coverage: cancer treatment.

Limits the total amount of copayments and coinsurance an enrollee or insured is required to pay for orally administered anticancer medications to \$200 for an individual prescription of up to a 30-day supply. ***Chapter 661, Statutes of 2013.***

AB 314 (Pan) – Health care coverage: self-funded student plans.

Prohibits a health care service plan directly operated by a public or private college or university that provides health care services only to its students, faculty, staff, administration, and their respective dependents from establishing an annual or a lifetime limit on the dollar value of benefits for any participant or beneficiary. ***Failed passage in the Senate Education Committee.***

AB 369 (Pan) – Continuity of care.

Allows, under certain circumstances, a new health plan enrollee or insured to complete treatment from a non-participating health care provider if his or her individual health plan contract or insurance policy was terminated between December 1, 2013 and March 31, 2014, and he or she was receiving services from the non-participating provider for a specified condition on the effective date of his or her new coverage. Contains an urgency clause that will make this bill effective upon enactment. ***Chapter 4, Statutes of 2014.***

AB 422 (Nazarian) – School lunch program applications: health care notice.

Requires the notification schools are authorized to include with information about the school lunch program, to advise the applicant that he/she may be eligible for reduced-cost comprehensive health care coverage through the California Health Benefit Exchange (Covered California) or no-cost coverage through Medi-Cal, and to provide the applicant with the contact information for Covered California, including its Internet Web site and telephone number. Requires a county that receives the information provided on a school lunch program application, for a pupil who is not already enrolled in a health insurance affordability program, to treat the school lunch program application as an application for a health insurance affordability program. ***Chapter 440, Statutes of 2013.***

AB 460 (Ammiano) – Health care coverage: infertility.

Requires coverage for the treatment of infertility, and if purchased, to be offered and provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. ***Chapter 644, Statutes of 2013.***

AB 578 (Dickinson) – Health care.

Establishes a public disclosure and hearing process for an entity applying for licensure as a health care service plan at the Department of Managed Health Care or an applicant for a certificate of authority to transact health insurance from the California Department of Insurance. ***These provisions were amended from the bill.***

AB 617 (Nazarian) – California Health Benefit Exchange: appeals.

Establishes in state law proposed federal appeals rights for health subsidy programs, such as coverage through the California Health Benefit Exchange (Covered California). Requires Covered California to enter into a contract with the Department of Social Services to serve as the Covered California appeals entity designated to hear appeals of eligibility or enrollment determination or redetermination for persons in the individual market. Requires the hearing process to be governed by the Medi-Cal hearing process established in law, except as otherwise required by this bill. Adopts federal options to establish an informal resolution process, details the provisions of that process, and designates the state entities to conduct that process. Adopts the federal option to require state entities to assist individuals with making an appeal request. ***Chapter 869, Statutes of 2014.***

AB 889 (Frazier) – Health care coverage: prescription drugs.

Permits health care service plans and insurers, when there is more than one drug that is appropriate for the treatment of a medical condition, to require step therapy. Prohibits a health plan from requiring an enrollee to try and fail on more than two medications before allowing the enrollee access to the medication, or generically equivalent drug, as specified. ***Held on the Senate Appropriations Suspense File.***

AB 912 (Quirk-Silva) – Health care coverage: fertility preservation.

Requires every large group health care service plan contract and health insurance policy that is issued, amended, or renewed on and after January 1, 2014, to provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee or insured.

Vetoed.

AB 1180 (Pan) – Health care coverage: federally eligible defined individuals: conversion or continuation of coverage.

Makes inoperative because of the federal Patient Protection and Affordable Care Act several provisions in existing law that implement the health insurance laws of the federal Health Insurance Portability and Accountability Act of 1996 and additional provisions that provide former employees rights to convert their group health insurance coverage to individual market coverage without medical underwriting. Establishes notification requirements informing individuals affected by this bill of health insurance available in 2014. ***Chapter 91, Statutes of 2013.***

AB 1208 (Pan) – Insurance affordability programs: application form.

Permits, until January 1, 2015, the application form for insurance affordability program coverage to include additional questions that are voluntary for applicants to answer on sexual orientation and gender identity or expression. Requires, by January 1, 2015, the application form to include questions that are voluntary for applicants to answer regarding demographic data categories, including race, ethnicity, primary language, disability status, sexual orientation, gender identity or expression and other categories recognized by the federal Secretary of the Department of Health and Human Services. ***Vetoed.***

AB 1428 (Conway) – California Health Benefit Exchange: employees and contractors.

Requires the California Health Benefit Exchange board criminal background check requirement for specified employees and volunteers and vendors to be consistent with a specific federal Centers for Medicare and Medicaid Services document or further updates guidance or regulations. ***Chapter 561, Statutes of 2013.***

AB 1558 (Hernandez) – California Health Data Organization: all-payer claims database.

Requests the University of California to establish the California Health Data Organization, and requires private payers to regularly submit claims data, and encounter data, as defined, to the organization on utilization, payment and cost sharing for services delivered to beneficiaries. Establishes minimum specifications for the data submitted for each claim or encounter, as described. Requests the organization to design and maintain an interactive searchable Internet Web site that is accessible to the public. Requests the organization to use the data and produce annual reports so as not to identify individual physicians. ***Held on the Senate Appropriations Committee Suspense File.***

AB 1578 (Pan) - Health: The California Health Benefits Review Program.

Requests the California Health Benefit Review Program, in addition to analyzing the public health impacts, medical effectiveness, and financial impacts of legislation proposing to mandate or repeal benefits or services, to also analyze the impact on essential health benefits and the California Health Benefit Exchange. Extends the annual fee assessed on health plans and insurers for this purpose to fiscal year 2015-16. Extends CHBRP, from June 30, 2015, to June 30, 2016. Contains an urgency clause. ***No action taken in the Assembly for concurrence in Senate amendments.***

AB 1771 (V. Manuel Perez) – Telephone visits.

Requires health plans and health insurers, with respect to plan contracts and insurance policies issued, amended, or renewed on or after January 1, 2016, to cover telephone visits provided by a physician or a contracted qualified nonphysician health care provider. ***Held on the Senate Appropriations Suspense File.***

AB 1877 (Cooley) – California Vision Care Access Council.

Establishes in state government the California Vision Care Access Council (Council), as an independent public entity not affiliated with an agency or department to construct, manage, and maintain an Internet Web site separate from the Internet Web site established by the California Health Benefit Exchange (Covered California), to inform consumers about participating individual and employer-based vision plans that are available to individual and employers qualified for Covered California coverage. ***Vetoed.***

AB 1917 (Gordon) – Outpatient prescription drugs: cost sharing.

Establishes limits on the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription of 1/12 (equivalent to \$529 for 2014) or 1/2 (\$3,175 for 2014) of the annual out-of-pocket limit for self-only coverage (which is \$6,350 for 2014), as specified under the federal Affordable Care Act with respect to a non-grandfathered individual or group health plan contract or insurance policy. ***No action taken on the Senate Floor.***

AB 1962 (Skinner) – Dental plans: medical loss ratios: reports.

Requires a health plan or health insurer that issues, sells, renews, or offers a specialized health plan contract or specialized health insurance policy covering dental services to file a medical loss ratio (MLR) annual report with its regulator that is organized by market and product type that contains the same information required in the 2013 federal MLR Annual Reporting Form required of other health plans and insurers. States legislative intent that the data reported pursuant to this bill be considered by the Legislature in adopting an MLR standard for health plans or health insurers that cover dental services that would take effect no later than January 1, 2018. ***Chapter 567, Statutes of 2014.***

AB 2088 (Hernandez) – Health insurance: minimum value: large group market policies.

Requires a health plan or insurer that offers, amends, or renews a group plan contract or policy that provides a minimum value of less than 60 percent to a large group to require that the persons to be covered by the plan contract or policy are covered by an individual or group plan contract or policy that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans and that provides at least 60 percent minimum value. ***Vetoed.***

AB 2418 (Bonilla & Skinner) – Health care coverage: prescription drugs: refills.

Requires a health plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2016, that provides coverage for prescription drug benefits to permit and apply a pro-rated daily cost-sharing rate to the refills of prescriptions that are dispensed by a participating pharmacy for less than the standard refill amount if the prescriber or pharmacist indicates that the refill for less than the standard amount is in the best interest of the enrollee or insured and is for the purpose of synchronizing the refill dates of the enrollee's or insured's medications. Also, requires after January 1, 2016, plans and insurers to allow for early refills of covered topical ophthalmic products at 70 percent of the predicted days of use. ***Vetoed.***

AB 2533 (Ammiano) – Health care coverage: noncontracting providers.

Requires a health plan or health insurer to arrange for, or assist an enrollee or insured in arranging for, the enrollee or insured to receive the care or service in an accessible and timely manner from a noncontracting provider, and prohibits a health plan or insurer from imposing copayments, coinsurance, or deductibles on the enrollee or insured that exceed what the enrollee or insured would pay for services from a contracting provider. Prohibits a noncontracting provider that agrees to provide these services from billing the enrollee for any amount in excess of the in-network reimbursement rate, with the exception of copayments and deductibles, as described. ***No action taken on the Senate Floor.***

Health Care Facilities

SB 357 (Correa) – Elective Percutaneous Coronary Intervention (PCI) Pilot Program.

Extends the January 1, 2014, sunset date for the Elective Percutaneous Coronary Intervention Pilot Program (PCI Pilot Program) to January 1, 2015, and requires the final report by the PCI Pilot Program oversight committee to be completed by July 31, 2013, rather than at the conclusion of the pilot program. ***Chapter 202, Statutes of 2013.***

SB 455 (Hernandez) – General acute care hospitals: nurse-to-patient ratios.

Codifies existing regulations requiring hospitals to have a committee annually review the reliability of its patient classification system, including regulations requiring at least one-half of this committee be composed of registered nurses who provide direct patient care. Requires the registered nurses appointed to this committee to be selected by the collective bargaining agent, if any. Requires the Department of Public Health, during every periodic state inspection of a hospital, to inspect for compliance with nurse-to-patient ratios, as specified. ***Vetoed.***

SB 534 (Hernandez) – Health and care facilities.

Requires chronic dialysis clinics, surgical clinics, rehabilitation clinics, and intermediate care facilities/developmentally disabled-nursing to meet federal certification standards under the Department of Public Health and adopts licensing regulations for these facilities. ***Chapter 722, Statutes of 2013.***

SB 651 (Pavley & Leno) – Developmental centers and state hospitals.

Establishes requirements for sexual assault examinations of residents in state hospitals and developmental centers, and establishes new penalties for failure of developmental centers to report specified incidents. ***Chapter 724, Statutes of 2013.***

SB 563 (Galgiani) – Office of Statewide Health Planning and Development: hospital construction.

Requires the person or entity requesting a copy of a construction document maintained by the Office of State Health Planning and Development (OSHPD) to bear the actual cost of producing the copy of that document, including staff time spent retrieving, inspecting, and handling the documents, as well as copying and shipping costs. Requires OSHPD to provide the requestor with an estimate of the cost prior to making the copies. ***Chapter 470, Statutes of 2013.***

SB 718 (Yee) – Hospitals: workplace violence prevention program.

Requires all hospitals, as part of the injury prevention program required of all employers and enforced by the Division of Occupational Safety and Health, to adopt a workplace violence prevention plan designed to protect health care workers and others from aggressive or violent behavior. ***These provisions were amended from the bill.***

SB 816 (Committee on Health) – Hospice facilities: developmental disabilities: intellectual disability.

Requires the State Fire Marshal, in consultation with the Office of Statewide Health Planning and Development, to develop building standards for hospice facilities, and makes other minor and technical corrections to law related to hospice facilities and intellectual disabilities. ***Chapter 289, Statutes of 2013.***

SB 830 (Galgiani) – Health care: health facility data.

Requires the Office of Statewide Health Planning and Development to include “heart valve repair and replacement surgeries” in their annual risk adjusted outcome reports for coronary artery bypass graft surgeries, and to annually publish a new risk-adjusted outcome report for all percutaneous cardiac interventions and transcatheter valve procedures performed in California. ***Held on the Senate Appropriations Committee Suspense File.***

SB 883 (Hancock) - Appropriation to West Contra Costa Healthcare District: Doctors Medical Center.

Appropriates \$3 million in funds from the Major Risk Medical Insurance Fund from funds deposited in that fund from the Cigarette and Tobacco Tax Surtax Fund (Proposition 99 funds) to West Contra Costa Healthcare District for support of Doctors Medical Center. ***Chapter 691, Statutes of 2014.***

SB 906 (Correa) – Elective Percutaneous Coronary Intervention (PCI) Program.

Creates the Elective Percutaneous Coronary Intervention Program in the Department of Public Health to certify general acute care hospitals that are licensed to provide urgent and emergent cardiac catheterization laboratory services in California, to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients. ***Chapter 368, Statutes of 2014.***

SB 1039 (Hernandez) - Pharmacy.

Expands the tasks that pharmacy technicians and pharmacist interns can perform under the direct supervision or control of a pharmacist in an acute care hospital. ***Chapter 319, Statutes of 2014.***

SB 1094 (Lara) – Nonprofit health facilities: sale of assets: Attorney General approval

Provides an additional 30 days for the Attorney General (AG) to review proposed transactions involving non-profit health facilities. Allows the AG to enforce the conditions of an approved agreement, and to amend the conditions of an agreement or transaction involving a non-profit health facility if a party to the transaction or agreement made material misrepresentations to the AG. Requires the AG, prior to imposing an amended condition, to provide the parties to the agreement written notice of the proposed condition and allows the parties 30 days to respond. ***Vetoed.***

SB 1238 (Hernandez) – Health facilities: outpatient care and patient assessment.

Requires an outpatient to either be discharged or admitted to inpatient status after no more than 24 hours, but permits an outpatient stay of longer than 24 hours when discharge is imminent under certain specified circumstances, including when admission to inpatient status would directly conflict with federal Medicare reimbursement requirements. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1269 (Beall) – General acute care hospitals.

Requires a general acute care hospital that provides observation services, as defined, to apply for approval from the California Department of Public Health to provide the services as a supplemental or special service, as specified; limits observation service to less than 24 hours; requires this observation service to have the same staffing, including nurse-to-patient ratios, as emergency services; and, includes data on observation service in the reports that hospitals are required to make to the Office of Statewide Health Planning and Development. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1276 (Hernandez) – Health care: fair billing policies.

Defines a “reasonable payment plan” for purposes of hospital and emergency physician charity care programs, as monthly payments that do not exceed 10 percent of a patient's income after deducting essential living expenses, and expands eligibility for the hospital charity care and discount payment programs to patients with insurance, when the out-of-pocket expenses exceed 10% of the patient's income. ***Chapter 758, Statutes of 2014.***

SB 1297 (Hueso) – Hospital Safety and Transparency Act of 2014.

Requires OSHPD to publish on its Internet Web site historical and current information collected by state and federal regulators about hospitals, including information regarding Medi-Cal withholdings and provider preventable conditions, as specified. ***Hearing cancelled at the request of the author in the Assembly Health Committee.***

SB 1299 (Padilla) – Workplace violence prevention plans: hospitals.

Requires the Occupational Safety and Health Administration (OSHA) Standards Board, no later than July 1, 2016, to adopt standards that require specified hospitals to adopt a workplace violence prevention plan as a part of their injury and illness prevention plans to protect health care workers and other facility personnel from aggressive and violent behavior. Specifies that this bill does not apply to a hospital operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Corrections and Rehabilitation. ***Chapter 842, Statutes of 2014.***

SB 1311 (Hill) - Hospitals: antimicrobial stewardship.

Requires all general acute care hospitals to adopt and implement an antimicrobial stewardship policy that includes a process to evaluate the judicious use of antibiotics. ***Chapter 843, Statutes of 2014.***

AB 297 (Chesbro) – Primary care clinics.

Permits licensed primary care clinics to submit certification from the Accreditation Association for Ambulatory Health Care to the Department of Public Health for purposes of data collection and extraction for fee calculations, in addition to the existing ability to submit certification from the Joint Commission on the Accreditation of Healthcare Organizations. ***Chapter 583, Statutes of 2013.***

AB 334(Buchanan) - Alameda Health System hospital authority.

Expands a provision of law restricting the ability of a hospital authority in Alameda County to contract out physician services to private entities by clarifying that the hospital authority is also prohibited from contracting out physician services to a subsidiary or other entity established by the hospital authority. Contains an urgency clause that will make this bill effective upon enactment. **Chapter 585, Statutes of 2014.**

AB 395 (Fox) – Alcoholism and drug abuse treatment facilities.

Authorizes 24-hour residential treatment facilities (RTFs) licensed by the Department of Alcohol and Drug Programs to provide medical services exclusively to adult residents of the RTFs recovering from alcohol and drug abuse problems if the RTFs are accredited by a nationally recognized accrediting organization and use a multidisciplinary team, including at least one physician and surgeon. **Held on the Senate Appropriations Committee Suspense File.**

AB 503(Wieckowski & Bonta) – Health facilities: community benefits.

Repeals the existing hospital community benefit law, and establishes a new hospital community law to require private non-profit hospitals to complete a community needs assessment, followed by a community benefits plan. Defines “community benefit” and other terms for purposes of this bill, and requires 90 percent of a private non-profit hospital’s community benefit moneys to be allocated to charity care and projects that improve community health for underserved and vulnerable populations, as defined. **Held on the Senate Appropriations Suspense File.**

AB 620 (Buchanan) – Health and care facilities: missing patients and participants.

Requires certain types of facilities, including intermediate care facilities, nursing facilities, congregate living facilities, and adult day centers, to develop a patient safety plan for the purposes of addressing issues that arise when a patient is missing from the facility, and requires this plan to include a requirement that the facility inform designated relatives or caretakers when a patient is missing. **Chapter 674, Statutes of 2013.**

AB 852 (Quirk) – Health facilities.

Requires the Office of Statewide Health Planning and Development to develop and meet reasonable timeframes for review of health facility construction plans, permits the Office of Statewide Health Planning and Development to charge a reasonable fee for meeting the new timeframes, and increases the maximum application filing fee that the Office of Statewide Health Planning and Development may charge skilled nursing or intermediate care facilities to two percent of a project’s estimated construction cost. **These provisions were amended from the bill.**

AB 974 (Hall) – Patient transfer: nonmedical reasons: notice to contact person or next of kin.

Requires a hospital to alert a patient’s emergency contact person prior to transferring the patient from one hospital to another for nonmedical reasons. **Chapter 711, Statutes of 2013.**

AB 980 (Pan) – Primary care clinics: abortions.

Requires the California Building Standards Commission to adopt emergency regulations to delete a provision of the 2013 California Building Standards Code that establishes building standards for primary care clinics that provide abortion services, and prohibits the Commission from adopting any building code standards for clinics providing medication or aspiration abortion services that differ from construction standards applicable to other primary care clinics. ***Chapter 663, Statutes of 2013.***

AB 1008 (Buchanan & Bonta) – Alameda County Medical Center hospital authority.

Prohibits the Alameda County Medical Center hospital authority from privatizing any work performed by its employed physicians as of March 31, 2013 without clear and convincing evidence that the needed medical care can only be delivered cost-effectively by a private contractor. ***Chapter 311, Statutes of 2013.***

AB 1054 (Chesbro) – Mental health: skilled nursing facility: reimbursement rate.

Revises the reimbursement rate by counties to institutions for mental disease licensed as skilled nursing facilities by providing for a 3.5 percent annual increase rather than a 4.7 percent annual increase, effective July 1, 2014. ***Chapter 303, Statutes of 2013.***

AB 1215 (Hagman & Holden) – Clinical laboratories.

Expands the definition of a “laboratory director” to include a duly licensed clinical laboratory scientist and a duly licensed limited clinical laboratory scientist and authorizes these individuals to perform the duties and responsibilities of a waived laboratory director, as specified, under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA). ***Chapter 199, Statutes of 2013.***

AB 1382 (Committee on Health) – Reporting.

Updates obsolete terminology in existing statute used in the reporting of health data information by specified health facilities to the Office of Statewide Health Planning and Development in order to be consistent with national standards. ***Chapter 599, Statutes of 2013.***

AB 1755 (Gomez) – Medical information.

Revises provisions of law requiring licensed health facilities to prevent disclosure of patients’ medical information by extending the deadline for health facilities to report unauthorized disclosures from five business days to 60 calendar days after detection of a breach, and by establishing several exemptions to when a breach of medical information is required to be reported based on unintentional disclosures where no further use was made of the patient’s medical information. ***Chapter 412, Statutes of 2014.***

AB 1812 (Pan) – Health facilities: information: disclosure.

Expands the list of entities to which the Office of Statewide Health Planning and Development is required to disclose information it collects through its Hospital Discharge Abstract Data Record, Emergency Care Data Record, and Ambulatory Surgery Data Record, to include any subsidiary of the United States Department of Health and Human Services, including the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, or the National Cancer Institute, as well as the Veterans Health Care Administration within the United States Department of Veterans Affairs, for the purposes of conducting a statutorily authorized activity. ***Chapter 265, Statutes of 2014.***

AB 1816 (Yamada) – Long-term health care facilities.

Requires the California Department of Public Health to set a performance benchmark of at least within 60 days for completing investigations of complaints against long-term health care facilities. ***Hearing cancelled at the request of the author in the Senate Appropriations Committee.***

AB 1974 (Quirk) - Health facilities: special services.

Specifies that a “special service” does not include a functional division, department, or unit of a nursing facility that is Medicare or Medi-Cal certified and that is organized, staffed, and equipped to provide inpatient physical therapy services, occupational therapy services, or speech pathology and audiology services to residents of the facility. ***Chapter 288, Statutes of 2014.***

AB 2062 (Hernandez) – Health care facilities: surgical technologists.

Prohibits a health facility from employing a surgical technologist unless the individual has completed an accredited educational program and obtained certification as a surgical technologist. Grandfathers in surgical technologists who were employed in health facilities prior to January 1, 2015. ***Vetoed.***

AB 2297 (Levine) - Health facilities: reliable alternative clean energy technologies.

Permits health facilities to use reliable alternative clean energy technologies as primary or backup power sources if the technology meets reliability requirements, and requires the Office of Statewide Health Planning and Development to submit building standards for the use of reliable alternative clean energy technologies to be adopted in the next triennial edition of the California Building Standards Code. ***Held on the Senate Appropriations Committee Suspense File.***

AB 2374 (Mansoor) – Substance abuse: recovery and treatment centers.

Requires deaths at licensed residential treatment facilities to be reported to the Department of Health Care Services (DHCS) in a timely manner. Requires private organizations that register or certify substance abuse counselors to verify that an applicant has not had another registration or certification revoked. Authorizes DHCS to conduct periodic reviews of certifying organizations to determine compliance with the provisions of this bill, and to take actions for noncompliance, including revocation of an organization's certification. Requires DHCS to adopt regulations specified by this bill by December 31, 2017. **Chapter 815, Statutes of 2014.**

AB 2546 (Salas) – Kern County Hospital Authority.

Enacts the Kern County Health System Authority Act, which would permit the Kern County Board of Supervisors to establish by ordinance the Kern County Health System Authority as a public agency separate and apart from the County, and charges the Authority with the management, administration, and control of Kern Medical Center. **Chapter 613, Statutes of 2014.**

AB 2557 (Pan) – Hospitals: seismic safety.

Permits a hospital located in the Counties of Sacramento, San Mateo, or Santa Barbara or the City of San Jose, that has received an additional extension of the January 1, 2008, seismic safety requirements under specified provisions of existing law to January 1, 2015, to request an additional extension until September 1, 2015, in order to obtain either a certificate of occupancy or a construction final from the Office of Statewide Health Planning and Development. Contains an urgency that will make this bill effective upon enactment. **Chapter 821, Statutes of 2014.**

Health Care Workforce

SB 20 (Hernandez) – Health care: workforce training.

Requires, beginning on the date that the California Major Risk Medical Insurance Program (MRMIP) becomes inoperative, all the funds in the Managed Care Administrative Fines and Penalties Fund to be transferred each year to the Medically Underserved Account for Physicians in the Health Professions Education Fund for use by the Steven M. Thompson Physician Corps Loan Repayment Program. Requires the Director of Finance to notify the Joint Legislative Budget Committee at the time MRMIP becomes inoperative. **These provisions were amended from the bill.**

SB 271 (Hernandez) – Associate Degree Nursing Scholarship Program.

Deletes the January 1, 2014, sunset date in the section of existing law that establishes the Associate Degree Nursing Scholarship Pilot Program and makes other technical, conforming changes. **Chapter 384, Statutes of 2013.**

SB 1039 (Hernandez) - Pharmacy.

Expands the tasks that pharmacy technicians and pharmacist interns can perform under the direct supervision or control of a pharmacist in an acute care hospital. ***Chapter 319, Statutes of 2014.***

SB 1384 (Mitchell) – Certified nurse assistants.

Deletes the requirement that the Department of Public Health (DPH) automatically deny a training and examination application and deny, suspend, or revoke a certificate if the applicant or certificate holder has been convicted of a violation or attempted violation of one or more specified crimes. ***Chapter 847, Statutes of 2014.***

AB 565 (Salas) – California Physician Corps Program.

Revises the criteria required to be met by guidelines developed by the Medical Board of California for the selection and placement of California Physician Corps Program applicants. Revises the criteria that California Physician Corps Program participants must meet. ***Chapter 378, Statutes of 2013.***

AB 1174 (Bocanegra & Logue) – Dental professionals.

Allows registered dental assistants in extended functions (RDAEF) and registered dental hygienists (RDH) to determine which radiographs (x-rays) to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient, and to place interim therapeutic restorations (interim therapeutic restorations are defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment). Specifies the location where interim therapeutic restorations may be performed by RDAEFs, RDHs and RDHs in alternative practice. Requires the Office of Statewide Health Planning and Development to extend the duration of the health workforce project known as Health Workforce Pilot Project Number 172 until January 1, 2016 (HWPP 172 authorized the performance of these procedures by RDAEF and RDHs). Prohibits in Medi-Cal, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient from being required under the Denti-Cal program for teledentistry by store and forward. ***Chapter 662, Statutes of 2014.***

AB 1215 (Hagman & Holden) – Clinical laboratories.

Expands the definition of a “laboratory director” to include a duly licensed clinical laboratory scientist and a duly licensed limited clinical laboratory scientist and authorizes these individuals to perform the duties and responsibilities of a waived laboratory director, as specified, under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA). ***Chapter 199, Statutes of 2013.***

AB 2062 (Hernandez) – Health care facilities: surgical technologists.

Prohibits a health facility from employing a surgical technologist unless the individual has completed an accredited educational program and obtained certification as a surgical technologist. Grandfathers in surgical technologists who were employed in health facilities prior to January 1, 2015. ***Vetoed.***

Infant/Children’s Health

SB 126 (Steinberg) – Health care coverage: pervasive developmental disorder or autism.

Extends, until January 1, 2017, the sunset date of an existing state health benefit mandate that requires health plans and health insurance policies to cover behavioral health treatment for pervasive developmental disorder or autism (PDD/A), and requires plans and insurers to maintain adequate networks of PDD/A service providers. ***Chapter 680, Statutes of 2013.***

SB 224 (Walters) – Newborn screening program.

Requires the Department of Public Health, until January 1, 2019, to expand statewide screening of newborns in Orange County for Krabbe disease. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 402 (De León) – Breastfeeding.

Requires, by January 1, 2025, all general acute care hospitals and special hospitals that have a perinatal unit to adopt the “Ten Steps to Successful Breastfeeding,” as adopted by Baby-Friendly USA, or an alternative process adopted by a health care service plan, or the Model Hospital Policy Recommendations approved by the Department of Public Health. ***Chapter 666, Statutes of 2013.***

SB 430 (Wright) – Pupil health: vision examination: binocular function.

Deletes an existing requirement that upon first enrollment in a school district at an elementary school, and at least every third year thereafter until completion of the eighth grade, a child’s vision be appraised by the school nurse or other authorized person, and replaces it with a requirement that, upon first enrollment in a private or public elementary school, a child receive a vision examination from a physician, optometrist, or ophthalmologist and requires that screening to include a test for binocular function, refraction, and eye health. ***Hearing cancelled at the request of the author in the Assembly Health Committee.***

SB 443 (Walters) – Organized camps.

Defines “organized camp” as a site with programs and facilities established for the primary purpose of providing an outdoor living experience for five days or more. Exempts from child care licensure recreation programs operated by Girl Scouts, Boy Scouts, Boys and Girls Clubs, Camp Fire, or similar organizations, as determined by regulations of the Department of Public Health (DPH). Requires the Director of DPH to establish minimum standards regulating the operation of organized camps that are necessary to protect the health and safety of the campers. Establishes regulations regarding the general requirements for safety and staff supervision at organized camps, including requiring a criminal history record check for camp directors and camp counselors, and requires camps to submit written operating procedures and accreditation verification to local health officers. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 460 (Pavley) – Prenatal testing program: education.

Requires the Department of Public Health to include information regarding environmental health in the California Prenatal Screening Program Prenatal Patient Booklet, including a specified statement and three website addresses. ***Chapter 667, Statutes of 2013.***

SB 596 (Yee) – Pupil health: multitiered and integrated interventions pilot program.

Requires the State Department of Education to establish a three year pilot program in four schools to provide school based mental health services that leverage cross-system resources and offer comprehensive multitiered interventions. Allocates a total of \$600,000 in start-up funding to each school selected to participate in the program, requires at least 60 percent of a school’s student body be eligible for the free or reduced-price meal program to be selected and requires the Department to submit a report to the Legislature evaluating the success of the program. ***No action taken in the Assembly.***

SB 622 (Monning) – Taxation: sweetened beverage tax: Children’s Health Promotion Fund.

Enacts the Sweetened Beverage Tax Law, which imposes a one-cent per fluid ounce tax on any beverage with added caloric sweeteners, such as sodas, energy drinks, sweet teas, and sports drinks. Requires funds generated by the Sweetened Beverage Tax to be directed to the newly created Children’s Health Promotion Fund and allocated to statewide childhood obesity prevention activities and programs. ***Held on the Senate Appropriations Committee Suspense File.***

SB 949 (Jackson) – After school programs: Distinguished After School Health Recognition Program.

Establishes the Distinguished After School Health (DASH) Recognition Program, for after school programs meeting specified requirements, to be administered by the California Department of Education. Requires that funding for the recognition program be subject to an appropriation in the annual Budget Act or another statute, or by funding from nonstate sources and sunsets the provisions of this bill on January 1, 2018. ***Chapter 369, Statutes of 2014.***

SB 1000 (Monning) – Public health: sugar-sweetened beverages: safety warnings.

Establishes the Sugar-Sweetened Beverages Safety Warning Act, to be administered by the Department of Public Health, and requires a safety warning on all sealed sugar-sweetened beverage containers; multipacks of sealed containers; packages of concentrates, as defined; vending machines; and self-serve beverage dispensing machines. Requires the safety warning to be affixed to beverage containers, as specified, if the safety warning is not printed directly on the container. Requires the label to be posted in a place that is easily visible at the point-of-purchase of an establishment where a beverage dispensing machine is not self-serve. Allows the department and local enforcement agencies to inspect the records, as specified, of a person, as defined, to determine the quantity and type of sugar-sweetened beverages distributed, purchased, or sold. ***Failed passage in the Assembly Health Committee.***

SB 1055 (Liu) – Public School Health Center Support Program.

Renames the Public School Health Center Support Program the School-Based Health and Education Partnership Program and makes changes to the requirements and funding levels. Creates a new type of grant to fund interventions related to obesity, asthma, alcohol and substance abuse, and mental health. ***Re-referred to Senate Rules Committee, no further action taken.***

SB 1239 (Wolk) – Pupil health care services: school nurses.

Allows the governing board of a school district to bill a pupil's health insurer or the Medi-Cal program, or both, for the cost of health care services provided to the pupil. Requires the governing board of a school district eligible to receive concentration grants, as specified, to employ at least one school nurse as a supervisor of health, as specified. Provides that this bill does not apply to schools served by a school health center, as defined. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1266 (Huff) – Pupil health: epinephrine auto-injectors.

Requires school districts, county offices of education, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered, and school nurses or trained personnel may use epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction. ***Chapter 321, Statutes of 2014.***

AB 174 (Bonta) – Public school health centers.

Requires the Department of Public Health to establish a pilot program in Alameda County, to the extent that funding is made available, to provide grants to eligible applicants for activities and services that directly address the mental health and related needs of students impacted by trauma. ***Vetoed.***

AB 357 (Pan) – Medi-Cal Children’s Health Advisory Panel.

Renames the Healthy Families Advisory Board as the Medi-Cal Children’s Health Advisory Panel, transfers the new entity to the Department of Health Care Services (DHCS), requires the Panel to be an independent statewide advisory board that advises DHCS on matters relevant to children enrolled in Medi-Cal and their families, and requires DHCS to provide general support and staff assistance to the Panel. ***Chapter 376, Statutes of 2014.***

AB 626 (Skinner & Lowenthal) – School nutrition.

Makes numerous changes to current law related to school nutrition, mostly to conform to the federal Healthy, Hunger-Free Kids Act of 2010. ***Chapter 706, Statutes of 2013.***

AB 1559 (Pan) – Newborn screening program.

Requires the Department of Public Health to expand statewide screening of newborns to include screening for adrenoleukodystrophy (ALD) as soon as the addition is approved by the federal Recommended Uniform Screening Panel. ***Chapter 565, Statutes of 2014.***

AB 1667 (Williams) - Tuberculosis testing in schools.

Replaces current mandatory tuberculosis (TB) testing for school employees and volunteers with a TB risk assessment administered by a health care provider, as specified. Chapter 329, Statutes of 2014. ***Chapter 329, Statutes of 2014.***

AB 1790 (Dickinson) – Foster children: mental health services.

Requires the Department of Social Services to convene a stakeholder group, as specified, to identify barriers to mental health services by mental health professionals with specified training. Requires the stakeholder group, on or before September 30, 2015, to make specific, non-binding recommendations to specified groups to address the identified barriers. ***Chapter 766, Statutes of 2014.***

AB 1840 (Campos) – Pupil health: vision appraisal.

Authorizes a child’s vision to be appraised by using an eye chart or any scientifically validated photoscreening test and requires photoscreening tests to be performed, under an agreement with, or the supervision of an optometrist or ophthalmologist, by the school nurse or by a trained individual who meets specified requirements as determined by the California Department of Education. ***Chapter 803, Statutes of 2014.***

AB 2029 (Cooley) – Inquests: sudden unexplained death in childhood.

Defines "sudden unexplained death in childhood" and requires a coroner to notify the parent or a responsible adult of a child within the definition of the importance of taking tissue samples. ***Vetoed.***

Mental Health

SB 22 (Beall) – Health care coverage: mental health parity.

Requires health plans and health insurers to submit annual reports to the Department of Managed Health Care and the Department of Insurance certifying their compliance with state and federal mental health parity laws. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 126 (Steinberg) – Health care coverage: pervasive developmental disorder or autism.

Extends, until January 1, 2017, the sunset date of an existing state health benefit mandate that requires health plans and health insurance policies to cover behavioral health treatment for pervasive developmental disorder or autism (PDD/A), and requires plans and insurers to maintain adequate networks of PDD/A service providers. ***Chapter 680, Statutes of 2013.***

SB 364 (Steinberg) – Mental health.

Broadens the types of facilities that can be used for purposes of a 72-hour treatment and evaluation under Section 5150 of the Lanterman-Petris-Short Act for individuals with a mental health disorder to include facilities licensed or certified as mental health treatment facilities by the Department of Health Care Services or the Department of Public Health. Permits county mental health directors to develop procedures for the designation and training of professionals who will be designated to perform functions under Section 5150.

Chapter 567, Statutes of 2013.

SB 585 (Steinberg & Correa) – Mental health: Mental Health Services Fund.

Clarifies that Mental Health Services Act funds and various County Realignment accounts may be used to provide mental health services under the Assisted Outpatient Treatment Demonstration Project Act of 2002, or Laura’s Law, and allows counties to opt to implement Laura’s Law through the county budget process. ***Chapter 288, Statutes of 2013.***

SB 651 (Pavley & Leno) – Developmental centers and state hospitals.

Establishes requirements for sexual assault examinations of residents in state hospitals and developmental centers, and establishes new penalties for failure of developmental centers to report specified incidents. ***Chapter 724, Statutes of 2013.***

SB 664 (Yee) – Mental health: Laura’s Law.

Deletes the requirement under the Assisted Outpatient Treatment Demonstration Project Act of 2002 (AOT Act, which is also known as “Laura’s Law”) that county Board of Supervisors pass a resolution authorizing the AOT Act and make a finding that no voluntary mental health programs may be reduced as a result of the AOT Act’s implementation. Allows counties to place a cap on the number of persons to whom it provides services under the AOT Act. ***Hearing cancelled at the request of the author in the Senate Appropriations Committee.***

SB 1046 (Beall) - Insurance: mental illness: developmental disabilities: coverage: penalties.
Creates administrative penalties up to \$2,500 per day for health insurers regulated by the California Department of Insurance that violate current law related to mental health parity.
Vetoed.

AB 753 (Lowenthal) – Cognitively impaired adults: caregiver resource centers.
Repeals and recasts statutes related to the system of caregiver resource centers to conform with the transfer of the program from the former Department of Mental Health to the Department of Health Care Services. ***Chapter 708, Statutes of 2013.***

AB 1054 (Chesbro) – Mental health: skilled nursing facility: reimbursement rate.
Revises the reimbursement rate by counties to institutions for mental disease licensed as skilled nursing facilities by providing for a 3.5 percent annual increase rather than a 4.7 percent annual increase, effective July 1, 2014. ***Chapter 303, Statutes of 2013.***

AB 1231 (V. Manuel Perez) – Regional centers: telehealth.
Requires the Department of Developmental Services (DDS) to inform all regional centers that any appropriate health service may be provided through the use of telehealth to consumers of regional center services and that dentistry may be provided through the use of telehealth to consumers. Requires DDS to request regional centers to include a consideration of telehealth in each individual program plan and individualized family service plan for consumers and to consider the use of telehealth services for inclusion in training programs for parents of consumers. ***Vetoed.***

AB 1340 (Achadjian) – Enhanced treatment programs.
Permits the Department of State Hospitals to establish and administer a pilot enhanced treatment program (ETP) at each state hospital, for the duration of five calendar years, for testing the effectiveness of treatment for patients who are at high risk of the most dangerous behavior. Authorizes ETPs to be licensed under the same requirements as acute psychiatric hospital licensing requirements, and makes significant changes to current requirements and procedures related to the admission of patients and the administration of care. ***Chapter 718, Statutes of 2014.***

AB 1790 (Dickinson) – Foster children: mental health services.
Requires the Department of Social Services to convene a stakeholder group, as specified, to identify barriers to mental health services by mental health professionals with specified training. Requires the stakeholder group, on or before September 30, 2015, to make specific, non-binding recommendations to specified groups to address the identified barriers. ***Chapter 766, Statutes of 2014.***

AB 1929 (Chau) – California Housing Finance Agency: MHSA funding: special needs housing for person with mental illness.

Requires the California Housing Finance Agency, with the concurrence of the Department of Health Care Services, to release unencumbered Mental Health Services Act funding upon request of the respective county, and for counties to utilize these released funds to provide housing assistance to people with mental illness. ***Chapter 674, Statutes of 2014.***

AB 1960 (Perea) – State summary criminal history information: state hospitals.

Requires a director of a state hospital or a clinician, as defined, to obtain state summary criminal history information on patients only to be used for the purposes specified, including a patient's violence risk and appropriate treatment planning. ***Chapter 730, Statutes of 2014.***

AB 2190 (Maienschein) – Criminal defendants: gravely disabled persons.

Allows a court to place a person found to be incompetent to stand trial or not guilty by reason of insanity on outpatient status within a mental health treatment facility, as specified. Requires a conservatorship investigator to submit a copy of his or her report, upon prior written request of the defendant or the defendant's attorney, to specified entities in a criminal case. ***Chapter 734, Statutes of 2014.***

AB 2679 (Logue & Nestande) – County mental health services: baseline reports.

Requires the Department of Health Care Services and the California Mental Health Planning Council to make specified information related to mental health services client outcomes and cost effectiveness available on their respective Internet Web sites. ***Chapter 476, Statutes of 2014.***

Prescription Drugs

SB 598 (Hill) – Biosimilars

Permits a pharmacist to substitute a biological pharmaceutical with a "biosimilar" pharmaceutical in the same manner as generic drugs are substituted, and for prescriptions filled prior to January 1, 2017, requires the pharmacist to notify the prescriber. ***Vetoed.***

SB 1052 (Torres) - Health care coverage.

Requires the California Health Benefit Exchange (Covered California) to provide links to the formularies of qualified health plans. Requires health plans and insurers that provide prescription drug benefits and maintain drug formularies to post the formulary or formularies for each product offered by the plan on the plan's website in a manner that is accessible and searchable by potential enrollees, enrollees and providers. Requires the Department of Managed Health Care and the California Department of Insurance to develop a standard formulary template that contains specified information by January 1, 2017. Requires health plans and insurers to use the standard formulary template within six months of the date the template is developed and to update their posted formularies with any change to those formularies on a monthly basis. ***Chapter 575, Statutes of 2014.***

SB 1053 (Mitchell) - Health care coverage: contraceptives.

Requires, effective January 1, 2016, most health plans and insurers to cover a variety of Food and Drug Administration-approved contraceptive drugs, devices, and products for women, as well as related counseling and follow-up services and voluntary sterilization procedures. Prohibits cost-sharing, restrictions, or delays in the provision of covered services, but allows cost-sharing and utilization management procedures if a therapeutic equivalent drug or device is offered by the plan with no cost sharing. ***Chapter 576, Statutes of 2014.***

AB 219 (Perea) – Health care coverage: cancer treatment.

Limits the total amount of copayments and coinsurance an enrollee or insured is required to pay for orally administered anticancer medications to \$200 for an individual prescription of up to a 30-day supply. ***Chapter 661, Statutes of 2013.***

AB 889 (Frazier) – Health care coverage: prescription drugs.

Permits health care service plans and insurers, when there is more than one drug that is appropriate for the treatment of a medical condition, to require step therapy. Prohibits a health plan from requiring an enrollee to try and fail on more than two medications before allowing the enrollee access to the medication, or generically equivalent drug, as specified. ***Held on the Senate Appropriations Committee Suspense File.***

AB 1727 (Rodriguez) – Prescription drugs: collection and distribution program.

Prohibits a medication that is the subject of a United States Food and Drug Administration managed risk evaluation and mitigation strategy (REMS) from being donated to a prescription drug repository and distribution program if this inventory transfer is restricted by that strategy. Requires the medication that is the subject of the REMS to be managed and dispensed according to the requirements of that strategy. ***Chapter 155, Statutes of 2014.***

AB 1917 (Gordon) – Outpatient prescription drugs: cost sharing.

Establishes limits on the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription of 1/12 (equivalent to \$529 for 2014) or ½ (\$3,175 for 2014) of the annual out-of-pocket limit for self-only coverage (which is \$6,350 for 2014), as specified under the federal Patient Protection and Affordable Care Act with respect to a non-grandfathered individual or group health plan contract or insurance policy. ***No action taken on the Senate Floor.***

AB 2418 (Bonilla & Skinner) – Health care coverage: prescription drugs: refills.

Requires a health plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2016, that provides coverage for prescription drug benefits to permit and apply a pro-rated daily cost-sharing rate to the refills of prescriptions that are dispensed by a participating pharmacy for less than the standard refill amount if the prescriber or pharmacist indicates that the refill for less than the standard amount is in the best interest of the enrollee or insured and is for the purpose of synchronizing the refill dates of the enrollee's or insured's medications. Also, requires after January 1, 2016, plans and insurers to allow for early refills of covered topical ophthalmic products at 70 percent of the predicted days of use. ***Vetoed.***

Public Health

SB 488 (Hueso) – Substandard housing: regulations.

Permits the determination of an infestation of insects, vermin or rodents and the lack of adequate garbage storage and removal facilities to be made by an environmental agency, housing department, or building department, as specified, if an agreement does not exist with an agency that has a local health officer to make that determination. ***Chapter 89, Statutes of 2013.***

SB 648 (Corbett) – Electronic cigarettes: restriction of use and advertising.

Makes the restrictions on the sale of cigarette and tobacco products from vending machines applicable to electronic cigarettes. ***Failed passage in the Assembly Appropriations Committee.***

SB 747 (DeSaulnier) – Public health impact assessments.

Permits the California Department of Public Health, if it determines that a product contributes to a public health epidemic, as specified, to request that the contributing product's largest manufacturers, as specified, submit a written response to that determination. ***Held on the Senate Appropriations Committee Suspense File.***

SB 768 (De León) – Cigarette and tobacco products taxes: California Tobacco Tax Act of 2014.

Enacts the California Tobacco Act of 2014 (2014 Tobacco Act) which imposes an additional cigarette tax at a rate of \$2.00 per package of 20 cigarettes. Held on the Senate Appropriations Committee Suspense File. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1395 (Block) - Public beaches: inspection for contaminants.

Allows local health officers to use specified polymerase chain reaction testing methods published by the United States Environmental Protection Agency or approved pursuant to federal law, to determine the level of enterococci bacteria. Requires local health officers to demonstrate, as a single test based on a single indicator at one or more beaches within the local jurisdiction, through side-by-side testing over a beach season, that the alternative test provides a reliable indication of overall microbiological contamination. Authorizes DPH to consider whether the alternative indicators and related test method can provide results more quickly when determining whether to authorize the testing methods. ***Chapter 928, Statutes of 2014.***

AB 21 (Alejo & V. Manuel Perez) – Safe Drinking Water Small Community Emergency Grant Fund.

Authorizes the Department of Public Health to assess an annual charge to be deposited in this fund in lieu of interest that would otherwise be charged on Safe Drinking Water State Revolving Fund loans. Creates the Safe Drinking Water Small Community Emergency Grant Fund in the State Treasury and requires moneys collected to be deposited into the fund. ***Chapter 628, Statutes of 2013.***

AB 118 (Committee on Environmental Safety and Toxic Materials) – Safe Drinking Water State Revolving Fund.

Deems a small community water system or non-transient non-community water system that is owned by a public agency or a private not-for-profit water company and is serving a severely disadvantaged community, to have no ability to repay a loan. ***Chapter 631, Statutes of 2013.***

AB 119 (Committee on Environmental Safety and Toxic Materials) – Water treatment devices.

Deletes the requirement in existing law that water treatment devices be certified by the Department of Public Health and instead, requires device manufacturers be certified by an independent accrediting organization and provide the Department of Public Health with documentation to that fact. Requires the Department of Public Health to post, on its website, a list of certified devices. ***Chapter 403, Statutes of 2013.***

AB 145 (Perea & Rendon) – State Water Resources Control Board: drinking water.

Transfers, from the Department of Public Health to the State Water Resources Control Board, all of the authority, duties, powers, purposes, responsibilities, and jurisdiction for the purposes of the California Safe Drinking Water Act and the Safe Drinking Water State Revolving Fund.

Held on the Senate Appropriations Committee Suspense File.

AB 272 (Gomez) – Rabies: vaccinations.

Requires dog owners, after a dog turns three or four months, rather than after the age of four months, to have their dog vaccinated against rabies at one year intervals, as specified. ***Chapter 582, Statutes of 2013.***

AB 1168 (Pan) – Safe body art.

Makes a number of technical and clarifying changes to existing law governing practitioners engaged in body art in California, including the business or performance of tattooing, body piercing, branding, and the application of permanent cosmetics. Makes technical changes to the requirements for the performance of ear piercing with a mechanical device. ***Chapter 555, Statutes of 2013.***

AB 1400 (Committee on Jobs, Economic Development, and the Economy) – Export documents: expiration.

Permits a person requesting an export document from the Department of Public Health (DPH) to make the request in electronic format, and would require DPH to accept requests submitted by email or other electronic methods, including electronic copies of labels or advertising. Increases the term of the export document, from six months to one year after its issue date. ***Chapter 539, Statutes of 2013.***

AB 1743 (Ting) - Hypodermic needles and syringes.

Deletes the limit on the number of syringes a pharmacist has the discretion to sell to an adult without a prescription and extends, until January 1, 2021, the statewide authorization for pharmacists to sell syringes without a prescription, as specified. ***Chapter 331, Statutes of 2014.***

AB 1819 (Hall) – Family day care home: smoking prohibition

Extends the existing prohibition against tobacco smoking in a private residence that is licensed as a family day care home to outside the hours of operation of the home. ***Chapter 459, Statutes of 2014.***

AB 2069 (Maienschein) - Immunizations: influenza.

Requires the Department of Public Health to post educational information on its Internet Web site, in accordance with the latest recommendations of the Centers for Disease Control and Prevention, regarding influenza disease and the availability of the flu vaccine. ***Chapter 357, Statutes of 2014.***

Public Health Insurance Programs

SBX1-1 (Hernandez & Steinberg) – Medi-Cal: eligibility.

Establishes the existing Medi-Cal benefit package as the benefit package for the expansion population eligible under the Affordable Care Act (ACA), and expands the Medi-Cal benefit package for the existing population and newly eligible under the ACA to include mental health services and substance use disorder services required under the essential health benefit legislation adopted in 2012 that are not currently covered by Medi-Cal. Makes recent immigrant adults who do not have minor children eligible for Medi-Cal, who would be eligible for Medicaid except for the five-year bar under federal law, and who are enrolled in Covered California with a tax credit also eligible for Medi-Cal benefits not covered by their Covered California plan, and requires DHCS to pay the individual's premium costs and cost-sharing (referred to as a "Medi-Cal wrap"). Implements a number of the Medicaid ACA-related provisions to simplify the eligibility, enrollment and renewal processes for Medi-Cal. Makes the enactment of this bill contingent upon enactment of ABX1-1 (John A. Pérez). **Chapter 4, Statutes of 2013-14 First Extraordinary Session.**

SBX1-3 (Hernandez) – Health care coverage: bridge plan.

Requires the California Health Benefit Exchange (Covered California), by means of selective contracting, to make a bridge plan product available to specified eligible individuals, as a qualified health plan (QHP). Exempts the bridge plan product from certain requirements that apply to QHPs relating to making the product available and marketing and selling to all individuals equally (guaranteed issue) outside of Covered California and selling products at other levels of coverage. Requires the Department of Health Care Services to include provisions relating to bridge plan products in its contracts with Medi-Cal managed care plans. Requires Covered California to evaluate three years of data from the bridge plan products, as specified. Sunsets Covered California's authority for enrollment in a bridge plan product on the October 1 that falls five years after the date of federal approval. **Chapter 5, Statutes of 2013-14 First Extraordinary Session.**

SB 18 (Leno & Hernandez) – Medi-Cal renewal

Requires the Department of Health Care Services (DHCS) to accept contributions by private foundations in the amount of at least \$6 million for the purpose of providing Medi-Cal renewal assistance payments starting January 1, 2015. Requires authorized payments to be made to counties by DHCS for distribution of funds to community-based organizations providing renewal assistance to Medi-Cal beneficiaries. **Chapter 551, Statutes of 2014.**

SB 28 (Hernandez & Steinberg) – California Health Benefit Exchange.

Requires the Managed Risk Medical Insurance Board (MRMIB) to provide the California Health Benefit Exchange (Covered California) with the name, contact information, and spoken language of Major Risk Medical Insurance Program subscribers and applicants in order to assist Covered California in conducting outreach. Requires Covered California to use the information from MRMIB to provide a notice to these individuals informing them of their potential eligibility for coverage through Covered California or Medi-Cal. Permits the Department of Health Care Services (DHCS) to implement provisions of ABX1-1 (John A. Pérez), Chapter 3, Statutes of 2013 First Extraordinary Session, and SBX1-1 (Hernandez and Steinberg), Chapter 4, Statutes of 2013 First Extraordinary Session, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Requires DHCS to adopt regulations by July 1, 2017, in accordance with the requirements of the rulemaking requirements of the Administrative Procedure Act. Requires DHCS to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. Makes technical and clarifying changes to provisions relating to a new budgeting methodology for Medi-Cal county administrative costs. ***Chapter 442, Statutes of 2013.***

SB 208 (Lara) – Developmental services: request for proposals.

Deletes a prohibition on Medi-Cal prepaid health plans entering into any sub-contract in which consideration is determined by a percentage of the primary contractor's payment from the Department of Health Care Services (DHCS), unless DHCS objects. Establishes requirements related to cultural and linguistic competency for requests for proposals submitted by regional centers. ***Chapter 656, Statutes of 2013.***

SB 239 (Hernandez & Steinberg) – Medi-Cal: hospitals: quality assurance fees: distinct part skilled nursing facilities.

Enacts the Medi-Cal Hospital Reimbursement Improvement Act of 2013, which imposes a hospital quality assurance fee, as specified, on certain general acute care hospitals from January 1, 2014, through December 30, 2016, and which requires supplemental payments to be made to private hospitals for certain services, direct grants to public hospitals, increased capitation payments to Medi-Cal managed care plans for hospital services, and for children's health coverage and Department of Health Care Services administration. Sunsets the Act on January 1, 2017. Requires Medi-Cal reimbursement for nursing facilities that are a distinct part of a general acute care hospital to be determined without the Medi-Cal rate reduction and rate roll-back required under existing law for dates of services on and after October 1, 2013. Establishes Intergovernmental Transfer programs. Takes effect immediately as an urgency statute. ***Chapter 657, Statutes of 2013.***

SB 280 (Lieu & Lara) – Insurance affordability programs: application form.

Permits, until January 1, 2015, the application form for insurance affordability program coverage to include additional voluntary questions on sexual orientation and gender identity or expression. Requires, effective January 1, 2016, the application form to include voluntary questions regarding demographic data categories, including race, ethnicity, primary language, disability status, sexual orientation, gender identity or expression and other categories recognized by the federal Secretary of the Department of Health and Human Services. ***Held on the Senate Appropriations Committee Suspense File.***

SB 332 (Emmerson & DeSaulnier) – California Health Benefit Exchange: records.

Makes contracts and rates of payment under those contracts of the California Health Benefit Exchange (Covered California) open to public inspection under the California Public Records Act except for health plan contracts and their rates, which are made public in three and four years respectively. Makes the impressions, opinions, recommendations, meeting minutes, research, work product, theories, strategy of the board or the staff of Covered California, or records that provide instructions, advice, or training to employees subject to the Public Records Act by deleting an exemption from disclosure for these items. ***Chapter 446, Statutes of 2013.***

SB 508 (Hernandez) – Medi-Cal: eligibility.

Makes changes to the eligibility requirements for the Medi-Cal program, to codify existing eligibility levels or clarify changes made to the program's eligibility requirements when the state expanded eligibility under the federal Patient Protection and Affordable Care Act, in particular conforming existing law to the federal requirement to use modified adjusted gross income for eligibility determination. ***Chapter 831, Statutes of 2014.***

SB 640 (Lara) – Medi-Cal: reimbursement: provider payments.

Requires Medi-Cal payments for fee-for-service benefits, including pharmacy, to be determined without application of the 10 percent payment reduction in existing law for dates of service on or after June 1, 2011. Requires Medi-Cal payments to managed care health plans to be determined without application of the 10 percent payment reduction required in existing law for dates of service on and after the effective date of this bill. Requires Medi-Cal payments for nursing facilities that are a distinct part of a general acute care hospital and subacute care units that are parts of general acute care hospitals for dates of service on or after June 1, 2011, to be determined without application of the Medi-Cal reductions and roll back in existing law. ***Held on the Senate Appropriations Committee Suspense File.***

SB 645 (Nielsen) – Diagnosis-related group methodology.

Prohibits the Medi-Cal hospital payment methodology based on diagnosis-related groups (DRGs) from being implemented until the Department of Health Care Services (DHCS) develops a methodology for hospitals to review base payment rates for health care services, requires the DRG methodology to include an appeals process for changes to a hospital's base rate, requires DHCS to collect codes and establish a database, and requires DHCS to develop an education and training program for hospital billing staff. ***Held on the Senate Appropriations Committee Suspense File.***

SB 646 (Nielsen) – Medi-Cal: reimbursement distinct part nursing facilities.

Requires Medi-Cal reimbursement for nursing facilities that are a distinct part of a general acute care hospital (DP-SNFs) to be determined without the Medi-Cal rate reductions and rate roll-back required under existing law. ***Held on the Senate Appropriations Committee Suspense File.***

SB 986 (Hernandez) – Medi-Cal: managed care: exemption from plan enrollment.

Requires a Medi-Cal beneficiary who has received a medical exemption from enrollment in a Medi-Cal managed care plan pursuant to the medical exemption request process, and who is to receive or has received an allogeneic bone marrow transplantation, allogeneic blood stem cell transplantation, cord blood transplantation, or haploidentical transplantation to receive an extension of the medical exemption beyond the initial 12-month exemption period if the treating physician who provided or oversaw the transplantation or who is providing the followup care to the beneficiary determines that it is medically necessary for the beneficiary to remain under the care of the treating physician. Sunsets the provisions of this bill on January 1, 2018. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 1002 (De León) – Low-income individuals: eligibility determinations.

Requires the Department of Health Care Services to seek any federal waivers necessary to use the eligibility information of individuals who have been determined eligible for the CalFresh program and who are under 65 years of age and are not disabled, to redetermine their Medi-Cal eligibility. Requires the Department of Social Services to seek any federal waivers necessary to use the eligibility information of individuals who have been determined eligible for Medi-Cal to determine or redetermine their CalFresh eligibility. ***Vetoed.***

SB 1004 (Hernandez) - Health care: palliative care.

Requires DHCS to establish standards and provide technical assistance to Medi-Cal managed care plans in delivering palliative care services. Requires DHCS to consult with stakeholders and directs DHCS to ensure the delivery of palliative care services in a manner that is cost-neutral to the General Fund (GF), to the extent practicable. ***Chapter 574, Statutes of 2014.***

SB 1005 (Lara) – Health care coverage: immigration status.

Establishes the California Health Exchange Program For All Californians (CHEPFAC) within state government and would require that CHEPFAC be governed by the executive board that governs Covered California. Specifies the duties of the board relative to CHEPFAC, and would require the board, by January 1, 2016, to facilitate the enrollment of individuals who would have been eligible to purchase coverage through Covered California but for their immigration status. Requires the board to provide premium subsidies and cost-sharing reductions to these eligible individuals that are the same as the premium assistance and cost-sharing reductions these individuals would have received through Covered California. Extends eligibility for full-scope Medi-Cal benefits to individuals who are otherwise eligible for those benefits but for their immigration status. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1045 (Beall) – Medi-Cal Drug Treatment Program: group outpatient drug free services.

Changes the number of individuals allowed in a group to a minimum of two and a maximum of 14 for outpatient drug free services for the purposes of Drug Medi-Cal reimbursement and requires at least one individual in the group to be a Medi-Cal eligible beneficiary; for groups consisting of two individuals, the individual that is not a Medi-Cal eligible beneficiary must be receiving outpatient drug free services for a diagnosed substance abuse disorder. ***Chapter 80, Statutes of 2014.***

SB 1081 (Hernandez) – Federally qualified health centers.

Requires the Department of Health Care Services to authorize a three-year alternative payment Medi-Cal methodology pilot project for federally qualified health centers (FQHCs) under which participating FQHCs would receive capitated monthly payments for each Medi-Cal managed care enrollee assigned to the FQHC in place of the wrap-around, fee-for-service per-visit payments from DHCS. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1089 (Mitchell) – Medi-Cal: juvenile inmates.

Makes clarifying changes to provisions requiring the Department of Health Care Services to develop a process to allow counties to receive federal Medicaid funds to inpatient services provided to otherwise Medi-Cal eligible juvenile inmates admitted as inpatients in a medical institution off the grounds of the correctional facility. ***Chapter 836, Statutes of 2014.***

SB 1124 (Hernandez) – Medi-Cal: estate recovery.

Limits the health care services subject to Medi-Cal estate recovery to only those services required to be recovered under federal law. Eliminates estate recovery against the estate of a surviving spouse of a deceased Medi-Cal beneficiary when the surviving spouse dies. Requires DHCS, upon request and free of charge, to provide a current or former beneficiary, or his or her authorized representative, with the total amount of Medi-Cal expenses that have been paid on behalf of that beneficiary that would be subject to estate recovery. ***Vetoed.***

SB 1150 (Hueso & Correa) – Medi-Cal: federally qualified health centers and rural health clinics.

Requires Medi-Cal reimbursement to Federally Qualified Health Centers and Rural Health Clinics for two visits taking place on the same day at a single location when the patient suffers illness or injury requiring additional diagnosis or treatment after the first visit, or when the patient has a medical visit and another health visit with a mental health provider or dental provider. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1161 (Beall) – Drug Medi-Cal.

Requires, if the Department of Health Care Services (DHCS) seeks a federal waiver under a provision of existing law regarding the Drug Medi-Cal program, DHCS to pursue federal approvals to address the need for greater capacity in both short-term residential treatment facilities and hospital settings for short-term voluntary inpatient detoxification, including, but not limited to, licensed chemical dependency recovery hospitals. ***Chapter 486, Statutes of 2014.***

SB 1212 (Walters) – Medi-Cal: moratoria on enrollment of providers

Requires the Department of Health Care Services (DHCS) to exempt a clinical laboratory provider that has an existing relationship as a provider of benefits through a contract with a Medi-Cal managed care plan, if DHCS has a moratorium on the enrollment of clinical laboratories in Medi-Cal. ***Testimony heard in Senate Health Committee, no vote taken.***

SB 1315 (Monning) – Medi-Cal: providers.

Requires a notice of temporary suspension issued to a health care provider by the Department of Health Care Services Medi-Cal Provider Enrollment Division to include a list of discrepancies required to be remediated and the timeframe in which a provider can demonstrate that the discrepancies identified have been remediated. Requires the provider to be removed from enrollment as a Medi-Cal provider if a provider fails to remediate the discrepancies identified. ***Chapter 844, Statutes of 2014.***

SB 1339 (Cannella) – Medi-Cal: Drug Medi-Cal Treatment Program providers.

Provides that if the Department of Health Care Services designates a nonprofit Drug Medi-Cal provider or applicant as a “high” categorical risk, the criminal background check and the requirement to submit fingerprint images and related information applies to the officers and executive director of the nonprofit provider or applicant. ***Chapter 488, Statutes of 2014.***

SB 1341 (Mitchell) – Medi-Cal: Statewide Automated Welfare System.

Requires the Statewide Automated Welfare System to be the system of record for Medi-Cal and to contain all Medi-Cal eligibility rules and case management functionality. Authorizes the California Healthcare Eligibility, Enrollment, and Retention System to house the business rules necessary for an eligibility determination to be made for a Modified Adjusted Gross Income eligibility determination. Specifies the manner in which the functionality to create and send notices of action for Medi-Cal and advanced premium tax credits would be implemented. ***Chapter 846, Statutes of 2014.***

SB 1374 (Hernandez) – Medi-Cal: ground ambulance rates.

Requires the Department of Health Care Services, by July 1, 2015, to adopt regulations establishing the Medi-Cal reimbursement rate for ground ambulance services using one of two specified methodologies. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1457 (Evans) – Medical care: electronic treatment authorization requests.

Requires requests for authorization of services in the Medi-Cal program, California Childrens Services Program, and the Genetically Handicapped Persons Program to be submitted in an electronic format determined by the Department of Health Care Services (DHCS) and to be submitted via DHCS Internet Web site or other electronic means designated by DHCS. Implements this requirement by July 1, 2016, or a subsequent date determined by the DHCS. ***Chapter 849, Statutes of 2014.***

ABX1-1 (John A. Perez) – Medi-Cal: eligibility.

Implements specified Medicaid provisions of the federal Affordable Care Act (ACA), including the expansion of federal Medi-Cal coverage to low-income adults with incomes between 0 and 138 percent of the federal poverty level and the use of Modified Adjusted Gross Income to determine Medi-Cal eligibility for most applicants. Requires the Medi-Cal expansion population to enroll in managed care plans to receive Medi-Cal services. Implements a number of the Medicaid ACA provisions to simplify the eligibility, enrollment and renewal processes for Medi-Cal, including eliminating the asset test, eliminating the deprivation and the semi-annual status report requirements, and modifying the requirements that apply prior to terminating an individual's Medi-Cal coverage. Establishes processes for how applications sent to Covered California for individuals who are Medi-Cal eligible are processed. Takes effect only if SBX1-1 (Hernandez and Steinberg) also takes effect. ***Chapter 3, Statutes of 2013-14 First Extraordinary Session.***

AB 50 (Pan) – Health care coverage: Medi-Cal: eligibility.

Expands the benefit package to Medi-Cal-eligible pregnant women with family incomes under 100 percent of the federal poverty level to full scope Medi-Cal benefits. ***Vetoed.***

AB 209 (Pan) – Medi-Cal: managed care: quality, accessibility, and utilization.

Requires the Department of Health Care Services (DHCS) to develop and implement a plan that includes specified components to monitor, evaluate, and improve the quality, accessibility, and utilization of health care and dental services provided through Medi-Cal managed care. Requires DHCS to hold public meetings to report on performance measures, utilization levels, quality and access standards, network adequacy, fiscal solvency, and evaluation standards with regard to all Medi-Cal managed care services and to invite public comments. Requires DHCS to appoint an advisory committee for the purpose of making recommendations to improve quality and access in the delivery of Medi-Cal managed care services. ***No action taken on the Senate Floor.***

AB 357 (Pan) – Medi-Cal Children's Health Advisory Panel.

Renames the Healthy Families Advisory Board as the Medi-Cal Children's Health Advisory Panel, transfers the new entity to the Department of Health Care Services (DHCS), requires the Panel to be an independent statewide advisory board that advises DHCS on matters relevant to children enrolled in Medi-Cal and their families, and requires DHCS to provide general support and staff assistance to the Panel. ***Chapter 376, Statutes of 2014.***

AB 361 (Mitchell) – Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Permits the Department of Health Care Services to establish a California Health Home Program to provide health home services to Medi-Cal beneficiaries and Section 1115 waiver demonstration populations with chronic conditions. Implements this bill only if federal financial participation is available and the federal Centers for Medicare and Medicaid Services approves the state plan amendment to implement this bill. ***Chapter 642, Statutes of 2013.***

AB 411 (Pan) – Medi-Cal: performance measures.

Requires the Department of Health Care Services (DHCS), when it enters into a new contract with an External Quality Review Organization (EQRO) for the EQRO to perform work associated with Medi-Cal managed care programs, the terms of the new contract to contain a requirement that, upon approval of the contract, the EQRO stratify all patient-specific Healthcare Effectiveness Data and Information Set measures, or their External Accountability Set performance measure equivalent, by geographic area, primary language, race, ethnicity, gender, and, to the extent reliable data is available, by sexual orientation and gender identity, in order to identify disparities in the quality of care provided to Medi-Cal managed care enrollees based on those factors. Requires DHCS to publicly report this analysis on its Internet Web site. Implements this bill only to the extent that funding is available. **Vetoed.**

AB 422 (Nazarian) – School lunch program applications: health care notice.

Requires the notification schools are authorized to include with information about the school lunch program, to advise the applicant that he/she may be eligible for reduced-cost comprehensive health care coverage through the California Health Benefit Exchange (Covered California) or no-cost coverage through Medi-Cal, and to provide the applicant with the contact information for Covered California, including its Internet Web site and telephone number. Requires a county that receives the information provided on a school lunch program application, for a pupil who is not already enrolled in a health insurance affordability program, to treat the school lunch program application as an application for a health insurance affordability program. **Chapter 440, Statutes of 2013.**

AB 468 (Chavez) – Medi-Cal: delivery system reform incentive pool payments.

Makes non-designated public hospitals (NDPHs are known as “district hospitals”) eligible to receive federal delivery system reform incentive pool (DSRIP) funding, subject to specified conditions (DSRIP is a capped pool of federal funds available under the state’s “Bridge to Reform” Medicaid waiver). Requires each NDPH, or governmental entity with which it is affiliated, that operates non-hospital clinics or provides physician, non-physician practitioner, or other health care services to report and certify all of the uncompensated Medi-Cal and uninsured costs of the services furnished that are not identified as hospital services under the previous or current waiver. Requires the Department of Health Care Services to seek Medicaid federal financial participation for all expenditures reported by the NDPHs and recognized under the state’s current Medicaid waiver. **Re-referred to Senate Rules Committee, no further action taken.**

AB 498 (Chavez) – Medi-Cal.

Requires the Department of Health Care Services to allocate payments for uncompensated care to Non-Designated Public Hospital from the federally funded Safety Net Care Pool under the state’s Medicaid waiver, subject to specified conditions. Requires NDPHs, or governmental entities with which they are affiliated, to receive funding from the SNCP, minus 50 percent retained by the state. Requires supplemental reimbursement under an existing Medi-Cal program that provides supplemental federal reimbursement to public distinct part nursing facilities to be subject to a reconciliation process. **Chapter 672, Statutes of 2013.**

AB 505 (Nazarian) – Medi-Cal: managed care: language assistance services.

Requires the Department of Health Care Services (DHCS) to require all Medi-Cal managed care plans contracting with DHCS to provide Medi-Cal services to provide language assistance services to limited-English-proficient Medi-Cal beneficiaries who are mandatorily enrolled in managed care by requiring interpretation services to be provided in any language on a 24-hour basis at all points of service, and requiring translation services to be provided to the language groups identified by DHCS as meeting specified numeric thresholds. Requires DHCS to make this determination if a nonmanaged care county becomes a new managed care county, a new population group becomes a mandatory Medi-Cal managed care beneficiary population, or a period of three years has passed since the last determination. ***Chapter 788, Statutes of 2014.***

AB 518 (Yamada & Blumenfield) – Community-based adult services: adult day health care centers.

Continues Community Based Adult Services (CBAS) as a Medi-Cal benefit and included as a covered service in contracts with all Medi-Cal managed health care plans following the expiration of a legal settlement and a Medicaid waiver in effect until August 2014, establishes patient eligibility criteria for CBAS, requires an Adult Day Health Center to meet specified staffing standards, and establishes requirements for CBAS providers, including a requirement that the Department of Health Care Services certify and enroll as new CBAS providers only those providers that are exempt from taxation under Section 501(c)(3) of the federal Internal Revenue Code, commencing July 1, 2015. ***Testimony heard in the Senate Health Committee, no vote taken.***

AB 582 (Chesbro) – Medi-Cal: complex rehabilitation technology.

Renames, for purposes of the Medi-Cal program, “custom rehabilitation equipment” as “custom rehabilitation technology”. Defines a “complex rehabilitation technology provider” and establishes requirements for these providers, including requiring prompt services and repair for all custom rehabilitation technology supplied by the provider. Requires custom rehabilitation technology to be recognized as a separate benefit by the Medi-Cal program in both fee-for-service and managed care delivery systems. Sunsets the provisions of this bill on January 1, 2019. ***These provisions were amended from the bill.***

AB 720 (Skinner) – Inmates: health care enrollment.

Permits the board of supervisors in each county, in consultation with the county sheriff, to designate an entity or entities to assist county jail inmates with submitting an application for a health insurance affordability program consistent with federal requirements. Prohibits the board of supervisors from designating the county sheriff as an entity to assist with submitting an application for a health insurance affordability program for county jail inmates unless the county sheriff agrees to perform this function. Requires a county jail inmate who is currently enrolled in the Medi-Cal program to remain eligible for, and prohibits the inmate from being terminated from Medi-Cal due to his or her detention unless required by federal law, he or she becomes otherwise ineligible, or the inmate’s suspension of benefits has ended. ***Chapter 646, Statutes of 2013.***

AB 776 (Yamada) – Medi-Cal.

Defines, for purposes of the Long-Term Services and Supports Integration component of the Coordinated Care Initiative, the term "stakeholder" to include, but not be limited to, area agencies on aging (AAAs) and independent living centers (ILCs) for purposes of stakeholder consultation requirements. Adds AAAs and ILCs to the list of stakeholders the Department of Health Care Services (DHCS) is required to notify and consult with prior to issuing all plan letters, plan or provider bulletins or similar instructions without taking regulatory action.

Chapter 298, Statutes of 2013.

AB 804 (Lowenthal) –Medi-Cal: pharmacy providers: invoices.

Requires pharmacy invoice information that is submitted to the Department of Health Care Services or a designated vendor for the purpose of establishing average acquisition cost to be confidential and exempt from disclosure under the California Public Records Act. ***No action taken in the Senate Health Committee.***

AB 900 (Alejo) – Medi-Cal: reimbursement: distinct part nursing facilities.

Requires Medi-Cal reimbursement for nursing facilities that are a distinct part of a general acute care hospital to be determined without the Medi-Cal rate reduction and rate roll-back required under existing law. Takes effect immediately as an urgency statute. ***Held on the Senate Appropriations Committee Suspense File.***

AB 1124 (Muratsuchi) – Medi-Cal: reimbursement rates.

Extends the duration of the exemption for laboratory providers from compliance with the Medi-Cal "comparable price" regulation until July 1, 2015. Delays the requirement that the Department of Health Care Services adopt regulations regarding Medi-Cal laboratory service rates until June 30, 2016. Contains an urgency clause that will make this bill effective upon enactment. ***Chapter 8, Statutes of 2014.***

AB 1208 (Pan) – Insurance affordability programs: application form.

Permits, until January 1, 2015, the application form for insurance affordability program coverage to include additional questions that are voluntary for applicants to answer on sexual orientation and gender identity or expression. Requires, by January 1, 2015, the application form to include questions that are voluntary for applicants to answer regarding demographic data categories, including race, ethnicity, primary language, disability status, sexual orientation, gender identity or expression and other categories recognized by the federal Secretary of the Department of Health and Human Services. ***Vetoed.***

AB 1233 (Chesbro) – Medi-Cal: Administrative Claiming process.

Permits American Indian tribes, tribal organizations, or subgroups of a Native American Indian tribe or tribal organization participating in the Medi-Cal administrative claiming process to claim as a Medi-Cal Administrative Activity, facilitating Medi-Cal applications, including, but not limited to, using the California Healthcare Eligibility, Enrollment, and Retention System. ***Chapter 306, Statutes of 2013.***

AB 1263 (John A. Perez) – Medi-Cal: CommuniCal.

Requires the Department of Health Care Services (DHCS) to establish the Medi-Cal Patient-Centered Communication Program, called CommuniCal, to provide and reimburse for medical interpretation services to Medi-Cal beneficiaries who are limited English proficient, establishes a certification process and registry of CommuniCal interpreters at DHCS, and grants CommuniCal interpreters collective bargaining rights with the state. **Vetoed.**

AB 1310 (Brown) – Medi-Cal: pediatric subacute care.

Revises the definition of pediatric subacute to include a person who requires treatment for one or more active complex medical conditions, or requires the administration of one or more technically complex treatments. **These provisions were amended from the bill.**

AB 1310 (Bonta) – Medi-Cal: telehealth.

Requires, in order for a health care provider that is not located in California to be enrolled in Medi-Cal for the purpose of providing health care services by way of telehealth for beneficiaries receiving care in California, that provider, to meet specified requirements, including being licensed in California to perform the medical services provided through telehealth; enrolled and in good standing in the Medicaid program for the state where the provider is located; be enrolled in good standing in Medicare, or be enrolled in good standing in both programs; not located outside the United States of America; satisfy all requirements for enrollment and participation in the Medi-Cal program, and other statutory requirements for providing telehealth services; and requires the provider to consent to Medi-Cal acting through the state Medicaid program where the provider is located and the Medicare program with respect to any issues concerning the provider's enrollment or participation in Medi-Cal. Takes effect July 1, 2015. **Re-referred to the Assembly Health Committee pursuant to Assembly Rule 77.2. Failed passage.**

AB 1552 (Lowenthal) – Community-based adult services: adult day health care centers.

Requires Community-Based Adult Services (CBAS) to be a Medi-Cal benefit, and to be included as a covered service in contracts with all Medi-Cal managed health care plans, with standards, eligibility criteria, and provisions that are at least equal to those contained in the Special Terms and Conditions of the state's "Bridge to Reform" Section 1115 Medicaid Demonstration Waiver. Establishes patient eligibility criteria for CBAS, and establishes requirements for CBAS providers. **Vetoed.**

AB 1759 (Pan & Skinner) – Medi-Cal: reimbursement rates: care: independent assessment.

Requires the Department of Health Care Services to contract with an independent entity for purposes of conducting an annual independent assessment of Medi-Cal provider reimbursement rates, access to care, and the quality of care received in the Medi-Cal program. Requires the assessment to reflect the variety of providers and services offered in the Medi-Cal program. Creates a 16 member advisory committee representing health care stakeholders, including, but not limited to, patients, providers, public and private health delivery systems, payers, and state officials. **These provisions were amended from the bill.**

AB 1792 (Gomez) – Public benefits: reports on employers.

Requires the Department of Finance to annually transmit to the Legislature and post on Finance’s Internet Web site a report that identifies the 500 employers in the state with the most number of employees enrolled in Medi-Cal program, ranked by the number of those employees for those employers that employs 50 or more beneficiaries enrolled in Medi-Cal program who have been enrolled in Medi-Cal within the preceding budget year, who were employed by the same employer for at least one quarter or three months, and who are not enrolled in Medi-Cal by reason of disability or of being under 18 years of age or over 65 years of age. Requires the report to include the total average cost of state and federally funded Medi-Cal benefits provided to each identified employer’s employees who are beneficiaries, calculated using the average per individual cost of state and federally funded benefits, but excluding administrative costs. Sunsets the reporting requirement on January 1, 2020. ***Chapter 889, Statutes of 2014.***

AB 1868 (Gomez) – Medi-Cal: optional benefits: podiatric medicine.

Provides Medi-Cal coverage of medical and surgical services provided by a podiatrist within his or her scope of practice for services that, if provided by a physician, would be considered physician services, for those services which can be provided by either a physician or a podiatrist. ***Held on the Senate Appropriations Committee Suspense File.***

AB 1967 (Pan) – Drug Medi-Cal.

Requires the Department of Health Care Services (DHCS) to promptly notify each county that currently contracts with a Drug Medi-Cal provider that an investigation has commenced, if DHCS commences an investigation of a certified Drug Medi-Cal provider. Requires the Department of Health Care Services (DHCS) to promptly notify the behavioral health director, or his or her equivalent, of each county that currently contracts with a certified provider for Drug Medi-Cal services if DHCS has commenced or concluded a preliminary criminal investigation, as defined, of the provider. Prohibits a county from taking any adverse action against a provider solely upon the preliminary criminal information disclosed to the county. ***Chapter 461, Statutes of 2014.***

AB 2051 (Gonzalez & Bocanegra) – Medi-Cal: providers: affiliate primary care clinics.

Requires the Department of Health Care Services (DHCS), within 30 calendar days of receiving confirmation of certification for enrollment as a Medi-Cal provider for an affiliate primary care clinic, to provide written notice to the applicant informing the applicant that its Medi-Cal enrollment is approved, and requires DHCS to enroll the affiliate primary care clinic retroactive to the date of certification. Requires DHCS, within 30 calendar days of receiving a complete application for enrollment into the Family Planning, Access, Care, and Treatment Program (Family PACT Program) from an affiliate primary care clinic licensed, to either approve the provider's Family PACT Program application, provided the applicant meets the Family PACT Program provider enrollment requirements or notify the applicant in writing of any discrepancies in the enrollment application. Requires the applicant to have 30 days from the date of written notice to correct any identified discrepancies, and requires DHCS, upon receipt of all requested corrections, to approve the application within 30 calendar days. Requires the effective date of enrollment into the Family PACT Program to be the later of the date DHCS receives confirmation of enrollment as a Medi-Cal provider, or the date the applicant meets all Family PACT Program provider enrollment requirements. ***Chapter 356, Statutes of 2014.***

AB 2325 (John A. Perez) – Medi-Cal: CommuniCal.

Requires the Department of Health Care Services (DHCS) to establish the Medi-Cal Patient-Centered Communication Program, called CommuniCal, to provide and reimburse for medical interpretation services to Medi-Cal beneficiaries who are limited English proficient, establishes a certification process and registry of CommuniCal interpreters at DHCS, and grants CommuniCal interpreters collective bargaining rights with the state. ***Vetoed.***

AB 2547 (Gaines) – Placer County Integrated Health and Human Services Program.

Deletes the July 1, 2016 sunset date of a pilot program that allows Placer County, with the assistance of the appropriate state departments to implement a pilot program for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system, thereby making authority for this program permanent. ***Chapter 272, Statutes of 2014.***

AB 2577 (Cooley & Pan) – Medi-Cal: ground emergency medical transportation services.

Requires the Department of Health Care Services to design and implement, in consultation with public emergency medical transport providers an intergovernmental transfer program relating to Medi-Cal managed care, ground emergency medical transport services in order to increase capitation payments for the purpose of increasing reimbursement to these emergency transport providers. ***Vetoed.***

AB 2612 (Dababneh) – Medi-Cal.

Requires the Department of Health Care Services, in implementing the California Health Home Program authorized under federal health care reform and state law, to request a waiver of federal law to authorize the state to claim federal financial participation for health home services provided to individuals, who are otherwise eligible to receive health home services and who are state or county inmates in their last 30 days in custody by a provider or team of providers to ensure coordination of care and reduce gaps in care. **Vetoed.**

Women’s Health/Reproductive Health

SB 402 (De León) – Breastfeeding.

Requires, by January 1, 2025, all general acute care hospitals and special hospitals that have a perinatal unit to adopt the “Ten Steps to Successful Breastfeeding,” as adopted by Baby-Friendly USA, or an alternative process adopted by a health care service plan, or the Model Hospital Policy Recommendations approved by the Department of Public Health. **Chapter 666, Statutes of 2013.**

SB 460 (Pavley) – Prenatal testing program: education.

Requires the Department of Public Health to include information regarding environmental health in the California Prenatal Screening Program Prenatal Patient Booklet, including a specified statement and three website addresses. **Chapter 667, Statutes of 2013.**

SB 1053 (Mitchell) - Health care coverage: contraceptives.

Requires, effective January 1, 2016, most health plans and insurers to cover a variety of Food and Drug Administration (FDA)-approved contraceptive drugs, devices, and products for women, as well as related counseling and follow-up services and voluntary sterilization procedures. Prohibits cost-sharing, restrictions, or delays in the provision of covered services, but allows cost-sharing and utilization management procedures if a therapeutic equivalent drug or device is offered by the plan with no cost sharing. **Chapter 576, Statutes of 2014.**

AB 154 (Atkins) – Abortion.

Permits nurse practitioners, certified nurse midwives, and physician assistants, who have completed training and achieved clinical competency through the Health Workforce Pilot Project No. 171 or who have completed training recognized by the Board of Registered Nursing or the California Medical Board, to perform abortions by aspiration techniques, in adherence to standardized procedures and training. **Chapter 662, Statutes of 2013.**

AB 460 (Ammiano) – Health care coverage: infertility.

Requires coverage for the treatment of infertility, and if purchased, to be offered and provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. **Chapter 644, Statutes of 2013.**

AB 912 (Quirk-Silva) – Health care coverage: fertility preservation.

Requires every large group health care service plan contract and health insurance policy that is issued, amended, or renewed on and after January 1, 2014, to provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee or insured.

Vetoed.

AB 926 (Bonilla) – Reproductive health and research.

Repeals the prohibition against payments to a woman to encourage her to produce human oocytes, or eggs, for the purposes of medical research. ***Vetoed.***

AB 980 (Pan) – Primary care clinics: abortions.

Requires the California Building Standards Commission to adopt emergency regulations to delete a provision of the 2013 California Building Standards Code that establishes building standards for primary care clinics that provide abortion services, and prohibits the Commission from adopting any building code standards for clinics providing medication or aspiration abortion services that differ from construction standards applicable to other primary care clinics. ***Chapter 663, Statutes of 2013.***

Miscellaneous

SB 443 (Walters) – Organized camps.

Defines “organized camp” as a site with programs and facilities established for the primary purpose of providing an outdoor living experience for five days or more. Exempts from child care licensure recreation programs operated by Girl Scouts, Boy Scouts, Boys and Girls Clubs, Camp Fire, or similar organizations, as determined by regulations of the Department of Public Health (DPH). Requires the Director of DPH to establish minimum standards regulating the operation of organized camps that are necessary to protect the health and safety of the campers. Establishes regulations regarding the general requirements for safety and staff supervision at organized camps, including requiring a criminal history record check for camp directors and camp counselors, and requires camps to submit written operating procedures and accreditation verification to local health officers. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 564 (Monning) – Ski resorts: accident reports.

Requires ski resorts to submit monthly accident reports to the Department of Public Health (DPH), authorizes DPH to request additional safety-related information, and requires DPH to post the reports on its Internet Website. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 588 (Emmerson) – Medical records: reproduction fees.

Revises provisions of law governing disclosure of medical records to attorneys prior to the filing of any action by (1) increasing the fees that may be charged for copying these records, including distinguishing costs for paper and electronic medical records; (2) deleting the prohibition on medical providers performing the copying when the attorney has employed a professional copier; and (3) only permitting the attorney to employ a professional photocopying service when the records are in paper form. ***No action taken in the Senate Judiciary Committee.***

SB 1135 (Jackson) - Inmates: sterilization.

Prohibits sterilization, with limited exceptions, of an individual under the control of the California Department of Corrections and Rehabilitation or a county correctional facility, as specified. ***Chapter 558, Statutes of 2014.***

SB 1262 (Correa) – Medical marijuana.

Establishes a licensing and regulatory framework for the cultivation, processing, transportation, testing, recommendation, and sale of medical marijuana to be administered by the Bureau of Medical Marijuana Regulation in the Department of Consumer Affairs. ***Held on the Assembly Appropriations Committee Suspense File.***

SB 1357 (Wolk) - Physician Orders for Life Sustaining Treatment form: statewide registry

Establishes a Physician Orders for Life Sustaining Treatment (POLST) registry at the California Health and Human Services Agency for the purpose of collecting a POLST form received from a health care provider and disseminating the information in the form to an authorized user. ***Held on the Senate Appropriations Committee Suspense File.***

SB 1465 (Committee on Health) – Health.

Requires local emergency medical services agencies to send Emergency Medical Services Fund reports to the Emergency Medical Services Authority, rather than to the Legislature. Allows the Department of Health Care Services (DHCS) to develop a Medi-Cal provider enrollment application withdrawal process. Requires DHCS to license a home health agency that applies for a Home Health Agency License and is accredited by an entity approved by the federal Centers for Medicare and Medicaid Services as a national accreditation organization. Extends the sunset date for the California Health Benefit Review Program to December 31, 2015. Extends immunity to cover minors participating in STAKE Act scientific surveys. Makes numerous technical, clarifying changes to existing law. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. ***Chapter 442, Statutes of 2014.***

AB 58 (Wieckowski) – Medical experiments: human subjects.

Makes permanent an exemption in current law that permits, until January 1, 2014, patients in life-threatening emergencies to receive medical experimental treatment without informed consent if specified conditions are met. Adds specified conditions for the use of medical experimental treatments. ***Chapter 547, Statutes of 2013.***

AB 540 (Pan) – Reporting and tracking of violent deaths.

Permits the Department of Public Health to establish and maintain the California Electronic Violent Death Reporting System and to collect data on violent deaths as reported from data sources, including, but not limited to, death certificates, law enforcement reports, and coroner or medical examiner reports. **Held on the Senate Appropriations Committee Suspense File.**

AB 678 (Gordon & Dickinson) – Health care districts: community health needs assessment.

Requires health care districts to conduct a community health needs assessment every five years with the involvement of specified stakeholders, and to include progress toward meeting the health needs identified in this assessment in an existing annual report that is required of health care districts. **Held on the Senate Appropriations Committee Suspense File.**

AB 714 (Wieckowski) – Roman Reed Spinal Cord Injury Research Fund.

Appropriates \$1 million from the General Fund to the spinal cord injury research fund authorized pursuant to the Roman Reed Spinal Cord Injury Research Act of 1999. **Vetoed.**

AB 809 (Logue) – Healing arts: telehealth.

Revises the informed consent requirements relating to the delivery of health care via telehealth by permitting consent to be made verbally or in writing, and by deleting the requirement that the health care provider who obtains the consent be at the originating site where the patient is physically located. This bill contains an urgency clause that will make this bill effective upon enactment. **Chapter 404, Statutes of 2014.**

AB 1208 (Pan) – Medical Homes.

Establishes the Patient Centered Medical Home Act of 2013, which defines “medical home” and “patient centered medical home” as a health care delivery model in which a patient establishes a relationship with a licensed health care provider in a physician-led practice team to provide comprehensive, accessible, and continuous primary and preventive care, and to coordinate the patient’s health care needs across the health care system. **These provisions were amended from the bill.**

AB 1297 (John A. Perez) – Coroners: organ donation.

Authorizes information sharing between coroners and organ procurement organizations regarding cases in which an organ or tissue donation may be available from a person whose death is imminent, when specified circumstances are present. Requires the disclosure of medical information if the disclosure is compelled by a coroner upon notification of, or investigation of, imminent deaths that may involve organ or tissue donation. **Chapter 341, Statutes of 2013.**

AB 1577 (Atkins) – Certificates of death: gender identity.

Requires, beginning July 1, 2015, a person completing a death certificate to record the decedent's sex to reflect the decedent's gender identity. Requires the decedent's gender identity to be reported by the informant, unless the person completing the certificate is presented with a birth certificate, a driver's license, a social security record, a court order approving a name or gender change, a passport, an advanced health care directive, or proof of clinical treatment for gender transition, in which case the person completing the certificate is required to record the decedent's sex as that which corresponds to the decedent's gender identity as indicated in that document. ***Chapter 631, Statutes of 2014.***

AB 1733 (Quirk-Silva, Atkins, Maienschein) – Public records: fee waivers.

Requires, on or after July 1, 2015, each local registrar or county recorder to, without a fee, issue a certified record of live birth to any person who can verify his or her status as homeless. Requires, on or after January 1, 2016, the Department of Motor Vehicles to issue, without a fee, an identification card to any individual who can verify his or her status as homeless. ***Chapter 764, Statutes of 2014.***

AB 1822 (Bonta) – Tissue banks.

Creates an additional exemption from tissue bank licensure for the storage of tissues by a person if that person is a hospital or outpatient setting and the tissues meet specified requirements, including, among other things, that the tissue was obtained from a tissue bank licensed by the state, is stored in the original unopened enclosure for one finished unit of transplantable tissue and in strict accordance with the package insert and any other manufacturer instructions and guidelines, and is intended for the express purpose of implantation into or application on a patient. ***Vetoed.***

AB 2139 (Eggman) – End-of-life care: patient notification.

Requires a health care provider to notify a patient diagnosed with a terminal illness, or when applicable, the right of another person authorized to make health care decisions for the patient, of his or her right to comprehensive information and counseling regarding legal end-of-life options. ***Chapter 568, Statutes of 2014.***

AB 2425 (Quirk) - Laboratories: review committee.

Provides for an exemption from two specified provisions of regulations that govern forensic alcohol laboratories until the Department of Public Health updates those regulations pursuant to existing law. ***Chapter 570, Statutes of 2014.***

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