

SENATE COMMITTEE ON HEALTH

2011-2012 LEGISLATIVE SUMMARY

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AGING AND LONG-TERM CARE

SB 21 (Liu, Alquist) - Long-term care: assessment and planning.

Requires the Department of Health Care Services to work with stakeholders to develop or identify a long-term care assessment tool by July 1, 2013, that would identify eligible individuals' long-term care needs. Requires counties to establish a long-term care case management program commencing January 1, 2012, for persons who are Medi-Cal recipients or enrolled in both Medi-Cal and Medicare and residing in, applying for admission to, or at imminent risk of being placed in a long-term health care facility. Makes various findings and declarations of the Legislature. *Held on the Senate Appropriations Committee Suspense File.*

SB 135 (Hernandez) - Hospice facilities.

Establishes a new health facility licensing category of hospice facility, and permits a licensed and certified hospice services provider to provide inpatient hospice services through the operation of a hospice facility, either as a free-standing health facility, or adjacent to, physically connected to, or on the building grounds of another health facility or a residential care facility. *Chapter 673, Statutes of 2012.*

SB 177 (Strickland) - Congregate living health facilities.

Raises the bed limit from 12 to 25 for congregate living health facilities that serve terminally ill patients in Santa Barbara County. *Chapter 331, Statutes of 2011.*

SB 411 (Price) - Home Care Services Act of 2012.

Establishes the Home Care Services Act of 2012 requiring the Department of Social Services to license private agencies that provide non-medical home care services, and to certify home care aides. *Vetoed.*

SB 799 (Negrete McLeod) - Long-term care.

Requires the Department of Public Health (DPH) to complete long-term care facility complaint investigations within a 90-working day period. Extends the time period from 5 business days to 15-working days in which a complainant could notify DPH of his or her request for an informal conference to discuss the investigation's determination and requires additional mini-exit interview requirements. *Held on the Senate Appropriations Committee Suspense File.*

SB 1228 (Alquist) - Small house skilled nursing facilities.

Establishes, until January 1, 2020, the Small House Skilled Nursing Facilities Pilot Program within the Department of Public Health (DPH) for the purposes of providing skilled nursing care in a home-like, non-institutional setting. Requires that pilot facilities, as defined, meet specified requirements and pay specified fees. Requires DPH to submit a report to the Legislature on the results of the pilot program at least 24 months prior to the termination of the pilot program. *Chapter 671, Statutes of 2012.*

AB 217 (Carter) - Workplace smoking prohibition: long-term health care facilities.

Restricts smoking in long-term health care facilities by only allowing smoking in a designated patient smoking area that is outdoors, in an area that reasonably prevents smoke from entering the facility or patient rooms, and that is not located in a patient's room. *Vetoed.*

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

Increases the maximum number of allowable contracts between the Department of Health Care Services and the Program for All-Inclusive Care for the Elderly (PACE) from 10 programs to 15 programs, and updates statute to reflect PACE's status change from a demonstration project to a state optional benefit. *Chapter 367, Statutes of 2011.*

AB 641 (Feuer) – Long-term care.

Eliminates the citation review conference process from the citation appeals process for long-term care facilities, and allows fines to be levied from both state and federal agencies when an incident violates both state and federal laws. *Chapter 729, Statutes of 2011.*

AB 784 (Yamada) - Long-term health care facilities: bed holds: appeals.

Requires specified veterans homes in Lancaster and Ventura to be considered for inclusion as providers in the event of the elimination of Adult Day Health Care services as an optional Medi-Cal benefit and the enactment of a new program to provide similar services. *Testimony heard in the Senate Health Committee. No further action taken.*

AB 1710 (Yamada) - Nursing home administrators: fees and fines.

Revises how nursing home administrator licensing fees are to be adjusted so that fee revenue is sufficient to cover the regulatory costs to the Department of Public Health (DPH), and revises and increases DPH reporting requirements regarding the Nursing Home Administrator Program. *Chapter 672, Statutes of 2012.*

AIDS/HIV/HEPATITIS

SB 41 (Yee) - Hypodermic needles and syringes.

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

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

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

SB 743 (Emmerson) – Medical Providers Interim Payment Fund.

Increases the General Fund (GF) loan amount the Controller must transfer to the Medical Providers Interim Payment Fund for the purposes of paying Medi-Cal providers, providers of drug treatment services for persons infected with HIV, and service providers to the developmentally disabled, for services provided on or after July 1st when there is a late state budget, or if there is a deficiency in the Medi-Cal budget. The current maximum loan amount is up to \$1 billion GF and \$1 billion in federal funds, and this bill would increase that amount to up to \$2 billion GF and \$2 billion in federal funds. *Held on the Senate Appropriations Committee Suspense File.*

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

Requires health care service plans and health insurers to provide coverage for behavioral health treatment for pervasive developmental disorder and autism from July 1, 2012, through July 1, 2014, or earlier, as specified. Makes changes to law related to HIV reporting and mental health services payments. *Chapter 650, Statutes of 2011.*

AB 604 (Skinner) - Needle exchange programs.

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

AB 1382 (Hernández) - HIV counselors.

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

ALCOHOL AND OTHER DRUGS

SB 41 (Yee) - Hypodermic needles and syringes.

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

SB 315 (Wright) - Ephedrine and pseudoephedrine.

Eliminates over-the-counter sales of products containing ephedrine, pseudoephedrine, norpseudoephedrine and phenylpropanolamine; and instead requires the sale or distribution of such products to be made pursuant to prescription only. Exempts pediatric liquids containing such drugs from the requirement. Makes a person who obtains such products, unless upon

prescription of a physician, dentist, podiatrist, or veterinarian licensed by the state, guilty of an infraction or a misdemeanor. *Failed passage in the Senate Health Committee.*

SB 616 (DeSaulnier) – Controlled substances: reporting.

Directs the Department of Health Care Services (DHCS) to pursue a federal grant for the purposes of providing financial and nonfinancial incentives to Medi-Cal beneficiaries who participate in prevention programs. Requires DHCS, in the event that the state is awarded a grant, to design, implement and report on the grant program, as specified. *These provisions were amended out of the bill.*

AB 540 (Beall) – Medi-Cal: alcohol and drug screening and brief intervention services.

Requires the Department of Health Care Services, in consultation with the Department of Alcohol and Drug Programs, to provide reimbursement under the Medi-Cal program for alcohol and drug screening and brief intervention services for pregnant women or women of childbearing age. *Vetoed.*

AB 604 (Skinner) - Needle exchange programs.

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

CHILDREN'S HEALTH

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

Allows local County Health Initiative Matching Fund programs to draw down federal matching funds to provide health insurance coverage to eligible children with family incomes at or below 400 percent federal poverty level (FPL), instead of up to 300 percent of the FPL in existing law, and requires persons receiving this coverage be ineligible for no share of cost Medi-Cal coverage and either ineligible for the Healthy Families Program or unable to enroll in the program as a result of specified enrollment policies due to insufficient funds. *Chapter 416, Statutes of 2011.*

SB 63 (Price) - Pupil and personnel health: automatic external defibrillators.

States the intent of the Legislature that all public high schools acquire and maintain at least one automatic external defibrillator, as specified, and makes various legislative findings and declarations. *Held on the Senate Appropriations Committee Suspense File.*

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

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

SB 502 (Pavley, De León) – Hospital Infant Feeding Act.

Establishes the Hospital Infant Feeding Act, effective January 1, 2014, which will require all general acute care and special hospitals that have a perinatal unit to have an infant-feeding policy, as specified, to clearly post the policy and routinely communicate the policy to perinatal unit staff. *Chapter 511, Statutes of 2011.*

SB 614 (Kehoe) – Childhood immunization.

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

SB 1072 (Strickland) - Newborn screening program.

Requires the Department of Public Health to expand statewide screening of newborns to include screening for two types of lysosomal storage diseases. *Held on the Senate Appropriations Committee Suspense File.*

SB 1087 (Walters) - Organized camps.

Doubles the hours by which an after school program operated by a city, county or non-profit may operate. *Chapter 652, Statutes of 2012.*

SB 1190 (Hancock) - Women, infants, and children's nutrition.

Requires the Department of Public Health to provide the Legislature with briefings twice a year on the development of an electronic benefits transfer system for the California Special Supplemental Food Program for Women, Infants, and Children, beginning on January 1, 2013, and until the system is fully operational. *Held on the Assembly Appropriations Committee Suspense File.*

AB 395 (Pan) – Newborn screening program.

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

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

Requires county Integrated Plans for Prevention, Innovation, and System of Care Services, which are required to include services to address the needs of transition-age youth under existing law, to also specifically consider the needs of transition-age foster youth. *Chapter 640, Statutes of 2011.*

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

Enacts the Toxin-Free Infants and Toddlers Act, which prohibits, except as specified, , on and after July 1, 2013, the manufacture, sale, or distribution in commerce of any bottle or cup that contains bisphenol A, at a detectable level above 0.1 parts per billion, if the bottle or cup is

designed or intended to be filled with any liquid, food, or beverage intended primarily for consumption by infants or children three years of age or younger. *Chapter 467, Statutes of 2011.*

AB 1731 (Block) - Newborn screening program: critical congenital heart disease.

Requires, beginning July 1, 2013, a general acute care hospital that has a licensed perinatal service to offer to parents of a newborn, prior to discharge, a pulse oximetry test for the identification of critical congenital heart disease (CCHD), using protocols approved by the Department of Health Care Services, as specified; and requires these hospitals to develop a CCHD screening program, as prescribed. *Chapter 336, Statutes of 2012.*

AB 2322 (Gatto) - California Special Supplemental Food Program for Women, Infants, and Children.

Requires the Department of Public Health to adopt regulations to specify the criteria to be used and actions to be taken when initiating a moratorium on new Women, Infants, and Children Program retail food vendor location applications. *Chapter 787, Statutes of 2012.*

CHRONIC DISEASE

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

Establishes a new tax credit for farmers who donate fresh fruits and vegetables to food banks, requires the Department of Social Services to establish and administer a State Emergency Food Assistance Program, and requires the Department of Public Health to apply for federal funds available for promoting healthy eating and preventing obesity. *Chapter 503, Statutes of 2011.*

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

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

AB 727 (Mitchell) - Public contracts: healthy and sustainable food.

Requires at least 50 percent of food and beverages offered in vending machines and all food offered in cafeterias located on state property to meet specified nutritional guidelines by 2014. *Held on the Senate Appropriations Committee Suspense File.*

AB 861 (Hill) - California Stroke Registry.

Establishes the California Stroke Registry (CSR) within the Department of Public Health to serve as a centralized repository for stroke data to promote quality improvement for acute stroke treatment. Requires that CSR only be implemented to the extent funds from federal or private sources are made available for this purpose. *These provisions were amended out of the bill.*

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

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

AB 2246 (John A. Pérez) - Public health: food access.

Requires the California Healthy Food Financing Initiative Council to establish and maintain a website that provides specified information by March 31, 2013. *Chapter 446, Statutes of 2012.*

EMERGENCY MEDICAL SERVICES

SB 233 (Pavley) – Emergency services and care.

Clarifies existing law to explicitly permit appropriate licensed personnel to perform consultations and treatment in an emergency department if within their existing scope of practice. *Chapter 333, Statutes of 2011.*

SB 1378 (Hancock) – Emergency medical services: personnel.

Requires the medical director of a local emergency medical services agency to evaluate the good character and rehabilitation of an emergency medical technician who has a prior conviction before denying certification. *Held on the Senate Appropriations Suspense File.*

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

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

AB 412 (Williams) – Emergency medical services.

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

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

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

AB 1059 (Huffman) – Emergency medical care.

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

AB 1245 (Williams) – Emergency medical services.

Authorizes the Emergency Medical Services Agency to adopt regulations for state approval of standards for an emergency medical responder training course that meets or exceeds national guidelines, as specified. *Held at the Senate Desk.*

AB 1944 (Gatto) – Emergency medical services. EMT-P discipline.

Changes the process for performing disciplinary investigations of emergency medical technician – paramedics, by giving the employer the initial responsibility for conducting investigations. *Held on the Senate Appropriations Suspense File.*

FEDERAL HEALTH CARE REFORM IMPLEMENTATION

SB 51 (Alquist) – Health care coverage.

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

SB 677 (Hernandez) – Medi-Cal: eligibility.

Requires the Department of Health Care Services (DHCS) to implement specified Medicaid provisions of the Patient Protection and Affordable Care Act of 2010 relating to eligibility and benefits in the Medi-Cal Program. *Ordered to Assembly Inactive File.*

SB 703 (Hernandez) – Health care coverage: Basic Health Program.

Creates the Basic Health Plan, administered by the Department of Health Care Services, which will provide coverage to individuals with income up to 200 percent of the federal poverty level who would otherwise be eligible for premium and cost-sharing subsidies in the California Health Benefit Exchange. *Held on the Assembly Appropriations Committee Suspense File.*

SB 951 (Hernandez) – Health care coverage: essential health benefits.

Establishes, in the Insurance Code, the Kaiser Foundation Health Plan Small Group Health Maintenance Organization (HMO) 30 plan contract as California's Essential Health Benefits benchmark plan. *Chapter 866, Statutes of 2012.*

SB 961 (Hernandez) – Individual health care coverage.

Reforms California's health insurance market for individual purchasers and implements provisions of the Patient Protection and Affordable Care Act prohibiting preexisting condition exclusions, requiring guaranteed issuance of products, establishing statewide open and special

enrollment periods, and limiting premium rating factors to age, geography, and family size. *Vetoed.*

SB 970 (De León) – Health Care Reform Eligibility, Enrollment and Retention Planning Act: coordination with other programs.

Authorizes, upon consent of the applicant, information provided for the single state application for health subsidy programs to be used to initiate a simultaneous application for the California Work Opportunity and Responsibility to Kids or the CalFresh programs. *Vetoed.*

SB 1321 (Harman) – California Health Benefit Exchange: executive board.

Requires the California Health Benefit Exchange board (Exchange Board), if any part of the federal Patient Protection and Affordable Care Act (ACA) is amended, invalidated, or repealed, to report to the Legislature regarding the impact on the Exchange of the ACA sections amended, invalidated, or repealed, and to provide the Legislature with a plan on how the Exchange will operate given the ACA sections amended, invalidated, or repealed. Requires the Exchange Board to halt all work related to implementing the Exchange if it does not provide the Legislature with the report within 90 days of the amendment, invalidation, or repeal of any section of ACA. *Failed passage in the Senate Health Committee.*

SB 1529 (Alquist) – Medi-Cal: providers: fraud.

Revises various provisions related to the screening, enrollment, disenrollment, suspensions, and other sanctions against fee-for service providers and suppliers participating in the Medi-Cal Program to conform to requirements of the federal Patient Protection and Affordable Care Act. *Chapter 797, Statutes of 2012.*

AB 43 (Monning) – Medi-Cal: eligibility.

Requires the Department of Health Care Services (DHCS) to implement specified Medicaid provisions of the Patient Protection and Affordable Care Act of 2010 relating to eligibility and benefits in the Medi-Cal Program. *Ordered to Senate Inactive File.*

AB 151 (Monning) – Medicare supplement coverage.

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

AB 714 (Atkins) – Health care coverage: California Health Benefit Exchange.

Establishes health care eligibility notification requirements for individuals who are enrolled in, or who cease to be enrolled in, publicly funded state health care programs. Requires an application for coverage to be initiated through the California Health Benefits Exchange, and requires an individual for whom an application has been initiated by the transfer of information to be given the opportunity to provide informed consent for the use of the transferred information to begin an eligibility determination and complete enrollment. *Held on the Senate Appropriations Committee Suspense File.*

AB 792 (Bonilla) – Health care coverage: California Health Benefit Exchange.

Requires a court, upon the filing of a petition for dissolution of marriage, nullity of marriage, or legal separation on and after January 1, 2014, to provide a specified notice informing the petitioner and respondent that they may be eligible for reduced-cost coverage through the California Health Benefits Exchange (Exchange), or no-cost coverage through Medi-Cal. Requires health plans and health insurers to provide to enrollees or subscribers who cease to be enrolled in coverage a notice informing them that they may be eligible for reduced-cost coverage through the Exchange or no-cost coverage through Medi-Cal. *Chapter 851, Statutes of 2012.*

AB 922 (Monning) - Office of Patient Advocate.

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

AB 1083 (Monning) – Health care coverage.

Makes conforming and other changes to state law governing the sale of small group health insurance products to implement provisions of the Patient Protection and Affordable Care Act. *Chapter 852, Statutes of 2012.*

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

Establishes the Health Care Eligibility, Enrollment, and Retention Act, which requires the California Health and Human Services Agency, in consultation with other state departments and stakeholders, to have undertaken a planning process to develop plans and procedures regarding these provisions relating to enrollment in state health programs and federal law. Requires that an individual would have the option to apply for state health programs through a variety of means. *Chapter 641, Statutes of 2011.*

AB 1453 (Monning) – Health care coverage: essential health benefits.

Establishes, in the Insurance Code, the Kaiser Foundation Health Plan Small Group Health Maintenance Organization (HMO) 30 plan contract as California's Essential Health Benefits benchmark plan. *Chapter 854, Statutes of 2012.*

AB 1461 (Monning) – Individual health care coverage.

Makes changes to the individual market for health care coverage. Requires the guaranteed issue of coverage, and prohibits the use of preexisting conditions as a means of setting rates. *Vetoed.*

AB 1580 (Bonilla) – Health care eligibility: enrollment.

Makes technical and clarifying changes to AB 1296 (Bonilla), Chapter 641, Statutes of 2011, the Health Care Reform Eligibility, Enrollment, and Retention Planning Act (Act) relating to applications for state health subsidy programs. *Chapter 856, Statutes of 2012.*

AB 1761 (John A. Pérez) – California Health Benefit Exchange.

Prohibits an individual or entity from holding himself, herself, or itself out as representing, constituting, or otherwise providing services on behalf of the Exchange unless that individual or entity has a valid agreement with the Exchange to engage in those activities. *Chapter 876, Statutes of 2012.*

AB 1846 (Gordon) – Consumer operated and oriented plans.

Creates a licensing framework for consumer operated and oriented health plans that can offer health coverage through the new California Health Benefit Exchange. *Chapter 859, Statutes of 2012.*

AB 2315 (Monning) – Governor’s appointments: Senate confirmation.

Corrects a reference in existing law related to appointments by the Governor subject to Senate confirmation to reflect the transfer of the Office of the Patient Advocate from the Department of Managed Health Care to the California Health and Human Services Agency. *Chapter 681, Statutes of 2012.*

FOOD SAFETY AND LABELING

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

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

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

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

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

Redefines California’s olive oil labeling requirements, making technical yet substantive changes, to conform to United States labeling standards as outlined in the U.S. Standards for Grades of

Olive Oil and Olive-Pomace oil published in the Federal Register that took effect on October 25, 2010. *Chapter 567, Statutes of 2011.*

SB 1465 (Yee) - Food safety: Asian rice-based noodles.

Modifies the definition of Asian rice-based noodles to include optional ingredients to modify the pH or water activity or to provide a preservative effect, and revises labeling requirements in existing law. *Chapter 658, Statutes of 2012.*

SB 1486 (Lieu) - Food facilities: menu labeling.

Requires retail food facilities that sell seafood and operate 19 or more locations to provide the common name, country of origin, and whether the seafood was wild-caught or raised to consumers on a menu insert, brochure, or display. *Re-referred the Senate Rules Committee. No further action taken.*

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

Prohibits the selling or offering for sale of over-the-counter drugs past the expiration date or baby food and infant formula past the use by date. Non-compliance results in a \$10 per item, per day fine. *Chapter 681, Statutes of 2011.*

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

Exempts premises set aside by a beer manufacturer, as defined, for beer tasting, from the definition of a food facility, thereby, exempting beer tasting premises from the provisions of the California Retail Food Code. Specifies that drinking receptacles provided for “common use” must be cleansed and sterilized thoroughly between uses. *Chapter 159, Statutes of 2011.*

AB 1427 (Solorio) - Food facilities: sanitization.

Authorizes retail food facilities to manually sanitize food-contact surfaces with a solution of ozone generated on-site by a device that complies with specified federal regulations applicable to such devices. *Chapter 629, Statutes of 2012.*

AB 1513 (Allen) - Retail food facilities: playgrounds.

Requires that a playground on the premises of a food facility meet the same standard of cleanliness for all other areas of the food facility, with specified exceptions, and imposes requirements on a food facility with a playground on the premises to develop a policy to ensure the safety and cleanliness of the playground. *Vetoed.*

AB 1616 (Gatto) - Food safety: cottage food operations.

Authorizes and regulates the sale of food that has been produced in home kitchens, referred to as cottage food operations, to the public or to third-party retailers. *Chapter 415, Statutes of 2012.*

AB 2297 (Hayashi) - California Retail Food Code: skilled nursing facilities: intermediate care facilities for the developmentally disabled.

Excludes intermediate care facilities for the developmentally disabled from regulation as food facilities under the California Retail Food Code (CRFC), and clarifies that the Office of Statewide Health Planning and Development has primary jurisdiction over licensed skilled

nursing facilities when enforcing structural modification requirements in the CRFC. *Chapter 725, Statutes of 2012.*

HEALTH CARE COVERAGE

SB 155 (Evans) – Maternity services.

Requires policies in the individual and group health insurance markets to provide coverage for maternity services. Creates a mandate on insurers and not health plans, as health plans must cover maternity benefits under current law. Specifically:

- 1) Requires maternity services to include prenatal care, ambulatory care maternity services, involuntary complications of pregnancy, neonatal care, and inpatient hospital maternity care, including labor and delivery and postpartum care.
- 2) Conforms the definition of maternity services for purposes of this bill to that adopted through future federal regulations pursuant to the Patient Protection and Affordable Care Act (ACA) (PL-111-148). *Held on the Assembly Appropriations Suspense File.*

SB 166 (Steinberg) – Health care coverage: mental illness: autism spectrum disorders.

Requires health care service plans and health insurers to provide coverage for behavioral intervention therapy for autism. *Testimony heard in the Senate Health Committee. No further action taken.*

SB 222 (Evans, Alquist) – Maternity services.

Requires policies in the individual health insurance market to provide coverage for maternity services. *Chapter 509, Statutes of 2011.*

SB 485 (Hernandez) - Health Insurance Portability and Accountability Act: implementation.

Extends the sunset of the Health Insurance Portability and Accountability Act to 2014 and makes several changes to the Act. *Held on the Senate Appropriations Committee Suspense File.*

SB 615 (Calderon) - Multiple employer welfare arrangements: benefits.

Prohibits a multiple employer welfare arrangement from offering, marketing, representing, or selling any product, contract, or discount arrangement as minimum essential coverage or as compliant with the essential health benefits (EHBs) unless it meets the applicable requirements of minimum essential coverage or EHBs. *Chapter 266, Statutes of 2012.*

SB 690 (Hernandez) – Health care coverage: discrimination.

Enacts into state law, beginning January 1, 2014, a federal requirement that prohibits health plans and insurers from discriminating with respect to provider participation or coverage under the plan or policy against any health care provider who is acting within the scope of that provider's license or certification. *Held on the Assembly Appropriations Committee Suspense File.*

SB 751 (Gaines, Hernandez) – Health care coverage: provider contracts.

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

SB 757 (Lieu) – Discrimination.

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

SB 810 (Leno) – Single-payer health care coverage.

Creates the California Healthcare System (CHS), a single-payer health care system, administered by the California Healthcare Agency (CHA), to provide health insurance coverage to all California residents. Provides that the CHS and CHA would become operative when the California Secretary of Health and Human Services determines that sufficient revenues are available to implement the bill’s provisions, or the Secretary obtains a specified federal waiver, whichever is later. *Failed passage on the Senate Floor.*

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

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

SB 1196 (Hernandez) - Claims data disclosure.

Prohibits a contract in existence or issued, amended, or renewed on or after January 1, 2013, between a health care service plan, or health insurer (collectively, carriers), and a provider or supplier, from prohibiting, conditioning, or in any way restricting the disclosure of claims data related to health care services provided to an enrollee or subscriber, or beneficiaries of any self-funded health coverage arrangement administered by the carrier to a qualified entity, as defined. *Chapter 869, Statutes of 2012.*

SB 1313 (Lieu) – Health care coverage.

Imposes a variety of new requirements on health plans and health insurers, relating to their marketing efforts. *Held on the Senate Appropriations Committee Suspense File.*

SB 1320 (Harman) – Retainer practices.

Defines a “retainer practice” as a person who is licensed to practice medicine and contracts with patients to provide primary care services, as defined, at least in part based on a periodic fee and prohibits a retainer practice from being subject to regulation as a health care service plan (health plan) by the Department of Managed Health Care or as a health insurer by the California Department of Insurance. *Failed passage in the Senate Health Committee.*

SB 1373 (Lieu) – Health care coverage: out-of-network coverage.

Requires hospitals to provide an enrollee or insured, who seeks services at a hospital for an elective or scheduled procedure, a notice with specified information. Requires a plan to either refer the enrollee or subscriber to a contracting provider or authorize the person to obtain services from a noncontracting provider. *Failed passage in the Senate Health Committee.*

SB 1410 (Hernandez) – Independent medical review.

Modifies the external Independent Medical Review (IMR) process established for individuals enrolled in health plan products licensed by the Department of Managed Health Care and insureds of health insurance policies licensed by the Department of Insurance by enhancing requirements of clinical reviewers, and requesting additional patient demographic information on IMR application forms, and requiring the Departments to make IMR case data publicly available on their websites. *Chapter 872, Statutes of 2012.*

SB 1431 (De León) – Stop-loss insurance coverage.

Sets the stop-loss insurance attachment point for small employers on policies issued on or after January 1, 2012, at \$45,000 for individuals and the greater of \$15,000 times the total number of covered employees and dependents, 130% of expected claims, or \$60,000. *Ordered to the Assembly Inactive File.*

AB 52 (Feuer, Huffman) - Health care coverage: rate approval.

Prohibits health care service plans and health insurers from implementing a rate for a new product or instituting a rate change unless it submits an application to the Department of Managed Health Care (DMHC) or the Department of Insurance and the application is approved. The Director of DMHC and the Insurance Commissioner would have the authority approve, deny, or modify any proposed rate or rate change. *Ordered to the Senate Inactive File.*

AB 154 (Beall) – Health care coverage: mental health services.

Requires health plans and health insurers that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of a mental illness of a person of any age, including a child, under the same terms and conditions applied to other medical conditions. Defines "mental illness" to include substance abuse, but excludes treatment of specified diagnoses. Exempts health plan contracts in specified state health insurance programs from the provisions of this bill. *Failed passage in Senate Health Committee.*

AB 210 (Hernández) - Maternity services.

Requires, as of July 12, 2012, group health insurance policies to provide maternity services for all those insured. *Chapter 508, Statutes of 2011.*

AB 369 (Huffman) - Health care coverage: prescription drugs.

Prohibits health care service plans and insurers (collectively, carriers) that restrict medications for the treatment of pain, pursuant to step therapy or fail-first protocol, from requiring a patient to try and fail on more than two pain medications before allowing the patient access to the pain medication or generically equivalent drug, as defined, prescribed by the prescribing provider, as defined. *Vetoed.*

AB 1000 (Perea) - Health care coverage: cancer treatment.

Prohibits health plans and health insurers that cover prescription drugs and chemotherapy treatment from imposing higher copayments, deductibles, or coinsurance for oral anticancer drugs than would be imposed for intravenous anticancer drugs, starting on July 1, 2013. *Vetoed.*

AB 1636 (Monning) – Health and wellness programs.

Requires the Department of Managed Health Care, in collaboration with other state agencies, to convene a special committee to evaluate the use of health and wellness programs and incentives by health plans, health insurers, and employers. *Held on the Senate Appropriations suspense file.*

AB 1800 (Ma) – Health care coverage.

Requires health plans and health insurers to provide an annual limit on subscriber out-of-pocket expenses for all covered benefits. *Held on the Senate Appropriations Suspense File.*

AB 2152 (Eng) – Health care coverage.

Requires reporting by health plans and health insurers that function as preferred provider organizations, as specified. Implementation of this bill will begin on July 1, 2013. *Vetoed.*

AB 2252 (Gordon) – Dental coverage: provider notice of changes.

Requires additional notification to dental providers when a health plan or insurer covering dental services makes material changes to rules, guidelines, coverage, or payments. *Chapter 447, Statutes of 2012.*

AB 2350 (Monning) – Health care coverage.

Requires health plans and health insurers to provide specified information annually to the Department of Managed Health Care or the Department of Insurance, respectively. *Held on the Senate Appropriations Suspense File.*

HEALTH CARE FACILITIES

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

Clarifies the effective dates hospitals, imaging centers and the California Department of Public Health must comply with reporting requirements for inappropriate or excessive radiation occurring during computed tomography examinations or radiation therapy, and clarifies the

reporting date to be effective on July 1, 2012 rather than January 1, 2011. *Chapter 139, Statutes of 2011.*

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

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

Allows hospitals that have received extensions to January 1, 2013 of the January 1, 2008 seismic deadline, for their SPC-1 buildings, to request an additional extension of up to seven years. Allows the Office of Statewide Health Planning and Development (OSHPD) to grant the extension if the hospital meets several interim deadlines and requirements. Requires OSHPD, in deciding whether to grant the extension as well as the length of the extension, to consider several criteria including the structural integrity of the building, community access to the hospital services, and the hospital owner’s financial capacity, as specified.

Takes effect immediately as an urgency statute and would take effect only if AB 113 (Monning) also takes effect. *Chapter 19, Statutes of 2011.*

SB 135 (Hernandez) - Hospice facilities.

Establishes a new health facility licensing category of hospice facility, and permits a licensed and certified hospice services provider to provide inpatient hospice services through the operation of a hospice facility, either as a free-standing health facility, or adjacent to, physically connected to, or on the building grounds of another health facility or a residential care facility. *Chapter 673, Statutes of 2012.*

SB 177 (Strickland) - Congregate living health facilities.

Raises the bed limit from 12 to 25 for congregate living health facilities that serve terminally ill patients in Santa Barbara County. *Chapter 331, Statutes of 2011.*

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

Imposes a Quality Assurance Fee (QAF) on specified hospitals for 30 months (from June 30, 2011, until December 31, 2013), and uses the resulting revenue to draw down federal funds to provide supplemental payments to private hospitals in fee-for-service Medi-Cal, Medi-Cal managed care, and for acute psychiatric days, and to provide specified funding amounts from the QAF per quarter for children’s health coverage until December 31, 2013. In addition, this bill requires county and University of California hospitals to be paid direct grants (not Medi-Cal

payments), funded from the QAF. Establishes the Low-Income Health Program Medicaid Coverage Expansion Out-of-Network Emergency Care Services Fund (LIHP Fund), and requires moneys in the LIHP Fund to be used for medically necessary hospital emergency services for emergency medical conditions and post-stabilization care furnished by private hospitals and nondesignated public hospitals outside of the LIHP coverage network. Reduces disproportionate share hospital replacement payments and supplemental payments from the Private Hospital Supplemental Fund to hospitals by specified amounts in 2012-13 and 2013-14. Appropriates \$13.6 billion to the Department of Health Care Services for purposes of this bill. **Chapter 286, Statutes of 2011.**

SB 336 (Lieu, De León) - Emergency room crowding.

Requires, until January 1, 2016, every licensed general acute care hospital to assess the condition of its emergency department (ED), using a crowding score, every four or eight hours, and to develop and implement capacity protocols for overcrowding, and requires every licensed general acute care hospital that operates an ED to develop and implement full capacity protocols, and requires these protocols to be filed with the Office of Statewide Health Planning and Development. **Vetoed.**

SB 359 (Hernandez) - Hospital billing: emergency services and care.

Authorizes health care service plans to adjust payment to specified hospitals for pre-stabilization emergency services and care when a hospital exceeds an out-of-network emergency utilization rate of 50 percent or greater. **Vetoed.**

SB 408 (Hernandez) - Health facilities: licensure.

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

SB 442 (Calderon) - Hospitals: interpreters.

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

SB 502 (Pavley, De León) – Hospital Infant Feeding Act.

Establishes the Hospital Infant Feeding Act, effective January 1, 2014, which will require all general acute care and special hospitals that have a perinatal unit to have an infant-feeding policy, as specified, to clearly post the policy and routinely communicate the policy to perinatal unit staff. **Chapter 511, Statutes of 2011.**

SB 594 (Wolk) - Local public health laboratories.

Requires the Department of Public Health (DPH) to promulgate regulations by January 1, 2014, that establish minimum requirements for laboratories that train public health microbiologist-trainees, approve of and monitor a program of continuing education for public health microbiologists, and require continuing education for public health microbiologists as a condition for renewal of a certificate issued by DPH. Requires DPH to develop an examination in consultation with California Association of Public Health Laboratory Directors. *These provisions were amended out of the bill.*

SB 630 (Alquist) - Hospitals: licensure.

Allows, for purposes of providing emergency services and care to patients with conditions related to active labor presenting in the emergency department (ED) of Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH), SHC and LPCH to be treated as a single licensed facility if the two hospitals have signed an agreement under which LPCH will accept and provide emergency services and care to all patients presenting to the ED of SHC without regard to insurance, financial status or any other non-clinical factor. *Chapter 18, Statutes of 2012.*

SB 804 (Corbett) - Health care districts: transfers of assets.

Requires health care districts to include, in an agreement transferring more than 50 percent of the health care district's assets, the appraised fair market value of any asset transferred to a nonprofit corporation, as defined. Further requires the appraisal of the fair market value to be performed within the six months preceding the date on which the district approves the transfer agreement. *Chapter 684, Statutes of 2012.*

SB 840 (Evans) - Health facilities: carbon monoxide detectors.

Requires an owner of a health facility, including skilled nursing facilities, all types of intermediate care facilities, and all types of congregate living health facilities, to install carbon monoxide devices in the facility in or around areas that contain a fossil fuel burning appliance within 180 days after the Office of Statewide Health Planning and Development adopts regulations pursuant to this bill. *Held on the Senate Appropriations Committee Suspense File.*

SB 844 (Price) - Health facilities: general acute care hospitals.

Allows, for the purposes of hospital licensing requirements, dietary services to be provided either at the hospital, or in another hospital immediately adjacent to the hospital, as long as dedicated facilities are in place to accommodate the delivery of these services, and the Department of Public Health determines that all applicable statutory and regulatory standards pertaining to dieting services have been met. *Referred to the Assembly Appropriations Committee. Hearing canceled at the request of the author.*

SB 1228 (Alquist) - Small house skilled nursing facilities.

Establishes, until January 1, 2020, the Small House Skilled Nursing Facilities Pilot Program within the Department of Public Health (DPH) for the purposes of providing skilled nursing care in a home-like, non-institutional setting. Requires that pilot facilities, as defined, meet specified requirements and pay specified fees. Requires DPH to submit a report to the Legislature on the

results of the pilot program at least 24 months prior to the termination of the pilot program.
Chapter 671, Statutes of 2012.

SB 1246 (Hernandez) - Health facilities: staffing.

Requires periodic inspections by the Department of Public Health (DPH) to include a review of compliance with nurse staffing ratios and patient classification systems, and eliminates a requirement that DPH promulgate regulations further defining the criteria for assessing administrative penalties, thereby allowing existing fine authority to go into effect.

Vetoed.

SB 1274 (Wolk) – Healing arts: hospitals: employment.

Provides an exemption from the prohibition against the Corporate Practice of Medicine to allow a hospital that is owned and operated by a charitable organization and offers only pediatric subspecialty care to charge for physician services. *Chapter 793, Statutes of 2012.*

SB 1285 (Hernandez) - Hospital billing: emergency services and care.

Requires a private hospital with an out-of-network emergency utilization rate, as defined, of 50 percent or more, to adjust its total billed charges for emergency services and care provided to a patient prior to stabilization to an amount no greater than 150 percent of the amount the hospital could expect to receive from Medicare for the same services and care. Exempts public hospitals from its requirements. *Held on the Assembly Appropriations Committee Suspense File.*

SB 1318 (Wolk) - Health facilities: influenza vaccinations.

Requires clinics and licensed health care facilities to institute measures designed to maximize influenza vaccination rates and to prevent persons with privileges on the medical staff and onsite health care workers affiliated with the clinics or health care facilities from contracting, and transmitting to patients, the influenza virus. *Vetoed.*

SB 1517 (Wolk) – County medical service program: fees.

Requires County Medical Services Program (CMSP) participation fees paid by counties to be paid each fiscal year to the CMSP Governing Board to be made in 10 equal payments (instead of 12 equal payments) during the fiscal year, or as otherwise specified by the CMSP Governing Board. *These provisions were amended out of the bill.*

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

Establishes the Non-Designated Public Hospital Inter-governmental Transfer Program, administered by the Department of Health Care Services (DHCS), for non-designated public hospitals (hospitals owned by health care districts), under which public entities would voluntarily elect to transfer funds to the state for the purpose of drawing down federal Medicaid funds to make supplemental payments to these hospitals, and establishes an allocation formula for the provision of the supplemental payments made available by this bill to these hospitals.

Becomes operative only if SB 90 (Steinberg) is enacted, which enacts standards for an extension of hospital seismic safety requirements, enacts a Medi-Cal six-month hospital provider fee, an intergovernmental transfer program for public hospitals related to Medi-Cal managed care, and

makes other changes necessary to implement savings related to the 2010-11 Budget and the 2011-12 Budget Act. *Chapter 20, Statutes of 2011.*

AB 217 (Carter) - Workplace smoking prohibition: long-term health care facilities.

Restricts smoking in long-term health care facilities by only allowing smoking in a designated patient smoking area that is outdoors, in an area that reasonably prevents smoke from entering the facility or patient rooms, and that is not located in a patient's room. *Vetoed.*

AB 272 (Monning) - Health care facilities: financing.

Permits the California Health Facilities Financing Authority to award one or more grants, as specified, to one or more projects designed to demonstrate specified new or cost-effective methods of delivering health care services to improve access to quality health care for vulnerable populations or communities that are effective at enhancing health outcomes, and improving access to quality health care. *Ordered to the Senate Inactive File.*

AB 276 (Alejo) - Central Coast Hospital Authority.

Permits Monterey County (County) to establish the Central Coast Hospital Authority (CCHA) to take over management of Natividad Medical Center, and requires the County Board of Supervisors to reach agreement to merge or affiliate with at least one other health care facility in the County before the CCHA can be established. *Chapter 686, Statutes of 2012.*

AB 491 (Ma) - General acute care hospitals: cardiac catheterization.

Authorizes two general acute care hospitals to provide cardiac catheterization services in a connected outpatient facility. *Chapter 772, Statutes of 2012.*

AB 510 (Lowenthal) – Radiation control: health facilities and clinics: records.

Makes technical and clarifying changes to existing reporting requirements for facilities using computed tomography X-ray systems when a patient receives excessive or unnecessary doses of radiation. *Chapter 106, Statutes of 2012.*

AB 641 (Feuer) – Long-term care.

Eliminates the citation review conference process from the citation appeals process for long-term care facilities, and allows fines to be levied from both state and federal agencies when an incident violates both state and federal laws. *Chapter 729, Statutes of 2011.*

AB 916 (V. Manuel Pérez) – Health: underserved communities.

Requires federally qualified health centers, as described, operated by a county to file a specified report with the Office of Statewide Health Planning and Development reflecting patient demographic data, among other information. Establishes the Task Force on the Health Care Needs of Farmworkers to develop a comprehensive agenda of programs and public policy initiatives designed to address the health care needs of farmworkers in California. *These provisions were amended out of the bill.*

AB 1278 (Hill) - Health facilities: smoking.

Expands the prohibition on smoking in general acute care hospitals to include the entire hospital campus, including plazas, sidewalks and parking areas. *Vetoed.*

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

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

AB 1710 (Yamada) - Nursing home administrators: fees and fines.

Revises how nursing home administrator licensing fees are to be adjusted so that fee revenue is sufficient to cover the regulatory costs to the Department of Public Health (DPH), and revises and increases DPH reporting requirements regarding the Nursing Home Administrator Program. *Chapter 672, Statutes of 2012.*

AB 1867 (Pan) - Health facilities: equipment standards.

Extends, until January 1, 2016, the implementation date of a prohibition on the use of an epidural, intravenous, or enteral feeding connector that fits into a connection port other than the type for which it was intended. Under existing law, for intravenous and enteral feeding connectors, this prohibition is scheduled to take effect on January 1, 2013, while the prohibition on these types of epidural connectors is scheduled to take effect on January 1, 2014. *Chapter 194, Statutes of 2012.*

AB 2115 (Alejo) - Local health care districts: employment contracts.

Requires a written employment agreement if a local health care district employs or contracts with a hospital administrator or chief executive officer. *Vetoed.*

AB 2180 (Alejo) - Local health care districts: employment contracts.

Requires a written employment agreement between a health care district and a hospital administrator to include all material terms and conditions agreed to between the district and the hospital administrator regarding compensation and other benefits, as specified, that differ from those available to other full-time employees. *Chapter 322, Statutes of 2012.*

AB 2297 (Hayashi) - California Retail Food Code: skilled nursing facilities: intermediate care facilities for the developmentally disabled.

Excludes intermediate care facilities for the developmentally disabled from regulation as food facilities under the California Retail Food Code (CRFC), and clarifies that the Office of Statewide Health Planning and Development has primary jurisdiction over licensed skilled nursing facilities when enforcing structural modification requirements in the CRFC. *Chapter 725, Statutes of 2012.*

AB 2397 (Allen) - Mental health: state hospitals: staff-to-patient ratios.

Requires the Department of State Hospitals to reimburse an independent entity to conduct a review and analysis of staffing ratios to determine the appropriate levels for effective patient

treatment. Requires a report to the Legislature by August 1, 2013, regarding the entity's findings, as specified. *Held on the Senate Appropriations Committee Suspense File.*

AB 2531 (Allen) – State hospitals: prohibited items.

Permits a state hospital under the jurisdiction of the Department of State Hospitals to develop a list of items that are considered contraband and prohibited on hospital grounds, requires each hospital to form a contraband committee to develop the list, and specifies the update, review, posting, and provision of the list. *Chapter 385, Statutes of 2012.*

HEALTH CARE WORKFORCE

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

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

SB 289 (Hernandez) – Clinical laboratory techniques: training and instruction.

Specifies the type of organization that may be approved by the Department of Public Health (DPH) to provide clinical laboratory scientist (CLS) programs, and permits DPH-approved CLS programs to use multiple clinical laboratories to provide training, as specified. *Chapter 352, Statutes of 2012.*

SB 623 (Kehoe) - Public health: health workforce projects.

Requires the Office of Statewide Health Planning and Development to extend, until January 1, 2014, the Health Workforce Pilot Project No. 171 to evaluate the safety, effectiveness, and acceptability of nurse practitioners, certified nurse-midwives, and physician assistants in providing aspiration abortions. *Chapter 450, Statutes of 2012.*

SB 635 (Hernandez) - Health care: workforce training.

Requires, beginning January 1, 2014, funds deposited into the Managed Care Administrative Fines and Penalties Fund in excess of \$1 million dollars, to be transferred each year to the Office of Statewide Health Planning and Development for the purpose of the Song-Brown Health Care Workforce Training Act of 1973. *Held on the Assembly Appropriations Committee Suspense File.*

SB 1199 (Dutton) - Radiologic technologists.

Authorizes a radiologic technologist (RT) who is permitted to perform venipuncture in an upper extremity in administering contrast materials, to use a saline-based solution if certain requirements are met. Requires an RT, prior to performing venipuncture in in upper extremity to administer contrast materials, to have performed at least 10 venipunctures on live humans, under the personal supervision of a licensed physician and surgeon, a registered nurse, or a person the physician or nurse has previously deemed qualified, as specified. Permits a supervising individual to evaluate whether the RT is competent to perform venipuncture under direct

supervision only after the completion of a minimum of 10 venipunctures. *Chapter 358, Statutes of 2012.*

SB 1416 (Rubio, Hernandez) - Medical residency training program grants: grants.

Creates the Graduate Medical Education Trust Fund for the purpose of funding grants to graduate medical education residency programs in California, and requires the Office of Statewide Health Planning and Development to develop criteria for distribution of available moneys. *Held on the Assembly Appropriations Committee Suspense File.*

AB 589 (Perea) - Medical school scholarships.

Establishes the Steven M. Thompson Medical School Scholarship Program to promote the education of medical doctors and doctors of osteopathy, as specified. *Chapter 339, Statutes of 2012.*

AB 1382 (Hernández) - HIV counselors.

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

AB 2214 (Monning) - Health workforce development.

Requires certain licensed professionals in the health care industry to report to the Department of Public Health on their practice status, ethnic background, and language skills. Establishes the Health Workforce Development Council in statute and requires the Council to undertake specified activities. *Held on the Senate Appropriations Committee Suspense File.*

MENTAL HEALTH

SB 166 (Steinberg) – Health care coverage: mental illness: autism spectrum disorders.

Requires health care service plans licensed by the Department of Managed Health Care and health insurers licensed by the Department of Insurance to provide coverage for behavioral intervention therapy for autism. *Testimony heard in the Senate Health Committee. No further action taken.*

SB 764 (Steinberg) - Developmental services: telehealth systems program.

Establishes a pilot program for the provision of treatment and intervention services through the use of telehealth. *Vetoed.*

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

Requires health care service plans and health insurers to provide coverage for behavioral health treatment for pervasive developmental disorder and autism from July 1, 2012, through July 1, 2014, or earlier, as specified. Makes changes to law related to HIV reporting and mental health services payments. *Chapter 650, Statutes of 2011.*

SB 1136 (Steinberg) – Health: mental health: Mental Health Services Act.

Makes many changes to the Mental Health Services Act (Proposition 63 of 2004) to clarify existing law, codify existing practice, or reorganize state activities. *Referred to the Assembly Health Committee. Hearing canceled at the request of author.*

SB 1381 (Pavley, Anderson, Rubio) – Mental retardation: change of term to intellectual disability.

Deletes in state law references to “mental retardation” or a “mentally retarded person” and instead replaces them with “intellectual disability” or “a person with an intellectual disability.” *Chapter 457, Statutes of 2012.*

AB 154 (Beall) – Health care coverage: mental health services.

Requires health plans and health insurers that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of a mental illness of a person of any age, including a child, under the same terms and conditions applied to other medical conditions. Defines "mental illness" to include substance abuse, but excludes treatment of specified diagnoses. Exempts health plan contracts in specified state health insurance programs from the provisions of this bill. *Failed passage in the Senate Health Committee.*

AB 989 (Mitchell) – Mental health: children’s services.

Requires county Integrated Plans for Prevention, Innovation, and System of Care Services, which are required to include services to address the needs of transition-age youth under existing law, to also specifically consider the needs of transition-age foster youth. *Chapter 640, Statutes of 2011.*

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

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

AB 1569 (Allen) – Community mental health services: assisted outpatient treatment.

Extends the sunset on Assisted Outpatient Treatment Demonstration Project Act of 2002 (AOT Act, which is also known as "Laura's Law") from January 1, 2013, to January 1, 2017, and requires the Department of Health Care Services to submit a report and evaluation of all counties implementing any component of the AOT Act to the Governor and to the Legislature by July 1, 2015. *Chapter 441, Statutes of 2012.*

AB 2134 (Chesbro) – Community mental health services: assisted outpatient treatment.

Requires a county that elects to provide assisted outpatient treatment (AOT) services under the Assisted Outpatient Treatment Demonstration Project Act of 2002 (AOT Act, also known as Laura’s Law) to develop best practices for the purposes of responding to a mental health crisis.

Requires the best practices to include the utilization of crisis intervention teams, mobile crisis teams, or psychiatric emergency response teams, with an emphasis on peer support. *Failed passage in the Senate Health Committee.*

AB 2370 (Mansoor) – Mental retardation: change of term to intellectual disabilities.

Deletes in state law references to “mental retardation” or a “mentally retarded person” and instead replaces them with “intellectual disability” or “a person with an intellectual disability.” *Chapter 448, Statutes of 2012.*

AB 2397 (Allen) - Mental health: state hospitals: staff-to-patient ratios.

Requires the Department of State Hospitals to reimburse an independent entity to conduct a review and analysis of staffing ratios to determine the appropriate levels for effective patient treatment. Requires a report to the Legislature by August 1, 2013, regarding the entity’s findings, as specified. *Held on the Senate Appropriations Committee Suspense File.*

AB 2399 (Allen) – Mental health: state hospitals: injury and illness prevention plan.

Requires each of the five state hospitals under the jurisdiction of the Department of State Hospitals to update its injury and illness prevention plan (IIPP) at least once a year, establish an IIPP committee to provide recommendations for updates to the plan, and develop an incident reporting procedure for assaults on employees, as specified. *Chapter 751, Statutes of 2012.*

AB 2531 (Allen) – State hospitals: prohibited items.

Permits a state hospital under the jurisdiction of the Department of State Hospitals to develop a list of items that are considered contraband and prohibited on hospital grounds, requires each hospital to form a contraband committee to develop the list, and specifies the update, review, posting, and provision of the list. *Chapter 385, Statutes of 2012.*

PRESCRIPTION DRUGS

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

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

SB 1195 (Price) - Audits of pharmacy benefits.

Requires a contract that is issued, amended, or renewed on or after January 1, 2013, between a pharmacy and a carrier or a pharmacy benefit manager to provide pharmacy services to beneficiaries of a health benefit plan to comply with standards and audit requirements, as specified. *Chapter 706, Statutes of 2012.*

SB 1301 (Hernandez) - Prescription drugs: 90-day supply.

Permits a pharmacist to dispense up to a 90-day supply of medication, excluding controlled substances, pursuant to a valid prescription, as specified, if the patient has completed an initial 30-day supply of the medication, as specified. *Chapter 455, Statutes of 2012.*

SB 1329 (Simitian) – Prescription drugs: collection and distribution program.

Expands the types of entities that can donate and dispense medication in the prescription drug depository and distribution program that provides donated medication to medically indigent patients, includes these additional entities within the immunity from criminal and civil liability contained in existing law, and allows counties to establish a program through an action by the county board or through an action of the public health officer of the county, instead of only through county ordinance under existing law. *Chapter 709, Statutes of 2012.*

AB 369 (Huffman) - Health care coverage: prescription drugs.

Prohibits health care service plans and insurers (collectively, carriers) that restrict medications for the treatment of pain, pursuant to step therapy or fail-first protocol, from requiring a patient to try and fail on more than two pain medications before allowing the patient access to the pain medication or generically equivalent drug, as defined, prescribed by the prescribing provider, as defined. *Vetoed.*

AB 1277 (Hill, Perea) - Sherman Food, Drug, and Cosmetic Law.

Eliminates licensing inspections by the Department of Public Health (DPH) for drug and medical device manufacturers, as specified, and limits DPH's authority to make investigations or inspections of manufacturers to situations where DPH has determined the health and safety of the public is at risk, or when the U.S. Food and Drug Administration has requested assistance for enforcement activities. *Chapter 688, Statutes of 2012.*

AB 2369 (Valadao) - Prisoners: pharmacy services.

Requires the pharmacy services program under the Department of Corrections and Rehabilitation to use less expensive medication as achieved by the statewide prescription drug bulk purchasing program, as defined, unless an exception is approved or the prescriber has indicated "dispense as written" on the prescription. *Passed to the Senate Floor. No further action taken.*

PUBLIC HEALTH

SB 331 (Padilla) - Retail tobacco licenses.

Prohibits the location of a tobacco retailer within 600 feet of a school, unless the retail location was licensed prior to January 1, 2013, as specified. The Department of Public Health would be required to direct the Board of Equalization to cancel the license of a retail location found to be in violation of this prohibition. The bill would also make specified changes to the Cigarette and Tobacco Products Licensing Act of 2003 in furtherance of this new restriction. *Failed passage in the Senate Appropriations Committee.*

SB 413 (La Malfa) - Disposition of human remains.

Permits the disposal of human remains when a permit for disposition has been requested and obtained from the local registrar, among other requirements. Provides that a permit for disposal shall be deemed issued if no action is taken by a local registrar within three weeks after a request for a permit is made. *Testimony heard in the Senate Health Committee. No further action taken.*

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

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

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

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

SB 614 (Kehoe) – Childhood immunization.

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

SB 616 (DeSaulnier) – Controlled substances: reporting.

Directs the Department of Health Care Services (DHCS) to pursue a federal grant for the purposes of providing financial and nonfinancial incentives to Medi-Cal beneficiaries who participate in prevention programs. Requires DHCS, in the event that the state is awarded a grant, to design, implement and report on the grant program, as specified. *These provisions were amended out of the bill.*

SB 659 (Negrete McLeod) - Immunizations: disclosure of information: tuberculosis screening.

Adds tuberculosis screening results to the list of information that may be collected by local health departments and the Department of Public Health (DPH) for immunization information systems. *See SB 922 (Negrete McLeod). Chapter 267, Statutes of 2012.*

SB 694 (Padilla) - Dental care.

Establishes the Statewide Office of Oral Health (Office) within the Department of Public Health and authorizes the Office to conduct a study to assess the safety, quality, cost-effectiveness, and patient satisfaction of expanded dental procedures performed by specified dental health care providers. *Held on the Assembly Appropriations Committee Suspense File.*

SB 922 (Negrete McLeod) - Immunizations: disclosure of information: tuberculosis screening.

Adds tuberculosis screening results to the list of information that may be collected by local health departments and the Department of Public Health (DPH) for immunization information systems. *These provisions were amended out of this bill and amended into SB 659.*

SB 977 (Yee) - Sherman Food, Drug, and Cosmetic Law: nail polish.

Subjects a manufacturer of nail polish that violates provisions of existing law governing misbranded cosmetics, if convicted, to a maximum fine of \$2,000 and/or imprisonment for one year in the county jail. Exempts nail salons or distributors, retailers or wholesalers of nail polish from the provisions of this bill. *Vetoed.*

SB 1318 (Wolk) - Health facilities: influenza vaccinations.

Requires clinics and licensed health care facilities to institute measures designed to maximize influenza vaccination rates and to prevent persons with privileges on the medical staff and onsite health care workers affiliated with the clinics or health care facilities from contracting, and transmitting to patients, the influenza virus. *Vetoed.*

AB 186 (Williams) - Reportable diseases and conditions.

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

AB 258 (Hagman) - Rabies: vaccinations.

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

AB 300 (Ma) - Safe Body Art Act.

Enacts the Safe Body Art Act providing for minimum statewide standards for the regulation of individuals in the business of tattooing, body piercing, and the application of permanent cosmetics. The provisions will take effect on July 1, 2012. *Chapter 638, Statutes of 2011.*

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

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

AB 604 (Skinner) - Needle exchange programs.

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

AB 916 (V. Manuel Pérez) – Health: underserved communities.

Requires federally qualified health centers, as described, operated by a county to file a specified report with the Office of Statewide Health Planning and Development reflecting patient demographic data, among other information. Establishes the Task Force on the Health Care Needs of Farmworkers to develop a comprehensive agenda of programs and public policy initiatives designed to address the health care needs of farmworkers in California. *These provisions were amended out of the bill.*

AB 1194 (Block) - Drinking water.

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

AB 1301 (Hill) - Retail tobacco sales: STAKE Act.

Repeals and recasts the Board of Equalization's existing penalty structure for violations of the Stop Tobacco Access to Kids Enforcement (STAKE) Act, a statewide enforcement program related to the illegal sales of tobacco products to persons under the age of 18. *Chapter 335, Statutes of 2012.*

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

Enacts the Toxin-Free Infants and Toddlers Act, which prohibits, except as specified, , on and after July 1, 2013, the manufacture, sale, or distribution in commerce of any bottle or cup that contains bisphenol A, at a detectable level above 0.1 parts per billion, if the bottle or cup is designed or intended to be filled with any liquid, food, or beverage intended primarily for consumption by infants or children three years of age or younger. *Chapter 467, Statutes of 2011.*

AB 1793 (Yamada) - Public health: federal funding: public health emergencies.

Eliminates the September 1, 2012 sunset date on provisions of law governing how federal funding for emergency preparedness is allocated, and adds long-term health facilities to the list of entities that can be designated to receive federal funds for emergency preparedness. *Chapter 166, Statutes of 2012.*

AB 2009 (Galgiani) – Communicable disease: vaccinations.

Removes references to specific groups of people who shall have priority for the state administered influenza (flu) vaccines and updates it with the recommendations from the federal Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. *Chapter 443, Statutes of 2012.*

AB 2109 (Pan) - Communicable disease: immunization exemption.

Requires on and after January 1, 2014, a separate form prescribed by the Department of Public Health to accompany a letter or affidavit to exempt a child from immunization requirements under existing law on the basis that an immunization is contrary to beliefs of the child's parent or guardian. *Chapter 821, Statutes of 2012.*

AB 2114 (Smyth, Hill) – Swimming pool safety.

Replaces references to “drains” with “suction outlets” in existing law, and updates references to anti-entrapment performance standards for swimming pools and spas. *Chapter 679, Statutes of 2012.*

AB 2356 (Skinner) – Tissue donation.

Permits the recipient of sperm donated by her sexually intimate partner for reproductive use to waive a second or repeat testing of that donor for human immunodeficiency virus, agents of viral hepatitis (HBV and HCV), syphilis, and human T lymphotropic virus, if the recipient is informed of existing donor testing requirements and signs a written waiver. Exempts physicians or tissue banks that provide insemination or assisted reproductive technology services from liability and disciplinary actions, as specified. *Chapter 699, Statutes of 2012.*

PUBLIC HEALTH INSURANCE PROGRAMS

SB 21 (Liu, Alquist) - Long-term care: assessment and planning.

Requires the Department of Health Care Services to work with stakeholders to develop or identify a long-term care assessment tool by July 1, 2013, that would identify eligible individuals' long-term care needs. Requires counties to establish a long-term care case management program commencing January 1, 2012, for persons who are Medi-Cal recipients or enrolled in both Medi-Cal and Medicare and residing in, applying for admission to, or at imminent risk of being placed in a long-term health care facility. Makes various findings and declarations of the Legislature. *Held on the Senate Appropriations Committee Suspense File.*

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

Allows local County Health Initiative Matching Fund programs to draw down federal matching funds to provide health insurance coverage to eligible children with family incomes at or below 400 percent federal poverty level (FPL), instead of up to 300 percent of the FPL in existing law, and requires persons receiving this coverage be ineligible for no share of cost Medi-Cal coverage and either ineligible for the Healthy Families Program or unable to enroll in the program as a result of specified enrollment policies due to insufficient funds. *Chapter 416, Statutes of 2011.*

SB 42 (Alquist) – Medi-Cal: contracts.

Requires any health care service plan that coordinates services for patients eligible for both Medi-Cal and Medicare to report to the Department of Health Care Services and the Legislature if the actual use of services differs substantially from the anticipated use of services in the plan's agreement with the department. *Held on the Senate Appropriations Suspense File.*

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

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

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

Takes effect immediately as an urgency statute and would take effect only if AB 113 (Monning) also takes effect. *Chapter 19, Statutes of 2011.*

SB 136 (Yee) - Medi-Cal: teleophthalmology and teledermatology.

Extends, from January 1, 2013, to January 1, 2018, Medi-Cal coverage for teleophthalmology and teledermatology by store and forward, where a physician or optometrist is transmitted medical information for review at a later time. *These provisions were amended out of the bill.*

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

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

SB 256 (Strickland) – Medi-Cal: California Medical Assistance Commission.

Eliminates the California Medical Assistance Commission (CMAC) and transfer the powers and duties of CMAC to the Department of Health Care Services (DHCS), and the powers and duties of the Executive Director of CMAC to the Director of DHCS. *Failed passage in the Senate Health Committee.*

SB 616 (DeSaulnier) – Controlled substances: reporting.

Directs the Department of Health Care Services (DHCS) to pursue a federal grant for the purposes of providing financial and nonfinancial incentives to Medi-Cal beneficiaries who participate in prevention programs. Requires DHCS, in the event that the state is awarded a grant, to design, implement and report on the grant program, as specified. *These provisions were amended from the bill.*

SB 677 (Hernandez) – Medi-Cal: eligibility.

Requires the Department of Health Care Services (DHCS) to implement specified Medicaid provisions of the Patient Protection and Affordable Care Act of 2010 relating to eligibility and benefits in the Medi-Cal Program. *Ordered to Assembly Inactive File.*

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

Authorizes, until January 1, 2014, Medi-Cal benefits to be provided to a Medi-Cal eligible individual awaiting adjudication in a county juvenile detention facility if the county agrees to pay the state's share of Medi-Cal expenditures and administrative costs. *Chapter 647, Statutes of 2011.*

SB 728 (Negrete McLeod) – Medi-Cal: durable medical equipment reimbursement.

Revises a provision related to determining the maximum allowable reimbursement rate for durable medical equipment in the Medi-Cal program to use the manufacturer's suggested retail price as documented by a catalogue showing the price on or prior to the date of service, instead of the current requirement that it be determined by using a catalogue showing the price on June 1, 2006, as the base. *Chapter 451, Statutes of 2012.*

SB 743 (Emmerson) – Medical Providers Interim Payment Fund.

Increases the General Fund (GF) loan amount the Controller must transfer to the Medical Providers Interim Payment Fund for the purposes of paying Medi-Cal providers, providers of drug treatment services for persons infected with HIV, and service providers to the developmentally disabled, for services provided on or after July 1st when there is a late state budget, or if there is a deficiency in the Medi-Cal budget. The current maximum loan amount is up to \$1 billion GF and \$1 billion in federal funds, and this bill would increase that amount to up to \$2 billion GF and \$2 billion in federal funds. *Held on the Senate Appropriations Suspense File.*

SB 920 (Hernandez) – Medi-Cal: hospitals.

Revises provisions of the Medi-Cal Hospital Provider Rate Payment Act of 2011 and the Private Hospital Quality Assurance Fee Act of 2011. *Chapter 452, Statutes of 2012.*

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

Requires the Department of Health Care Services to establish and administer the Medi-Cal Electronic Health Records Incentive Program to provide federally funded incentive payments to Medi-Cal providers to implement and use electronic health records systems. Contains an urgency clause to ensure that the provisions of this bill go into immediately effect upon enactment.

Chapter 433, Statutes of 2011.

SB 1081 (Fuller) - Public health care: Medi-Cal: demonstration projects.

Authorizes nondesignated public hospitals, which are generally hospitals owned by a local health care district, to operate a Low Income Health Program (LIHP) in a county that does not have a designated public hospital if the county has previously filed an application to operate a LIHP but has formally withdrawn the application. *Chapter 453, Statutes of 2012.*

SB 1487 (Hernandez) – Medi-Cal: eligibility: former foster youths.

Extends Medi-Cal eligibility to former foster youth, until their 26th birthday (beginning in 2014). The bill also states legislative intent to enact in state law any provisions of the federal Affordable Care Act that are struck down by the Supreme Court. *Held on the Senate Appropriations Suspense File.*

SB 1503 (Steinberg) – In-Home Supportive Services program.

Requires the Director of the Department of Social Services and the Director of the Department of Health Care Services to convene a stakeholder group to design a plan for the integration of long-term services and supports programs, and requires the plan to include specified components.

Failed passage in the Assembly Health Committee.

SB 1529 (Alquist) – Medi-Cal: providers: fraud.

Revises various provisions related to the screening, enrollment, disenrollment, suspensions, and other sanctions against fee-for service providers and suppliers participating in the Medi-Cal Program to conform to requirements of the federal Patient Protection and Affordable Care Act.

Chapter 797, Statutes of 2012.

AB 43 (Monning) – Medi-Cal: eligibility.

Requires the Department of Health Care Services (DHCS) to implement specified Medicaid provisions of the Patient Protection and Affordable Care Act of 2010 relating to eligibility and benefits in the Medi-Cal Program. *Ordered to Senate Inactive File.*

AB 62 (Monning) – Medi-Cal: dual eligibles: pilot projects.

Permits the Department of Health Care Services (DHCS) to establish pilot projects for individuals eligible for both Medicare and Medi-Cal pursuant to a request for proposal from the federal Centers for Medicare and Medicaid Services, and requires DHCS to consult with specified stakeholders on a regular basis throughout the development and implementation of the dual eligible pilot projects. *Held at Senate Desk.*

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

Establishes the Non-Designated Public Hospital Inter-governmental Transfer Program, administered by the Department of Health Care Services (DHCS), for non-designated public hospitals (hospitals owned by health care districts), under which public entities would voluntarily elect to transfer funds to the state for the purpose of drawing down federal Medicaid funds to make supplemental payments to these hospitals, and establishes an allocation formula for the provision of the supplemental payments made available by this bill to these hospitals.

Becomes operative only if SB 90 (Steinberg) is enacted, which enacts standards for an extension of hospital seismic safety requirements, enacts a Medi-Cal six-month hospital provider fee, an intergovernmental transfer program for public hospitals related to Medi-Cal managed care, and makes other changes necessary to implement savings related to the 2010-11 Budget and the 2011-12 Budget Act. *Chapter 20, Statutes of 2011.*

AB 151 (Monning) – Medicare supplement coverage.

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

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

Extends the sunset date, from January 1, 2012, to January 1, 2016, on the prohibition on incorporating California Children's Services covered services in a Medi-Cal managed care (MCMC) contract. The existing prohibition and the extension exempts the county organized health systems plans in the counties of San Mateo, Santa Barbara, Solano, Yolo, Marin, and Napa. *Chapter 460, Statutes of 2011.*

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

Requires the Department of Health Care Services to develop a process to allow counties and the Division of Juvenile Facilities within the California Department of Corrections and Rehabilitation to receive any available federal financial participation for health care services provided to juvenile detainees who are admitted as inpatients in a medical institution and who are eligible for Medi-Cal. *Chapter 394, Statutes of 2011.*

AB 399 (Lowenthal) – Medi-Cal: pharmacy providers: drug reimbursement.

Makes a number of changes to the Department of Health Care Services Medi-Cal pharmacy reimbursement provisions. These changes include eliminating the requirement that the pharmacy rate be reduced to a level that meets the 10 percent savings target if, after the transition to the

Average Acquisition Cost (AAC) is fully implemented the target has not been met, and excluding from the definition of “usual and customary charge” the lowest price reimbursed by other third-party payors in California. *Held on the Senate Appropriations Committee Suspense File.*

AB 540 (Beall) – Medi-Cal: alcohol and drug screening and brief intervention services.

Requires the Department of Health Care Services, in consultation with the Department of Alcohol and Drug Programs, to provide reimbursement under the Medi-Cal program for alcohol and drug screening and brief intervention services for pregnant women or women of childbearing age. *Vetoed.*

AB 667 (Mitchell) – Medi-Cal: subacute care program.

Establishes medical necessity standards for the Medi-Cal subacute care program. *Chapter 294, Statutes of 2011.*

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

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

AB 969 (Atkins) – Medi-Cal: clinical laboratory and laboratory services.

Prohibits the Department of Health Care Services from considering the donation of or the granting of discounts for clinical laboratory tests or examinations or laboratory services to a federally qualified health center the purpose of serving its uninsured patients as a basis for the reduction of Medi-Cal payments below the Medi-Cal reimbursement rate. *Chapter 738, Statutes of 2012.*

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

Makes statutory changes in order to implement the Section 1115 Medi-Cal Demonstration Project Waiver approved on November 2, 2010, which provides for the funding of designated public hospitals (DPHs). Continues under the new waiver the Medi-Cal fee-for-service cost-based reimbursement for DPHs through certified public expenditures. Establishes a new distribution methodology for disproportionate share hospital and Safety Net Care Pool funds to DPHs. *Chapter 86, Statutes of 2011.*

AB 1223 (Committee on Veterans Affairs) – Medi-Cal: Public Assistance Reporting Information System.

Requires the Department of Health Care Services (DHCS) to utilize the federal Public Assistance and Reporting Information System (PARIS) statewide to identify veterans and their dependents or survivors who are enrolled in the Medi-Cal Program and assist them in obtaining federal veterans' health care benefits statewide. Repeals existing law that makes PARIS a two-year pilot

program where DHCS selects three consenting counties that have in operation a U.S. Department of Veterans Affairs medical center to participate in the pilot. *Vetoed.*

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

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

AB 1526 (Monning) – California Major Risk Medical Insurance Program.

Allows the Managed Risk Medical Insurance Board to further subsidize the premium contributions paid by individuals enrolled in the Major Risk Medical Insurance Program, for the time period of January 1, 2013 to December 31, 2014. *Chapter 855, Statutes of 2012.*

AB 1733 (Logue) - Health.

Expands current law requirements allowing for the use of telehealth in Medi-Cal managed care plans to all health plans that contract with the Department of Health Care Services (current law requirements prohibit health plans from requiring in-person contact between an enrollee and a provider before services can be provided to the enrollee through telehealth systems); updates the term “telemedicine” to “telehealth” in a variety of code sections to reflect current practice; and incorporates provisions of SB 1575 (Senate Business, Professions and Economic Development Committee) relative to licensed professional clinical counselors (LPCCs) by (1) adding language ensuring conformity with existing laws regarding substance abuse, supervision and inclusion of LPCCs and (2) adding a provision stating that it is unprofessional conduct for an LPCC applicant or registrant to violate the law regarding patient access to his/her records. *Chapter 782, Statutes of 2012.*

AB 1803 (Mitchell) - Medi-Cal: emergency medical conditions.

Requires Medi-Cal fee-for-service benefits to include emergency services and care that are necessary for the treatment of an emergency medical condition, and medical care directly related to the emergency medical condition. *Chapter 442, Statutes of 2012.*

AB 2034 (Fuentes) – Medical care: genetically handicapping conditions.

Requires the Department of Health Care Services to prepare a report on the coverage needs of the population served by the Genetically Handicapped Persons Program after implementation of the federal Patient Protection and Affordable Care Act (ACA). Specifies issues to be addressed in the report, including the extent to which persons with genetic Amyotrophic Lateral Sclerosis (known as Lou Gehrig’s disease) will continue to have unmet medical needs following implementation of the ACA. Sunsets on January 1, 2019. *Vetoed.*

AB 2206 (Atkins) – Medi-Cal: dual eligibles: pilot projects.

Allows Medi-Cal beneficiaries who are eligible for Medi-Cal and Medicare who become eligible for the Program for All-Inclusive Care for the Elderly (PACE) and are enrolled in a managed care health plan to disenroll from their managed care plan and enroll in a PACE plan at any time. Requires Medi-Cal managed care health plans to identify in their assessments of enrollees that occur during the transition to managed care and at regularly scheduled intervals beneficiaries who are 55 years of age and older who are at risk of being placed in a nursing home. Requires Medi-Cal managed care health plans shall notify these beneficiaries of their potential eligibility for PACE. *Vetoed.*

AB 2266 (Mitchell) – Medi-Cal: Health Homes for Medi-Cal Enrollees and 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Implements a federal option that provides enhanced 90 percent Medicaid matching funds for two years by requiring requires the Department of Health Care Services to establish a program to provide specified health home services, with the intent of reducing avoidable hospitalization or use of emergency medical services. *Ordered to the Senate Inactive File.*

AB 2392 (John A. Pérez) – Medi-Cal: CommuniCal.

Requires the Department of Health Care Services (DHCS) to establish the CommuniCal program to provide and reimburse for certified medical interpretation services provided to Medi-Cal beneficiaries who are limited English proficient. Establishes the State Personnel Board (SPB) as the certifying body for the CommuniCal certified medical interpreter program established by this bill. Requires the CommuniCal program to be administered by a patient-centered communication broker that is a third-party administrator. Establishes collective bargaining for CommuniCal certified medical interpreters. *Ordered to the Assembly Inactive File.*

AB 2608 (Bonilla) – Medi-Cal: local educational agency billing option.

Makes permanent and expands provisions relating to program improvement activities in the Medi-Cal Local Billing Option program, through which Local Educational Agencies (LEA) can draw down federal funding for health care services provided to Medi-Cal-eligible students. Enables LEA providers to drawn down additional federal Medicaid funds for medical transportation services by exempting LEAs from specified Medi-Cal transportation requirements. *Chapter 755, Statutes of 2012.*

AJR 30 (Pan) – Medicare: dental care.

Memorializes the President and Congress to enact appropriate legislation that would add comprehensive, preventative dental care coverage to Medicare benefits. *Chapter 138, Statutes of 2012.*

WOMEN'S HEALTH/REPRODUCTIVE HEALTH

SB 155 (Evans) – Maternity services.

Requires policies in the individual and group health insurance markets to provide coverage for maternity services. Creates a mandate on insurers and not health plans, as health plans must cover maternity benefits under current law. Specifically:

- 1) Requires maternity services to include prenatal care, ambulatory care maternity services, involuntary complications of pregnancy, neonatal care, and inpatient hospital maternity care, including labor and delivery and postpartum care.
- 2) Conforms the definition of maternity services for purposes of this bill to that adopted through future federal regulations pursuant to the Patient Protection and Affordable Care Act (ACA) (PL-111-148). *Held on the Assembly Appropriations Committee Suspense File.*

SB 173 (Simitian) – Healing arts: mammograms.

Requires, until January 1, 2018, a health care provider who performs a mammography, if a patient has certain levels of breast density, as specified, to include the following notice in the written report sent to the patient: “*Because your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician’s office and you should contact your physician if you have any questions or concerns about this report.*” *Held on the Assembly Appropriations Committee Suspense File.*

SB 222 (Evans, Alquist) – Maternity services.

Requires policies in the individual health insurance market to provide coverage for maternity services. *Chapter 509, Statutes of 2011.*

SB 255 (Pavley) – Health care coverage: breast cancer.

Clarifies and further specifies a current-law mandate related to health care coverage of breast cancer treatment. *Chapter 449, Statutes of 2012.*

SB 1538 (Simitian) – Health care: mammograms.

Requires health facilities at which mammography examinations are performed to include a specified notice in the summary of the written report that is sent to the patient in order to notify patients who have dense breast tissue that they may benefit from supplementary screening tests. *Chapter 458, Statutes of 2012.*

AB 137 (Portantino) – Health care coverage: mammographies.

Provides that individual or group policies of health insurance shall be deemed to provide coverage for mammographies for screening or diagnostic purposes upon referral of a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, as specified. *Chapter 436, Statutes of 2012.*

AB 210 (Hernández) - Maternity services.

Requires, as of July 12, 2012, group health insurance policies to provide maternity services for all those insured. *Chapter 508, Statutes of 2011.*

AB 2356 (Skinner) – Tissue donation.

Permits the recipient of sperm donated by her sexually intimate partner for reproductive use to waive a second or repeat testing of that donor for human immunodeficiency virus, agents of viral hepatitis (HBV and HCV), syphilis, and human T lymphotropic virus, if the recipient is informed

of existing donor testing requirements and signs a written waiver. Exempts physicians or tissue banks that provide insemination or assisted reproductive technology services from liability and disciplinary actions, as specified. *Chapter 699, Statutes of 2012.*

MISCELLANEOUS

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

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

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

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

SB 393 (Hernandez) - Patient-centered medical homes.

Establishes the Patient-Centered Medical Home Act of 2012 and defines a patient-centered medical home as a health care delivery model that meets specified criteria, including that it facilitates a relationship between a patient and his or her primary care provider in a physician-directed practice team. Provides that a physician-directed practice team shall not be construed to prohibit activities conducted pursuant to specified provisions of law regarding scope of practice. Specifies that its provisions do not alter the scope of practice of any health care provider. *Vetoed.*

SB 946 (Committee on Health) - Public health.

Makes various technical and substantive changes in provisions of law regarding telemedicine, Emergency Medical Services funds, food handling, HIV reporting, the Office of Health Insurance Portability and Accountability Act Implementation, health insurance, and mental health services payments. *These provisions were amended out of the bill.*

SB 1079 (Rubio) - Inmates: medical treatment.

Codifies existing regulations limiting medical services for inmates of the California Department of Corrections and Rehabilitation to only those services which are medically necessary, and excludes treatment for sexual dysfunction or infertility, gender reassignment surgery, and weight reduction surgery. *Failed passage in the Senate Public Safety Committee.*

SB 1436 (Lowenthal) – Automated external defibrillators.

Makes permanent the existing protections that provide general immunity from civil damages in connection with the use of automated external defibrillators. *Chapter 71, Statutes of 2012.*

AB 174 (Monning) - Office of Systems Integration: California Health and Human Services Automation Fund.

Establishes in law the California Health and Human Services Automation Fund, specifies the sources of funding that should be transferred to and appropriated from the Fund, and authorizes the Employment Development Department and the Franchise Tax Board to disclose certain information to the California Health Benefit Exchange. *Chapter 815, Statutes of 2012.*

AB 389 (Mitchell) - Bleeding disorders.

Establishes requirements for providers of blood clotting products for home use to treat hemophilia and other bleeding disorders. *Chapter 75, Statutes of 2012.*

AB 415 (Logue) - Healing arts: telehealth.

Enacts the Telehealth Advancement Act of 2011. Repeals and recasts existing laws related to the delivery of health care services via telemedicine and replaces the term telemedicine with telehealth. *Chapter 547, Statutes of 2011.*

AB 641 (Feuer) – Long-term care.

Eliminates the citation review conference (CRC) process from the citation appeals process for long-term care (LTC) facilities, and allows fines to be levied from both state and federal agencies when an incident violates both state and federal laws. *Chapter 729, Statutes of 2011.*

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

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

AB 1869 (John A. Pérez) – Office of Patient Advocate: federal veterans health benefits.

Adds federal veterans health benefits to the list of public programs that the Office of Patient Advocate will be required to include, commencing January 1, 2013, in its efforts to provide outreach and education about health care coverage options. *Chapter 167, Statutes of 2012.*

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