Senate Committee on Health
Legislative Summary
2007-2008 Session

Senator Sheila Kuehl, Chair

Senator Sam Aanestad, Vice-Chair

Senator Elaine Alquist

Senator Gilbert Cedillo

Senator Dave Cox

Senator Abel Maldonado

Senator Gloria Negrete McLeod

Senator Mark Ridley-Thomas

Senator Darrell Steinberg

Senator Mark Wyland

Senator Leland Yee

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Senate Committee on Health

Summary of Significant Legislation Heard by the Committee 2007-2008 Session

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Committee Members

Senator Sheila Kuehl, Chair
Senator Sam Aanestad, Vice-Chair
Senator Elaine Alquist
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Senator Abel Maldonado
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Senate Health Committee
Summary of Significant Legislation, 2007-08

AGING AND LONG-TERM CARE

SB 321 (Alquist) – State Alzheimer's Disease and Strategic Plan
Requires the Alzheimer's Disease and Related Disorders Advisory Committee within the California Department of Aging, in collaboration with a broad group of stakeholders, to submit a State Alzheimer's Disease Strategic Plan, for the years 2010 to 2020, to the Governor and Legislature by September 1, 2009, and to develop recommendations to address Alzheimer's disease-related matters including community-based support, integrated care management, the dementia competence of health care professionals, early identification and intervention, and choices related to care and residence. ***Held in Assembly Appropriations Committee.***

SB 434 (Romero) – Medi-Cal long-term care reimbursement: rate setting
Requires DHCS, by February 1, 2009, to convene a workgroup of 20 stakeholders to make recommendations to ensure that skilled nursing facilities (SNFs) comply with existing legislative intent to ensure a long-term care reimbursement methodology designed to ensure proper access to long-term care services, promote quality care, advance decent wages and benefits for nursing home employees, support provider compliance with state and federal requirements, and encourage administrative efficiency. Requires DHCS to develop a plan for SNFs to report staffing information to the department based on additional data, including payroll data that would specify whether the SNF employee is a registered nurse, licensed vocational nurse, or certified nurse assistant, and provide daily resident census data. ***Held in Senate Rules Committee.***

SB 535 (Kuehl) – Long-term health care facilities
Requires DPH, by March 1, 2009, to establish a website to provide specified information regarding long-term care facilities, including information regarding complaints filed against the facility; whether the facility has filed a notice of intent to withdraw from the Medi-Cal program and the date the notice was filed; descriptions of all state and federal deficiencies issued to a facility, including the date, nature, scope, and severity of the deficiency; staffing ratio compliance; state and federal enforcement actions, including license suspensions and revocations, denials of payment or civil monetary penalties, and the appointment of temporary managers and receiverships; basic information on the facility's parent company, licensee and administrator; and the nature and class of citations including the amount of the penalty assessed against the facility. ***Vetoed.***

SB 633 (Alquist) – Persons with disabilities: care in community settings and hospital discharge planning policies
Requires hospitals to provide every patient who is anticipated to need long-term care services at the time of discharge with contact information for at least one public or non-

profit agency or organization that provides information or referral services relating to community-based long-term care options in the patient's county of residence. Authorizes a private hospital to post its hospital discharge planning policy, and to provide specified patients with information relating to community-based long-term care options, including a description of home care, in-home supportive services, care management alternatives to skilled nursing care, and other non-medical community-based long-term care options. ***Chapter 472, Statutes of 2007.***

AB 380 (Berg) – Multipurpose Senior Services Program

Requires the California Department of Aging, in consultation with DHCS, to increase the annual funding allocation for the Multipurpose Senior Services Program (MSSP) by the same percentage as the annual increase in Medi-Cal reimbursement rate for intermediate care facilities. Requires the CDA, when adjusting the MSSP allocation, to consider new MSSP program requirements mandated by changes in law or regulations, and requires that the annual allocation amount per MSSP participant not exceed the annual rate for an individual in an intermediate care facility. Provides that the annual MSSP allocation increase would be contingent upon a state budget appropriation and federal financial participation. ***Held in Senate Appropriations Committee.***

AB 398 (Feuer) – Long-term health care facilities: website

Requires DPH, by July 1, 2009, to establish a website that provides specified information regarding long-term health care facilities, including the types of payment accepted by the facility; the name of the facility administrator; the type of long-term care facility by licensure category, and whether the facility is free-standing or hospital-based; and a link to the facility's website, as well as to any resident and family satisfaction survey information paid for by the facility. Requires DPH to post on the website the ranking of a facility, compared to all other comparable facilities in the state, with regard to staffing, deficiencies and complaints, quality of care, and financial status. ***Vetoed.***

AB 399 (Feuer) – Long-term health care facilities: complaint investigations

Requires DPH to complete investigations of complaints reported by members of the public, or self-reported by a facility, against long-term health care facilities within 40 working days from receipt of the complaint. Permits an extension of the 40-working-day timeline if DPH has not been able to obtain necessary evidence related to the investigation, and requires DPH to notify the complainant in writing of the basis for the extension, and the anticipated completion date. Increases the number of days a complainant who is dissatisfied with the investigation determination has to request an informal conference from 5 to 15 days after receipt of the determination of the inspection or investigation. ***Vetoed.***

AB 572 (Berg) – Adult day health care services

Imposes new requirements for specified adult day health care (ADHC) center employees, and requires all ADHC centers to provide for policies and procedures relating to staff absences and vacancies. Provides that an ADHC center licensee shall not be required to meet the licensing and certification staffing requirements of the ADHC program during hours in which the ADHC program is not being operated. Provides that transportation services of ADHC participants may exceed one hour, and specifies that an ADHC center

is not required to provide a meal to a participant who declines it. Requires ADHC centers to have written policies and procedures for dealing with natural disasters and emergency situations. ***Chapter 648, Statutes of 2008.***

AB 2565 (Eng) – Hospitals: brain death
Requires a general acute care hospital to adopt a policy for providing the family or next of kin a reasonably brief period of time to gather at the patient's bedside between the time that the patient is declared brain dead and the time cardiopulmonary support for that patient is discontinued. Requires the hospital to make reasonable accommodations for the patient's legally recognized health care decision maker, family, or next of kin who voice any special religious or cultural practices or concerns of the patient or the patient's family surrounding the issue of brain death of the patient. Authorizes hospitals to consider the needs of other patients and prospective patients when determining what is reasonable, and prohibits a private right of action to sue pursuant to the bill's provisions. ***Chapter 465, Statutes of 2008.***

AB 2747 (Berg) – End-of-life care
Requires a health care provider who makes a diagnosis that a patient has a terminal illness to, upon the patient's request, provide the patient with comprehensive information and counseling regarding legal end-of-life care options, including information regarding hospice care, the patient's right to give individual health care instruction, and the patient's right to pursue curative treatment, refuse or withdraw from life-sustaining treatment, and/or receive comprehensive pain and symptom management, as specified. Requires a health care provider who does not wish to comply with his or her patient's request for information to refer or transfer the patient to another health care provider, and provide the patient with information concerning procedures involved in transferring to another health care provider. ***Chapter 683, Statutes of 2008.***

AB 3000 (Wolk) – Health care decisions: life-sustaining treatment
Establishes the Physician Orders for Life-Sustaining Treatment (POLST) form, which directs a health care provider regarding resuscitative and life-sustaining measures, and requires a health care provider to treat an individual in accordance with that individual's POLST form. Authorizes a legally recognized health care decision maker to execute a POLST on behalf of an individual who lacks capacity, and, when requesting a modification to the POLST, requires a legally recognized health care decision maker to consult with the individual's treating physician. Provides that if the orders in a request regarding resuscitative measures directly conflict with the patient's individual health care instruction, either written or oral, the most recent order will be effective. ***Chapter 266, Statutes of 2008.***

AIDS/HIV/HEPATITIS

SB 443 (Migden) – Tissue donors: sperm donors
Permits donation of sperm for advanced reproductive technology (ART) by HIV-positive donors. Requires sperm from an HIV-positive donor to be processed to minimize

infectiousness before it is used for insemination or ART. Requires treating physicians to provide prophylactic treatments to the recipient to reduce the risk of infection, to treat the HIV-positive donor with antiretroviral treatments prior to insemination or ART services, and to test the recipient of the processed sperm for HIV after performing services. Requires the physician, in the event that the recipient tests HIV positive following insemination or ART, to inform the recipient of treatment options during and after pregnancy and of treatments or procedures that may reduce the risk of transmission to the offspring. Allows unprocessed sperm from an HIV-positive donor to be used for insemination or ART when both the donor and recipient provide consent. ***Chapter 207, Statutes of 2007.***

SB 1184 (Kuehl) – Infectious disease reporting

Requires clinical labs to report all CD4 count test results to the local health officer (LHO) within seven days of the completion of the test, and requires LHOs to inspect CD4 count test reports to determine if the test is related to a case of HIV infection. If it is, the LHO is required to report the HIV or AIDS case to DPH within 45 days of receipt. If the test result is not related to an HIV case, the LHO is required to destroy the test report.

Clarifies that the fertility specialist who is performing assisted reproduction pursuant to SB 443 (Migden), Chapter 207, Statutes of 2007, must verify that the HIV-infected donor is being treated for the disease in a manner that will reduce the chance of transmission during the treatment, rather than perform those services. ***Chapter 347, Statutes of 2008.***

AB 66 (Dymally) – Inmate HIV testing

Requires HIV testing for consenting prison inmates and state hospital patients within 60 days of their entering the facility and, for those due to be incarcerated for at least a year, at least 60 days prior to their discharge. Requires inmates who test positive for HIV to receive post-test counseling, as well as a care and treatment plan appropriate for his or her diagnosis and the opportunity to be housed in a specialized housing unit. Requires an HIV-positive inmate's parole officer to be notified, and authorizes the parole officer and the institutions' medical officers to inform the inmates' spouses or domestic partners that they may have been exposed to HIV. Requires the Department of Corrections and Rehabilitation to develop plans to refer inmates to local treatment services. ***These provisions were amended out of the bill.***

AB 110 (Laird) – Drug paraphernalia: clean needle and syringe exchange projects

Permits a public entity that receives General Fund (GF) money for HIV prevention and education from DPH to use that money to support a clean needle and syringe exchange project (NEP). Permits these GF monies to be used as part of a clean NEP only if certain conditions are met. ***Chapter 707, Statutes of 2007.***

AB 682 (Berg) – HIV/AIDS testing

Revises the written and informed consent standards associated with testing blood for HIV to no longer require affirmative approval prior to administering an HIV test. Establishes a new HIV testing consent standard as the right to decline the test, providing medical care providers present specified information to the individual about treatment options and the

individual's right to decline the test, and the medical care provider notes in the chart when the patient declines to be tested. Does not apply to HIV testing at an alternative test site, as part of an autopsy, or when part of scientific research. ***Chapter 550, Statutes of 2007.***

ALCOHOL AND DRUGS

SB 119 (Cedillo) – Medi-Cal: minors: drugs and alcohol
Provides for new substance abuse services for youths in Medi-Cal, consisting of residential treatment services, family counseling, aftercare services, and case management. Directs DHCS to seek federal financial participation for these expanded services, and requires that Medi-Cal cover these services only if federal financial participation is available. ***Held in the Assembly Appropriations Committee.***

SB 530 (Dutton) – Alcohol and drug treatment facilities: location
Provides that it is the policy of the state to prevent overconcentration of licensed substance abuse treatment facilities and defines overconcentration as occurring when facilities are separated by a distance of 300 feet or less. Establishes a process for providing notice to and receiving input from affected cities and counties on license decisions by the Department of Alcohol and Drug Programs. ***Held in Senate Health Committee.***

SB 992 (Wiggins) – Substance abuse: adult recovery maintenance facilities
Requires the Department of Alcohol and Drug Programs (DADP) to license Adult Recovery Maintenance Facilities (ARMFs), which are facilities designed to help individuals during the early stages of recovery, but after initial inpatient or outpatient treatment. Applies existing alcohol and drug abuse recovery or treatment facility licensure requirements to ARMFs. Requires the department, on or before July 1, 2010, in consultation with specified stakeholders, to develop and adopt emergency regulations governing the licensing and operation of ARMFs, including regulations governing services related to special needs. Requires DADP to commence licensing of ARMFs, by January 1, 2011. ***Vetoed.***

SB 1000 (Harmon) – Substance abuse: adult recovery maintenance facilities
Repeals existing state policy that encourages cities and counties to permit the development of sufficient numbers and types of substance abuse facilities, commensurate with local need. Allows cities and counties to consider only the jurisdiction's own needs when permitting the development of substance abuse facilities, exclusive of the needs of other jurisdictions. Requires the Department of Alcohol and Drug Programs to license Adult Recovery Maintenance Facilities (ARMFs) and applies many of the existing alcohol and drug abuse recovery or treatment facilities licensure requirements to ARMFs. Requires registration with DADP of sober living homes with facilities. Requires applicants seeking either an ARMF license or an adult alcoholism or drug abuse recovery or treatment facilities license to supply evidence that the facility will be located in an area

that is zoned for residential use and, if the facility cares for at least seven persons, has land use approval from the local jurisdiction.

Enacts provisions to increase local authority over licensed facilities and sober living homes. Establishes new administrative procedures related to certification of substance abuse programs by the department. Provides that it is the policy of the state to prevent over concentration of licensed substance abuse treatment facilities and defines "over concentration." ***Failed passage in Senate Health Committee; these provisions were amended out of the bill on January 7, 2008, and replaced with the following provisions:***

Requires any person or entity applying for a license for a facility with DADP to certify that the facility complies with local zoning ordinances, and requires the department to verify this certification. ***Also failed passage in Senate Health Committee.***

AB 239 (DeSaulnier) – Alcoholism and drug counselors

Provides for the licensing of Alcoholism and Drug Abuse Counselors by the Board of Behavioral Sciences (Board) within the Department of Consumer Affairs. Exempts from its provisions persons who engage in the practice of alcoholism and drug abuse counseling as an employee or volunteer at a facility or program administered, licensed or certified by a governmental agency or that contracts with a court, probation department, county jail, or the Department of Corrections and Rehabilitation.

Creates two categories of licensed counselors: a licensed drug and alcohol counselor I, to work under supervision, and a licensed drug and alcohol counselor II, to supervise. Requires the board, beginning January 1, 2012, to issue a license to a person who passes a written examination and meets the other requirements of the bill. Increases the Board membership, as of January 1, 2011, by adding one licensed alcoholism and drug abuse counselor and one public member appointed by the Governor. Authorizes the board to impose various fees on licensed counselors to implement these provisions. ***Vetoed.***

AB 1461 (Krekorian) – Health insurance: liability: alcohol and drug abuse

Prohibits a health insurance policy from including a provision that limits an insurer's liability for any loss sustained by the insured while intoxicated or under the influence of a controlled substance. ***Chapter 630, Statutes of 2008.***

AB 2124 (Beall) – Medi-Cal: alcohol and drug screening and brief intervention services

Establishes an alcohol and drug screening and brief intervention program in Medi-Cal to be administered by DHCS, in collaboration with the Department of Drug and Alcohol Programs. Requires administration of the program to be in accordance with the applicable federal requirements and requires DHCS to seek any federal approvals necessary to implement this bill. Allows implementation only if federal funds are available. ***Held in Senate Appropriations Committee.***

CHILDREN'S HEALTH

SB 22 (Migden) – Breast-feeding
Requires DPH to recommend training to improve breast-feeding rates among mothers and infants, for general acute care hospitals and special hospitals that provide maternity care and that have exclusive patient breast-feeding rates in the lowest 25 percent, as specified. Requires the department, not later than July 1, 2008, to the extent that specified federal funds and private grants or donations are made available for this purpose, to begin expansion of the breast-feeding peer counseling program at local agency WIC (part of the Special Supplemental Nutrition Program for Women, Infants, and Children) sites, as provided. Requires the department to streamline and simplify existing Medi-Cal program procedures in order to improve access to lactation supports and breast pumps among Medi-Cal recipients. ***Chapter 460, Statutes of 2007.***

SB 32 (Steinberg) and AB 1 (Laird) – Health care coverage: children
Expands eligibility for the Medi-Cal and Healthy Families programs to allow all children in families with incomes below 300 percent of the federal poverty level to qualify. Removes citizenship and immigration status requirements and allows applicants to self-certify income and asset values for the purpose of establishing eligibility for Healthy Families. Requires the Managed Risk Medical Insurance Board and DHCS to develop a process for the transition of eligible children from local county health initiatives to Healthy Families and Medi-Cal. Establishes a presumptive eligibility program to provide Medi-Cal benefits with no share of cost until eligibility is determined, and establishes a presumptive eligibility program for children transferring from Healthy Families to Medi-Cal. Creates the Healthy Families Buy-In Program to make coverage available to children whose household income exceeds 300 percent of the FPL. ***Both bills were held on the Assembly Floor.***

SB 137 (Torlakson) – Children's health: medical treatment
Increases the family income eligibility level for the California Children's Services program. Requires the state to reimburse counties for the costs of children in families with an income exceeding 300 percent of the federal poverty level. ***Vetoed.***

SB 527 (Steinberg) – Autism spectrum disorders: screening
Requires the State Department of Developmental Services to partner with at least one regional center to implement a two-year Autism Spectrum Disorders (ASD) Early Screening, Intervention, and Treatment Pilot Program in at least three key geographic areas, to establish best practices for early screening, diagnosis, referral, and treatment for children with ASD. Requires the department to apply to the California Children and Families Commission for funding for the pilot program, and makes the establishment of the pilot continent on receipt of funding from sources, excluding General Fund monies. Requires the department to report, no later than July 1, 2011, to the Legislature and the Governor on the pilot program. ***Vetoed.***

SB 533 (Yee) – Health: immunizations: pneumococcus
Adds pneumococcus for children under 24 months of age, commencing July 1, 2008, to the list of diseases for which documentation of immunization is required prior to

admission into private or public elementary or secondary schools, child care centers, day nurseries, nursery schools, family day care homes, and development centers. ***Vetoed.***

SB 564 (Ridley-Thomas) – Public School Health Center Support Program
Expands the definition of "school health centers" and requires DPH, to the extent funds are appropriated for implementation of the Public School Health Center Support Program, to establish a grant program to provide technical assistance and funding for the expansion, renovation, and retrofitting of existing school health centers and the development of new school health centers, as specified. ***Chapter 381, Statutes of 2008.***

SB 676 (Ridley-Thomas) – Health: immunizations
Adds a pertussis (whooping cough) booster to the list of immunizations required for 7th grade students prior to school admission. ***Held in Assembly Appropriations Committee.***

SB 775 (Ridley-Thomas) – Childhood lead poisoning
Requires DPH to make available to all health care providers current information about lead and lead poisoning and to report on the state's lead poisoning prevention programs. Requires health care providers, for a child who receives services from a publicly funded program for low-income children, to conduct or provide a referral for a blood lead test and to document the assessment and screening in the child's immunization record. ***Vetoed.***

SB 893 (Cox) – California Children and Families Program: funding
Eliminates the existing percentage allocations to various accounts of the California Children and Families Trust Fund specified under Proposition 10, and, instead, requires funds to be allocated and appropriated to the California Children and Families Program to provide health care services to children consistent with the purposes of the proposition. ***Failed passage in Senate Health Committee.***

SB 1364 (Cedillo) – Autism spectrum disorders: advisory council
Requires DPH to establish the Autism Spectrum Disorders Advisory Council by January 1, 2010, and requires the Council to make recommendations to DPH on ways in which DPH may deal more effectively with autism. Requires DPH, to the extent that private funds are deposited in the Autism Disorders Public Health Program Fund, to create a pilot project to provide a voluntary registry of persons with autism spectrum disorders, and requires DPH to submit a specified report to the Legislature and Governor by June 1, 2010. ***Held in the Assembly Appropriations Committee.***

SB 1470 (Lowenthal) – Homeless Youth Prevention and Assistance Act of 2008
Requires the Department of Mental Health and the Department of Housing and Community Development, on or before May 1, 2010, to develop, adopt, and distribute a statewide strategic prevention and assistance plan to provide supportive services and housing to homeless youth, including those whose current living situations are unstable. ***Held in Senate Appropriations Committee.***

SB 1563 (Perata & Steinberg) – Pervasive developmental disorders
Requires DMHC and the Department of Insurance, until July 1, 2010, to establish the Autism Workgroup for Equitable Health Insurance Coverage, to be comprised of specified persons, for purposes of examining issues related to health care service plan and health insurance coverage of pervasive developmental disorder or autism. Requires those departments and the workgroup to review the standards and best practice guidelines adopted by the State Department of Developmental Services on the screening, diagnosis, assessment, intervention, and treatment of pervasive developmental disorder or autism, and to develop recommendations on ensuring that health care service plans and health insurers provide appropriate and equitable coverage for those conditions. Requires submission of those recommendations to the Legislature no later than July 1, 2009, and provides that costs incurred by its provisions shall be paid from existing resources. ***Vetoed.***

AB 273 (Jones) – Public health: foster children
Requires children removed from their homes as a result of abuse or neglect, and children removed from their homes as a result of being a "delinquent minor," to receive specified Child Health and Disability Prevention program health assessments and oral health services. Requires the county welfare department, at a hearing to terminate jurisdiction over a dependent child, to submit a report verifying that assistance in understanding the child's health care needs, as well as locating health care providers who will be able to meet those needs, has been provided to the child. Requires DHCS, to the extent federal financial participation is available, to extend Medi-Cal benefits to "independent foster care adolescents," as defined, while in foster care or guardianship until the child reaches the age of 21 years. ***Held in Assembly Appropriations Committee.***

AB 834 (Hayashi) – Dental disease prevention programs
Requires community dental disease prevention programs to include age-appropriate education that promotes oral health and focuses on development of personal practices by children in preschool through 6th grade. Requires the services included in the program to be age-appropriate and to include dietary fluoride supplements. Requires services provided that constitute the practice of dentistry to be performed by a licensed dentist or a licensed or registered dental health professional. Permits increases in reimbursement rates on or after July 1, 2008, to local sponsors. Requires DPH to meet with an expert group of stakeholders on a biennial basis to review the educational and preventative components of the program, and to provide input into programmatic changes. ***Vetoed.***

AB 2174 (Laird) – Amino acid-based elemental formulas
Requires health care service plan contracts and health insurance policies to provide coverage for the use of amino acid-based elemental formulas for the diagnosis and treatment of eosinophilic gastrointestinal disorders and short bowel syndrome when the prescribing physician has issued a written order stating that the amino acid-based elemental formula is medically necessary. ***Held in the Senate Appropriations Committee.***

CLINICAL LABORATORIES

SB 661 (Maldonado) – Healing arts: anatomic pathology services
Requires clinical laboratories and physicians who provide anatomic pathology services to directly bill the patient, the responsible third-party payer, the clinical laboratory that referred the specimen that was examined, or the requesting hospital or clinic for those services, except as specified. ***Chapter 656, Statutes of 2007.***

AB 1442 (Feuer) – Clinical laboratories
Exempts clinical laboratories that only perform HIV tests that are classified as waived under the Clinical Laboratory Improvement Act (CLIA), such as rapid HIV tests, from state approval for specified requirements relating to laboratory facilities, testing protocols, and personnel requirements. Imposes specified requirements upon clinical laboratories that perform CLIA-waived HIV tests, including requirements to utilize only FDA-approved test kits, and to use the test kits in accordance with the manufacturers' instructions, and to report to DPH on the number and results of tests performed. ***Died on the Assembly Inactive File.***

EMERGENCY MEDICAL SERVICES

SB 261 (Romero) – Emergency medical services: Trauma Care Fund: state regional trauma system
Establishes a centralized state regional trauma system and requires the Emergency Medical Services Authority to establish up to six trauma care coordinating regions in the state for the purpose of facilitating the coordination of trauma care services, if funds are available in the Trauma Care Fund. ***Held in the Assembly Appropriations Committee.***

SB 583 (Ridley-Thomas) – Emergency medical technicians: certificates: discipline
Prohibits a medical director of a local emergency medical services agency from suspending or revoking any Emergency Medical Technician (EMT)-I certificate issued by a public safety agency, or from placing on probation an EMT-I certificate holder to whom the public safety agency has issued the certificate, until certain policies and procedures are developed by the Emergency Medical Services Authority and approved by the California Emergency Medical Services Commission. Authorizes the medical director to temporarily suspend an EMT-I or EMT-II certificate after making specified determinations. ***Held in Senate Appropriations Committee.***

AB 941 (Torrico) – Emergency medical technicians: certification: discipline
Requires the Emergency Medical Services (EMS) Authority, if certain conditions are met, to maintain a centralized system for monitoring and tracking Emergency Medical Technician-I (EMT) and EMT-II certification status and EMT-P (Paramedic) licensure status, to be used by employers and local EMS agencies as part of the background check process. Requires EMS providers to verify that a background check is completed on all EMT-I and EMT-II holders and to submit certification data. ***Vetoed.***

AB 1900 (Nava) – Penalty assessments: Santa Barbara County level II trauma center

Extends the sunset date to January 1, 2011 for existing law that provides funds for emergency medical services from penalty assessments levied on fines and penalties collected for criminal offenses in Santa Barbara County. Exempts Vehicle Code violations, with the exception of specified driving under the influence and criminal offenses, from the additional penalty assessments, and deletes the existing fund distribution procedure. ***Chapter 323, Statutes of 2008.***

AB 2702 (Nunez) – Maddy Emergency Medical Services Fund: hospital and physician and surgeon reimbursement: Los Angeles County

Allows physicians providing services in a standby emergency department (ED) that was in existence January 1, 2007, in a hospital in Los Angeles County, to receive reimbursement from Proposition 99 (Tobacco Tax and Health Protection Act of 1988) and Maddy Emergency Medical Services (EMS) funds, if the ED treats at least 18,000 patients per year and meets the staffing, equipment, and other requirements of a basic ED. Extends from 2009 to 2014 the sunset date for statutes defining how counties must use Maddy EMS funds under an additional assessment authorized under existing law, to prevent chaptering out a provision of SB 1236 (Padilla), Chapter 60, Statutes of 2008. ***Chapter 288, Statutes of 2008.***

AB 2861 (Hayashi) – Emergency services and care

Clarifies that care and treatment necessary to relieve or eliminate a psychiatric emergency medical condition, as defined, may include admission or transfer to a psychiatric unit within a general acute care hospital or to an acute psychiatric hospital. Requires a provider, if a patient needs to be transferred, to notify the patient's health care service plan, or the health plan's contracting medical provider, as specified. Provides that the transfer shall only occur if, in the opinion of the treating provider, no material deterioration of the patient's psychiatric emergency medical condition is likely to result from, or occur during, a transfer of the patient. ***Vetoed.***

AB 2917 (Torrico) – Emergency medical services personnel

Requires the Emergency Medical Services Authority (EMSA) to establish and maintain a statewide registry containing the status of emergency medical technician (EMT) licenses and certificates, to be used by certifying entities, as defined.

Requires EMSA to develop standards, guidelines, and regulations for certification of specified EMTs. Establishes guidelines for EMT certification and discipline and for investigation of any conduct which threatens public health and safety, as defined. Requires EMSA to adopt regulations regarding the submission of fingerprint images and related information to the Department of Justice. Requires EMSA to establish EMT-I and EMT-II certification and disciplinary guidelines.

Authorizes an EMT-I or EMT-II employer to investigate and discipline those EMT-I and EMT-II employees who commit specified acts. Makes its provisions contingent on enactment of **SB 997 (Ridley-Thomas)**, which adds two members to the Commission on Emergency Medical Services (Commission), one of whom is an employee of the

Department of Forestry and Fire Protection (CAL FIRE) and one of whom is an employee of a city, county, or special district that provides fire protection. Makes its provisions contingent upon enactment of AB 2917 (Torrico). ***Chapter 274, Statutes of 2008 (AB 2917); Chapter 275, Statutes of 2008 (SB 997).***

ENVIRONMENTAL HEALTH

SB 220 (Corbett) – Vended and bottled water

Requires a water vending machine (WVM) to be designed to remove turbidity, off-tastes and odors, provide disinfection treatment, and to reduce or remove dissolved solids, and, beginning January 1, 2009, requires a WVM to be cleaned, serviced, and sanitized at least once every 31 days. Requires WVM owners to keep inspection and consumer complaint records and make them available to DPH upon request. Requires DPH, starting January 1, 2009, to inspect at least 20 percent of WVMs annually and allows DPH to embargo a violating WVM and impose any penalty that DPH deems appropriate. Requires inspection information, container recommendations, and the WVM license decal or seal to be posted in both English and Spanish.

Requires bottled water plants, as a condition of licensure, to annually prepare a bottled water report for the public that includes various statements, as prescribed. Requires bottled water sold in a beverage container to include on its label, additional label or on a package insert, the name and contact information for the bottler or brand owner, the source of the water in the bottle, contact information for obtaining a bottled water report on the quality of the water, and other related information, as prescribed. Requires bottlers who sell directly to consumers to include on each billing statement contact information for the bottler or brand owner and the how to obtain a bottled water report on the quality of the water. ***Chapter 575, Statutes of 2007.***

SB 1334 (Calderon) – Drinking water: pipes and fittings

Provides a process for the certification of compliant pipe, pipe or plumbing fittings or fixtures, solder, or flux by an American National Standards Institute accredited third-party. Requires testing of materials to, at a minimum, be in accordance with the lead plumbing monitoring and compliance testing protocols, as contained in SB 1395 (Corbett). Prohibits the certification process from interfering with either DPH's exercise of its independent authority to protect public health or the exercise of its independent authority to implement SB 1395 (Corbett). ***Chapter 580, Statutes of 2008.***

SB 1395 (Corbett) – Lead plumbing: monitoring and compliance testing

Requires the Department of Toxic Substances Control (DTSC) to annually select not more than 75 drinking water faucets, plumbing fittings, and fixtures to test and evaluate, in order to determine compliance with existing law requiring faucets, fittings, and fixtures to be lead free. Requires DTSC to post the testing and evaluation results on its web site and to transmit the results to DPH. Requires DTSC to use test methods, protocols, and sample preparation procedures for the adequate determination of total lead concentration in a drinking water plumbing fitting or fixture. ***Chapter 581, Statutes of 2008.***

SB 1712 (Migden & Romero) – Adulterated cosmetics
Includes lipstick that contains lead as an "adulterated cosmetic" under the Sherman Food, Drug, and Cosmetic Act, which would effectively ban the sale of lipstick containing lead. Requires any company that manufactures, packages, or sells lipstick in California to report to DPH and to provide evidence that its lipstick was tested and found free of lead by January 1, 2009. Requires enforcement of its provisions to be tied to the California Safe Cosmetics Act of 2005. ***Failed passage in Assembly Health Committee.***

SB 1713 (Migden) – Children's products: bisphenol-A
Prohibits the manufacture, sale or distribution in commerce of any "child care article" (defined as any food or beverage container or other product intended to contain liquids for consumption by children three years of age or younger) that contains detectable levels of bisphenol-A. Requires manufacturers to use the least toxic alternatives when replacing bisphenol-A in their products. ***Failed passage on the Assembly Floor.***

AB 1530 (Lieber) – Pesticide poisoning
Requires laboratories that perform cholinesterase (ChE) testing of human blood to report specified information to the Department of Pesticide Regulation (DPR). Requires DPR to review the ChE test results and to develop criteria to identify results to investigate as part of illness surveillance. Requires DPR to share reports with the local county agricultural commissioner for purposes of investigating the incidence of ChE inhibitor-related illness. Permits the Office of Environmental Health Hazard Assessment (OEHHA) to review the ChE test results and provide an appropriate medical or toxicological consultation to the medical supervisor. Requires DPR and the local county agricultural commission to investigate the incidences of cholinesterase inhibitor-related illness. Requires DPR and OEHHA to report on the effectiveness of the medical supervision program and the utility of laboratory-based reporting of ChE testing for illness surveillance. ***Held in Senate Appropriations Committee.***

AB 2694 (Ma) – Children's product safety: lead poisoning prevention
Prohibits the manufacture, sale, or exchange, possession with intent to sell or exchange, or exposure or offer for sale or exchange to any retailer, effective January 1, 2012, of any toy or child care article or any other product designed or intended for use by, or for the care of, a child 12 years of age or younger, that is a lead-bearing substance, is coated with a lead-bearing substance, or includes a component that is a lead-bearing substance, as defined. Contains exemption for a component part of a children's product that is not accessible to a child through normal and foreseeable use and abuse of the product and specified electronic products and electronic components. ***Held in Senate Health Committee.***

FOOD SAFETY AND NUTRITION

SB 20 (Torlakson) – Pupil nutrition: free and reduced-price meals: reimbursement
Requires schools, and encourages child development programs, beginning with fiscal year 2007-08, in order to receive reimbursement for meals and food items sold as part of

the free-and reduced-price meal program, to follow specified nutritional guidelines and prohibit the sale or serving of food that is deep fried, par fried, or flash fried by the school, or food that contains trans fat, as specified. ***These provisions were amended out of the bill.***

SB 63 (Migden) – Food labeling: cloned animals
Requires manufacturers or processors of human food that sell food containing any product from a cloned animal or its progeny to label the food to indicate that it includes such cloned animal products. Imposes specified disclosure and/or labeling requirements upon every livestock producer, food importer, or any person who produces, sells, and/or otherwise transfers food that contains any product from a cloned animal or its progeny. ***Vetoed.***

SB 107 (Alquist) – Community development: healthy food choices
Requires DPH to establish a grant and loan program to support projects in underserved communities that develop or revitalize retail grocery stores or farmers' markets that increase or improve healthy food options at existing small markets, or that create or support other retail or fruit and vegetable distribution innovations. Requires grants and loans to be made on a competitive, one-time basis to eligible for-profit, non-profit or governmental applicants that serve underserved communities, and used to pay for acquisition of land, refrigeration units, workforce development and training, and other items. ***These provisions were amended out of the bill.***

SB 120 (Padilla) – Food facilities: nutritional information
Requires each food facility, with certain exceptions, that meets specified criteria to provide nutritional information that includes, per standard menu item, the total number of calories, grams of saturated fat, grams of trans fat, number of carbohydrates and milligrams of sodium on standard menus. Requires the menu boards to include the total number of calories. Provides that, on and after July 1, 2009, a food facility that violates the provisions of the bill is guilty of an infraction. ***Vetoed.***

SB 200 (Florez) – Food safety: produce inspector: leafy green vegetable licensing
Requires the State Public Health Officer to recall any produce or food processed from produce that he or she believes could kill or seriously affect human health, as specified. Authorizes the State Public Health Officer to adopt recall and sanitary regulations and take other specified actions related to the destruction or disposal of produce and the cleaning and disinfection of contaminated facilities. Requires the State Public Health Officer and the California Department of Food and Agriculture to establish and administer a leafy green vegetable inspection program and appoint inspectors to conduct inspections on fields, as specified. ***These provisions were amended out of the bill.***

SB 201 (Florez) – Agriculture: leafy green vegetable crop safety
Prohibits growers, handlers, shippers or processors of leafy green vegetables from engaging in certain practices regarding water use, fertilizer or soil amendment use, and placement of toilet facilities, and prohibits the handling or shipping of any leafy green vegetable intended for human consumption unless it has been verified to meet specified criteria. Requires DPH to adopt regulations containing Hazard Analysis and Critical

Control Point guidelines and Good Agricultural Practices, as specified, and to develop model documents and checklists to assist growers, handlers, shippers, and processors of leafy green vegetables in complying with these provisions.
These provisions were amended out of the bill on June 5, 2008, and replaced with the following provisions:
Exempts dairy farms that produce and process guaranteed raw milk, or Grade A raw milk, to be sold to the consumer, from the 10 coliform bacteria per milliliter standard, if they meet alternative requirements, including the development and maintenance of an individualized Hazard Analysis Critical Control Point plan for each critical process in the production of raw milk on the dairy farm, to be approved by the Department of Food and Agriculture (CDFA) and DPH. Requirements also include periodic testing for certain bacteria and pathogens and transmittal of results to state agencies, training for certain dairy farm employees on the Hazard Analysis Critical Control Point plan, authorization for the CDFA to suspend or revoke its approval of a dairy farm's plan, and a prohibition on receiving raw milk from other sources. ***Vetoed.***

SB 202 (Florez) – Agriculture: leafy green vegetable crop traceback
Requires growers, handlers, and processors of leafy green vegetables to use a Julian dated code lot numbering system or other scientifically validated systems for the purposes of tracing a product throughout the production, distribution, and marketing chain. Requires growers, handlers, and processors to conduct periodic mock recalls and to identify a recall coordination team within its operation to rapidly identify and remove products. ***Failed passage in Assembly Agriculture Committee.***

SB 441 (Torlakson) – State property: vending machines
Requires a vendor that operates or maintains a vending machine on designated state property, until a specified date, to offer food and beverages in the vending machine that meet accepted nutritional guidelines, as defined, in accordance with certain percentages. ***Chapter 597, Statutes of 2008.***

SB 490 (Alquist) – Pupil nutrition: trans fats
Prohibits, beginning July 1, 2009, a school or school district from making available to pupils enrolled in kindergarten or Grades 1 through 12 a food containing artificial trans fat, as specified, and prohibits the use of artificial trans fat in the preparation of a food item served to those pupils. Exempts from these requirements food provided as part of a USDA meal program. ***Chapter 648, Statutes of 2007.***

SB 1359 (Runner) – Retail food facilities
Makes technical and clarifying changes to food safety laws governing retail food facilities regulated under the California Retail Food Code. Provides additional enforcement options for local health officers when a major violation is present at a food facility, revises the definition of temporary food facility, and prohibits food stored in a private home from being used or sold in a food facility. ***Vetoed.***

SB 1420 (Padilla) – Food facilities: nutritional information
Requires a food facility with 20 or more locations throughout the state, as defined, to disclose to customers specified nutrition information, including the total number of

calories, grams of carbohydrates, grams of saturated fat, and milligrams of sodium, for standard food items, in the following manner: For the period beginning July 1, 2009, until December 31, 2010, requires a food facility that does not provide sit-down service to disclose the nutritional information in a clear and conspicuous manner on a brochure that is made available at the point of sale prior to or during the placement of an order. For a food facility that provides sit-down service, requires the nutritional information to be provided in a clear and conspicuous size and typeface on at least one of the following: a brochure available on the table; a menu next to each standard menu item; a menu under an index section that is separate from the listing of standard menu items; a menu insert; or a table tent on the table. Requires, beginning January 1, 2011, each food facility that uses a menu, an indoor menu board, or display tag as an alternative to a menu to disclose, per standard menu item, the calorie content information next to the item on the menu or menu board, or on the display tag, in a size and typeface that is clear and conspicuous.

Defines "standard menu item" to mean a food or beverage item offered for sale at least 180 days per calendar year, but does not include a food item that is customized on a case-by-case basis in response to an unsolicited customer request; alcoholic beverages and packaged food subject to federal labeling laws; or food or beverage served in a self-service buffet or bar. Declares that its provisions, as well as other state laws that regulate the disclosure of nutritional information, is a matter of statewide concern and prohibits an ordinance or regulation of a local government from regulating the disclosure of nutritional information by a covered food facility. Makes specified provisions for drive-through menus and items meant to serve more than one individual. Allows a food facility to comply with the January 1, 2011, standard, beginning July 1, 2009, in lieu of complying with requirements that are effective July 1, 2009. ***Chapter 600, Statutes of 2008.***

SB 1576 (Florez) – Food commodities: country of origin

Requires retailers of meat and seafood, perishable agriculture commodities, tree nuts, and peanuts to provide information on the country of origin of those products. Requires the information to be provided to the consumer at the final point of sale by various means, including a label, placard, or other clear and visible sign. Requires that DPH administer the bill and adopt regulations to implement the bill. Requires any person engaged in the business of supplying a covered commodity to a retailer to provide information to the retailer indicating the country of origin of the covered commodity. ***Held in Senate Appropriations Committee.***

AB 97 (Mendoza) – Food facilities: trans fats

Prohibits storing, distributing, serving, or using any food, oil, shortening, or margarine containing artificial trans fat in the preparation of any food within a food facility, effective January 1, 2010, or January 1, 2011, depending on the food product. Exempts food sold or served in a manufacturer's original, sealed package. Exempts food provided by public elementary, middle, junior high or high school cafeterias. Requires every food facility, except a public school cafeteria, to maintain on the premises the label required for any food or food additive that is, or includes, any fat, oil, or shortening, for as long as the food or food additive is stored, distributed, or served by, or used in the preparation of food within the food facility. ***Chapter 207, Statutes of 2008.***

AB 1100 (Ruskin) – Food labeling

Requires every livestock producer, as defined, who sells or transfers any cloned animal or its progeny for the purposes of producing food for human consumption to a manufacturer or producer of food for human consumption, to disclose that the animal is a cloned animal or its progeny. Requires a manufacturer or producer of food for human consumption that sells any food that contains any product from a cloned animal or its progeny to label the food to clearly indicate that the food includes the product of a cloned animal or its progeny, unless preempted by federal law, and imposes similar labeling requirements on importers of food products. ***These provisions were amended out of the bill.***

AB 1503 (Fuller) – Pupil nutrition

Revises the requirements for schools to receive the $0.21 state reimbursement rate for free and reduced-price meals, including not selling or serving any food item that is fried in any manner, and initiating the process of eliminating foods containing manufactured trans fats. Reduces the statutory reimbursement rate for free and reduced-price meals from $0.21 to $0.1563 commencing with the 2006-07 fiscal year. ***These provisions were amended out of the bill.***

AB 1735 (Committee on Agriculture) – Milk and dairy products: standards

Makes several changes to state milk standards and grades, including: 1) modifying the cooling requirements for storage and transportation of pasteurized and raw market milk; 2) increasing the required score for Grade A raw milk dairies and Grade A pasteurized milk dairies from 85 percent or better to 90 percent or better on the dairy scorecard; 3) establishing maximum bacterial count for ice cream, sherbet, and quiescently frozen confections; establishing maximum coliform bacterial counts for raw milk, sour cream, and yogurt, and in the last case, maximum colonies for molds, yeasts, and other fungi; and establishing both bacterial count and coliform bacterial counts for half-and-half, non-fat dry milk, light whipping cream, heavy cream, whipped cream, and egg nog. ***Chapter 339, Statutes of 2007.***

AB 2168 (Jones) – Farm standards: direct marketing: retail food

Creates farm stands as a new class of food facility, subject to specified, limited health and sanitation provisions. Expands the list of people to whom farmers can sell produce that is exempt from size, standard pack, container, and labeling requirements, provided specified requirements are met. Revises the definition of "produce" and "producer." Authorizes the Secretary of the California Department of Food and Agriculture to adopt related regulations. ***Chapter 447, Statutes of 2008.***

AB 2540 (Mendoza) – Mobile food facilities

Establishes "single operating site mobile food facility" as a new category of mobile food facilities (MFFs) regulated under the California Retail Food Code (CRFC) and revises existing CRFC standards relating to water storage, contamination prevention, and construction requirements for MFFs and satellite food service operations. ***Vetoed.***

AB 2572 (Parra) – Food facilities: nutrition information
Requires a food facility, as defined, with 20 or more locations throughout the state to disclose to customers specified nutrition information for standard food items on a menu or brochure at the point of sale prior to or during the placement of the order. Makes specified provisions for drive-through menus. ***Held in Senate Appropriations Committee.***

HEALTH CARE COVERAGE

(For bills dealing with children's health care coverage, please see the Children's Health section.)

SB 48 (Perata) – Health care coverage: employers and employees
Extends health coverage for uninsured workers and their dependents and establishes a basic standard regarding employer spending for health care. Establishes a "Connector" purchasing pool, which would leverage market power to control costs. Accesses new federal funds to help reduce contribution levels for employers and employees.

Phases-in guaranteed issue of health care coverage to eliminate the use of medical underwriting practices that currently allow health insurers to deny coverage to individuals with pre-existing health conditions. Requires all workers with family incomes over 400 percent of the federal poverty level (FPL) to demonstrate proof of health coverage if the cost of minimum coverage is less than five percent of family income. ***Held in Assembly Appropriations Committee.***

SB 51 (Ducheny) – San Diego health care demonstration project
Establishes the San Diego Health Care Connection Demonstration Project to assist employers in San Diego County in providing health care benefits to employees. Requires the Managed Risk Medical Insurance Board (MRMIB) to contract with a designated entity to operate the demonstration project. Specifies various components of the project, including a premium assistance program for eligible employees, criteria for participation in the project by employers and employees, and an essential benefits package consisting of health care benefits and dental coverage to be offered by participating health and dental plans. Requires DHCS to secure federal waivers required for the project by June 30, 2008. Requires MRMIB to submit an annual report to the Legislature on the progress and outcomes of the project and to report to the Legislature by January 1, 2011, regarding the feasibility of expanding the project to part-time employees. ***Held in Senate Appropriations Committee.***

SB 840 (Kuehl) – Single-payer health care coverage
Establishes the California Healthcare System (CHS), a single payer health care system, administered by a newly established California Healthcare Agency (CHA), to provide comprehensive health insurance coverage to all California residents. Requires the CHA, via an appointed Commissioner, to oversee and establish an integrated system of health care delivery networks, develop an enrollment system, negotiate or set fees for health care services, and pay claims for those services. Requires the CHS to become operational

upon a finding by the CHHSA Secretary that sufficient funding would be available for implementation, and provides authority for a loan from the General Fund to finance transitional costs. ***Vetoed.***

SB 1014 (Kuehl) – Taxation: single-payer health care coverage tax
Imposes a health care coverage tax, at an unspecified rate, on the wages of an employee to be paid by both the employee and his or her employer, as provided. Requires revenues be deposited into the Health Insurance Fund created by the bill and provides that the funds are continuously appropriated to the California Health Insurance Agency for purposes of administering health care benefits under the California Health Insurance System, to be established by SB 840 (Kuehl) of 2008. Imposes a tax, at unspecified rates, on a taxpayer's taxable income that exceeds $200,000, a tax on self-employment income of an individual taxpayer, and a tax on the non-wage income of a taxpayer for the same purposes. ***Held in Senate Revenue and Taxation Committee.***

SB 1379 (Ducheny) – Fines and penalties: physician loan repayment
Requires fines and administrative penalties levied against health plans under the Knox-Keene Health Care Service Plan Act of 1975 to be placed in the Managed Care Administrative Fines and Penalties Fund and used, upon appropriation by the Legislature, for a physician loan repayment program and the Major Risk Medical Insurance Program (MRMIP), instead of being deposited in the State Managed Care Fund. Requires DMHC to make a one-time transfer of fine and administrative penalty revenue of $10 million to MRMIP and $1 million to the loan repayment program. Prohibits using the fines and administrative penalties authorized by the Knox-Keene Act to reduce assessments on health care service plans that support administration of the Knox-Keene Act, and prohibits any refunds or reductions in those assessments in specified circumstances. ***Chapter 607, Statutes of 2008.***

SB 1459 (Yee) – Health care coverage: Cal-Health Act
Creates the California Health Care Program (Cal-Health) to coordinate the Medi-Cal and Healthy Families programs, and requires DHCS and the Managed Risk Medical Insurance Board (MRMIB) to carry out the duties and function of Cal-Health. Directs that there be no asset test for specified categories of children and adults that are eligible for Medi-Cal. Requires preschools and public elementary and secondary schools, with respect to each enrolled child, to inform parents and caretakers about Cal-Health and to accept applications at the school. Requires all licensed hospitals, clinics, and other health facilities to inform an uninsured child about Cal-Health and its eligibility requirements. Transfers the eligibility determinations for children in the Health Families program to the county welfare departments. Requires MRMIB and the department to make any changes necessary in the application process to facilitate county involvement. Requires the development of an electronic application to facilitate enrollment in Cal-Health by health care providers. Requires counties to participate in the accelerated enrollment program for pregnant women in Medi-Cal. ***Held in Senate Appropriations Committee.***

SB 1622 (Simitian) – California Health Benefits Services Program
Establishes the California Health Benefits Service (CHBS) within DHCS for the purpose of expanding public health insurance coverage options. Requires the CHBS to facilitate

voluntary joint ventures between existing public insurance programs and providers, including county operated health systems, local initiatives, and the County Medical Services Program. Requires the CHBS, by January 15, 2009, to identify and report to the Legislature the regulatory, statutory, and financial barriers affecting joint ventures between public health plans or the expansion of existing public health plans, and requires any joint venture to be licensed as a health plan. ***Held in Senate Appropriations Committee.***

SBX1 10 (Maldonaldo) – Personal income tax: health savings account (HSA)
Conforms state law to the federal HSA provisions beginning with taxable year 2006 by allowing the same deduction for contributions to an HSA by or on behalf of an individual, and adopting the rules applicable to trusts in order for the trust to be exempt from state personal income tax. Provides a different penalty than federal law for distributions for other than qualified medical expenses. Allows contributions to an HSA (including salary reductions made through a cafeteria plan) to be excluded from an employee's gross income. Allows rollovers of funds from medical savings accounts (MSAs) to HSAs, as well as rollovers between HSAs, to be made without penalty. Effective beginning with the 2006 tax year, allows amended returns to be filed for 2006 to claim the deduction and to refund any penalties assessed on amounts rolled over from an MSA for that taxable year. ***Failed passage in Senate Health Committee.***

ABX1 1 Nunez – Health care reform
Requires all California residents to carry a minimum level of health insurance coverage for themselves, as well as for their dependents, with exceptions. Establishes the California Cooperative Health Insurance Purchasing Pool (Cal-CHIPP), a state purchasing pool administered by the Managed Risk Medical Insurance Board (MRMIB), to offer subsidized and unsubsidized health care coverage to eligible individuals and their dependents.

Expands eligibility for, and provides for streamlined enrollment into, the Medi-Cal and Healthy Families programs, and increases Medi-Cal provider rates for hospitals and physician services.

Requires health plans and insurers to offer and renew, on a guaranteed basis, individual coverage in five designated coverage categories, regardless of the age, health status, or claims experience of applicants, and establishes new modified community rating rules for the pricing of individual coverage. Requires health plans and insurers to charge premiums for individual coverage that reflect standard risk rates based on established age, family size, and geographic region rating categories, and to expend no less than 85 percent of the revenues they receive from dues, fees, premiums, or other periodic payments, on health care benefits.

Establishes a committee to develop and recommend a health care cost and quality transparency plan designed to provide public reporting of health care safety, quality, and cost information, and to monitor the implementation of the plan. Requires the California Health and Human Services Agency to develop performance benchmarks for quality

measurement, and to incorporate those benchmarks into a common "pay for performance" model to be offered in every state-administered health care program.

Requires the implementation and statewide adoption of e-prescribing.

Establishes the California Health Benefits Service (CHBS) for the purpose of expanding public coverage options and requires the CHBS to identify and report to the Legislature on barriers relating to the establishment and maintenance of joint ventures between county health plans.

Implements provisions intended to reduce or offset a portion of the costs of health coverage, as well as several new programs and initiatives related to disease prevention and promotion of health and wellness.

Expresses intent that financing for the bill's provisions would come from a variety of sources, including federal funds related to Medi-Cal and Healthy Families program expansions, fees from employers, revenues from counties, fees paid by acute care hospitals, premium payments from individuals, and funds from a new tobacco tax. Requires some of these financing measures to be contained in a proposed ballot initiative. Makes its provisions contingent upon a finding by the Director of Finance that sufficient state resources are available to implement the provisions. ***Failed passage in Senate Health Committee.***

AB 2 (Dymally) – Health care coverage

Revises and restructures the Major Risk Medical Insurance Program (MRMIP), which provides subsidized individual health care coverage for medically uninsurable persons. Secures additional funding and coverage for MRMIP-eligible persons by requiring all health plans and health insurers (collectively carriers) selling individual coverage in the state to accept assignment of such persons or to support the costs of MRMIP through a per person fee on individual health plan contracts and policies. Enacts specified program changes related to eligibility, benefits, and program administration.

Requires, as of January 1, 2010, or earlier, a person to have been rejected for coverage by at least two private health plans to be eligible for MRMIP. Requires MRMIB to establish a voluntary reenrollment program for persons enrolled in the former pilot program and implement benefit changes for MRMIP, including no annual benefit cap and a lifetime benefit maximum of no less than $1 million.

Requires MRMIB to appoint a panel to advise MRMIB on MRMIP, and requires MRMIB to report and make recommendations to the Legislature by September 1, 2009, regarding the status of benefits and premiums provided to federally eligible defined individuals, based on data provided by plans and insurers. ***Vetoed.***

AB 8 (Nunez) – Health care coverage: employers and employees

Requires employers to elect to spend 7.5 percent of Social Security wages on health care expenditures for full-time and part-time employees and dependents, or pay an equivalent amount into a trust fund. Establishes the California Cooperative Health Insurance

Purchasing Program (Cal-CHIPP), a statewide purchasing pool administered by MRMIB. Requires employees to either accept the employer's health expenditures, or enroll in coverage through Cal-CHIPP, with exceptions. Expands eligibility for Medi-Cal and Healthy Families programs for both children and adults.

Requires health plans and insures to standardize medical underwriting, issue plans and policies on a guarantee issue basis, use community rating in the individual market, and spend 85 percent of their premium revenues on health care services. Extends existing requirements relating to the offering, marketing, and selling of small employer health coverage plans and policies, including guaranteed renewal, and use of risk adjustment factors, to mid-size employers.

Establishes the California Health Care Cost and Quality Transparency Commission (Commission) to adopt a health care cost and quality transparency plan to advance transparent public reporting of safety, quality, and cost efficiency information at all levels of the health care system. Establishes the California Health Benefits Service to facilitate voluntary joint ventures between existing public insurance programs and providers, including county operated health systems, local initiatives, and the County Medical Services Program. ***Vetoed.***

AB 12 (Beall) – Adult Health Coverage Expansion Program: Santa Clara County
Authorizes the creation of a pilot program, the Adult Health Coverage Expansion Program (AHCEP), in Santa Clara County to cover a maximum of 5,000 small business employees with income that is less than 350 percent of the federal poverty level (FPL). Requires health care services provided through the program to be substantially similar to the benefits offered under the Healthy Families program to the extent practicable, but requires the AHCEP to provide at least all of the "basic health care services" as defined in the Knox Keene Act and related regulations. ***Chapter 677, Statutes of 2007.***

AB 550 (Ma) – Managed Risk Medical Insurance Board: health care service plans
Authorizes the Managed Risk Medical Insurance Board (MRMIB) to operate a health care service plan that is exempt from licensure but must comply with requirements that apply to health care service plans. Establishes the Managed Risk Medical Insurance Board Health Care Service Plan Fund (Fund) to receive premiums and other funds received in conjunction with operating the plan, and authorizes the Legislature to appropriate funds to MRMIB for costs of implementing the plan. Provides that notwithstanding any other provision of law, the state shall not be liable for any obligations related to the plan in excess of the amount of funds in the Fund. ***These provisions were amended out of this bill.***

AB 910 (Karnette) – Disabled persons: support and health care coverage
Expands the eligibility criteria under which health plans and insurers must continue coverage for disabled children who reach adulthood, and requires health plans and insurers to follow notice requirements regarding dependent coverage termination. Makes related changes in the context of court-ordered support for such dependent children. ***Chapter 617, Statutes of 2007.***

HEALTH CARE FACILITIES AND CLINICS

SB 208 (Runner) – Health facilities: correctional treatment center license fees
Exempts state-licensed correctional treatment centers (CTCs) operated by counties from state licensing fee requirements, and prohibits program, operation, administrative overhead, and indirect costs that would otherwise have been incurred by DPH from licensing CTCs to be allocated or otherwise used to increase licensing fees for any other facility licensing fee category. ***Held in Senate Appropriations Committee.***

SB 275 (Cedillo) – Health facilities: patient transporting
Prohibits a general acute care hospital, acute psychiatric hospital, or special hospital (hospital) from causing a patient to be transported to a location other than the patient's residence or another health facility, without the patient's written consent, as specified. Establishes penalties for violation of the bill's provisions and authorizes the Attorney General, a district attorney, or a city attorney, to bring a civil action against the health facility for violations of the bill's provisions. Directs DPH to consider specified enforcement actions if it determines that a hospital has violated the prohibition. ***Vetoed.***

SB 306 (Ducheny) – Health facilities: seismic safety
Permits a hospital owner to comply with seismic safety deadlines and requirements in current law by replacing all of its buildings subject to seismic retrofit by January 1, 2020, rather than retrofitting by 2013, and then replacing them by 2030, if the hospital owner meets several requirements, including that the hospital owner has requested an extension of the 2008 and 2013 seismic safety deadlines and lacks the financial capacity to meet the existing deadlines, as specified. Also requires Office of Statewide Health Planning and Development to prepare and provide to the Legislature, prior to April 1, 2008, a report that details how the field review and approval process for hospital construction projects will be implemented without undue delay. ***Chapter 642, Statutes of 2007.***

SB 462 (Torlakson) – Hospice providers: hospice licensed beds
Establishes a new health facility licensing category for freestanding hospice facilities through which all levels of hospice care would be provided to hospice patients. Requires DPH to adopt regulations to establish standards for the services and requirements of hospice facilities, including safety, sanitation, and staffing requirements, and specifies the requirements and services a hospice facility must meet to qualify for licensure. ***Chapter 338, Statutes of 2008.***

SB 541 (Alquist) – Clinics, health facilities, home health agencies, and hospices: administrative penalties and patient information
Increases the level of administrative penalties DPH may assess against hospitals for deficiencies that constitute immediate jeopardy to the health or safety of patients. Requires health care facilities to prevent unlawful or unauthorized access to, use, or disclosure of, patients' medical information and to establish safeguards to protect the privacy of patients' medical information. Authorizes DPH to levy administrative penalties against facilities for failure to prevent unlawful or unauthorized access, use, or disclosure of patients' medical information and for failure to report instances of unlawful or unauthorized access, use, or disclosure of information. Requires penalties collected

under the bill and for failure to report an adverse event under existing law to be deposited in an Internal Departmental Quality Improvement Account, which is established by the bill. ***Chapter 605, Statutes of 2008.***

SB 725 (Alquist) – Agnews Developmental Center closure: outpatient clinic
Requires the Department of Developmental Services (DDS) to continue to provide specialized health and dental services currently provided at the Agnews Developmental Center outpatient clinic after the closure of the Agnews Developmental Center, and until DDS no longer has responsibility for Agnews property. Requires DDS to take steps to prevent any disruption in outpatient services as a result of phasing out and closure of Agnews Developmental Center and to inform the Legislature of any deficiencies, licensing violations, or other formal action from local, state, or federal authorities that could affect the services provided at Agnews outpatient clinic. ***Held in Assembly Appropriations Committee.***

SB 891 (Correa) – Health facilities: elective percutaneous coronary intervention
Establishes, until January 1, 2014, the Elective Percutaneous Coronary Intervention (PCI) Pilot Program in DPH, under which DPH would authorize six acute care hospitals to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients. Provides that, in order to be a participating hospital, a hospital has to be a general acute care hospital, have a licensed cardiac catheterization laboratory, be in compliance with all applicable state and federal licensing laws and regulations, demonstrate that it complies with the recommendations of the Society for Cardiovascular Angiography and Interventions (SCAI) for performance of PCI without onsite cardiac surgery, and meet additional criteria, as specified.

Requires DPH to submit a report to the Legislature no later than 90 days after the termination of the pilot project that includes an evaluation of the program's cost, safety, and quality of care, and a comparison of outcomes in hospitals with and without cardiac surgery services. ***Chapter 295, Statutes of 2008.***

SB 1170 (Alquist) – Intermediate care facilities: staff
Requires DPH, the Department of Developmental Services, and DHCS to promulgate emergency regulations setting forth training standards for intermediate care facility/developmentally disabled-nursing (ICF/DD-N) staff. ***Held in Senate Appropriations Committee.***

SB 1221 (Kuehl) – Health facility financing
Requires a health facility, except a children's hospital, that seeks financing for a project from the California Health Facilities Financing Authority (CHFFA), a local government entity, or joint powers authority (JPA) to demonstrate the performance of community service by submitting specified documents related to its charity care policy; Medi-Cal contracts; tracking and reporting of costs, charges, and clinical quality data; and community benefits plan. Requires a hospital that does not submit this information to demonstrate the performance of community service in other ways. Requires a health facility that is not a hospital subject to the community benefits requirements or a non-hospital affiliate and does not submit any of the information described above to

demonstrate the performance of community service by other means, including, but not limited to, providing a certification that it is a federally qualified health center, a primary care clinic, free clinic, or a clinic that is open for no more than 20 hours a week. ***Vetoed.***

SB 1260 (Runner) – Hospital licensing
Requires DPH to separately identify on a hospital's license each supplemental service, including the address of where each outpatient service is provided and the type of services provided at each outpatient location. Requires DPH, on or before July 1, 2010, to post on its web site a listing of all hospital outpatient services identified on the hospital's license as a supplemental service. ***Chapter 396, Statutes of 2008.***

SB 1688 (Ridley-Thomas) – Health facilities: level of care
Requires the owner or operator of a for-profit general acute care hospital, which is situated on or in real property that is owned by a real estate investment trust, to maintain and operate the hospital so as to provide a level of care and services that is similar to or exceeds the level of care and services that it provided to the community in the preceding calendar year, as determined by DPH. Prohibits the owner or operator from decreasing the total amount of expenditures for the hospital by more than 10 percent from the prior year's expenditures without approval from DPH, based upon a finding that the decrease would not adversely impact the level of care and services provided by the hospital. Allows DPH to take into consideration certain factors in making its determinations and findings, and allows the Director of DPH to assess administrative penalties for violations of the bill's provisions. ***Put over by author in Assembly Appropriations Committee.***

SB 1721 (Yee) – Health facilities: direct care nurses
Requires hospitals to ensure that direct care nurses receive and complete orientation to the hospital and patient care unit in which they will be working and to demonstrate competency before being assigned to direct patient care. Requires competency to be demonstrated through direct observation by a direct care registered nurse who has demonstrated competency. Specifies that a nurse that has not completed orientation shall not be counted for purposes of nurse-to-patient staffing ratios. Provides that state inpatient mental health hospitals, developmental centers, and veterans' homes are exempt from these provisions. ***Held in Assembly Appropriations Committee.***

SB 1729 (Migden) – Health facilities: training
Requires all registered nurses, certified nurse assistants, licensed vocational nurses, and physicians working in a skilled nursing facility (SNF) or a congregate living health facility to participate in a training program, prescribed by DPH, that focuses on preventing and eliminating discrimination based on sexual orientation and gender identity. Permits DPH to incorporate the training into any existing training program that is designed to prevent or eliminate discrimination in senior care facilities. Permits DPH to charge each licensed SNF and congregate living health facility a fee associated with determining compliance and requires the fee to not exceed DPH's costs for the enforcement of the provisions of this bill. ***Chapter 550, Statutes of 2008.***

SB 1734 (Kuehl) – Hospitals: level of care

Prohibits a real estate investment trust that owns real property, on which is situated a licensed general acute care hospital, and where the owner or operator of the hospital has announced an intention to sell any portion of its interest in the hospital, from amending, modifying, or terminating a lease of, or selling any interest in, the real property if this results in a reduction of care provided by the hospital or the closure of the hospital, except with approval from DPH based upon a specified finding. Requires DPH to establish a mediation process to resolve any dispute between the real estate investment trust and operator of the hospital, if the dispute could result in the hospital's closure, and authorizes the director to appoint a temporary manager if certain circumstances exist, as specified. ***Put over by author in Assembly Appropriations Committee.***

AB 13 (Brownley) – Hospitals: staffing

Requires, effective January 1, 2010, each general acute care hospital, acute psychiatric hospital or specialty hospital to adopt a plan or procedure for determining staffing levels for non-nurse professional and technical staff. Requires hospitals to annually review their plan or procedure to determine whether it should be adjusted in order to reduce bad patient outcomes and workplace injuries, as specified, and to make the plan or procedure available for review upon request. Requires DHS to review the plan or procedure, the hospital's compliance with it, and the annual updates to it during its licensing surveys to assess compliance with state or federal statutes or regulations, and deems a hospital's failure to comply with the plan or procedure to constitute staffing that has the potential for harm to patients. ***Vetoed.***

AB 371 (Huffman) – Health facilities

Requires every hospital that applies for tax-exempt bonds to provide a copy of its injury and prevention program. Provides that if the hospital's injury and illness prevention program does not include a safe patient handling policy, as defined, the hospital must include a description of how it will allocate financial resources for the planning, purchase, construction, and installation of equipment to implement a safe patient handling policy. ***Vetoed.***

AB 543 (Plescia) – Surgical clinics: licensure

Requires any person or entity seeking licensure for a surgical clinic, with exceptions, to meet, in addition to other requirements, prescribed operational, staffing, and procedural standards. Requires DPH to perform initial inspections of surgical clinics within 45 days of an approved application, and to perform periodic inspections every three years thereafter. Requires, upon an appropriation in the annual budget act, DPH to develop a training program for surgical clinic inspections and to provide an annual report to the Legislature on the training program.

Allows surgical clinics that are accredited or certified to participate in the Medicare program, but that are not formally licensed as surgical clinics, to purchase drugs on a wholesale basis for administration or dispensing to patients registered for care at the clinic, and requires such clinics to be inspected by the Board of Pharmacy on a periodic basis, as specified. ***Vetoed.***

AB 632 (Salas) – Health care facilities: whistleblower protections

Extends existing protections against discrimination or retaliation by a health care facility for persons who present grievances or complaints, or who initiate an investigation regarding the facility's quality of care, services, or conditions, to members of the medical staff and other health care workers of the facility.

Extends the rebuttable presumption that a retaliatory action has occurred, if discriminatory treatment occurs within 120 days of the filing of the grievance or complaint, to members of the medical staff and other health care workers.

Provides that members of the medical staff who have suffered from such retaliation or discrimination shall be reinstated and reimbursed for lost income resulting from any change in the terms or conditions of their privileges caused by the acts of the facility or entity that owns the facility. Also provides that an employee who has been discriminated against in employment, in violation of those provisions, shall be entitled to reinstatement, reimbursement for lost wages and work benefits caused by the acts of the employer, or other remedies deemed warranted by the court. ***Chapter 683, Statutes of 2007.***

AB 993 (Aghazarian) – State Department of Public Health: licensure: home health agencies

Requires DPH to complete home health agency (HHA) application paperwork, conduct licensure and certification surveys, and forward survey results, as well as other information necessary for certification to the Centers for Medicare and Medicaid Services, within specified timeframes. Requires DPH to notify the applicant in writing if it is unable to meet prescribed timelines, and to mail a licensure renewal application to each licensed HHA at least 45 days prior to expiration of the license. Requires DPH to restructure HHA licensing and certification program fees in a budget neutral manner for the 2008-09 fiscal year, and requires an applicant for certification as a certified home health aide to successfully complete a training program with a minimum of 75 hours or an equivalent competency evaluation program approved by DPH. ***Chapter 620, Statutes of 2007.***

AB 1060 (Laird) – Tissue banks: licensure

Exempts from tissue bank licensing requirements the storage of freeze dried bone and dermis by any licensed dentist practicing in a lawful practice setting, providing that the freeze-dried bone and dermis has been obtained from a licensed tissue bank and is stored in strict accordance with a kit's package insert and any other manufacturer instructions and guidelines, and is used for the express purpose of implantation into a patient. ***Chapter 427, Statutes of 2008.***

AB 1390 (Huffman) – Hospitals: physician groups medical staff membership: clinical privileges

Extends an existing prohibition, under which hospitals are prohibited from conditioning medical staff membership or clinical privileges on the basis of whether a physician or podiatrist contracts with a health plan or health insurer, to additionally prohibit conditioning medical staff membership or clinical privileges on whether a physician or

podiatrist contracts with an entity (e.g., a medical group or independent practice association) with which the health plan or health insurer subcontracts. Also includes entire hospital-based physician groups under the existing and expanded protections against conditioning of medical staff membership or clinical privileges on the existence of contracts. ***These provisions were amended out of the bill.***

AB 1773 (Hayashi) – Retail food: long-term health care facilities

Requires the Director of DPH, by January 1, 2010, to review the food safety and dietary services provisions contained in federal certification and state licensing survey requirements, as they pertain to long-term care facilities, and to compare the requirements to those used by local environmental health directors to survey food facilities. Requires the director to also make a specified determination as to the need for developing specific recommendations regarding the best ways to ensure the adequacy of food safety and dietary services in long-term health care facilities. Requires the director, by September 1, 2009, to provide the findings and recommendations required to be developed pursuant to the bill to the appropriate policy and fiscal committees of the Legislature. Prohibits an enforcement agency from permitting, inspecting, or charging specified long-term health care facilities a fee for the permit for the period from January 1, 2009, to January 1, 2010. Also exempts, until January 1, 2011, all long-term health care facilities from the building and structural requirements of CalCode. ***Moved to the Senate Inactive File. Author sent a letter to DPH to execute provisions in the bill.***

AB 2146 (Feuer) – Health care providers: billing

Requires DHCS and the Managed Risk Medical Insurance Board to adopt policies regarding nonpayment for hospital-acquired conditions under Medi-Cal and Healthy Families programs. Places restrictions on the ability of providers who contract to provide services under these programs to charge patients for services for which payment is denied by the programs. Also places restrictions on contracts between providers and health plans and health insurers regarding nonpayment for hospital-acquired conditions. Prohibits providers who contract with health plans and insurers from charging patients for services for which payment would be denied by the plan or insurer, and from charging uninsured patients for any condition that would be subject to the nonpayment policies adopted by the Medi-Cal or Healthy Families programs. Requires hospital governing boards to receive, from medical directors and directors of nursing, information regarding hospital-acquired conditions. ***Held in Senate Appropriations Committee.***

AB 2244 (Price) – University of California hospitals: staffing

Requires DPH, beginning on January 1, 2010, to establish a procedure for collecting and reviewing the written staffing plans developed by the University of California general acute care hospitals, acute psychiatric hospitals, and special hospitals, and requires DPH to review documentation from each hospital concerning several aspects of its patient classification plan, as specified. ***Vetoed.***

AB 2328 (Price) – Skilled nursing facilities: notice of facility sale

Requires a skilled nursing facility that has declared bankruptcy and that would be offered for sale to provide written notice to the public and all employees of the facility of the impending sale of the facility. Requires DPH to provide specified information regarding

any facility licensee that has declared bankruptcy and that is offered for sale to the trustee appointed by the bankruptcy court or a prospective owner or management company. ***These provisions were amended out of the bill.***

AB 2400 (Price) – Hospitals: closure
Requires hospitals, not less than 30 days prior to closing a general acute care or acute psychiatric hospital, eliminating a supplemental service, as defined, or relocating the provision of a supplemental service to a different campus to provide notice to the public and the applicable administering state department. ***Chapter 459, Statutes of 2008.***

AB 2697 (Huffman) – Boutique hospitals
Requires boutique hospitals, as defined, to contract with an independent consultant to perform a study of their impact on the services, staffing, and finances of surrounding hospitals prior to their commencement of operations and every three years thereafter, and requires boutique hospitals to file the impact studies with the Office of Statewide Health Planning and Development. ***Vetoed.***

AB 2741 (Torrico) – Hospitals: management requirements
Requires DPH to obtain a health impact analysis, as part of its approval for an individual or entity to operate a general acute care, acute psychiatric, or special hospital, if the transaction whereby the individual or entity is acquiring ownership or control of the hospital is not otherwise subject to review and approval by the Attorney General. Requires DPH to determine, based on the health impact analysis, whether the transaction may create a significant effect on the availability and accessibility of health care services to the affected community and whether the transaction is in the public interest. ***Held in Senate Appropriations Committee.***

AB 2942 (Ma) – Hospitals: community benefits
Revises and recasts requirements on nonprofit general acute care, acute psychiatric, and special hospitals pertaining to community needs assessments and community benefit plans. Additionally requires public hospitals and district hospitals to provide community benefits, and also to complete a community needs assessment and develop and report to the Office of Statewide Health Planning and Development (OSHPD) a community benefits plan, as specified. Requires for-profit hospitals that decide to provide community benefits to develop a community benefits statement, community needs assessment, and community benefits plan, or report to OSHPD that they do not provide community benefits. Modifies the definition of community benefit to conform to the proposed definition that applies for federal tax reporting purposes, as specified. ***Held in Senate Rules Committee.***

AB 2966 (Lieber) – Hospitals: inspections
Requires the Office of Statewide Health Planning and Development to conduct a study related to hospital construction inspections, including a review of the current process by which hospital inspectors of record are selected and approved. ***Died on Senate Inactive File.***

HEALTH CARE INFORMATION

SB 320 (Alquist) – California Health Care Information Infrastructure Program
Extends the repeal date of the California Office of HIPAA Implementation (CalOHI) to January 1, 2013, and requires CalOHI, in consultation with various state agencies and statewide health care information organizations, no later than March 1, 2009, to develop a plan for implementation of the California Health Care Information Infrastructure Program, which would seek to provide the opportunity for every California resident to have an electronic health record. Specifies required elements of the plan and makes implementation of the plan contingent upon enactment of subsequent statutory authorization. Sets forth other responsibilities for administering the program, including conducting research, implementing pilot projects, and pursuing necessary waivers to enable the Medi-Cal program to participate in the statewide information technology infrastructure program. ***Vetoed.***

AB 55 (Laird) – Referral fees: information technology and training services
Conforms state law with federal regulations by exempting the provision of hardware, software, or other information technology and training services used to receive and transmit electronic prescription information and electronic health records, from health-related anti-kickback statutes. ***Chapter 290, Statutes of 2008.***

AB 2967 (Lieber) – Health care cost and quality transparency
Establishes the California Health Care Cost and Quality Transparency Committee (Committee) within the California Health and Human Services Agency (CHHSA), with specified powers and duties, including the development of a health care cost and quality transparency plan, which would include various strategies to improve medical data collection and reporting practices relating to health facilities and health plans and insurers. Requires the CHHSA Secretary and the Committee to undertake specified duties including implementing various strategies to improve health care quality and related performance measures. ***Died on Senate Inactive File.***

HEALTH CARE PERSONNEL

SB 615 (Oropeza) – Pharmacy technicians: Scholarship and Loan Repayment Program
Establishes the California Pharmacy Technician Scholarship and Loan Repayment Program, administered by the Health Professions Education Foundation (HPEF), to provide scholarships to pay for the educational expenses of pharmacy technician students and for qualified educational loans to pharmacy technicians who agree to work in designated medically underserved areas. Imposes a $10 fee on pharmacy technicians, collected upon renewal of their licenses, to be deposited into a newly established fund for the sole purpose of funding the program. ***Vetoed.***

SB 764 (Migden) – Health care providers
Requires the California Medical Board and the Osteopathic Medical Board of California to provide specified information regarding the physician workforce to Office of Statewide Health Planning and Development (OSHPD). Requires OSHPD to report to the Legislature and DHCS on five-year projections of the physician workforce for the purposes of assessing Medi-Cal provider reimbursement rates and addressing geographic gaps in health care provided by physicians. ***Vetoed.***

SB 1268 (Denham) – Nursing home administrators
Permits DPH, upon the request of an applicant who is a member of a recognized church or religious denomination that operates a faith-based skilled nursing facility and that historically prohibits the acquisition of the formal education that would otherwise be required for the applicant to take the nursing home administrator licensing examination, to waive the licensing examination educational requirements for that applicant if he or she has completed a program-approved administrator-in-training program. ***Chapter 397, Statutes of 2008.***

SB 1294 (Ducheny) – Healing arts
Extends, until January 1, 2017, a pilot project that permits a hospital that is owned and operated by a health care district to employ physicians and surgeons, and charge for professional services rendered by those physicians. Broadens the geographic locations in which hospitals may participate in the pilot project and modifies the cap on the number of physicians that may be employed under the project. ***Held in Assembly Appropriations Committee.***

AB 214 (Fuentes) – Public Protection and Physician Health Program Act of 2008
Creates the Public Protection and Physician Health Program Act of 2008. Establishes a Public Protection and Physician Health Committee (Committee) within the DPH, and authorizes the Committee to designate a nonprofit corporation as a physicians' health program for purposes of care and rehabilitation of physicians with alcohol and/or drug abuse problems or mental disorders, as specified. Allows the Committee to designate a PHP (Physician Health Program) and provides that the Committee may adopt reasonable rules and regulations to implement the act, and requires that any rules and regulations that would be adopted shall include appropriate minimum standards and requirements for treatment referral and monitoring of participation in the PHP.

Requires the PHP to set or collect reasonable fees, grants, and donations for administrative purposes or for services provided. Provides that, in order to encourage voluntary participation in the PHP, the physician may enter into a voluntary agreement with the PHP and that the agreement shall include a jointly agreed upon treatment program, as well as mandatory conditions and procedures for monitoring compliance with the treatment program, including, but not limited to, if warranted, an agreement to cease practice.

Requires the Committee to report to the DPH and provide specified statistical information regarding the number of participants. ***Vetoed.***

AB 611 (Nakanishi) – Physician assistants: educational loan program
Establishes the California Physician Assistant Scholarship and Loan Repayment Program within the Health Professions Education Foundation to provide scholarships and repay educational loans for physician assistants who agree to practice in areas of the state where there is a shortage of primary care physicians or in free or community clinics. Authorizes the California Medical Board to collect a voluntary contribution of $25 or more from physician assistants at the time of their license renewal, for the purpose of funding the program. ***Died on the Senate inactive file.***

AB 638 (Bass) – Student financial aid, California physician assistants: educational loan assumption program
Establishes the California Physician Assistant Loan Assumption Program within the Student Aid Commission to assume the qualifying educational loans of physician assistants who agree to practice in designated medically underserved area, as defined. Sunsets the program on January 1, 2014. ***Chapter 628, Statutes of 2008.***

AB 1944 (Swanson) – Physicians and surgeons: health care districts
Eliminates a pilot program under which health care district hospitals that meet specified criteria are allow to employ physicians and surgeons, subject to limits on the number of participating physicians, and, instead, authorizes health care district hospitals generally to directly hire and employ physicians and surgeons without limits. Sunsets its provisions on January 1, 2016. ***Failed passage in the Senate Health Committee.***

AB 2543 (Berg) – Geriatric and Gerontology Workforce Expansion Act
Establishes the Geriatric and Gerontology Workforce Expansion Act, to provide grants for loan repayment assistance to licensed clinical social workers (LCSWs), marriage and family therapists (MFTs), and registered marriage and family therapy interns who provide geriatric services. Imposes a $10 fee upon LCSWs and MFTs, collected upon initial or renewal licensure, to support the program. Requires Steve Thompson Physician Corps Loan Repayment Program guidelines to include criteria that would give priority consideration to physician applicants who agree to practice in geriatric settings. ***Vetoed.***

HEALTH INSURANCE REGULATION

SB 192 (Ducheny) – Mexican prepaid health plans
Indefinitely extends an existing January 1, 2008 sunset on provisions that provide authority for Mexican prepaid health plans (PHPs) to provide coverage for Mexican nationals employed in San Diego and Imperial counties, and not just Mexican citizens. Also extends indefinitely authorization for PHPs to hire a medical director operating under the laws of Mexico to oversee health services provided in Mexico, in addition to a medical director that is licensed to practice medicine in California for services provided in California. ***Chapter 196, Statutes of 2007.***

SB 349 (Perata) – Health care coverage: electronic billing
Requires health care service plans (health plans) and health insurers to provide, at no charge, a paper copy of any bill to any subscriber, enrollee, policyholder, or certificate holder who does not consent to electronic billing. Requires that nothing in this bill be construed to prohibit a health plan or health insurer from offering incentives or discounts to subscribers, enrollees, policyholders, or certificate holders that encourage the use of electronic billing. Clarifies that the incentives and discounts health plans and health insurers may offer pursuant to this bill, in order to encourage consumers to receive billings electronically, may only be offered to the extent consistent with existing law, including but not limited to existing requirements applicable to health plan and health insurer marketing practices. ***Vetoed.***

SB 365 (McClintock) and SBX1 16 (McClintock) – Out-of-state carriers
Allows a health care service plan or health insurance carrier domiciled in another state to offer, sell, or renew a health care service plan contract or a health insurance policy in this state without holding a license issued by DMHC or a certificate of authority issued by the Insurance Commissioner and without meeting specified requirements for license or certificate, provided the carrier is authorized to issue a plan or policy in the domiciliary state and complies with that state's requirements. ***Both bills failed passage in the Senate Health Committee.***

SB 389 (Yee) – Health care coverage: claims
Commencing March 1, 2008, prohibits a hospital-based physician, as defined, from seeking payment from individual enrollees, except for allowable co-payments and deductibles, for services rendered and requires such physicians to seek reimbursement solely from the enrollee's health care service plan or the contracting risk-bearing organization. Also requires DMHC and the California Department of Insurance (CDI), on or before March 1, 2008, to implement an independent provider dispute resolution system, in consultation with representatives of health plans, health insurers, providers, and consumer representatives. ***Held in Senate Judiciary Committee, at author's request.***

SB 697 (Yee) – Health care: provider charges
Prohibits health care providers from balance billing patients who furnish documentation of enrollment in the Healthy Families program or the Access for Infants and Mothers program. Exempts from the prohibition copayments or deductibles in the AIM program and copayments in the Healthy Families program that are required for covered services. ***Chapter 606, Statutes of 2008.***

SB 981 (Perata) – Health care coverage: non-contracting emergency physician claims
Requires a non-contracting emergency physician who provides services at a general acute care hospital to seek reimbursement for medically necessary covered services provided to an enrollee of a health plan solely from the plan or risk-bearing organization that is financially responsible for the covered services. Prohibits a non-contracting emergency physician from seeking payment from individual enrollees for covered services, except for allowable co-payments and deductibles. Requires payments to non-contracting

emergency physicians to be made at the lesser of the physician's full charge or in conformity with an interim payment standard, as defined. Allows any party to a claim payment dispute involving a non-contracting emergency physician to elect to participate in an Independent Dispute Resolution Process (IDRP), which DMHC would be required to establish. Provides that its provisions are to become operative when DMHC adopts the interim payment standard and the IDRP has been established, and sunsets most of its provisions on December 31, 2013. ***Vetoed.***

SB 1198 (Kuehl) – Health care coverage: durable medical equipment

Requires every health plan and health insurer in the group market to offer coverage for durable medical equipment (DME), such as wheelchairs, scooters, and oxygen equipment, that is prescribed by a physician, podiatrist, or other licensed health care provider under terms and conditions that may be agreed upon between the group subscriber and the plan, or policyholder and insurer. Requires the amount of DME benefits to be no less than the greatest annual and lifetime benefit maximums applied to basic health care services under the health plan contract or health insurance policy. ***Vetoed.***

SB 1216 (Scott) – Insurance: long-term care

Requires long-term care insurers to pay interest to the claimant of an accepted long-term care claim, at the rate of 10 percent per annum, on claims that are not paid within required timeframes. ***Chapter 171, Statutes of 2008.***

SB 1440 (Kuehl) – Health care coverage: benefits

Requires full service health care service plans and health insurers to expend on health care benefits no less than 85 percent of the aggregate dues, fees, premiums, and other periodic payments they receive with respect to plan contracts or policies issued, amended, or renewed on or after January 1, 2011. Authorizes those plans and insurers to comply with this requirement by averaging their total costs across all plan contracts or insurance policies in California, except as specified. Requires those plans and insurers to annually report, commencing January 1, 2011, to the Director of DMHC or the Insurance Commissioner the medical loss ratio of each individual and small group health care service plan product and health insurance policy form, and to report the ratio when presenting a plan for examination or sale to any individual or group consisting of 50 or fewer individuals. Requires the departments to jointly adopt and amend regulations to implement these provisions. ***Vetoed.***

SB 1522 (Steinberg) – Health care coverage: coverage choice categories

Requires DMHC and the Department of Insurance (CDI) to jointly develop by regulation a system to categorize all health care service plan contracts and health insurance policies offered and sold to individuals into five coverage choice categories that meet specified requirements. Requires individual health care service plan contracts and individual health insurance policies offered or sold on or after January 1, 2010, to contain a maximum dollar limit on out-of-pocket costs for covered benefits. Authorizes health care service plans and health insurers to offer plan contracts in any coverage choice category subject to specified restrictions. Requires health care service plans and health insurers to establish prices for the products offered to individuals that reflect a reasonable continuum

between the products offered in the coverage choice category with the lowest level of benefits and the products offered in the coverage choice category with the highest level of benefits.

Requires DMHC and CDI to develop a notice providing information on the coverage choice categories and requires this notice to be provided with the marketing, purchase, and renewal of individual contracts and policies, as specified. Requires DMHC and CDI to annually report on the contracts and policies offered in each coverage choice category and on the enrollment in those contracts and policies. Requires, commencing January 1, 2012, and every 3 years thereafter, DMHC and CDI to jointly determine whether the coverage choice categories should be revised to meet the needs of consumers.

Requests the University of California, as part of the California Health Benefit Review Program, to prepare a written analysis with relevant data on, among other things, the health insurance and health care service plan products sold in the individual market. ***Failed passage on the Assembly Floor.***

SB 1634 (Steinberg) – Health care coverage: cleft palates

Requires health care service plans and health insurers to provide coverage for orthodontic services deemed necessary for medical reasons for cleft palate procedures beginning January 1, 2009, subject to prior authorization and utilization review procedures that apply to reconstructive surgery generally. Defines "cleft palate" as a condition that may include cleft palate, cleft lip, or related craniofacial anomalies. ***Vetoed.***

SB 1669 (McClintock) – Health care coverage: waivered conditions

Authorizes a health care service plan contract or health insurance policy covering one or two individuals to include a provision that excludes coverage, for any length of time rather than a limit of 12 months, for a condition for which medical advice, diagnosis, care, or treatment was recommended or received from a licensed health practitioner during the 10 years immediately preceding the effective date of coverage, as opposed to 12 months immediately preceding the effective date of coverage. ***Failed passage in the Senate Health Committee.***

AB 30 (Evans) – Health care coverage: inborn errors of metabolism

Requires health plan contracts and health insurance policies that provide coverage for hospital, medical, or surgical expenses, to provide coverage for the testing and treatment of inborn errors of metabolism (IEM) beginning January 1, 2009. Specifies that treatment for IEM includes formulas and special food products that are part of a diet prescribed by a licensed physician and surgeon and managed by a health care professional, in consultation with a physician who specializes in the treatment of metabolic disease and who participates in, or is authorized by, the plan or insurer. ***Vetoed.***

AB 54 (Dymally) – Health care coverage: acupuncture

Requires full service health care service plans and health insurers to provide coverage to group contract holders for expenses incurred as a result of treatment by acupuncturists under terms and conditions as may be agreed upon between the health care service plan

or insurer and the group contract holder. Exempts health care service plans and health insurers from providing this coverage as part of any contract covering employees of a public entity. ***Vetoed.***

AB 895 (Aghazarian) – Health care coverage: dental care
Requires a health care service plan, or a specialized health care service plan contract covering dental services or a disability insurer that issues a dental insurance policy, to declare its coordination of benefits policy, as defined, prominently in its evidence of coverage documents or in its contracts or policies with both enrollees or insureds and subscribers or policyholders. Requires an enrollee or insured's primary dental benefit plan that is coordinating dental benefits with one or more other plans or insurers to pay the maximum amount required by its contract or policy with the enrollee or insured or the subscriber or policyholder. Requires a secondary dental benefit plan to pay the lesser of either the amount that it would have paid in the absence of any other dental benefit coverage or the enrollee's or insured's total out-of-pocket cost payable under the primary dental benefit plan for benefits covered under the secondary dental benefit plan. ***Chapter 164 Statutes of 2007.***

AB 1150 (Lieu) – Health care coverage underwriting practices
Prohibits health care service plans and health insurers from setting performance goals, quotas, and compensation based on, or related in any way to, the number of persons, contracts, policies, or certificates for health insurance rescinded, canceled, or limited, or the resulting cost savings to the health plan or insurer. ***Chapter 188, Statutes of 2008.***

AB 1155 (Huffman) – Health care service plans
Requires the Director of DMHC, upon a final determination that a health care service plan has underpaid or failed to pay a provider in violation of provisions in the Knox-Keene Health Care Service Plan Act of 1975 relating to unfair payment patterns, to require the plan to pay the provider the amount owed plus interest, as well as to assess against the plan an administrative penalty, with specified exceptions. ***Vetoed.***

AB 1203 (Salas) – Health care service plans and noncontracting hospitals: poststabilization care
Requires noncontracting hospitals to contact an enrollee's health care service plan prior to providing poststabilization care, except as specified, and requires both noncontracting hospitals and health care service plans to follow specified procedures related to a hospital's request for authorization of poststabilization care.

Requires health plans to pay for poststabilization care it has authorized, or when it has failed to respond to a request for authorization within 30 minutes or transfer the patient within a reasonable time. Requires health plans or their contracting providers, if either decides to assume management of the patient's care by prompt transfer, to arrange and pay for the reasonable charges associated with the transfer of the patient; pay for all of the immediately required medically necessary care for the patient prior to the transfer in order to maintain the patient's clinical stability; and be responsible for making all arrangements for the patient's transfer, including, but not limited to, finding a contracted facility available for the transfer of the patient.

Prohibits a non-contracting hospital from billing a patient who is a health plan enrollee for poststabilization services, except for applicable co-payments, co-insurance, and deductibles, unless the patient consents to financial responsibility, as specified, or if the hospital cannot obtain the name and contact information of the patient's health plan, as specified. ***Chapter 603, Statutes of 2008.***

AB 1324 (De La Torre) – Health care coverage: treatment authorization

Prohibits a health plan or health insurer from rescinding or modifying an authorization for services after the service is rendered, for any reason, including but not limited to, the plan's subsequent rescission, cancellation or modification of the enrollee or insured's contract or the plan or insurer's subsequent determination that the plan or insurer did not make an accurate determination of the enrollee or subscriber's eligibility. Makes legislative findings and declarations that the bill's provisions do not constitute a change in, but are declaratory of, existing law. ***Chapter 702, Statutes of 2007.***

AB 1554 (Jones) – Health care coverage: rate approval

Requires health care service plans licensed by DMHC and health insurers certificated by the California Department of Insurance (CDI), effective January 1, 2009, to submit a rate application for approval by the respective regulator for any increase in the rate charged to a subscriber or insured, as specified. Imposes on DMHC and CDI specific rate approval criteria, timelines, and hearing and notice requirements. ***Held in Senate Health Committee***

AB 1945 (De La Torre) – Individual health care coverage

Prohibits a health care service plan or health insurer from canceling or rescinding an individual health care service plan contract or individual health insurance policy unless specified conditions are met, including that the plan or insurer demonstrates that the applicant intentionally misrepresented or intentionally omitted material information on the application prior to the issuance of the plan contract or policy with the purpose of misrepresenting his or her health history in order to obtain health care coverage. Requires a plan or insurer to annually report to their respective regulators the total number of individual health care service plan contracts or individual health insurance policies issued, canceled, or rescinded during the preceding calendar year. Requires a health care service plan or health insurer to provide specified notices to subscribers, enrollees, insureds, and policyholders. Establishes, beginning January 1, 2010, an independent review process in DMHC and Department of Insurance for the review of health plan and health insurer decisions to cancel or rescind health care service plan contracts and health insurance policies.

Requires the Director of DMHC and the Insurance Commissioner to jointly establish by regulation standard information and health history questions to be used by health plans and health insurers for their individual health care coverage application forms, and requires, beginning January 1, 2010, all health plan and health insurance applications to be reviewed and approved by the director or the commissioner, respectively, before use by a health care service plan or health insurer. Requires all plans and insurers to complete medical underwriting prior to issuing a health care service plan contract or

health insurance policy and to meet certain requirements with regard to medical underwriting. ***Vetoed.***

AB 2220 (Jones) – Health care service plans: hospital-based physician contracts: arbitration

Authorizes, with respect to contracts being negotiated between emergency physicians or emergency physician groups and health care service plans or their contracting risk-bearing organizations, either party to the contract negotiations to invoke a mandatory mediation process to assist in resolving any remaining issues in the contract negotiations. ***Vetoed.***

AB 2549 (Hayashi) – Health care coverage: rescission

Prohibits a health care service plan or health insurer from rescinding an individual health care plan contract or individual health insurance policy for any reason after 18 months following the issuance of the contract or policy. ***Held in Senate Appropriations Committee.***

AB 2569 (De Leon) – Health care coverage: rescission

Requires a health care service plan or health insurer that offers, issues, or renews individual plan contracts or individual health benefit plans to offer to any individual who was covered under an individual plan contract or individual health benefit plan that was rescinded, other than the individual whose information led to the rescission, a new plan contract or health benefit plan, without a lapse in coverage or medical underwriting, as defined, that provides equal benefits. Authorizes a health care service plan or health insurer to permit these individuals to remain covered under that plan contract or health benefit plan, with a specified revised premium rate. Requires an agent, broker, or solicitor assisting an applicant with an application to make a specified attestation on the written application and specifies that a declarant willfully making a false attestation may be subject to a civil penalty up to $10,000. ***Chapter 604, Statutes of 2008.***

AB 2589 (Solorio) – Health care coverage: public agencies

Requires a health care service plan or health insurer to annually disclose to the governing board of a public agency that is a group subscriber or group policyholder the name and address of, and amount paid to, any agent, broker, or individual to whom the health plan or health insurer paid fees or commission, and requires health care service plans and health insurers to include the name and address of, and amounts paid to, specific agents, brokers, or individuals involved in transactions with the public agency. ***Chapter 331, Statutes of 2008.***

AB 2842 (Berg) – Solicitation: unfair business practices

Makes it an unfair business practice for health insurance agents or brokers and various parties engaged in the solicitation of health care service plans to engage in cold lead advertising, as defined, when marketing a Medicare product, or to use an appointment made to discuss a particular Medicare product to solicit the sale of another Medicare product or other health care coverage or health insurance products, except as specified. ***Chapter 744, Statutes of 2008.***

AB 2910 (Huffman) – Health care service plans
Requires DMHC to meet specified notice, consultation, and public discussion requirements when taking an action to waive a requirement contained in a rule or form, to exempt persons from the Knox-Keene Health Care Service Plan Act of 1975, or to exempt plan contracts from the requirement to provide subscribers and enrollees with basic health care services. Requires the DMHC to notify the appropriate policy and fiscal committees of the Legislature and to post certain information on DMHC's website upon granting such waivers or exemptions or in exempting a county-operated pilot program contracting with DHCS. ***Held in Senate Appropriations Committee.***

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

SB 474 (Kuehl) – Medi-Cal: hospital demonstration project funding
Extends a sunset date to allow DHCS to continue distributing stabilization funding to designated hospitals pursuant to the Medi-Cal Hospital/Uninsured Hospital Care Demonstration Project Act. Eliminates poison pill provisions with regard to a hospital's baseline payment adjustment when specified conditions exist, such as when stabilization funding from the Health Care Support Fund for any project year is less than $153 million. Establishes a minimum amount of $15.3 million to be made available for additional payments to distressed hospitals.

Requires LA County to make intergovernmental transfers (IGTs) to the state to fund the nonfederal share of increased Medi-Cal payments to private hospitals that serve the South Los Angeles population formerly served by Los Angeles County Martin Luther King, Jr.-Harbor (MLK-Harbor) Hospital, for the 2007-08, 2008-09, and 2009-10 project years. Requires the IGTs to total $5 million per project year, unless DHCS determines that any amount is due to the county for services rendered during the portion of the project year MLK-Harbor Hospital was operational. ***Chapter 518, Statutes of 2007.***

SB 483 (Kuehl) – Medi-Cal: eligibility
Conforms state law to new requirements set forth by the federal Deficit Reduction Act of 2005 (DRA) that relate to eligibility for Medi-Cal long-term care services by expanding eligibility limits on home equity to $750,000; providing that certain asset transfers will result in periods of ineligibility for Medi-Cal long-term care benefits; lengthening the period of time DHCS can use to look for these types of asset transfers when determining eligibility; allowing individuals to claim undue hardship if they are deemed ineligible due to an asset transfer; requiring individuals to disclose any interests in annuities and authorizing the state to become a remainder beneficiary of annuities purchased by a beneficiary; and counting entrance fees paid to continuing care retirement communities (CCRC) or life care communities as available resources for purposes of eligibility for Medi-Cal long-term care services. ***Chapter 379, Statutes of 2008.***

SB 623 (Wiggins) – Medi-Cal: drug benefits
Requires DHCS to pay the co-payments for individuals enrolled in Medicare prescription drug plans who are also enrolled in Medi-Cal. Provides a process by which pharmacies may receive reimbursement from Medi-Cal. Establishes that any copayments made under this program shall not be considered entitlements. ***These provisions were amended out of this bill.***

SB 1147 (Calderon) – Medi-Cal eligibility: juvenile offenders
Requires DHCS to develop procedures to ensure that the Medi-Cal eligibility of minors is not terminated when they are incarcerated. Requires Medi-Cal benefits to an individual under 21 years of age who is an inmate of a public institution (a state or federal prison, correctional facility, county/city jail, or detention center) to be suspended in accordance with provisions of federal law. ***Chapter 546, Statutes of 2008.***

SB 1332 (Negrete-McLeod) – Medi-Cal managed care
Requires DHCS to establish a Medi-Cal managed care pilot project requiring mandatory enrollment of seniors and persons with disabilities (SPDs) in San Bernardino and Riverside counties. Provides that the pilot project may not be implemented without the official endorsement of the county's county-run public hospital. Requires enrollment in the pilot project to commence on September 1, 2009, and requires DHCS to conduct a readiness review to ensure that plans are ready to serve the special needs of this population.

Requires the department to submit, no later than March 1, 2009, to the appropriate policy and fiscal committees of the Legislature a proposed implementation plan that is developed in consultation with the stakeholder advisory committee established by this bill. Provides that the implementation plan must address the multiple and complex needs of SPDs, the specific requirements to be imposed on participating Medi-Cal managed care plans, and the specific strategies the department will use to ensure the provision of quality, accessible health care services.

Requires the department to develop a process for initial rate setting and for adjusting capitation rates on an ongoing basis, and to submit annual reports to the Legislature. ***Held in Senate Appropriations Committee.***

SB 1738 (Steinberg) – Medi-Cal: frequent uses of health care pilot program
Requires DHCS to design a pilot program for providing Medi-Cal services to frequent users of health care services. Requires the department to meet with specified stakeholders to design the pilot program. Directs the department to submit any necessary application for a Medicaid state plan amendment or waiver to the federal government for approval to implement the pilot program. Requires the pilot program to provide various supportive services to Medi-Cal beneficiaries, in addition to their existing Medi-Cal benefits, to reduce a participating individual's use of hospital emergency departments, including, but not limited to, individualized, intensive, face-to-face care coordination and case management, money management, medication support services, and life skills and employment training. ***Vetoed.***

AB 158 (Ma) – Medi-Cal benefits for nondisabled persons infected with chronic hepatitis B

Requires DHCS to expand Medi-Cal eligibility to any person with chronic hepatitis B infection who would otherwise qualify for Medi-Cal, if the person were disabled. Requires the expansion to begin on July 1, 2009, or on the date that all necessary federal waivers have been obtained, whichever is later. Requires beneficiaries to select a Medi-Cal managed care plan in counties in which such a plan is available. Allows DHCS to suspend the required enrollment in managed care if the revenue-neutrality requirements and enrollment goals of this bill can be achieved without requiring mandatory enrollment. Requires DHCS to ensure that specified standards are met in implementing this bill, including compliance with all federal and state laws that apply to Medi-Cal managed care, compliance with licensure, and other requirements under the Knox-Keene Act. ***These provisions were amended out of this bill.***

AB 570 (Galgiani) – Medi-Cal reimbursement: intermediate care facilities

Requires DHCS to review and report on the cost reporting, audit, and rate setting requirements for intermediate care facilities (ICF) caring for persons with developmental disabilities, and to implement appropriate changes to the Medi-Cal ICF rate development process. ***Held in Senate Appropriations Committee.***

AB 671 (Beall) – Medi-Cal: frequent users of health services

Expands eligibility for Medi-Cal to frequent users of health services who are uninsured and otherwise ineligible for Medi-Cal, but who meet the income requirements that apply to medically needy beneficiaries. Defines frequent users as individuals who have undergone emergency department treatment on five or more occasions in the past 12 months, or eight or more occasions in the past 24 months, and who have two or more of the following risk factors: chronic disease diagnosis, mental illness diagnosis, homelessness, substance abuse, and a history of not adhering to prescribed treatments.

Requires DHCS to submit any necessary application to the federal government to implement this section by July 31, 2009, and provides that it will be implemented only if the federal government approves. ***Held in Senate Appropriations Committee.***

AB 851 (Brownley) – Medi-Cal eligibility

Eliminates the sunset date for the California Working Disabled (CWD) program within Medi-Cal. Extends eligibility for the program to individuals who meet all other requirements, but are temporarily unemployed. Exempts from countable resources for the CWD program retained earned income, as specified, during the period an individual is receiving benefits under the CWD program. Exempts from countable income Social Security disability benefits that are received by an individual who is 65 years of age or older. Makes these changes contingent upon receipt of federal approval. Requires monthly premiums to be equal to five percent of an individual's countable income and sets the minimum monthly premium payments at $20 and the maximum at $250. ***Held in Senate Rules Committee.***

AB 1226 (Hayashi) – Medi-Cal: provider enrollment
Makes specified physicians eligible for expedited enrollment as Medi-Cal physicians. Permits a Medi-Cal physician provider in an individual physician practice to change locations within the same county by filing a change of location form. Extends the time for a Medi-Cal provider or provider applicant to resubmit an incomplete application package. Establishes specific timelines for DHCS to notify applicants when an application is received, provisional status is granted, a provider number is issued, and when DHCS finds that an applicant does not meet the criteria for an expedited review. Requires the department to develop a short form application that meets all minimum federal requirements for applicants who meet specified criteria. ***Chapter 693, Statutes of 2007.***

AB 1328 (Hayashi) – Public health
Removes the requirement that a person must be a resident of the state for at least six continuous months prior to applying for coverage under the Access for Infants and Mothers program. ***Vetoed.***

AB 1434 (Dymally) – Medi-Cal home health care services
Requires DHCS to implement a Medi-Cal home health agency (HHA) rate setting system that reflects the costs and services associated with home health agency services. Requires DHCS, not later than April 1, 2008, to submit a Medicaid state plan amendment outlining the rate setting system, and to implement the rate setting system commencing July 1, 2008. ***Held in Senate Health Committee.***

MEDICAL RESEARCH

SB 164 (Migden) – Prenatal screening
Changes the name of the Birth Defects Monitoring Program to the Birth Defects Monitoring and Biomedical Resources Program (Program) and requires that it become part of the Center for Family Health. Requires DPH to collect fees from research investigators conducting studies using prenatal blood samples and requires approved for-profit investigators to enter into a written contract or agreement that requires the payment of a specified percentage of net revenues, received by the investigator, as provided. Requires that the Program develop pregnancy blood collection and processing, safety and security and disposal protocols, as determined by the Program. Requires the Committee for the Protection of Human Subjects to determine if certain criteria are met to ensure the confidentiality of a donor's personal information before any blood samples are released for research purposes, as provided. ***Died on Senate Inactive File.***

SB 771 (Kuehl) – Stem cell research standards: licensing revenues
Requires the Independent Citizen's Oversight Committee (ICOC) to develop standards pertaining to intellectual property associated with inventions and products developed as a result of Proposition 71 Stem Cell Research and Cures Act funding that require grant and loan recipients to provide to the state a specified percentage of the net licensing revenues they receive and to make specified royalty payments to the state. Also requires licensees of inventions developed with Proposition 71 funds to provide access to therapies, drugs,

and diagnostics to uninsured Californians and to sell them to publicly funded health coverage programs in California at the federal Medicaid price. ***These provisions were amended out of this bill.***

SB 962 (Migden) – Umbilical cord blood biomedical resources program
Authorizes a primary prenatal care provider to provide information required to be developed by DPH pursuant to the Umbilical Cord Blood Community Awareness Campaign (Campaign) to a woman during the first prenatal visit.

Requires the department to provide any umbilical cord blood samples it receives pursuant to the Umbilical Cord Blood Community Awareness Campaign to the Birth Defect Monitoring Program (BDMP) for storage and research. Requires researchers to pay the state for use of cord blood and other blood samples and gives the state options to address the initial start-up cost of the research program. Requires all information collected pursuant to BDMP to be confidential and used solely for the purposes of BDMP.

Provides that these provisions shall only become operative if AB 34 of the 2007-08 Regular Session is enacted and becomes operative on or before January 1, 2008. ***Chapter 517, Statutes of 2007.***

SB 1565 (Kuehl & Runner) – California Stem Cell Research and Cures Act
Requires that intellectual property standards that the Independent Citizen's Oversight Committee (ICOC) of the California Institute for Regenerative Medicine (CIRM) develops include a requirement that each grantee, and the licensees of the grantee, submit to the CIRM for approval a plan that will afford uninsured Californians access to any drug that is in whole or in part the result of research funded by the CIRM. Requires that grantees and their licensees, which sell drugs that are in whole or in part the result of research funded by CIRM, provide drugs to California state and local government funded programs at one of the three benchmark prices in the California Discount Prescription Drug Program, except when the ICOC adopts a waiver, as specified. Requires a simple majority, rather than two-thirds, of a quorum of the members of the Scientific and Medical Research Funding Working Group to recommend to the ICOC that a particular research proposal is a vital research opportunity. Requests the Little Hoover Commission to conduct a study of the governance structure of the California Stem Cell Research and Cures Act. ***Vetoed.***

AB 34 (Portantino) – Umbilical cord blood collection program
Requires DPH to establish the Umbilical Cord Blood Collection Program by January 1, 2010. Authorizes DPH, to the extent funds are identified, to contract with blood banks that are licensed or accredited to provide umbilical cord blood banking storage services, for the purpose of collecting and storing umbilical cord blood. Creates the Umbilical Cord Blood Collection Program Fund. Requires information collected pursuant to the program to be treated as confidential, and be used solely for the purposes of the program, as prescribed. Provides that these provisions shall only become operative if SB 962 of the 2007-08 regular session is enacted and becomes operative. ***Chapter 516, Statutes of 2007.***

AB 2381 (Mullin) – Stem cell research
Defines "California supplier" for purposes of the California Stem Cell Research and Cures Act, as specified. ***Moved to the Inactive File on the Assembly Floor. The author sent a letter to the Daily Journal noting that the language of the bill was adopted as an interim regulation on August 12, 2008 by the Independent Citizens Oversight Committee, but that he may reintroduce this bill in the next session if the regulation does not stay in place.***

AB 2599 (De Leon) – Birth Defects Monitoring Program
Requires DPH to set guidelines for collecting fees from researchers for the use of blood samples from the California Birth Defects Monitoring Program and to adopt regulations for releasing blood samples for research. Makes conforming and clarifying changes related to the use of blood samples for research. ***Chapter 680, Statutes of 2008.***

MENTAL HEALTH

SB 785 (Steinberg) – Foster children: mental health services
Requires the Department of Mental Health (DMH), by July 1, 2008, to create a standardized contract, service authorization procedure, and set of documentation standards and forms, and to use these items to facilitate the receipt of medically necessary specialty mental health services by a foster child who is placed outside of his or her county of original jurisdiction, as specified. Requires the California Health and Human Services Agency to coordinate the efforts of DMH and the Department of Social Services for the performance of designated duties with respect to implementing these provisions, as specified. Provides that a foster child whose adoption has become final and who is receiving or is eligible to receive Adoption Assistance Program assistance, including Medi-Cal, or who has become the subject of a legal guardianship and is receiving Kin-GAP assistance, including Medi-Cal, and whose foster care court supervision has been terminated, shall be provided medically necessary specialty mental health services, as specified. ***Chapter 469, Statutes of 2007.***

SB 851 and SB 1651 (Steinberg) – Mentally ill offenders
Authorizes superior courts to develop and implement mental health courts, as specified, which may operate as a pre-guilty plea program and deferred entry of judgment program and allows parolee participation in mental health court, as specified. States legislative intent and objectives regarding mental health courts, including to increase cooperation between the courts, criminal justice, mental health, and substance abuse systems, improve access to services and support, and reduce recidivism. Requires the Department of Corrections and Rehabilitation to create a pilot program to provide comprehensive mental health and supportive services and to develop, in consultation with DMH, mental health service standards, as specified. ***SB 851 was vetoed; SB 1651 was held in the Senate Appropriations Committee.***

SB 916 (Yee) – Acute psychiatric hospitals: patient detention and release
Extends civil and criminal immunity to acute psychiatric hospitals related to the detention and release of individuals who are a harm to themselves or others, or are gravely

disabled. Specifies the conditions that must be met for the immunity to be granted. Extends the period of time that individuals can be detained in such hospitals from eight to 24 hours, providing the hospital has not been designated by a county to conduct psychiatric evaluations pursuant to Section 5150 of the Lanterman-Petris Short Act. ***Chapter 308, Statutes of 2007.***

SB 1349 (Cox) – Public social services: local reimbursement for mental health services

Requires the State Controller to reimburse cities and counties for certain mental health services within 90 days after the Department of Mental Health receives a claim for reimbursement. Requires that interest be paid from the Department of Mental Health's budget if the claim is not paid on time. ***Held in Assembly Appropriations Committee.***

SB 1427 (Calderon) – Psychologists: scope of practice: prescribing drugs

Enacts the Collaborative Medication Treatment Management Act. Authorizes a prescribing psychologist, as defined, to prescribe drugs for the treatment of specified mental health disorders if certain requirements are met. Requires the Board of Psychology to develop a certification process and requires applicants for certification as prescribing psychologists to meet specified education and training requirements. ***Held in Senate Health Committee.***

SB 1553 (Lowenthal) – Health care service plans

Prohibits, relative to mental health services, a health care service plan from basing decisions to deny requests by providers for authorization or to deny claim reimbursement on whether admission was voluntary or involuntary or the method of transportation to the health care facility. Requires a health plan that provides coverage for professional mental health services to include information on its website that will assist subscribers and enrollees in accessing mental health services. ***Chapter 722, Statutes of 2008.***

SB 1606 (Yee) – Assisted outpatient treatment services

Requires the Department of Mental Health to conduct a study of individuals whose mental health needs are not currently being met because they do not meet eligibility criteria for involuntary treatment, but have mental health needs that may not be met through access to voluntary services. Provides that the study is contingent upon available private funding. ***Held in Assembly Appropriations Committee.***

AB 423 (Beall) and AB 1887 (Beall) – Health care coverage: mental health services

Requires a health care service plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2008, that provides 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 conditions that are applied to other medical conditions. Defines mental illness as a mental disorder defined in the Diagnostic and Statistical Manual of Mental Disorders IV. AB 1887 applies to plan contracts and policies issued, amended, or renewed on or after January 1, 2009, and exempts CalPERS from these requirements. ***Both bills were vetoed.***

AB 509 (Hayashi) – Suicide prevention
Requires the Department of Mental Health to establish the Office of Suicide Prevention for the purpose of instituting a statewide suicide prevention strategy. Requires the Office to collect and disseminate information on best practices and suicidal death data, and to develop suicide prevention training standards. ***Died on Assembly Inactive File.***

AB 1339 (Torrico) – Problem and pathological gambling
Establishes the Problem and Pathological Advisory Board to advise the Office of Problem Gambling within the Department of Alcohol and Drug Programs, comprised of members with specified experience and background. Requires the Office to revise its strategic plan, to include a problem and pathological gambling prevention program, and to deliver the revised plan to the Governor and the Legislature by July 1, 2009.
Vetoed.

AB 1780 (Galgiani) – Mental health managed care contracts
Codifies an administrative structure for the review, oversight, appeals processes, reimbursement, and claiming procedures of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). Provides that the Department of Mental Health's (DMH) oversight of EPSDT specialty mental health services may include client record reviews, as defined,. Authorizes DMH to contract with an independent, nongovernmental entity to conduct the client record reviews, and would require DMH to recover overpayments of federal and state funds, as provided.

Requires DMH, in consultation with specified stakeholders, to provide an appeals process that provides for a progressive process to resolve disputes about claims or recoupment relating to specialty mental health services under the program, as specified, and would require the department to propose, by no later than the end of the 2009-10 fiscal year, a rulemaking package to amend its existing appeals process in accordance with these provisions. Requires the appropriation for funding the state share of costs for the EPSDT specialty mental health services provided under the Medi-Cal program only to be used for reimbursement of claims for those services.

Requires DMH, commencing in the 2009-10 fiscal year, and each fiscal year thereafter, to amend its interagency agreement with the State Department of Health Care Services in accordance with various requirements and goals, and to review the methodology used to forecast future trends in the provision of EPSDT specialty mental health services provided pursuant to the Medi-Cal program semiannually and make estimates of specified costs, as provided. ***Chapter 320, Statutes of 2008.***

AB 1951 (Hayashi) – Mental health capital facilities
Allows the acquisition or construction of privately owned facilities that provide mental health services that are primarily funded through public funds to be funded with Mental Health Services Act (Prop 63) funds. Requires the counties to ensure, in the terms and conditions for the use of public funds, that any real property acquired or new buildings constructed with these funds would be used for the public purpose of providing programs, services, or administrative supports consistent with the goals and purposes of Prop 63.
Vetoed.

AB 2352 (Fuentes) – Mental health services: confidential information
Allows information and records obtained in the course of providing mental health or developmental disability services to be disclosed to social workers and probation officers involved with the care or custody of a minor. Specifies that recipients of this confidential information may use it only for the purpose of coordinating health care services for the minor. ***Chapter 700, Statutes of 2008.***

AB 3010 (Blakeslee) – State mental hospitals: tobacco products
Authorizes the Director of DMH to prohibit the possession or use of tobacco products on the grounds of state mental hospitals under specified conditions. Requires the director to provide an implementation plan, which must include a phase-in period, to any state mental hospital that implements the prohibition. Prohibits the sale of tobacco products in a store or canteen at a hospital where an implementation plan is adopted to prohibit tobacco use or possession. ***Chapter 505, Statutes of 2008.***

AB 3083 (Committee on Veterans Affairs) – Mental health: veterans
Requires counties to provide mental health services to California veterans in need of services and who meet existing eligibility requirements, to the extent services are available to other adults. Expands the definition of a serious mental disorder to include post-traumatic stress disorder and bipolar disorder for purposes of qualifying target populations for county mental health services. ***Chapter 591, Statutes of 2008.***

PRESCRIPTION DRUGS

SB 606 (Scott) – Pharmaceutical information: clinical trial data
Requires pharmaceutical companies to make available the results of every clinical trial, initiated on and after October 15, 2002, except for Phase I trials, on the NIH website or another publicly accessible website linked directly to the pharmaceutical company's corporate website. Specifies the information that pharmaceutical companies are required to post.

Requires pharmaceutical companies that sell, deliver, offer for sale, or give away a drug after January 1, 2008, to post clinical trial results within six months from the date that the drug is first sold or within six months of the completion or termination of the drug's clinical trial. For drugs sold, delivered, or offered for sale, or given away prior to January 1, 2008, requires pharmaceutical companies to post this information by April 1, 2008, or within six months of the completion of the trial, as specified. Allows for an additional one-year extension of the posting timeline in specified cases. ***These provisions were amended out of the bill.***

SB 1096 (Calderon) – Medical information: confidentiality
Amends the Confidentiality of Medical Information Act to authorize a pharmacy to mail written communications to a patient without the patient's authorization, if specified conditions are met. Those conditions include, among others, that the written communication be written in the same language as the prescription label, that it instruct the patient when to contact the health care professional, that it shall pertain only to the

prescribed course of medical treatment, that it may not mention any other pharmaceutical products, that it shall be limited to specified diseases, that further written communication may not be provided under certain circumstances, that a copy of each version shall be submitted to the federal Food and Drug Administration, that it shall include specified disclosures regarding whether the pharmacy receives direct or indirect remuneration for making that written communication, and that the patient shall receive an opportunity to opt out of the written communication. ***Failed passage in the Assembly Health Committee.***

SB 1594 (Steinberg) – Bleeding disorders: blood clotting products
Imposes various requirements on providers of blood clotting products for home use, such as pharmacies and hemophilia treatment centers, including requirements to have a pharmacist available at all times, supply all brands of federal Food and Drug Administration-approved blood clotting products, and to ship blood clotting products within specified timeframes. ***Held by the Senate Appropriations Committee.***

AB 501 (Swanson) – Pharmaceutical devices
Requires pharmaceutical manufacturers, upon request, to arrange to provide consumers who are prescribed pre-filled syringes, pre-filled pens, or other pre-filled injection devices, with a postage prepaid mail-back sharps container, or other approved sharps container, requires such manufacturers to also provide information on safe disposal alternatives and options for medical sharps, and to provide notice that California law prohibits their disposal in conventional waste streams, as specified. Prohibits such manufacturers from using or disclosing personal information that they receive for purposes unrelated to fulfilling their requirements under the bill. ***Vetoed.***

AB 1587 (De La Torre) – Personal information: pharmacy
Lowers the current restrictions against the use of patients' medical information for "marketing" purposes by establishing that a written communication given to a pharmacy patient during a face-to-face interaction with a pharmacist or pharmacy personnel when a prescription drug is being dispensed is not "marketing" when certain requirements are met. Limits the bill's applicability to communications in which no sale or transfer of medical information takes place; the communication assists the pharmacy in meeting federal requirements for the distribution of useful information to patients in conjunction with dispensing prescriptions; the content of the communication is limited, as specified; and the communication includes disclosure of any sponsoring entity that has paid for the communication, indicates what portions of the communications are paid advertisements, and includes a process for patients to opt-out of receiving further sponsored communications. ***Held in Senate Judiciary Committee.***

PUBLIC HEALTH

SB 107 (Alquist) – Wave pools
Requires a wave pool operator to comply with specified safety requirements, including the use of life vests, assignment of lifeguards, wave action suspense procedures, and

requirements that children under 42 inches in height be accompanied by a parent. Requires the operator to post these requirements. ***Chapter 335, Statutes of 2008.***

SB 158 (Florez) – Hospitals: patient safety and infection control
Expands existing healthcare infection control activities of DPH and the responsibilities of the existing Hospital Care Associated Infection Advisory Committee. Requires all hospitals to institute a patient safety plan for the purposes of improving the health and safety of patients and reducing preventable patient safety events. Requires hospitals to implement a facility-wide hand hygiene program. Prohibits, beginning January 1, 2011, a hospital from using an intravenous connection, epidural connection, or enteral feeding connection that would fit into a connection port other than the type it was intended for, unless an emergency or urgent situation exists. Places new infection control training and continuing medical education requirements on hospital staff. ***Chapter 294, Statutes of 2008.***

SB 471 (Margett) and SB 1398 (Margett) – Birth and death records: certified copies
Requires an authorized person requesting a certified copy of a birth or death record to provide a driver's license or other government-issued identification containing the date of birth and a photograph of the applicant. In the case that a request for a certified copy of a birth or death record is made in person by the victim of identity theft, requires the applicant to make a statement sworn under penalty of perjury that he or she is signing his or her own legal name and is an authorized person. Requires the applicant to provide a police report or a copy of a court order related to the identity theft, or authorization to access the existing DOJ database of victims of identity theft. ***Failed passage in Senate Health Committee.***

SB 850 (Maldonado) – Birth certificates: stillborn births
Requires the local county registrar to issue a Certificate of Still Birth in the case of a fetal death in which the fetus has advanced beyond the 20th week of uterogestation, upon request of the mother or father of the fetus, regardless of the date the fetal death certificate was issued, as specified. ***Chapter 661, Statutes of 2007.***

SB 1058 (Alquist) – Health care facilities: bacterial infection
Enacts the Medical Facility Infection Control and Prevention Act. Requires hospitals to implement specified procedures for the screening, prevention, and reporting of specified health care associated infections. Requires hospitals to report positive Methicillin-resistant Staphylococcus aureus (MRSA) and other healthcare associated infection test results to DPH and requires DPH to make specified information public on its website. Requires hospitals to designate an infection control officer who, in conjunction with the hospital infection control committee, must ensure implementation of the testing and reporting provisions and other hospital infection control efforts. Requires hospitals to report quarterly to DPH all central line associated blood stream infections and total central line days. Requires each hospital to report quarterly to DPH all health care associated surgical site infections of deep or organ space surgical sites, health care associated infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated, and the number of surgeries involving deep or organ space, and orthopedic, cardiac, and

gastrointestinal surgeries designated clean and clean-contaminated. Further revises existing hospital infection control policy requirements and DPH's licensing and certification requirements. ***Chapter 296, Statutes of 2008***

AB 328 (Salas) – Health care service plans: disease reports
Requires, on or after July 1, 2008, every contract between a health plan and a health care provider who provides health care services in Mexico to an enrollee of the plan, to require a provider who knows of, or is in attendance on, a case or suspected case of any disease or condition that is required to be reported to the local health officer pursuant to current law, to report the case to the health officer of the California jurisdiction where the patient resides. In a case where a patient resides in Mexico and is employed in California, the contract shall require a health care provider to report the case to the health officer of the jurisdiction where the patient in the case is employed. ***Chapter 385, Statutes of 2007.***

AB 658 (Bass) – Crime: homicide: Community Homicide and Violence Reduction Program
Establishes the Community Homicide and Violence Reduction Program, which would be administered by the Office of Emergency Services (OES), in consultation with the DPH. Requires the program to award grants on a competitive basis to community-based organizations for the development and implementation of evidence-based approaches for homicide and violence prevention, as specified. Requires OES, in consultation with DPH, to establish minimum standards, funding schedules, and procedures for awarding grants, as specified. Requires the OES, in consultation with DPH, to create an evaluation design to assess effectiveness. ***Vetoed.***

AB 1154 (Leno) – Diabetes
Requires DPH, in consultation with a newly established advisory committee, to develop and administer a diabetes risk reduction pilot program, to focus on integrative care of diabetes through proactive prevention. Sunsets on July 1 following the fourth fiscal year after the first appropriation is made for the purposes of the program. ***Held in Senate Appropriations Committee.***

AB 1472 (Leno) – Public health: California Healthy Places Act of 2008
Enacts the California Healthy Places Act, to develop policies and practices which minimize unhealthy environmental practices and optimize healthful environments. Requires DPH to form a working group composed of various other state agencies to identify and evaluate evidence on best practices affecting environmental health. Requires working group findings to be shared with local governments and to form the basis for guidelines to local governments for planning and development purposes by 2010.

Establishes by July 1, 2008, a program within DPH to provide funding, technical assistance, and training to eligible local entities to prepare health impact assessments, as specified. Establishes funding criteria for local entities that elect to participate in the program and requires these local entities to prepare and submit a health impact assessment report, as specified. ***Held in Senate Appropriations Committee.***

AB 1605 (Lieber) – State Department of Public Health: State Public Health Nurse
Requires that one of the two existing chief deputies appointed by the Director of DPH serve as the State Public Health Nurse. Requires the State Public Health Nurse to be licensed as a public health nurse, and to serve as a liaison to local, state, and national public health nursing agencies and organizations, in addition to other duties assigned by the State Public Health Officer. ***Vetoed.***

AB 1689 (Lieber) – Revised Uniform Anatomical Gift Act
Repeals California's Uniform Anatomical Gift Act and enacts a revised Uniform Anatomical Gift Act governing anatomical gifts for the purpose of transplantation, therapy, research, or education. Permits additional individuals to make a gift of a donor's body or part during the life of a donor (to take effect after the donor's death) including a parent of an unemancipated minor, an agent with power of attorney for health care, or the donor's guardian. Revises the manner in which an anatomical gift made during the donor's life may be made, amended, or revoked. Revises the priority list of individuals who may make an anatomical gift of all or part of a decedent's body to also include an adult "who exhibited special care and concern for the decedent." Permits, in the case where an objection is made to a gift of a decedent's body or part, a majority of the members of a class who are reasonably available to make the gift. ***Chapter 629, Statutes of 2007.***

AB 2208 (Price) – Public health: lupus
Requires DPH to conduct a lupus needs assessment to identify lupus-related service needs of health care providers and treatment service needs of persons with lupus. ***Held in Senate Appropriations Committee.***

AB 2737 (Feuer) – Communicable disease: involuntary testing
Authorizes a court to order, on an ex parte basis, the withdrawal of blood for testing for specified communicable diseases from any arrestee whenever a peace officer, firefighter, or emergency medical personnel is exposed to an arrestee's blood or bodily fluids, as defined, while the peace officer, firefighter, or emergency medical personnel is acting within the scope of his or her duties. Requires the person whose sample was tested to be advised that he or she will be informed of hepatitis B, hepatitis C, and HIV test results only if he or she wishes to be so informed. ***Chapter 554, Statutes of 2008.***

TOBACCO

SB 7 (Oropeza) – Smoking in vehicles with minor passengers
Enacts the Marco Firebaugh Memorial Children's Health and Safety Act of 2007. Makes it an infraction punishable by a fine not exceeding $100 for a person to smoke a pipe, cigar, or cigarette in a motor vehicle, whether in motion or at rest, in which there is a minor. Specifies that a law enforcement office may not stop a vehicle solely to determine a violation of this provision. ***Chapter 425, Statutes of 2007.***

SB 24 (Torlakson) – Tobacco product: environmental smoke: fee
Establishes a fee on cigarettes and cigars to offset the impacts of environmental tobacco smoke released by the burning of cigarettes and cigars. Provides that the proceeds from the fee would be used to conduct a study on the health impacts of environmental tobacco smoke; provide tobacco cessation services; provide education and information to schools, community organizations, and local agencies; fund health programs related to environmental tobacco smoke; raise public awareness of environmental tobacco smoke diseases; and support research efforts related to environmental tobacco smoke-related diseases. ***Held in Senate Revenue and Taxation Committee.***

SB 624 (Padilla) – Tobacco products: minors
Expands the category of entities permitted to conduct inspections of illegal tobacco sales under the Stop Tobacco Access to Kids Enforcement (STAKE) Act to include state agencies other than DPH, including, but not limited to, the Attorney General, or a local law enforcement agency, including, but not limited to, a city attorney, district attorney, or county counsel. Permits enforcing agencies to conduct inspections and assess penalties for violations of the STAKE Act if the enforcing agency complies with the STAKE Act and other applicable laws and guidelines developed pursuant the STAKE Act. Increases civil penalties under the STAKE Act for selling, giving, or in any way furnishing tobacco, cigarettes, cigarette papers, or any other instrument designed for smoking or ingestion of tobacco or any controlled substance. ***Chapter 653, Statutes of 2007.***

AB 1617 (DeSaulnier) – Tobacco products
Makes it unlawful for any person engaged in the business of selling or distributing cigarettes to ship or cause to be shipped any cigarettes to any person in this state, with exceptions of state-issued tobacco licensees, specified exporters and warehouse entities, and law enforcement personnel. Makes it unlawful for any common or contract carrier to knowingly transport cigarettes to any person in this state reasonably believed by the carrier to be other than a person who can legally receive shipments. Authorizes the Board of Equalization or a law enforcement agency to seize and take possession of cigarettes upon discovery of any cigarettes that have been or are being shipped or transported in violation of the shipping and transporting prohibition and provides specified penalties for violations of the act. ***Vetoed.***

WOMEN'S HEALTH/REPRODUCTIVE HEALTH

SB 1348 (Cedillo) – Breast cancer screening: services
Notwithstanding any other provision of law, requires DPH to provide breast cancer screening services to individuals who are 40 years of age and older who meet state and federal eligibility requirements, and to individuals who are under 40 years of age who are considered to be at high risk for breast cancer, as defined by the federal Centers for Disease Control and Prevention breast and cervical cancer early detection program. Provides that individuals eligible for screening services pursuant to the above provisions shall include asymptomatic women. ***Held in Senate Appropriations Committee.***

AB 16 (Evans) and AB 1429 (Evans) – Human papillomavirus vaccination
Requires health plans and health insurers that currently provide coverage for cervical cancer to also cover the human papillomavirus (HPV) vaccination. Revises the requirement for referral, in order to be covered for cervical cancer screening tests and HPV vaccination, from a patient's physician and surgeon, a nurse practitioner, or a certified nurse midwife providing care to the patient and operating within the scope of practice permitted for the licensee, to a licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee. ***Both bills were vetoed.***

AB 629 (Brownley) – Sex education program: requirements
Enacts the Sexual Health Education Accountability Act. Requires sexual health education programs that are funded by the state, but provided by an entity other than a public school, to provide information that is age appropriate, medically accurate, current and objective, and to fulfill other requirements that are similar to those for sexual health education programs offered by public schools. ***Chapter 602, Statutes of 2007.***

AB 741 (Bass) – Infant mortality: interpregnancy care
Requires DPH to develop a 3-year demonstration program that would offer interpregnancy care, as defined, to women who enroll in the program and meet specified criteria. Targeted participants are women who have previously delivered a very low birth weight stillborn, or live infant, between April 2007 and July 2007, who are African-American, and who are qualified for Medi-Cal or the applicable county's indigent care program. ***Vetoed.***

AB 1511 (Leno) – Sexual health: Stronger Families for California Act
Creates the Stronger Families for California Program as a continuing statewide public education campaign designed to equip parenting adults to talk with their teenage children on subjects related to sexual health with the intention of promoting healthy, informed decision making by teenagers and decrease rates of teen pregnancy and sexually transmitted diseases. The proposed program would supplement current education programs offered through the Office of Family Planning and the California Family Planning, Access, Care and Treatment Program. ***Held in Senate Appropriations Committee.***

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