



CALIFORNIA REPUBLIC



CALIFORNIA LEGISLATURE
Assembly Committee on Health

★ **2015** ∞ **16** ★

LEGISLATIVE SUMMARY

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<i>Tobacco products: minimum legal age.</i>	

Vetoed

ABX2 10 Bloom	74
<i>Local taxes: authorization: cigarettes and tobacco products.</i>	

I. Alcohol and Drug Programs

Vetoed

AB 193 Maienschein

Mental health: conservatorship hearings.

Would have permitted a judge presiding over a probate conservatorship to recommend to the county investigating officer the establishment of a Lanterman-Petris-Short conservatorship when there is evidence of grave disability as a result of a mental disorder or impairment by chronic alcoholism. Vetoed

II. Children's Health

Chaptered

AB 187 Bonta

Medi-Cal: managed care: California Children's Services program.

Extends the sunset date on the prohibition on incorporating services provided by the California Children's Services program in a Medi-Cal managed care contract for one year to January 1, 2017. Chapter 738, Statutes of 2015

AB 1147 Maienschein

Health facilities: pediatric day health and respite care facilities.

Creates a licensing category for pediatric day health and respite care facilities, including all the requirements and standards that such facilities must adhere to, and revises the definition of a pediatric day health and respite care facility, which is currently limited to children 21 years of age or younger, to also permit an individual who is 22 years of age or older to receive care if the facility receives approval for a Transitional Health Care Needs Optional Service Unit, which is established by this bill. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 206, Statutes of 2015

ACR 198 Gordon

Sun safety.

Resolves that the Legislature encourage teaching sun safety practices to children to enable them to identify the importance of sun safety, practice strategies to protect against the harmful effects of the sun, and understand why and how to stay safe from overexposure to the sun. Makes various findings and declarations related to childhood sun exposure and skin cancer. Resolution Chapter 144, Statutes of 2016

SB 4 Lara

Health care coverage: immigration status.

Requires children enrolled in restricted scope Medi-Cal be enrolled in full-scope Medi-Cal if otherwise eligible when 2015 Budget bill language making undocumented children under the age of 19 eligible for full-scope Medi-Cal benefits is implemented. Chapter 709, Statutes of 2015

SB 586 Hernandez

Children's services.

Extends the sunset date on the California Children's Services (CCS) "carve out" to January 1, 2022, and establishes the Whole Child Model program for CCS eligible children under the age of 21 in counties with county organized health systems for delivery of Medi-Cal managed care. Chapter 625, Statutes of 2016

SB 276 Wolk

Medi-Cal: local educational agencies.

Requires the Department of Health Care Services to seek federal financial participation for covered services that are provided by a local education agency (LEA) to a Medi-Cal eligible child regardless of whether the child has an individualized education plan or an individualized family service plan, or whether those same services are provided at no charge to the child or to the community at large, and authorizes an LEA to bill the Medi-Cal program if there is no response to a claim for payment of covered services submitted to a legally liable third party within 45 days. Chapter 653, Statutes of 2015

SB 277 Pan, Allen

Public health: vaccinations.

Eliminates non-medical exemptions from the requirement that children receive vaccines for certain infectious diseases prior to being admitted to any public or private elementary or secondary school, or day care center. Chapter 35, Statutes of 2015

SB 319 Beall

Child welfare services: public health nursing.

Requires a foster care public health nurse (FCPHN) to monitor the administration of psychotropic medications to children in foster care and authorizes the disclosure of health care information to FCPHN. Chapter 535, Statutes of 2015

SB 792 Mendoza

Day care facilities: immunizations: exemptions.

Requires day care workers or volunteers to be vaccinated for specified infectious diseases as a condition of participation. Chapter 807, Statutes of 2015

SB 1095 Pan

Newborn screening program.

Requires the Department of Public Health to expand statewide screening of newborns to include screening for any disease that is detectable in blood samples within two years of the disease being adopted by the federal Recommended Uniform Screening Panel. Chapter 393, Statutes of 2016

SB 1174 McGuire

Medi-Cal: children: prescribing patterns: psychotropic medications.

Requires the State Department of Health Care Services and the State Department of Social Services, to provide the Medical Board of California (MBC) with information to conduct an analysis of Medi-Cal and managed care prescribing patterns of psychotropic medications to determine if excessive prescribing exists and, if so, to take appropriate action. Adds repeated acts of clearly excessive prescribing psychotropic medications to a minor without a good faith prior examination to the list of cases that MBC must prioritize investigating and prosecuting. Requires, on or before January 1, 2022, the MBC to conduct an internal review of its data review, investigative, and disciplinary activities and to revise its procedures relating to those activities if necessary and sunsets the provisions of this bill on January 1, 2027. Chapter 840, Statutes of 2016

SB 1291 Beall

Medi-Cal: specialty mental health: minor and nonminor dependents.

Requires, beginning July 1, 2018, mental health plan reviews conducted by an external quality review organization, pursuant to federal regulations, to include specific data for Medi-Cal eligible minor and minor dependents in foster care, as specified. Chapter 844, Statutes of 2016

Vetoed

AB 50 Mullin

Medi-Cal: evidence-based home visiting programs.

Would have required the Department of Health Care Services (DHCS) to develop a plan, in consultation with stakeholders, on or before January 1, 2017, to ensure that evidence-based home visiting programs, as defined, to be offered and provided to Medi-Cal eligible pregnant and parenting women, as specified. Would have required DHCS, in developing the plan, to prioritize the identification of funding sources for home visiting services other than state General Fund, including local, federal, private, or other funds.
Vetoed

SB 123 Liu

Medi-Cal: school-based administrative activities.

Would have recast and revised the administrative claiming process for local educational agencies (LEAs) that conduct school-based administrative activities relating to the Medi-Cal program and authorizes the State Department of Health Care Services to withhold a percentage of funds to be reimbursed to LEAs for the purpose of defraying the cost of operating the Administrative Claiming process and School-Based Administrative Claiming process programs, and the appeals process, as specified.
Vetoed

SB 1113 Beall

Pupil health: mental health.

Would have permitted local educational agencies and county mental health plans to enter into partnerships for the provision of Early and Periodic Screening, Diagnosis, and Treatment program mental health services, as specified. Vetoed

SB 1466 Mitchell

Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.

Would have required that screening services provided under the Early and Periodic Screening, Diagnosis, and Treatment Program include screening for trauma consistent with protocols developed by the Department of Health Care Services. Would have established trauma to mean an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. Vetoed

III. Chronic Health / Cancer

Chaptered

AB 339 Gordon

Health care coverage: outpatient prescription drugs.

Requires health plans and health insurers that provide coverage for outpatient prescription drugs to have formularies that do not discourage the enrollment of individuals with health conditions, and requires combination antiretrovirals drug treatment coverage of a single-tablet that is as effective as a multitablet regimen for treatment of HIV/AIDS, as specified. Places in state law, federal requirements related to pharmacy and therapeutics committees, access to in-network retail pharmacies, standardized formulary requirements, formulary tier requirements similar to those required of health plans and insurers participating in Covered California and copayment caps of \$250 and \$500 for a supply of up to 30 days for an individual prescription, as specified. Chapter 619, Statutes of 2015

AB 1668 Calderon

Investigational drugs, biological products, and devices.

Authorizes the manufacturer of an investigational drug, biological product, or device (investigational drug) that is not yet approved by the United States Food and Drug Administration (FDA) to make the investigational drug available to a patient with a serious or immediately life-threatening disease, when that patient has considered all other treatment options currently approved by the FDA, has been unable to participate in a relevant clinical trial, and for whom the investigational drug has been recommended by the patient's primary physician and a consulting physician. Specifies other criteria and requirements for the use of investigational drugs. Chapter 684, Statutes of 2016

AB 1795 Atkins

Health care programs: cancer.

Changes provisions of the Every Woman Counts program and the Breast and Cervical Cancer Treatment program within the Department of Health Care Services regarding eligibility for screenings, period of treatment, and eligibility of coverage after reoccurrence of cancer. Chapter 608, Statutes of 2016

AB 1823 Bonilla

California Cancer Clinical Trials Program.

Requests the University of California (UC) to establish and designate an institute or office with the authority to solicit and receive funds from business, industry, foundations, and other private and federal sources for the purpose of administering the Cancer Clinical Trials Program to increase patient access to cancer clinical trials. Establishes a five-member board to administer the program. Authorizes the UC to use its own state source funds for oversight and administration of the program relating to the initial start-up costs of the program only, provided the UC is reimbursed from federal and private sources. Requires the program, on receipt of funds totaling \$500,000, to establish the Cancer Clinical Trials Grant Program to increase patient access to cancer clinical trials in underserved or disadvantaged communities and populations. Limits administrative expenses to 20% of funds that are made available, but authorizes the use of more than 20% for the first year of the program. Allows the UC to discontinue the program for various reasons. Chapter 661, Statutes of 2016

AB 2325 Bonilla

Ken Maddy California Cancer Registry.

Requires, on or after January 1, 2019, a pathologist diagnosing cancer to report cancer diagnoses to the Department of Public Health (DPH) by electronic means including, but not limited to, either directly from an electronic medical record or using a designated Internet Web portal provided by DPH for pathologists' use, as specified. Chapter 354, Statutes of 2016

AB 2439 Nazarian

HIV testing.

Creates a pilot project to be administered by the Department of Public Health, in order to assess and make recommendations regarding the effectiveness of the routine offering of a human immunodeficiency virus test in the emergency department of a hospital. Chapter 668, Statutes of 2016

AB 2640 Gipson

Public health: HIV.

Requires a medical care provider or person administering a test for human immunodeficiency virus (HIV) to provide patients who test negative for HIV infection, and are determined to be at high risk for HIV infection by the medical provider or person administering the test, with information about methods that prevent or reduce the risk of contracting HIV, including, but not limited to, pre-exposure prophylaxis and post-exposure prophylaxis, consistent with guidance of the federal Centers for Disease Control and Prevention. Chapter 670, Statutes of 2016

AB 2696 Beth Gaines

Diabetes prevention and management.

Requires the Department of Public Health to submit a report to the Legislature on or before January 1, 2019, that includes a summary and compilation of recommendations on diabetes prevention and management. Chapter 108, Statutes of 2016

SCR 59 Galgiani

Chronic obstructive pulmonary disease awareness.

Declares the month of November 2015 to be California Chronic Obstructive Pulmonary Disease (COPD) Awareness Month. Calls on all Californians to assist in achieving more early diagnoses and proper management of COPD among California's diverse populations. Encourages the Department of Health Care Services, the Department of Public Health, and other state entities to partner with COPD stakeholders to improve education regarding COPD in the course of implementing the statewide strategic plan. Resolution Chapter 112, Statutes of 2015

SCR 117 Pan

Palliative care.

Encourages the state to study the status and importance of coordinated palliative care and to develop solutions, tools, and best practices for providing better patient-centered care and information to individuals with chronic diseases. Resolution Chapter 96, Statutes of 2016

SCR 134 Pan

Diabetes: the "Screen at 23" campaign.

Urges the California Department of Public Health to endorse the "Screen at 23" campaign to screen all adult Asian Americans with a body mass index of 23 or higher for type II diabetes. Resolution Chapter 178, Statutes of 2016

Vetoed

AB 159 Calderon

Investigational drugs, biological products, and devices.

Would have authorized the manufacturer of an investigational drug or device to make a drug or device that is not yet approved by the United States Food and Drug Administration available to a patient, under certain circumstances. Vetoed

AB 521 Nazarian

HIV testing.

Would have required a patient who had been admitted as an inpatient to a hospital through the emergency department and had blood drawn after being admitted to the hospital, and who consented, to be offered an human immunodeficiency virus test.

Vetoed

AB 1060 Bonilla

Cancer clinical trials.

Would have required the California Health and Human Services Agency to establish a nonprofit Cancer Clinical Trials Foundation to solicit and receive funds from business, industry, foundations, and other private and public sources for the purpose of administering the Cancer Clinical Trials Grant Program to increase patient access to, and diverse participation in, cancer clinical trials. Vetoed

AB 1763 Gipson

Health care coverage: colorectal cancer: screening and testing.

Would have required health plan and health insurance policies to cover, without cost sharing, specified colorectal cancer screening examinations and laboratory tests for individuals at average risk, and would have required coverage for additional colorectal cancer screening examinations without cost-sharing for individuals at high risk, as specified. Would have prohibited the imposition of cost sharing on colonoscopies, including the removal of polyps, for an enrollee who is between 50 and 75 years of age and has received a positive test, as specified. Vetoed

IV. Denti-Cal / Oral Health

Chaptered

AB 502 Chau

Dental hygiene.

Authorizes the creation of and establishes rules of governance for a registered dental hygienist in alternative practice corporation. Chapter 516, Statutes of 2015

AB 2207 Wood

Medi-Cal: dental program.

Makes changes to the Medi-Cal dental program (Denti-Cal) provider enrollment and disenrollment process, increases access and utilization oversight responsibility of the Department of Health Care Services over Denti-Cal contracts, and aligns Denti-Cal fee-for-service and dental managed care annual and quarterly data reporting requirements. Chapter 613, Statutes of 2016

SB 1098 Cannella

Medi-Cal: dental services: utilization rate: report.

Requires the Department of Health Care Services (DHCS) by October 1, 2017, to report to the Legislature on progress towards the goal of raising the Denti-Cal utilization rate among eligible child beneficiaries to 60% or greater and identify a date by which DHCS projects this utilization goal will be met. Authorizes DHCS to include in the report any recommendations for legislative consideration that would assist the department in meeting the goal by the specified date, and if applicable, to engage relevant stakeholders in the development of those recommendations. Repeals the provisions of this bill on January 1, 2021. Chapter 630, Statutes of 2016

V. EMS

Chaptered

AB 503 Rodriguez

Emergency medical services.

Allows a health facility to release patient-identifiable medical information to an emergency medical services provider and to a local emergency medical services agency when specific data elements are requested for the purpose of quality assessment and improvement. Authorizes the Emergency Medical Services Authority to develop minimum standards for the implementation of this data collection system. Chapter 362, Statutes of 2015

AB 1129 Burke

Emergency medical services: data and information system.

Requires an emergency medical services (EMS) provider, when collecting and submitting data to with a local emergency medical services agency (LEMSA), to use an electronic health record (EHR) system compliant with California Emergency Medical Services Information System and National Emergency Medical Services Information System standards, as specified, and includes those data elements that are required by the LEMSA. Prohibits an LEMSA from mandating that an EMS provider use a specific EHR system to collect and share this data. Clarifies that the provisions of this bill do not affect or modify existing written contracts or agreements executed before January 1, 2016, between an LEMSA and an EMS provider. Chapter 377, Statutes of 2015

AB 1149 Wood

Public health emergencies: funding.

Allows trade associations that represent specific local health entities to receive federal funding allocated by the Department of Public Health for the prevention of, and response to, public health emergencies. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 93, Statutes of 2015

AB 1223 O'Donnell

Emergency medical services: ambulance transportation.

Requires the Emergency Medical Services Authority to develop, using input from stakeholders, a statewide standard methodology for the calculation and reporting of patient offload time by local emergency medical services (EMS) agencies. Defines "ambulance patient offload time" as the interval between the arrival of a patient transported by ambulance at an emergency department (ED) and the time that the ED assumes responsibility for care of the patient. Allows a local EMS agency to adopt policies and procedures for calculating and reporting ambulance patient offload time, as specified. Requires, if a local EMS agency adopts a policy for calculating and reporting ambulance patient offload time, to establish criteria for the reporting of, and quality assurance follow-up for, a "nonstandard patient offload time." Chapter 379, Statutes of 2015

SB 19 Wolk

Physician Orders for Life Sustaining Treatment form: electronic registry pilot.

Requires the Emergency Medical Services Authority to establish and operate a California Physician Orders for Life Sustaining Treatment (POLST) eRegistry Pilot to collect POLST forms, and disseminate the information to authorized users, including health care providers, as defined. Chapter 504, Statutes of 2015

SB 326 Beall

Courts: penalties: emergency services funding.

Extends the sunset date of the \$4 penalty assessment for Vehicle Code violations, other than parking offenses, from January 1, 2016, to January 1, 2018, and extends the resulting revenue be deposited in the Emergency Medical Air Transportation Act (EMATA) Fund from June 30, 2017, to June 30, 2019. States it is the intent of the Legislature to cease collection of penalty assessments on January 1, 2018, pursuant to EMATA and that the Legislature identify alternative funding sources for emergency medical air transportation and cease reliance on penalty assessment revenue. Requires the Department of Health Care Services, in coordination with the Department of Finance, to develop a funding plan that ensures adequate reimbursement to emergency medical air transportation providers following the termination of the Vehicle Code penalty assessments. Chapter 797, Statutes of 2015

Vetoed

AB 521 Nazarian

HIV testing.

Would have required a patient who had been admitted as an inpatient to a hospital through the emergency department and had blood drawn after being admitted to the hospital, and who consented, to be offered an human immunodeficiency virus test.

Vetoed

VI. Food Safety / Nutrition

Chaptered

AB 143 Wood

Food facilities.

Expands the types of pre-packaged foods a wine tasting facility can offer while still being exempt from requirements governing food facilities, providing parity between exemptions that exist for beer tasting facilities and wine tasting facilities. Contains other minor, noncontroversial changes to code governing food safety. Chapter 164, Statutes of 2015

AB 226 Atkins

Retail food safety: fishermen's markets.

Defines and creates a framework for a "fishermen's market" as a type of nonpermanent food facility that meets specific requirements. Chapter 615, Statutes of 2015

AB 234 Gordon

Food: sale.

Revises provisions of law governing community food producers or gleaners by allowing them to sell whole uncut fruits or vegetables, or unrefrigerated shell eggs, directly to a permitted food facility, not just a restaurant, and limits the ability of a local environmental health officer to require community food producers or gleaners to register with the local enforcement entity only if the food producers or gleaners do not meet certain conditions. Chapter 616, Statutes of 2015

AB 384 Perea

Food safety.

Eliminates the January 1, 2016, sunset date on provisions of law establishing a \$100 food safety fee on registered food processors, which supports education and training programs related to food safety, thereby making this program permanent. Chapter 477, Statutes of 2015

SB 969 Nguyen

Vietnamese rice cakes.

Permits a food facility to sell Vietnamese rice cakes that have been at room temperature for up to 24 hours, notwithstanding provisions of law that require potentially hazardous foods to either be refrigerated or kept hot. Chapter 193, Statutes of 2016

SB 1067 Huff

Food facilities.

Requires the food safety certification examination, which must be completed by at least one person at every retail food facility, to include knowledge of major food allergens. Specifies the knowledge and educational responsibilities required of the person in charge of a food facility regarding major food allergens. Revises provisions of law governing the serving of raw and undercooked meat, and makes various other updates and minor changes to the laws governing retail food facilities. Chapter 195, Statutes of 2016

VII. Health Care Facilities

Chaptered

AB 81 Wood

Hospitals: seismic safety.

Authorizes a hospital in the City of Willits, that has already received an extension of the January 1, 2008, seismic safety deadline from the Office of Statewide Health Planning and Development, to request an additional extension of the deadline until September 1, 2015. Makes findings and declarations as to the necessity of a special statute for the City of Willits and contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 63, Statutes of 2015

AB 232 Obernolte

Hospitals: seismic safety.

Authorizes a critical access hospital located in the City of Tehachapi to submit an application to the Office of Statewide Health Planning and Development, which, if approved, would extend the hospital's seismic compliance deadline to 2020. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 555, Statutes of 2015

AB 389 Chau

Hospitals: language assistance services.

Requires general acute care hospitals to post their language assistance policies on their websites in English and up to five of the other languages most commonly spoken in the hospital's service area. Requires the Department of Public Health to post each hospital's language assistance policy on its Website. Chapter 327, Statutes of 2015

AB 444 Gipson

Health facilities: epidural and enteral feeding connectors.

Delays, until July 1, 2016, the deadline prohibiting general acute care, acute psychiatric, special hospitals, and skilled nursing facilities (SNFs) from using certain enteral connector devices. Delays, until January 1, 2017, the deadline prohibiting general acute care, acute psychiatric, special hospitals, and SNFs from using certain epidural connector devices. Chapter 198, Statutes of 2015

AB 486 Bonilla

Centralized hospital packaging pharmacies: medication labels.

Clarifies existing law regarding medication labeling requirements for centralized hospital packaging pharmacies by requiring any label for each unit dose medication produced by a centralized hospital packaging pharmacy to include certain information on a human-readable label. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 241, Statutes of 2015

AB 503 Rodriguez

Emergency medical services.

Allows a health facility to release patient-identifiable medical information to an emergency medical services provider and to a local emergency medical services agency when specific data elements are requested for the purpose of quality assessment and improvement. Authorizes the Emergency Medical Services Authority to develop minimum standards for the implementation of this data collection system. Chapter 362, Statutes of 2015

AB 658 Wilk

County jails: inmate health care services: rates.

Allows providers of health care services to local law enforcement patients to calculate costs for care according to the most recent approved cost-to-charge ratio from the Medicare Program, with the approval of the local law enforcement agency responsible for the inmate patient, and makes technical changes. Chapter 119, Statutes of 2015

AB 775 Chiu, Burke

Reproductive FACT Act.

Requires licensed clinics that provide family planning or pregnancy-related services to provide a notice to consumers regarding their reproductive rights and the availability of services in California. Requires unlicensed facilities that provide pregnancy-related services to disseminate and post a notice informing consumers that they are not a licensed medical facility and to include the notice in their advertising materials. Chapter 700, Statutes of 2015

AB 847 Mullin, Ridley-Thomas

Mental health: community-based services.

Requires the Department of Health Care Services to develop a proposal to participate in demonstration programs administered by the federal Secretary of Health and Human Services to improve mental health services provided by certified community behavioral health clinics to Medi-Cal beneficiaries. Chapter 6, Statutes of 2016

AB 848 Mark Stone

Alcoholism and drug abuse treatment facilities.

Authorizes alcoholism and drug treatment facilities to allow a licensed physician, or other qualified health care practitioner, to provide incidental medical services to a resident of the facility. Chapter 744, Statutes of 2015

AB 918 Mark Stone

Seclusion and restraint: developmental services: health facilities.

Requires the Secretary of California Health and Human Services to establish a system of mandatory, consistent, timely, and publicly accessible data collection related to data on seclusion and restraint in community facilities serving aged and developmentally disabled persons, as specified. Requires the Department of Developmental Services to publish on its Web page the number of incidents of physical and chemical restraint in community facilities, as specified. Requires community facilities to report every death or serious injury of a person in seclusion or in physical or chemical restraint no later than the close of business day following the death or serious injury. Chapter 340, Statutes of 2015

AB 941 Wood

Clinics: licensure and regulation: exemption.

Exempts clinics operated by a tribe or tribal organization, regardless of location, from obtaining a license from the Department of Public Health, and requires, to qualify for the exemption, the clinic operate under a contract with the United States pursuant to the Indian Self Determination and Education Assistance Act. Chapter 502, Statutes of 2015

AB 1130 Gray

Clinics: licensing: hours of operation.

Extends the limit on the hours of operation for an intermittent primary care community or free clinic, from 20 hours a week to 30 hours a week. Chapter 412, Statutes of 2015

AB 1147 Maienschein

Health facilities: pediatric day health and respite care facilities.

Creates a licensing category for pediatric day health and respite care facilities, including all the requirements and standards that such facilities must adhere to, and revises the definition of a pediatric day health and respite care facility, which is currently limited to children 21 years of age or younger, to also permit an individual who is 22 years of age or older to receive care if the facility receives approval for a Transitional Health Care Needs Optional Service Unit, which is established by this bill. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 206, Statutes of 2015

AB 1149 Wood

Public health emergencies: funding.

Allows trade associations that represent specific local health entities to receive federal funding allocated by the Department of Public Health for the prevention of, and response to, public health emergencies. Chapter 93, Statutes of 2016

AB 1177 Gomez, Burke, Low

Primary care clinics: written transfer agreements.

Prohibits a primary care clinic, notwithstanding current regulations or any other law, from being required to enter into a written transfer agreement with a nearby hospital as a condition of licensure, and requires the Department of Public Health to repeal the regulation requiring primary care clinics to enter into transfer agreements, no later than July 1, 2016. Chapter 704, Statutes of 2015

AB 1211 Maienschein

Health care facilities: congregate living health facility.

Increases the maximum number of beds allowed in congregate living health facilities to provide basic services for inpatient care, as specified. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 483, Statutes of 2015

AB 1836 Maienschein

Mental health: referral of conservatees.

Permits a court, in a proceeding regarding a probate conservatorship and where a conservatorship has already been established, to refer a conservatee for an assessment by the local mental health system or plan to determine if the conservatee has a treatable mental illness, including whether the conservatee is gravely disabled as a result of a mental disorder or impairment by chronic alcoholism, and is unwilling or incapable of accepting voluntary treatment, as specified. Requires, if the conservatee cannot afford counsel, the court to appoint counsel for them. Chapter 819, Statutes of 2016

AB 1863 Wood

Medi-Cal: federally qualified health centers: rural health centers.

Adds marriage and family therapists (MFTs) to the list of healthcare professionals that qualify for a face-to-face encounter with a patient at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) for purposes of a per-visit Medi-Cal payment under the prospective payment system. Makes conforming changes, including requiring an FQHC or an RHC that includes the costs of the services of an MFT that chooses to bill these services as a separate visit, to apply for an adjustment to its per-visit rate; that multiple encounters with an MFT on the same day constitutes a single visit; adjustment of rates; and, change in scope of service requirements. Chapter 610, Statutes of 2016

AB 2024 Wood

Critical access hospitals: employment.

Authorizes, until January 1, 2024, a federally certified critical access hospital (CAH) to employ physicians and charge for professional services, notwithstanding the prohibition of the “Corporate Practice of Medicine.” Specifies that the CAH must not interfere with, control or otherwise direct the professional judgement of a physician, and that on or before July 1, 2023, the Legislative Analyst will provide a report to the Legislature containing data about the impact of CAH's employing physicians. Chapter 496, Statutes of 2016

AB 2053 Gonzalez, Gray

Primary care clinics.

Requires the Department of Public Health, upon written notification by a licensed primary care clinic or an affiliate clinic that it is adding an additional physical plant maintained and operated on separate premises, to issue a single consolidated license to the clinic. Chapter 639, Statutes of 2016

AB 2439 Nazarian

HIV testing.

Creates a pilot project to be administered by the Department of Public Health, in order to assess and make recommendations regarding the effectiveness of the routine offering of a human immunodeficiency virus test in the emergency department of a hospital. Chapter 668, Statutes of 2016

SB 147 Hernandez

Federally qualified health centers.

Requires the Department of Health Care Services to authorize a three-year payment reform pilot project for federally qualified health centers. Chapter 760, Statutes of 2015

SB 361 Hill

Antimicrobial stewardship: education and policies.

Requires, on or after January 1, 2018, a licensed veterinarian who renews his or her license to complete a minimum of one credit hour of continuing education on the use of medically important antimicrobial drugs every four years. Requires skilled nursing facilities to adopt and implement an antimicrobial stewardship policy, by January 1, 2017, that is consistent with new guidelines established by the federal Centers for Disease Control and Prevention or other professional organizations. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 764, Statutes of 2015

SB 675 Liu

Hospitals: family caregivers.

Requires a hospital, as part of the discharge planning process, to provide each patient with an opportunity to identify a family caregiver who may assist in post hospital care; to provide an opportunity for the patient and his or her family caregiver to engage in the discharge planning process; and, to ensure that discharge planning is appropriate to the condition and acuity of the patient and the location to where the patient will be discharged. Chapter 494, Statutes of 2015

SB 792 Mendoza

Day care facilities: immunizations: exemptions.

Requires day care workers or volunteers to be vaccinated for specified infectious diseases as a condition of participation. Chapter 807, Statutes of 2015

SB 1076 Hernandez

General acute care hospitals: observation services.

Establishes new requirements for observation services provided by a hospital, including that observation services provided in an outpatient observation unit comply with the same nurse-to-patient ratios as emergency services, and requiring patients to receive written notice when they are receiving observation services in an inpatient unit of the hospital. Chapter 723, Statutes of 2016

SB 1365 Hernandez

Hospitals.

Requires a general acute care hospital to notify each patient scheduled for a service in a hospital-based outpatient clinic when that service is available in another location that is not hospital-based. Chapter 501, Statutes of 2016

SJR 8 Hernandez

Medicare: observation status.

Urges Congress and the President of the United States to reform short stay hospital admissions criteria to more accurately reflect the clinical needs of a patient as determined by a physician and to discontinue the so-called "two-midnight rule." Resolution Chapter 135, Statutes of 2015

Vetoed

AB 521 Nazarian

HIV testing.

Would have required a patient who was admitted as an inpatient to a hospital through the emergency department and had blood drawn after being admitted to the hospital, and who consented, to be offered an HIV test. Vetoed

AB 858 Wood

Medi-Cal: federally qualified health centers and rural health clinics.

Would have allowed federally qualified health centers (FQHCs) and Rural Health Center (RHCs) to be reimbursed a per visit Medi-Cal payment under the prospective payment system (PPS), for multiple visits by a patient with a single or different health care professional on the same day at a single location and add marriage and family therapist to the list of health care providers that qualify for a face-to-face encounter with a patient at a FQHC or RHC for purposes of a per visit Medi-Cal payment under PPS. Vetoed

AB 1261 Burke

Community-based adult services: adult day health care centers.

Would have codified the Community-Based Adult Services (CBAS) program and its requirements as a Medi-Cal benefit to be provided at licensed adult day health care (ADHC) centers. Specifically, this bill would have required CBAS providers to meet all applicable licensing and Medi-Cal standards and requires CBAS to be included as a covered service in contracts with all Medi-Cal managed care plans, with standards, eligibility criteria, and provisions that are at least equal to those contained in the approved Section 1115(a) Medicaid demonstration project in effect at the time of this bill's enactment. In addition, this bill requires CBAS to be provided and available at licensed ADHC centers that are certified by the California Department of Aging as CBAS providers pursuant to a participant's individualized plan of care, as developed by the ADHC center's multidisciplinary team. Vetoed

AB 2179 Gipson

Hepatitis C testing.

Would have authorized a hepatitis C counselor who complies with specific requirements to perform any hepatitis C virus test that is classified as waived under the federal Clinical Laboratory Improvement Act. Vetoed

AB 2747 Hadley

Chronic dialysis clinics.

Would have required the Department of Public Health (DPH), within 90 calendar days after it receives an initial and complete chronic dialysis clinic application, to complete the application paperwork and conduct a licensure survey, if necessary, to inspect the clinic and evaluate the clinic's compliance with state licensure requirements. Would have required DPH to forward its recommendation, if necessary, and all other information, to the federal Centers for Medicare and Medicaid Services (CMS) within the same 90 calendar days. Would have specified that for an applicant seeking to receive reimbursement under the Medicare or Medi-Cal programs, DPH conduct an unannounced certification survey, if necessary within 60 days after it receives approval from CMS to conduct the certification survey. Would have required DPH no later than 30 calendar days after the certification survey, to forward the results of its licensure and certification surveys and all other information necessary for certification to the CMS.

Vetoed

SB 610 Pan

Medi-Cal: federally qualified health centers: rural health clinics: managed care contracts.

Would have established timelines for the Department of Health Care Services to review and finalize specified rates and complete annual reconciliations for federally qualified health centers and rural health clinics. Vetoed

VIII. Health Disparities

Chaptered

AB 389 Chau

Hospitals: language assistance services.

Requires general acute care hospitals to post their language assistance policies on their websites in English and up to five of the other languages most commonly spoken in the hospital's service area. Requires the Department of Public Health to post each hospital's language assistance policy on its Website. Chapter 327, Statutes of 2015

AB 941 Wood

Clinics: licensure and regulation: exemption.

Exempts clinics operated by a tribe or tribal organization, regardless of location, from obtaining a license from the Department of Public Health, and requires, to qualify for the exemption, the clinic operate under a contract with the United States pursuant to the Indian Self Determination and Education Assistance Act. Chapter 502, Statutes of 2015

AB 1726 Bonta

Data collection.

Requires, on or after July 1, 2022, to the extent funding is specifically appropriated for this purpose, the Department of Public Health, when collecting demographic data on ancestry or ethnic origin of persons for a report that includes rates for major diseases, leading causes of death per demographic, subcategories for leading causes of death in California overall, pregnancy rate, or housing number, to disaggregate those data for specified Native Hawaiian and other Asian and Pacific Islander groups. Chapter 607, Statutes of 2016

AB 1823 Bonilla

California Cancer Clinical Trials Program.

Requests the University of California (UC) to establish and designate an institute or office with the authority to solicit and receive funds from business, industry, foundations, and other private and federal sources for the purpose of administering the Cancer Clinical Trials Program (the program) to increase patient access to cancer clinical trials. Establishes a five-member board to administer the program. Authorizes the UC to use its own state source funds for oversight and administration of the program relating to the initial start-up costs of the program only, provided the UC is reimbursed from federal and private sources. Requires the program, on receipt of funds totaling \$500,000, to establish the Cancer Clinical Trials Grant Program to increase patient access to cancer clinical trials in underserved or disadvantaged communities and populations. Limits administrative expenses to 20% of funds that are made available, but authorizes the use of more than 20% for the first year of the program. Allows the UC to discontinue the program for various reasons. Chapter 661, Statutes of 2016

SB 4 Lara

Health care coverage: immigration status.

Requires children enrolled in restricted scope Medi-Cal be enrolled in full-scope Medi-Cal if otherwise eligible when 2015 Budget bill language making undocumented children under the age of 19 eligible for full-scope Medi-Cal benefits is implemented. Chapter 709, Statutes of 2015

SB 388 Mitchell

Health care coverage: solicitation and enrollment.

Makes the uniform summary of benefits and coverage document, provided by health care service plans and health insurers to consumers, a vital document subject to specified language translation requirements. Chapter 655, Statutes of 2015

SB 1139 Lara

Health professionals: medical degree programs: healing arts residency training programs: undocumented immigrants: nonimmigrant aliens: scholarships, loans, and loan repayment.

Prohibits a student, including a person without lawful immigration status, and/or a person who is exempt from nonresident tuition, who meets the requirements for admission to a medical degree program at any public or private postsecondary educational institution that offers such a program, or who meets the requirements for admission to a healing arts residency training program whose participants are not paid, from being denied admission based on his or her citizenship or immigration status. Prohibits specified grant and loan forgiveness programs from denying an application based on an applicants' citizenship or immigration status. Chapter 786, Statutes of 2016

Vetoed

AB 176 Bonta

Data collection.

Would have required specified state agencies to report and publish data using collection and tabulation categories for Native Hawaiian, Asian, and Pacific Islander groups whenever they collect specific types of demographic data. Vetoed

SB 291 Lara

Public health: vulnerable communities.

Would have amended the definition of vulnerable communities to include individuals who have experienced trauma related to genocide; requires the Department of Health Care Services to include stakeholders in vulnerable communities, as defined, in its decision making process, to promote effective and efficient quality mental health services; and, would have required the Office of Health Equity to include representatives from vulnerable communities amongst the stakeholders they seek input from when developing and updating their strategic plan on eliminating health disparities. Vetoed

IX. Health Information (Technology) / Medical Privacy / HIPAA

Chaptered

AB 250 Obernolte

Telehealth: marriage and family therapist interns and trainees.

Authorizes a marriage and family therapist intern or trainee to provide services via telehealth, under specified supervision, for the purposes of gaining experience to apply toward licensure requirements. Chapter 50, Statutes of 2015

AB 294 Lackey, Steinorth

Health and human services: state plans: federal waivers: public notice.

Requires any department within the California Health and Human Services Agency to post on the first page of its Web site information about any federally approved state plan or waiver of federal laws or regulations. Chapter 296, Statutes of 2015

AB 461 Mullin

Coordinated Care Initiative.

Authorizes a beneficiary receiving services through a regional center who resides in the County of San Mateo to voluntarily enroll in the Cal MediConnect demonstration project under the Coordinated Care Initiative. Chapter 199, Statutes of 2015

AB 918 Mark Stone

Seclusion and restraint: developmental services: health facilities.

Requires the Secretary of California Health and Human Services to establish a system of mandatory, consistent, timely, and publicly accessible data collection related to data on seclusion and restraint in community facilities serving aged and developmentally disabled persons, as specified. Requires the Department of Developmental Services to publish on its Web page the number of incidents of physical and chemical restraint in community facilities, as specified. Requires community facilities to report every death or serious injury of a person in seclusion or in physical or chemical restraint no later than the close of business day following the death or serious injury. Chapter 340, Statutes of 2015

AB 1129 Burke

Emergency medical services: data and information system.

Requires an emergency medical services (EMS) provider, when collecting and submitting data to with a local emergency medical services agency (LEMSA), to use an electronic health record (EHR) system compliant with California Emergency Medical Services Information System and National Emergency Medical Services Information System standards, as specified, and includes those data elements that are required by the LEMSA. Prohibits an LEMSA from mandating that an EMS provider use a specific EHR system to collect and share this data. Clarifies that the provisions of this bill do not affect or modify existing written contracts or agreements executed before January 1, 2016, between an LEMSA and an EMS provider. Chapter 377, Statutes of 2015

AB 1337 Linder

Medical records: electronic delivery.

Provides a standardized authorization form for medical records requests and requires a medical provider, as defined, to provide electronic copies of medical records, as specified. Chapter 528, Statutes of 2015

AB 2119 Chu

Medical information: disclosure: medical examiners and forensic pathologists.

Authorizes licensed physicians who perform official autopsies on behalf of a county coroner's office or the medical examiner's office to receive medical information for specified purposes. Requires a health facility, as defined, a health or behavioral health facility or clinic, and the physician in charge of the patient to release a patient's medical record relating to community mental health services, voluntary admissions and judicial commitments to mental hospitals, and county psychiatric hospitals to a medical examiner, forensic pathologist, or coroner, as specified, upon request, when a patient dies from any cause, natural or otherwise. Chapter 690, Statutes of 2016

SB 137 Hernandez

Health care coverage: provider directories.

Requires health care service plans and health insurers, collectively referred to as carriers, to publish and maintain printed and online provider directories, and sets requirements carriers must meet to maintain accurate provider directories. Chapter 649, Statutes of 2015

SB 282 Hernandez

Health care coverage: prescription drugs.

Authorizes a prescribing provider to use an electronic process to transmit prior authorization requests for prescription drugs; exempts physician groups with delegated financial risk from the standardized prior authorization process; and, aligns state prior authorization grievance processes with federal law. Chapter 654, Statutes of 2015

SB 319 Beall

Child welfare services: public health nursing.

Requires a foster care public health nurse (FCPHN) to monitor the administration of psychotropic medications to children in foster care and authorizes the disclosure of health care information to FCPHN. Chapter 535, Statutes of 2015

SB 514 Anderson

California Health Benefit Exchange.

Prohibits the California Health Benefit Exchange, also known as Covered California, from disclosing personal information obtained from an application for health care coverage to a certified insurance agent or Certified Enrollment Counselor without the consent of the applicant. Defines personal information consistent with existing law. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 146, Statutes of 2016

SB 546 Leno

Health care coverage: rate review.

Requires health care service plans and health insurers to file with the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) specified information regarding rate changes aggregated for the large group market, and requires DMHC and CDI to annually conduct a public meeting regarding aggregate large group rate changes. Chapter 801, Statutes of 2015

SB 671 Hill

Pharmacy: biological product.

Authorizes a pharmacist to substitute an alternative biological product when filling a prescription for a prescribed biological product under specified circumstances and requires the Board of Pharmacy to maintain a link on its Website to the list of biological products recognized as interchangeable by the federal Food and Drug Administration. Chapter 545, Statutes of 2015

SB 1135 Monning

Health care coverage: notice of timely access to care.

Requires a health care service plan (health plan) or health insurer to provide enrollees or insureds with information regarding standards for timely access to care (timely access standards) pursuant to existing law for health plan and insurer contracts effective July 1, 2017. Allows a health plan or health insurer to include the timely access standard information with other materials sent to the enrollee or insured and requires that they be provided in a separate section of the evidence of coverage; at least annually in or with newsletters, outreach or other materials; and beginning, January 1, 2018, in a separate section of the health plan or health insurer's provider directory. Chapter 500, Statutes of 2016

SB 1159 Hernandez

California Health Care Cost, Quality, and Equity Data Atlas.

Establishes the California Health Care Cost, Quality, and Equity Data Atlas, which requires the California Health and Human Services Agency to research the options for developing a cost, quality, and equity transparency database. Chapter 727, Statutes of 2016

SB 1238 Pan

Inmates: biomedical data.

Grants an exception to the existing prohibition on biomedical research on prisoners, therefore permitting records-based biomedical research, using existing information. Chapter 197, Statutes of 2016

SB 1365 Hernandez

Hospitals.

Requires a general acute care hospital to notify each patient scheduled for a service in a hospital-based outpatient clinic when that service is available in another location that is not hospital-based. Chapter 501, Statutes of 2016

Vetoed

AB 176 Bonta

Data collection

Would have required the California Community Colleges, California State University, University of California, Department of Health Care Services, and Department of Managed Health Care to disaggregate collection and tabulation categories for Native Hawaiian, and Asian and Pacific Islander groups. Vetoed

**AB 1526 Committee on Aging and Long-Term Care
*Behavioral Risk Factor Surveillance System survey: caregiver
module.***

Would have required the Department of Public Health to include the federal Centers for Disease Control and Prevention's Caregiver Module in the annual Behavioral Risk Factor Surveillance System survey, on at least one track, by January 1, 2017. Vetoed

X. Health Insurance / Health Plans / Knox-Keene

Chaptered

AB 72 Bonta, Bonilla, Dahle, Gonzalez, Maienschein, Santiago, Wood

Health care coverage: out-of-network coverage.

Establishes a payment rate, which is the greater of the average of a health care service plan or a health insurer's contracted rate, as specified, or 125% of the amount Medicare reimburses for the same or similar services; and an independent dispute resolution process for claims and claim disputes related to covered services provided at a contracted health facility by a noncontracting individual health care professional for health plan contracts and health policies issued, amended, or renewed on or after July 1, 2017. Requires the Department of Managed Health Care and California Department of Insurance to specify a methodology to determine average contracted rates by January 1, 2019. Limits enrollee and insured cost sharing for these covered services to no more than the cost sharing required had the services been provided by a contracting health professional. Chapter 492, Statutes of 2016

AB 248 Roger Hernández

Health insurance: minimum value: large group market policies.

Prohibits a health care service plan or health insurer offering plans or policies in the large group market from marketing, offering, amending or renewing a large group plan contract that provides a minimum value of less than 60%. Chapter 617, Statutes of 2015

AB 374 Nazarian

Health care coverage: prescription drugs.

Creates a process, in the same manner as a prior preauthorization request, for prescribers to request an override of a health plan or health insurer's step therapy requirement. Chapter 621, Statutes of 2015

AB 627 Gomez

Pharmacy benefit managers: contracting pharmacies.

Requires a pharmacy benefit manager (PBM) that reimburses a contracting pharmacy for a drug on a maximum allowable cost basis to: 1) include in a contract, renewed on or after January 1, 2016, information identifying the data sources used to determine the maximum allowable cost (MAC) for the drugs on a MAC list, and 2) provide for an appeal process for the contracting pharmacy, make available to a contracting pharmacy, upon request, the most up-to-date MAC lists used by the PBM for patients served by the pharmacy. Prohibits a drug from being included on a MAC list or from being reimbursed on a MAC basis unless certain requirements are met. Chapter 74, Statutes of 2015

AB 658 Wilk

County jails: inmate health care services: rates.

Allows providers of health care services to local law enforcement patients to calculate costs for care according to the most recent approved cost-to-charge ratio from the Medicare Program, with the approval of the local law enforcement agency responsible for the inmate patient, and makes technical changes. Chapter 119, Statutes of 2015

AB 1163 Rodriguez

Health care service plans and health insurers: solicitors and life agents: notice of contract changes.

Prohibits a health care service plan or health insurer from making material changes to contracts with insurance solicitors without providing at least 45 days of notice. Chapter 482, Statutes of 2015

AB 1305 Bonta

Limitations on cost sharing: family coverage.

Prohibits, for family coverage, any individual within a family to have a maximum out-of-pocket limit or deductible that is more than the maximum out-of-pocket limit or deductible for individual coverage under the health plan contract. Chapter 641, Statutes of 2015

AB 1954 Burke

Health care coverage: reproductive health care services.

Establishes the Direct Access to Reproductive Health Care Act, which prohibits health care service plans and health insurers from requiring an enrollee to receive a referral prior to receiving coverage or services for reproductive and sexual health care, as specified. Chapter 495, Statutes of 2016

HR 26 Low

Department of Managed Health Care.

Commends the Department of Managed Health Care on 15 years of operation. Adopted

SB 43 Hernandez

Health care coverage: essential health benefits.

Updates California law related to the definition of essential health benefits to make it consistent with new federal requirements promulgated under the Patient Protection and Affordable Care Act. Chapter 648, Statutes of 2015

SB 125 Hernandez

Health care coverage.

Extends the sunset date of the California Health Benefits Review Program (CHBRP) to June 30, 2017, and makes other changes regarding CHBRP analyses and timelines; establishes an annual open enrollment period in the individual health insurance market that is consistent with federal open enrollment dates; conforms state law to federal requirements regarding how to count employees for the purposes of determining employer size with regard to small or large group health insurance markets; contains an urgency clause to make the bill effective upon enactment. Chapter 9, Statutes of 2015

SB 137 Hernandez

Health care coverage: provider directories.

Requires health care service plans and health insurers, collectively referred to as carriers, to publish and maintain printed and online provider directories, and sets requirements carriers must meet to maintain accurate provider directories. Chapter 649, Statutes of 2015

SB 388 Mitchell

Health care coverage: solicitation and enrollment.

Makes the uniform summary of benefits and coverage document, provided by health care service plans and health insurers to consumers, a vital document subject to specified language translation requirements. Chapter 655, Statutes of 2015

SB 407 Morrell

Comprehensive Perinatal Services Program: licensed midwives.

Expands the definition of a comprehensive perinatal provider, as used in the Comprehensive Perinatal Services Program for the purposes of reimbursement for Medi-Cal services, to include a licensed midwife, and authorizes a health care provider to employ or contract with a licensed midwife, as specified. Clarifies that this bill is not intended to expand or revise the scope of practice of licensed midwives. Chapter 313, Statutes of 2015

SB 546 Leno

Health care coverage: rate review.

Requires health care service plans and health insurers to file with the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) specified information regarding rate changes aggregated for the large group market, and requires DMHC and CDI to annually conduct a public meeting regarding aggregate large group rate changes. Chapter 801, Statutes of 2015

SB 908 Hernandez

Health care coverage: premium rate change: notice: other health coverage.

Requires health care service plans (health plans) and health insurers, if the Department of Managed Health Care (DMHC) or the Department of Insurance (CDI) determines that a small group or individual rate is unreasonable or not justified, to provide written notice to contractholders or policyholders of that determination. Requires rate information to be filed 120 days prior to implementing a rate change in the grandfathered individual or small group market. Requires all rate information for nongrandfathered individual health plan contracts and insurance policies on the earlier of 100 days before the first day of the applicable open enrollment period, or the date specified in the federal guidance issued pursuant to federal regulations. Requires health plans and insurers to comply with DMHC or CDI requests for additional information within specified timelines. Requires the DMHC or CDI to determine reasonableness no later than 60 days following receipt of all information required to make a determination. Requires the DMHC or CDI to issue a determination that the rate increase is unreasonable or not justified no later than 15 days before the first day of the applicable open enrollment period for nongrandfathered individual health plan contracts and health insurance policies. Chapter 498, Statutes of 2016

SB 999 Pavley

Health care coverage: contraceptives: annual supply.

Requires coverage for up to a 12-month supply of Food and Drug Administration approved, self-administered hormonal contraceptives and permits pharmacists to dispense these contraceptives consistent with existing protocols and upon a patient's request. States that this bill and SB 253 (Monning) both amend the same code sections, and each should be amended to avoid chaptering out the other, should both bills be enacted. Chapter 499, Statutes of 2016

SB 1135 Monning

Health care coverage: notice of timely access to care.

Requires a health care service plan (health plan) or health insurer to provide enrollees or insureds with information regarding standards for timely access to care (timely access standards) pursuant to existing law for health plan and insurer contracts effective July 1, 2017. Allows a health plan or health insurer to include the timely access standard information with other materials sent to the enrollee or insured and requires that they be provided in a separate section of the evidence of coverage; at least annually in or with newsletters, outreach or other materials; and beginning, January 1, 2018, in a separate section of the health plan or health insurer's provider directory. Chapter 500, Statutes of 2016

SB 1159 Hernandez

California Health Care Cost, Quality, and Equity Data Atlas.

Establishes the California Health Care Cost, Quality, and Equity Data Atlas, which requires the California Health and Human Services Agency to research the options for developing a cost, quality, and equity transparency database. Chapter 727, Statutes of 2016

Vetoed

AB 1763 Gipson

Health care coverage: colorectal cancer: screening and testing.

Would have required health plan and health insurance policies to cover, without cost sharing, specified colorectal cancer screening examinations and laboratory tests for individuals at average risk, and would have required coverage for additional colorectal cancer screening examinations without cost-sharing for individuals at high risk, as specified. Would have prohibited the imposition of cost sharing on colonoscopies, including the removal of polyps, for an enrollee who is between 50 and 75 years of age and has received a positive test, as specified. Vetoed

AB 1831 Low

Health care coverage: prescription drugs: refills.

Would have required health care service plans and health insurers to provide coverage for early refills of prescription topical ophthalmic products. Vetoed

AB 2077 Burke, Bonilla

Health Care Eligibility, Enrollment, and Retention Act.

Would have prohibited Medi-Cal benefits from being terminated until at least 20 days after the county sends the notice of action terminating Medi-Cal eligibility if the individual is eligible to enroll in a qualified health plan through California's Health Benefit Exchange (also known as Covered California), to the extent federal financial participation is available. Would have established application processing timelines for counties for individuals who were enrolled in Covered California and who are determined newly eligible for Medi-Cal through the application processing system known as the California Healthcare Eligibility, Enrollment and Retention System. Vetoed

AB 2115 Wood

Health care coverage: disclosures.

Would have required health care service plans and health insurers, when notifying enrollees who cease to be enrolled in health plans or insurance products about other health care coverage options, to also provide information on low- or no-cost programs for health care and prescription medicines on the Office of Patient Advocate Website. Vetoed

SB 1090 Mitchell

Sexually transmitted diseases: outreach and screening services.

Would have required the Department of Public Health, to the extent funds are appropriated by the Legislature for these purposes, to allocate funds to counties for sexually transmitted disease outreach, screening and other core services. Vetoed

XI. Health Care Professionals

Chaptered

AB 250 Obernolte

Telehealth: marriage and family therapist interns and trainees.

Authorizes a marriage and family therapist intern or trainee to provide services via telehealth, under specified supervision, for the purposes of gaining experience to apply toward licensure requirements. Chapter 50, Statutes of 2015

AB 502 Chau

Dental hygiene.

Authorizes the creation of and establishes rules of governance for a registered dental hygienist in alternative practice corporation. Chapter 516, Statutes of 2015

AB 614 Brown

Health care standards of practice.

Authorizes the California Department of Public Health to use a streamlined administrative process to update regulatory references to health care standards of practice adopted by a state or national association when outdated standards are referenced in the California Code of Regulations. Chapter 435, Statutes of 2015

AB 2024 Wood

Critical access hospitals: employment.

Authorizes, until January 1, 2024, a federally certified critical access hospital (CAH) to employ physicians and charge for professional services, notwithstanding the prohibition of the “Corporate Practice of Medicine.” Specifies that the CAH must not interfere with, control or otherwise direct the professional judgement of a physician, and that on or before July 1, 2023, the Legislative Analyst will provide a report to the Legislature containing data about the impact of CAH's employing physicians. Chapter 496, Statutes of 2016

AB 2048 Gray

National Health Service Corps State Loan Repayment Program.

Requires the Office of Statewide Health Planning and Development, in its administration of the National Health Service Corps State Loan Repayment Program, to include all federally qualified health centers located in California on the program's certified eligible site list. Chapter 454, Statutes of 2016

SB 407 Morrell

Comprehensive Perinatal Services Program: licensed midwives.

Expands the definition of a comprehensive perinatal provider, as used in the Comprehensive Perinatal Services Program for the purposes of reimbursement for Medi-Cal services, to include a licensed midwife, and authorizes a health care provider to employ or contract with a licensed midwife, as specified. Clarifies that this bill is not intended to expand or revise the scope of practice of licensed midwives. Chapter 313, Statutes of 2015

SB 643 McGuire

Medical marijuana.

Provides standards for a physician prescribing medical cannabis. Requires the Medical Board of California to prioritize its investigative and prosecutorial resources to identify and discipline physicians and surgeons that have repeatedly recommended excessive cannabis to patients, as specified. Requires the Bureau of Medical Marijuana Regulation, under the Department of Consumer Affairs, to license and promulgate regulations regarding the transportation of medical cannabis. Requires the Department of Food and Agriculture to license and promulgate regulations regarding the cultivation of medical cannabis, including the tracking of product. Chapter 719, Statutes of 2015

SB 1139 Lara

Health professionals: medical degree programs: healing arts residency training programs: undocumented immigrants: nonimmigrant aliens: scholarships, loans, and loan repayment.

Prohibits a student, including a person without lawful immigration status, and/or a person who is exempt from nonresident tuition, who meets the requirements for admission to a medical degree program at any public or private postsecondary educational institution that offers such a program, or who meets the requirements for admission to a healing arts residency training program whose participants are not paid, from being denied admission based on his or her citizenship or immigration status. Prohibits specified grant and loan forgiveness programs from denying an application based on an applicants' citizenship or immigration status. Chapter 786, Statutes of 2016

SJR 7 Pan

Medical residency programs.

Urges the U.S. Congress and President to renew funding for the Health Resources and Services Administration's Teaching Health Center and Primary Care Residency Expansion Graduate Medical Education Programs set to expire this year, and lift the freeze on residency positions funded by Medicare to expand physician supply and improve access to health care. Resolution Chapter 90, Statutes of 2015

XII. Laboratories / Clinical Labs

Vetoed

AB 2179 Gipson

Hepatitis C testing.

Would have authorized a hepatitis C counselor who complies with specific requirements to perform any hepatitis C virus test that is classified as waived under the federal Clinical Laboratory Improvement Act. Vetoed

XIII. Medical Marijuana

Chaptered

AB 258 Levine

Organ transplants: medical marijuana: qualified patients.

Prohibits a potential recipient of an organ transplant from being denied based solely on their use of medical marijuana (MM). Allows for an exception to this if the patient's use of MM, based on a case-by-case evaluation by a physician or surgeon, is found to be medically significant to the provision of the anatomical gift. Chapter 51, Statutes of 2015

AB 2679 Cooley, Bonta, Jones-Sawyer, Lackey, Wood

Medical marijuana: regulation: research.

Exempts collectives or cooperatives that manufacture medical cannabis products from certain criminal sanctions, if specific requirements are met; requires agencies with regulatory responsibilities under the Medical Cannabis Regulation and Safety Act to include additional information in their existing reporting requirements to the Legislature, and, authorizes the University of California to ascertain the effect of marijuana on motor skills within its existing authority to study the efficacy and safety of administering medical marijuana. Chapter 828, Statutes of 2016

SB 643 McGuire

Medical marijuana.

Provides standards for a physician prescribing medical cannabis. Requires the Medical Board of California to prioritize its investigative and prosecutorial resources to identify and discipline physicians and surgeons that have repeatedly recommended excessive cannabis to patients, as specified. Requires the Bureau of Medical Marijuana Regulation, under the Department of Consumer Affairs, to license and promulgate regulations regarding the transportation of medical cannabis. Requires the Department of Food and Agriculture to license and promulgate regulations regarding the cultivation of medical cannabis, including the tracking of product. Chapter 719, Statutes of 2015

XIV. Mental /Behavioral Health

Chaptered

AB 38 Eggman

Mental health: Early Diagnosis and Preventive Treatment Program.

Establishes the Early Diagnosis and Preventive Treatment Program Fund, for the purpose of utilizing integrated systems of care to provide early intervention, assessment, diagnosis, a treatment plan, and necessary services for individuals with severe mental illness and children with severe emotional disturbance, as specified. Chapter 547, Statutes of 2016

AB 59 Waldron

Mental health services: assisted outpatient treatment.

Extends the repeal date of the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, or "Laura's Law," by five years, to January 1, 2022, and deletes and recasts in existing law the Department of Health Care Service's reporting requirement, as specified, regarding the AOT services a county provides. Chapter 251, Statutes of 2016

AB 168 Maienschein

Mental health: community-based services.

Requires the Department of Health Care Services, if chosen to participate in a federal demonstration project authorized under H.R. 4302, to provide an update to the Legislature by March 1, 2017, that includes, to the extent that it is available, names of the participating counties, the estimated amount of additional funding each county is expected to receive, identified benefits from the demonstration program funding and planning process, and other information as specified. Chapter 283, Statutes of 2016

AB 796 Nazarian

Health care coverage: autism and pervasive developmental disorders.

Deletes the January 1, 2017 sunset provisions requiring health care service plans to provide health coverage for behavioral health treatment modalities for pervasive development disorder or autism. Chapter 493, Statutes of 2016

AB 847 Mullin, Ridley-Thomas

Mental health: community-based services.

Requires the Department of Health Care Services to develop a proposal to participate in demonstration programs administered by the federal Secretary of Health and Human Services to improve mental health services provided by certified community behavioral health clinics to Medi-Cal beneficiaries. Chapter 6, Statutes of 2016

AB 1194 Eggman

Mental health: involuntary commitment.

Requires, when an individual is determining if a person is a danger as a result of a mental health disorder (for the purposes of deciding whether the person meets criteria for a "5150" involuntary hold), the individual to consider available relevant information about the historical course of the person's mental disorder, if the individual concludes that the information has a reasonable bearing on the determination. It also specifies danger is not limited to danger of imminent harm. Chapter 570, Statutes of 2015

AB 1299 Ridley-Thomas

Medi-Cal: specialty mental health services: foster children.

Requires the California Health and Human Services Agency to coordinate with the Department of Health Care Services and the Department of Social Services to facilitate the receipt of medically necessary specialty mental health services for foster youth, as specified. Chapter 603, Statutes of 2016

AB 1424 Mullin

Mental health: community mental health board.

Allows mental health consumers who have obtained employment with a county mental health service, the Department of Health Care Services, or a mental health contract agency, to be appointed to a mental health board, as specified. Chapter 127, Statutes of 2015

AB 2119 Chu

Medical information: disclosure: medical examiners and forensic pathologists.

Authorizes licensed physicians who perform official autopsies on behalf of a county coroner's office or the medical examiner's office to receive medical information for specified purposes. Requires a health facility, as defined, a health or behavioral health facility or clinic, and the physician in charge of the patient to release a patient's medical record relating to community mental health services, voluntary admissions and judicial commitments to mental hospitals, and county psychiatric hospitals to a medical examiner, forensic pathologist, or coroner, as specified, upon request, when a patient dies from any cause, natural or otherwise. Chapter 690, Statutes of 2016

ABX2 1 Thurmond, Beall, Bonta, Cannella, Maienschein

Developmental services: Medi-Cal: funding.

Implements targeted rate increases for the community-based developmental services system. Prohibits the Department of Health Care Services from implementing or retroactively recouping rate reductions and rate freezes for distinct part skilled nursing facilities. Chapter 3, Statutes of 2015-16 Second Extraordinary Session

SB 613 Allen

State Department of Public Health: dementia guidelines: workgroup.

Requires the Department of Public Health (DPH) to convene and appoint the members of a workgroup to update the 2008 Guidelines for Alzheimer's Disease Management in California to address changes in the health care system and requires DPH to submit a report on the workgroup updates and recommendations to the Legislature on or before March 1, 2017. Chapter 577, Statutes of 2015

SB 955 Beall

State hospital commitment: compassionate release.

Establishes a compassionate release process for a person who has been committed to the Department of State Hospitals as a mentally disordered offender, has been found not guilty by reason of insanity, or has been found incompetent to stand trial or be adjudicated to punishment, but is now terminally ill, or permanently medically incapacitated, as specified. Chapter 715, Statutes of 2016

SB 1174 McGuire

Medi-Cal: children: prescribing patterns: psychotropic medications.

Requires the State Department of Health Care Services and the State Department of Social Services, to provide the Medical Board of California (MBC) with information to conduct an analysis of Medi-Cal and managed care prescribing patterns of psychotropic medications to determine if excessive prescribing exists and, if so, to take appropriate action. Adds repeated acts of clearly excessive prescribing psychotropic medications to a minor without a good faith prior examination to the list of cases that MBC must prioritize investigating and prosecuting. Requires, on or before January 1, 2022, the MBC to conduct an internal review of its data review, investigative, and disciplinary activities and to revise its procedures relating to those activities if necessary and sunsets the provisions of this bill on January 1, 2027. Chapter 840, Statutes of 2016

SB 1291 Beall

Medi-Cal: specialty mental health: minor and nonminor dependents.

Requires, beginning July 1, 2018, mental health plan reviews conducted by an external quality review organization, pursuant to federal regulations, to include specific data for Medi-Cal eligible minor and minor dependents in foster care, as specified. Chapter 844, Statutes of 2016

Vetoed

AB 193 Maienschein

Mental health: conservatorship hearings.

Would have permitted a judge presiding over a probate conservatorship to recommend to the county investigating officer the establishment of a Lanterman-Petris-Short conservatorship when there is evidence of grave disability as a result of a mental disorder or impairment by chronic alcoholism. Vetoed

AB 741 Williams

Mental health: community care facilities.

Would have allowed a short-term residential treatment center (STRTC) to be operated as a children's crisis residential center (CCRC), as defined, which would have been operated specifically to divert children experiencing a mental health crisis from psychiatric hospitalization. Would have required the Department of Social Services to establish regulations for STRTCs that are operated as CCRCs, and required the regulations to include specified minimum components. Would have required the Department of Health Care Services to establish Medi-Cal rates as needed that are sufficient to reimburse the costs for children's crisis residential services in excess of any specialty mental health services that would have been otherwise authorized, provided, and invoiced for each eligible Medi-Cal beneficiary receiving children's crisis residential services. Vetoed

AB 745 Chau

Mental Health Services Oversight and Accountability Commission.

Would have required the Governor to appoint an additional member to the Mental Health Services Oversight and Accountability Commission who has experience providing supportive housing to persons with severe mental illness. Vetoed

AB 861 Maienschein

Mental health: community-based services.

Would have required the Department of Health Care Services to apply to the federal Secretary of Health and Human Services for the planning grant awarded for the purpose of developing proposals to participate in demonstration programs to improve mental health services furnished by certified community behavioral health clinics to Medi-Cal beneficiaries. Vetoed

AB 2017 McCarty

College Mental Health Services Program.

Would have established the College Mental Health Services Program Act, which would have created a grant program for public community colleges, colleges, and universities to improve access to mental health services and early identification or intervention programs. Vetoed

AB 2279 Cooley

Mental Health Services Act: county-by-county spending reports.

Would have required the Department of Health Care Services (DHCS) to develop and administer instructions for the compilation of revenue and expenditure information related to the Mental Health Services Act (MHSA) by counties, in consultation with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California, as specified, and would have permitted DHCS to withhold MHSA funds from counties that do not submit the Annual MHSA Report until the reports are submitted. Vetoed

SB 291 Lara

Public health: vulnerable communities.

Would have amended the definition of vulnerable communities to include individuals who have experienced trauma related to genocide; requires the Department of Health Care Services to include stakeholders in vulnerable communities, as defined, in its decision making process, to promote effective and efficient quality mental health services; and, would have required the Office of Health Equity to include representatives from vulnerable communities amongst the stakeholders they seek input from when developing and updating their strategic plan on eliminating health disparities. Vetoed

SB 1113 Beall

Pupil health: mental health.

Would have permitted local educational agencies and county mental health plans to enter into partnerships for the provision of Early and Periodic Screening, Diagnosis, and Treatment program mental health services, as specified. Vetoed

XV. Pharmacy / Pharmaceuticals / Biotech

Chaptered

AB 339 Gordon

Health care coverage: outpatient prescription drugs.

Requires health plans and health insurers that provide coverage for outpatient prescription drugs to have formularies that do not discourage the enrollment of individuals with health conditions, and requires combination antiretrovirals drug treatment coverage of a single-tablet that is as effective as a multitablet regimen for treatment of HIV/AIDS, as specified. Places in state law, federal requirements related to pharmacy and therapeutics committees, access to in-network retail pharmacies, standardized formulary requirements, formulary tier requirements similar to those required of health plans and insurers participating in Covered California and copayment caps of \$250 and \$500 for a supply of up to 30 days for an individual prescription, as specified. Chapter 619, Statutes of 2015

AB 374 Nazarian

Health care coverage: prescription drugs.

Creates a process, in the same manner as a prior preauthorization request, for prescribers to request an override of a health plan or health insurer's step therapy requirement. Chapter 621, Statutes of 2015

AB 486 Bonilla

Centralized hospital packaging pharmacies: medication labels.

Clarifies existing law regarding medication labeling requirements for centralized hospital packaging pharmacies by requiring any label for each unit dose medication produced by a centralized hospital packaging pharmacy to include certain information on a human-readable label. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 241, Statutes of 2015

AB 627 Gomez

Pharmacy benefit managers: contracting pharmacies.

Requires a pharmacy benefit manager (PBM) that reimburses a contracting pharmacy for a drug on a maximum allowable cost basis to: 1) include in a contract, renewed on or after January 1, 2016, information identifying the data sources used to determine the maximum allowable cost (MAC) for the drugs on a MAC list, and 2) provide for an appeal process for the contracting pharmacy, make available to a contracting pharmacy, upon request, the most up-to-date MAC lists used by the PBM for patients served by the pharmacy. Prohibits a drug from being included on a MAC list or from being reimbursed on a MAC basis unless certain requirements are met. Chapter 74, Statutes of 2015

AB 1069 Gordon

Prescription drugs: collection and distribution program.

Authorizes a pharmacy that exists solely to operate the existing county-operated prescription drug collection and distribution program to repackage a reasonable quantity of donated medicine in anticipation of dispensing the medicine to its patient population. Requires the pharmacy to have repackaging policies and procedures in place for identifying and recalling medications; and requires the medication that is repackaged to be labeled with the earliest expiration date. Chapter 316, Statutes of 2016

AB 1114 Eggman

Medi-Cal: pharmacist services.

Requires specified pharmacy services to be covered under Medi-Cal, and specifies the rate of reimbursement for these services at 85% of the fee schedule for physician services under Medi-Cal. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect after enactment. Chapter 602, Statutes of 2015

AB 1668 Calderon

Investigational drugs, biological products, and devices.

Authorizes the manufacturer of an investigational drug, biological product, or device (investigational drug) that is not yet approved by the United States Food and Drug Administration (FDA) to make the investigational drug available to a patient with a serious or immediately life-threatening disease, when that patient has considered all other treatment options currently approved by the FDA, has been unable to participate in a relevant clinical trial, and for whom the investigational drug has been recommended by the patient's primary physician and a consulting physician. Specifies other criteria and requirements for the use of investigational drugs. Chapter 684, Statutes of 2016

ABX2 15 Eggman, Alejo, Mark Stone

End of life.

Enacts the End of Life Option Act allowing an adult diagnosed with a terminal disease, and with the capacity to make medical decisions, to receive a prescription for an aid-in-dying drug to end his or her life in a humane and dignified manner. Chapter 1, Statutes of 2015-16 Second Extraordinary Session

SB 277 Pan, Allen

Public health: vaccinations.

Eliminates non-medical exemptions from the requirement that children receive vaccines for certain infectious diseases prior to being admitted to any public or private elementary or secondary school, or day care center. Chapter 35, Statutes of 2015

SB 282 Hernandez

Health care coverage: prescription drugs.

Authorizes a prescribing provider to use an electronic process to transmit prior authorization requests for prescription drugs; exempts physician groups with delegated financial risk from the standardized prior authorization process; and, aligns state prior authorization grievance processes with federal law. Chapter 654, Statutes of 2015

SB 319 Beall

Child welfare services: public health nursing.

Requires a foster care public health nurse (FCPHN) to monitor the administration of psychotropic medications to children in foster care and authorizes the disclosure of health care information to FCPHN. Chapter 535, Statutes of 2015

SB 361 Hill

Antimicrobial stewardship: education and policies.

Requires, on or after January 1, 2018, a licensed veterinarian who renews his or her license to complete a minimum of one credit hour of continuing education on the use of medically important antimicrobial drugs every four years. Requires skilled nursing facilities to adopt and implement an antimicrobial stewardship policy, by January 1, 2017, that is consistent with new guidelines established by the federal Centers for Disease Control and Prevention or other professional organizations. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 764, Statutes of 2015

SB 671 Hill

Pharmacy: biological product.

Authorizes a pharmacist to substitute an alternative biological product when filling a prescription for a prescribed biological product under specified circumstances and requires the Board of Pharmacy to maintain a link on its Website to the list of biological products recognized as interchangeable by the federal Food and Drug Administration. Chapter 545, Statutes of 2015

SB 792 Mendoza

Day care facilities: immunizations: exemptions.

Requires day care workers or volunteers to be vaccinated for specified infectious diseases as a condition of participation. Chapter 807, Statutes of 2015

SB 999 Pavley

Health care coverage: contraceptives: annual supply.

Requires coverage for up to a 12-month supply of Food and Drug Administration approved, self-administered hormonal contraceptives and permits pharmacists to dispense these contraceptives consistent with existing protocols and upon a patient's request. States that this bill and SB 253 (Monning) both amend the same code sections, and each should be amended to avoid chaptering out the other, should both bills be enacted. Chapter 499, Statutes of 2016

SJR 29 Hernandez

EpiPen: pricing.

Urges the Congress of the United States to investigate the impact that Mylan's monopoly has had on the price hikes for EpiPen, and urges the Congress and President to take action to limit the unrestrained ability of drug manufacturers to increase prices based only on what the market can bear rather than on providing a fair return on investment. Resolution Chapter 191, Statutes of 2016

Vetoed

AB 68 Waldron

Medi-Cal.

Would have established that a beneficiary has a right to an urgent appeal process of a Medi-Cal managed care plan's denial of a drug used in the treatment of seizures and epilepsy and is a drug approved by the federal Food and Drug Administration for the treatment of seizures and epilepsy. Vetoed

AB 159 Calderon

Investigational drugs, biological products, and devices.

Would have authorized the manufacturer of an investigational drug to make an investigational drug that is not yet approved by the United States Food and Drug Administration available to a patient, under certain circumstances. Vetoed

AB 1060 Bonilla

Cancer clinical trials.

Would have required the California Health and Human Services Agency to establish a nonprofit Cancer Clinical Trials Foundation to solicit and receive funds from business, industry, foundations, and other private and public sources for the purpose of administering the Cancer Clinical Trials Grant Program to increase patient access to, and diverse participation in, cancer clinical trials. Vetoed

AB 1162 Holden

Medi-Cal: tobacco cessation.

Would have required tobacco cessation services to be a covered benefit under the Medi-Cal program, as specified. Vetoed

AB 1831 Low

Health care coverage: prescription drugs: refills.

Would have required health care service plans and health insurers to provide coverage for early refills of prescription topical ophthalmic products. Vetoed

AB 2115 Wood

Health care coverage: disclosures.

Would have required health care service plans and health insurers, when notifying enrollees who cease to be enrolled in health plans or insurance products about other health care coverage options, to also provide information on low- or no-cost programs for health care and prescription medicines on the Office of Patient Advocate Website. Vetoed

XVI. Public Health

Chaptered

AB 614 Brown

Health care standards of practice.

Authorizes the California Department of Public Health to use a streamlined administrative process to update regulatory references to health care standards of practice adopted by a state or national association when outdated standards are referenced in the California Code of Regulations. Chapter 435, Statutes of 2015

AB 918 Mark Stone

Seclusion and restraint: developmental services: health facilities.

Requires the Secretary of California Health and Human Services to establish a system of mandatory, consistent, timely, and publicly accessible data collection related to data on seclusion and restraint in community facilities serving aged and developmentally disabled persons, as specified. Requires the Department of Developmental Services to publish on its Web page the number of incidents of physical and chemical restraint in community facilities, as specified. Requires community facilities to report every death or serious injury of a person in seclusion or in physical or chemical restraint no later than the close of business day following the death or serious injury. Chapter 340, Statutes of 2015

AB 1149 Wood

Public health emergencies: funding.

Allows trade associations that represent specific local health entities to receive federal funding allocated by the Department of Public Health for the prevention of, and response to, public health emergencies. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 93, Statutes of 2015

AB 1177 Gomez, Burke, Low

Primary care clinics: written transfer agreements.

Prohibits a primary care clinic, notwithstanding current regulations or any other law, from being required to enter into a written transfer agreement with a nearby hospital as a condition of licensure, and requires the Department of Public Health to repeal the regulation requiring primary care clinics to enter into transfer agreements, no later than July 1, 2016. Chapter 704, Statutes of 2015

AB 1424 Mullin

Mental health: community mental health board.

Allows mental health consumers who have obtained employment with a county mental health service, the Department of Health Care Services, or a mental health contract agency, to be appointed to a mental health board, as specified. Chapter 127, Statutes of 2015

AB 1726 Bonta

Data collection.

Requires, on or after July 1, 2022, to the extent funding is specifically appropriated for this purpose, the Department of Public Health, when collecting demographic data on ancestry or ethnic origin of persons for a report that includes rates for major diseases, leading causes of death per demographic, subcategories for leading causes of death in California overall, pregnancy rate, or housing number, to disaggregate those data for specified Native Hawaiian and other Asian and Pacific Islander groups. Chapter 607, Statutes of 2016

AB 2125 Chiu

Healthy Nail Salon Recognition Program.

Requires the California Department of Toxic Substances Control (DTSC), by January 1, 2018, to publish guidelines for healthy nail salon recognition (HNSR) programs voluntarily implemented by local cities and counties. Specifies criteria for the guidelines and requires the DTSC to promote the HNSR guidelines and consult with the Division of Occupational Safety and Health, Department of Public Health and the State Board of Barbering and Cosmetology in developing the guidelines. Chapter 564, Statutes of 2016

AB 2439 Nazarian

HIV testing.

Creates a pilot project to be administered by the Department of Public Health, in order to assess and make recommendations regarding the effectiveness of the routine offering of a human immunodeficiency virus test in the emergency department of a hospital. Chapter 668, Statutes of 2016

AB 2640 Gipson

Public health: HIV.

Requires a medical care provider or person administering a test for human immunodeficiency virus (HIV) to provide patients who test negative for HIV infection, and are determined to be at high risk for HIV infection by the medical provider or person administering the test, with information about methods that prevent or reduce the risk of contracting HIV, including, but not limited to, pre-exposure prophylaxis and post-exposure prophylaxis, consistent with guidance of the federal Centers for Disease Control and Prevention. Chapter 670, Statutes of 2016

AB 2696 Beth Gaines

Diabetes prevention and management.

Requires the Department of Public Health to submit a report to the Legislature on or before January 1, 2019, that includes a summary and compilation of recommendations on diabetes prevention and management. Chapter 108, Statutes of 2016

AB 2750 Gomez

Tissue banks.

Creates an additional exemption from tissue bank licensing requirements for the storage of allograft tissue if certain requirements are met. Chapter 273, Statutes of 2016

AB 2889 HEALTH, P.H. & D.S.

State government.

Restores the Department of Public Health to the list of departments that may make advanced payments to community-based private nonprofit agency contractors. Chapter 228, Statutes of 2016

SB 36 Hernandez, De León

Medi-Cal: demonstration project.

Authorizes the Department of Health Care Services to request one or more temporary waiver extensions to continue the operation of, and the authorities provided under, the current "California Bridge to Reform Demonstration," the state's Section 1115 Medicaid waiver which was set to expire on October 31, 2015. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 759, Statutes of 2015

SB 804 Committee on Health

Public health.

Makes technical and conforming changes to specific sections of the Health and Safety Code and the Welfare and Institutions Code. Chapter 455, Statutes of 2015

SB 877 Pan

Reporting and tracking of violent deaths.

Requires the Department of Public Health (DPH) to establish and maintain the California Electronic Violent Death Reporting System and to collect data on violent deaths, as specified. Chapter 712, Statutes of 2016

SB 1067 Huff

Food facilities.

Requires the food safety certification examination, which must be completed by at least one person at every retail food facility, to include knowledge of major food allergens. Specifies the knowledge and educational responsibilities required of the person in charge of a food facility regarding major food allergens. Revises provisions of law governing the serving of raw and undercooked meat, and makes various other updates and minor changes to the laws governing retail food facilities. Chapter 195, Statutes of 2016

SB 1159 Hernandez

California Health Care Cost, Quality, and Equity Data Atlas.

Establishes the California Health Care Cost, Quality, and Equity Data Atlas, which requires the California Health and Human Services Agency to research the options for developing a cost, quality, and equity transparency database. Chapter 727, Statutes of 2016

SB 1238 Pan

Inmates: biomedical data.

Grants an exception to the existing prohibition on biomedical research on prisoners, therefore permitting records-based biomedical research, using existing information. Chapter 197, Statutes of 2016

SCR 134 Pan

Diabetes: the "Screen at 23" campaign.

Urges the California Department of Public Health to endorse the "Screen at 23" campaign to screen all adult Asian Americans with a body mass index of 23 or higher for type II diabetes. Resolution Chapter 178, Statutes of 2016

SJR 26 De León

Blood donations.

Calls upon the President of the United States to encourage the Secretary of the United States Department of Health and Human Services to adopt policies to repeal the current discriminatory donor suitability policies of the United States Food and Drug Administration (FDA) regarding blood donations by men who have had sex with another man and, instead, direct the FDA to develop science-based policies such as criteria based on risky behavior in lieu of sexual orientation. Resolution Chapter 189, Statutes of 2016

Vetoed

AB 176 Bonta

Data collection.

Would have required specified state agencies to report and publish data using collection and tabulation categories for Native Hawaiian, Asian, and Pacific Islander groups whenever they collect specific types of demographic data. Vetoed

AB 521 Nazarian

HIV testing.

Would have required a patient who had been admitted as an inpatient to a hospital through the emergency department and had blood drawn after being admitted to the hospital, and who consented, to be offered an human immunodeficiency virus test. Vetoed

AB 858 Wood

Medi-Cal: federally qualified health centers and rural health clinics.

Would have allowed federally qualified health centers (FQHCs) and Rural Health Center (RHCs) to be reimbursed a per visit Medi-Cal payment under the prospective payment system (PPS), for multiple visits by a patient with a single or different health care professional on the same day at a single location and add marriage and family therapist to the list of health care providers that qualify for a face-to-face encounter with a patient at a FQHC or RHC for purposes of a per visit Medi-Cal payment under PPS. Vetoed

AB 1060 Bonilla

Cancer clinical trials.

Would have required the California Health and Human Services Agency to establish a nonprofit Cancer Clinical Trials Foundation to solicit and receive funds from business, industry, foundations, and other private and public sources for the purpose of administering the Cancer Clinical Trials Grant Program to increase patient access to, and diverse participation in, cancer clinical trials. Vetoed

AB 1526 Committee on Aging and Long-Term Care

Behavioral Risk Factor Surveillance System survey: caregiver module.

Would have required the Department of Public Health to include the federal Centers for Disease Control and Prevention's Caregiver Module in the annual Behavioral Risk Factor Surveillance System survey, on at least one track, by January 1, 2017. Vetoed

AB 2179 Gipson

Hepatitis C testing.

Would have authorized a hepatitis C counselor who complies with specific requirements to perform any hepatitis C virus test that is classified as waived under the federal Clinical Laboratory Improvement Act. Vetoed

AB 2747 Hadley

Chronic dialysis clinics.

Would have required the Department of Public Health (DPH), within 90 calendar days after it receives an initial and complete chronic dialysis clinic application, to complete the application paperwork and conduct a licensure survey, if necessary, to inspect the clinic and evaluate the clinic's compliance with state licensure requirements. Would have required DPH to forward its recommendation, if necessary, and all other information, to the federal Centers for Medicare and Medicaid Services (CMS) within the same 90 calendar days. Would have specified that for an applicant seeking to receive reimbursement under the Medicare or Medi-Cal programs, DPH conduct an unannounced certification survey, if necessary within 60 days after it receives approval from CMS to conduct the certification survey. Would have required DPH no later than 30 calendar days after the certification survey, to forward the results of its licensure and certification surveys and all other information necessary for certification to the CMS. Vetoed

XVII. Public health Insurance / Medi-Cal / Medi-Cal Managed Care

Chaptered

AB 187 Bonta

Medi-Cal: managed care: California Children's Services program.

Extends the sunset date on the prohibition on incorporating services provided by the California Children's Services program in a Medi-Cal managed care contract for one year to January 1, 2017. Chapter 738, Statutes of 2015

AB 294 Lackey, Steinorth

Health and human services: state plans: federal waivers: public notice.

Requires any department within the California Health and Human Services Agency to post on the first page of its Web site information about any federally approved state plan or waiver of federal laws or regulations. Chapter 296, Statutes of 2015

AB 461 Mullin

Coordinated Care Initiative.

Authorizes a beneficiary receiving services through a regional center who resides in the County of San Mateo to voluntarily enroll in the Cal MediConnect demonstration project under the Coordinated Care Initiative. Chapter 199, Statutes of 2015

AB 635 Atkins

Medical interpretation services.

Requires the Department of Health Care Services to work with identified stakeholders to conduct a study to identify current requirements for medical interpretation services as well as education, training, and licensure requirements, analyze other state Medicaid programs, and make recommendations on strategies that may be employed regarding the provision of medical interpretation services for Medi-Cal beneficiaries who are limited English proficient, in compliance with applicable state and federal requirements. Chapter 600, Statutes of 2016

AB 664 Dodd

Medi-Cal: universal assessment tool report.

Requires, on or before January 1, 2017, the Department of Health Care Services, Department of Social Services, and the California Department of Aging, in consultation with a stakeholder workgroup, to evaluate and report to the Legislature on outcomes and lessons of the Medi-Cal universal assessment tool pilot. Chapter 367, Statutes of 2015

AB 1114 Eggman

Medi-Cal: pharmacist services.

Requires specified pharmacy services to be covered under Medi-Cal, and specifies the rate of reimbursement for these services at 85% of the fee schedule for physician services under Medi-Cal. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect after enactment. Chapter 602, Statutes of 2015

AB 1423 Mark Stone

Prisoners: medical treatment.

Creates a process for establishing, for up to one year, a surrogate healthcare decision maker for incarcerated persons who lack the capacity to make their own healthcare. Chapter 381, Statutes of 2015

AB 1424 Mullin

Mental health: community mental health board.

Allows mental health consumers who have obtained employment with a county mental health service, the Department of Health Care Services, or a mental health contract agency, to be appointed to a mental health board, as specified. Chapter 127, Statutes of 2015

AB 1568 Bonta, Atkins

Medi-Cal: demonstration project.

Enacts the Medi-Cal 2020 Demonstration Project Act, administered by the Department of Health Care Services (DHCS) which implements the Special Terms and Conditions (STCs) approved by the federal Centers for Medicare and Medicaid Services, including the Dental Transformation Initiative, the Whole Person Care program and the evaluations required under the STCs. Requires DHCS to conduct or arrange to have conducted studies, reports and assessments required under the STCs. Makes the operation of this bill contingent upon the enactment of SB 815 (Hernandez and De León), Chapter 111, Statutes of 2016. Chapter 42, Statutes of 2016

AB 1696 Holden

Medi-Cal: tobacco cessation services.

Requires Medi-Cal to cover tobacco cessation services. Chapter 606, Statutes of 2016

AB 1836 Maienschein

Mental health: referral of conservatees.

Permits a court, in a proceeding regarding a probate conservatorship and where a conservatorship has already been established, to refer a conservatee for an assessment by the local mental health system or plan to determine if the conservatee has a treatable mental illness, including whether the conservatee is gravely disabled as a result of a mental disorder or impairment by chronic alcoholism, and is unwilling or incapable of accepting voluntary treatment, as specified. Requires, if the conservatee cannot afford counsel, the court to appoint counsel for them. Chapter 819, Statutes of 2016

AB 1863 Wood

Medi-Cal: federally qualified health centers: rural health centers.

Adds marriage and family therapists (MFTs) to the list of healthcare professionals that qualify for a face-to-face encounter with a patient at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) for purposes of a per-visit Medi-Cal payment under the prospective payment system. Makes conforming changes, including requiring an FQHC or an RHC that includes the costs of the services of an MFT that chooses to bill these services as a separate visit, to apply for an adjustment to its per-visit rate; that multiple encounters with an MFT on the same day constitutes a single visit; adjustment of rates; and, change in scope of service requirements. Chapter 610, Statutes of 2016

AB 2394 Eduardo Garcia

Medi-Cal: nonmedical transportation.

Requires Medi-Cal to cover nonmedical transportation for a beneficiary to obtain covered Medi-Cal services commencing on July 1, 2017 or the effective date of any necessary federal approvals, whichever is later. Chapter 615, Statutes of 2016

ABX2 1 Thurmond, Beall, Bonta, Cannella, Maienschein

Developmental services: Medi-Cal: funding.

Implements targeted rate increases for the community-based developmental services system. Prohibits the Department of Health Care Services from implementing or retroactively recouping rate reductions and rate freezes for distinct part skilled nursing facilities. Chapter 3, Statutes of 2015-16 Second Extraordinary Session

HR 26 Low

Department of Managed Health Care.

Commends the Department of Managed Health Care on 15 years of operation. Adopted

SB 4 Lara

Health care coverage: immigration status.

Requires children enrolled in restricted scope Medi-Cal be enrolled in full-scope Medi-Cal if otherwise eligible when 2015 Budget bill language making undocumented children under the age of 19 eligible for full-scope Medi-Cal benefits is implemented. Chapter 709, Statutes of 2015

SB 36 Hernandez, De León

Medi-Cal: demonstration project.

Authorizes the Department of Health Care Services to request one or more temporary waiver extensions to continue the operation of, and the authorities provided under, the current "California Bridge to Reform Demonstration," the state's Section 1115 Medicaid waiver which is set to expire on October 31, 2015. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 759, Statutes of 2015

SB 145 Pan

Robert F. Kennedy Farm Workers Medical Plan.

Requires the Department of Health Care Services to annually reimburse the Robert F. Kennedy Farmworkers Medical Plan for claim payments that exceed \$70,000, up to \$3 million. Chapter 712, Statutes of 2015

SB 147 Hernandez

Federally qualified health centers.

Requires the Department of Health Care Services to authorize a three-year payment reform pilot project for federally qualified health centers. Chapter 760, Statutes of 2015

SB 276 Wolk

Medi-Cal: local educational agencies.

Requires the Department of Health Care Services to seek federal financial participation for covered services that are provided by a local education agency (LEA) to a Medi-Cal eligible child regardless of whether the child has an individualized education plan or an individualized family service plan, or whether those same services are provided at no charge to the child or to the community at large, and authorizes an LEA to bill the Medi-Cal program if there is no response to a claim for payment of covered services submitted to a legally liable third party within 45 days. Chapter 653, Statutes of 2015

SB 299 Monning

Medi-Cal: provider enrollment.

Makes minor changes in the processes used by the Department of Health Care Services to enroll health care providers in the Medi-Cal program. Chapter 271, Statutes of 2015

SB 407 Morrell

Comprehensive Perinatal Services Program: licensed midwives.

Expands the definition of a comprehensive perinatal provider, as used in the Comprehensive Perinatal Services Program for the purposes of reimbursement for Medi-Cal services, to include a licensed midwife, and authorizes a health care provider to employ or contract with a licensed midwife, as specified. Clarifies that this bill is not intended to expand or revise the scope of practice of licensed midwives. Chapter 313, Statutes of 2015

SB 586 Hernandez

Children's services.

Extends the sunset date on the California Children's Services (CCS) "carve out" to January 1, 2022, and establishes the Whole Child Model program for CCS eligible children under the age of 21 in counties with county organized health systems for delivery of Medi-Cal managed care. Chapter 625, Statutes of 2016

SB 613 Allen

State Department of Public Health: dementia guidelines: workgroup.

Requires the Department of Public Health (DPH) to convene and appoint the members of a workgroup to update the 2008 Guidelines for Alzheimer's Disease Management in California to address changes in the health care system and requires DPH to submit a report on the workgroup updates and recommendations to the Legislature on or before March 1, 2017. Chapter 577, Statutes of 2015

SB 815 Hernandez, De León

Medi-Cal: demonstration project.

Enacts the Global Payment Program, and the Public Hospital Redesign and Incentives in Medi-Cal components of the Medi-Cal 2020 Demonstration Project Act, administered by the Department of Health Care Services which implements the Special Terms and Conditions (STCs) approved by the federal Centers for Medicare and Medicaid Services. Codifies the access assessment requirement under the STCs. Makes the operation of this bill contingent upon the enactment of AB 1568 (Bonta and Atkins), Chapter 42, Statutes of 2016. Chapter 111, Statutes of 2016

SB 923 Hernandez

Health care coverage: cost-sharing changes.

Prohibits health care service plans and health insurance policies from changing cost sharing requirements during a plan or policy year in the individual or small group markets. Chapter 192, Statutes of 2016

SB 999 Pavley

Health care coverage: contraceptives: annual supply.

Requires coverage for up to a 12-month supply of Food and Drug Administration approved, self-administered hormonal contraceptives and permits pharmacists to dispense these contraceptives consistent with existing protocols and upon a patient's request. States that this bill and SB 253 (Monning) both amend the same code sections, and each should be amended to avoid chaptering out the other, should both bills be enacted. Chapter 499, Statutes of 2016

SB 1174 McGuire

Medi-Cal: children: prescribing patterns: psychotropic medications.

Requires the State Department of Health Care Services and the State Department of Social Services, to provide the Medical Board of California (MBC) with information to conduct an analysis of Medi-Cal and managed care prescribing patterns of psychotropic medications to determine if excessive prescribing exists and, if so, to take appropriate action. Adds repeated acts of clearly excessive prescribing psychotropic medications to a minor without a good faith prior examination to the list of cases that MBC must prioritize investigating and prosecuting. Requires, on or before January 1, 2022, the MBC to conduct an internal review of its data review, investigative, and disciplinary activities and to revise its procedures relating to those activities if necessary and sunsets the provisions of this bill on January 1, 2027. Chapter 840, Statutes of 2016

SB 1291 Beall

Medi-Cal: specialty mental health: minor and nonminor dependents.

Requires, beginning July 1, 2018, mental health plan reviews conducted by an external quality review organization, pursuant to federal regulations, to include specific data for Medi-Cal eligible minor and minor dependents in foster care, as specified. Chapter 844, Statutes of 2016

SB 1477 HEALTH, P.H. & D.S.

Health.

Clarifies that references to the California Health Benefit Exchange are deemed to refer to Covered California, replaces references to the now-repealed Healthy Families Program and Access for Infants and Mothers Program Linked Infants Program and replaces those with the Medi-Cal Program and the Medi-Cal Access Program respectively, and includes trade associations in the list of entities that are eligible to receive federal emergency preparedness funds, as specified. Authorizes the Department of Health Care Services to enter into contracts for undertaking administrative activities by the department's Mental Health and Substance Use Disorder Services Division relating to various components of the federal Children's Health Insurance Program, Medicaid Managed Care and Revisions Related to Third Party Liability, and makes provisions of these contracts publicly available, and sunsets this authority on January 1, 2020. Corrects an error in code reference relating to the Medi-Cal 2020 demonstration project. Chapter 733, Statutes of 2016

SBX2 2 Hernandez

Medi-Cal: managed care organization tax.

Reforms the existing managed care organization provider tax that is only paid by Medi-Cal managed care plans and replaces it with a tax that would be assessed on health care service plans licensed by the Department of Managed Health Care, and/or managed care plans contracted with the Department of Health Care Services to provide services to Medi-Cal beneficiaries, unless exempted, from July 1, 2016 to July 1, 2019. Chapter 2, Statutes of 2015-16 Second Extraordinary Session

SJR 7 Pan

Medical residency programs.

Urges the U.S. Congress and the President to renew funding for the Health Resources and Services Administration's Teaching Health Center and Primary Care Residency Expansion Graduate Medical Education Programs set to expire this year, and lift the freeze on residency positions funded by Medicare to expand physician supply and improve access to health care. Resolution Chapter 90, Statutes of 2015

SJR 8 Hernandez

Medicare: observation status.

Urges Congress and the President of the United States to reform short stay hospital admissions criteria to more accurately reflect the clinical needs of a patient as determined by a physician and to discontinue the so-called "two-midnight rule." Resolution Chapter 135, Statutes of 2015

Vetoed

AB 50 Mullin

Medi-Cal: evidence-based home visiting programs.

Would have required the Department of Health Care Services (DHCS) to develop a plan, in consultation with stakeholders, on or before January 1, 2017, to ensure that evidence-based home visiting programs, as defined, to be offered and provided to Medi-Cal eligible pregnant and parenting women, as specified. Would have required DHCS, in developing the plan, to prioritize the identification of funding sources for home visiting services other than state General Fund, including local, federal, private, or other funds. Vetoed

AB 68 Waldron

Medi-Cal.

Would have established that a beneficiary has a right to an urgent appeal process of a Medi-Cal managed care plan's denial of a drug used in the treatment of seizures and epilepsy and is a drug approved by the federal Food and Drug Administration for the treatment of seizures and epilepsy. Vetoed

AB 521 Nazarian

HIV testing.

Would have required a patient who had been admitted as an inpatient to a hospital through the emergency department and had blood drawn after being admitted to the hospital, and who consented, to be offered an human immunodeficiency virus test.

Vetoed

AB 741 Williams

Mental health: community care facilities.

Would have allowed a short-term residential treatment center (STRTC) to be operated as a children's crisis residential center (CCRC), as defined, which would have been operated specifically to divert children experiencing a mental health crisis from psychiatric hospitalization. Would have required the Department of Social Services to establish regulations for STRTCs that are operated as CCRCs, and required the regulations to include specified minimum components. Would have required the Department of Health Care Services to establish Medi-Cal rates as needed that are sufficient to reimburse the costs for children's crisis residential services in excess of any specialty mental health services that would have been otherwise authorized, provided, and invoiced for each eligible Medi-Cal beneficiary receiving children's crisis residential services. Vetoed

AB 858 Wood

Medi-Cal: federally qualified health centers and rural health clinics.

Would have allowed federally qualified health centers (FQHCs) and Rural Health Center (RHCs) to be reimbursed a per visit Medi-Cal payment under the prospective payment system (PPS), for multiple visits by a patient with a single or different health care professional on the same day at a single location and add marriage and family therapist to the list of health care providers that qualify for a face-to-face encounter with a patient at a FQHC or RHC for purposes of a per visit Medi-Cal payment under PPS. Vetoed

AB 861 Maienschein

Mental health: community-based services.

Would have required the Department of Health Care Services to apply to the federal Secretary of Health and Human Services for the planning grant awarded for the purpose of developing proposals to participate in demonstration programs to improve mental health services furnished by certified community behavioral health clinics to Medi-Cal beneficiaries. Vetoed

AB 1162 Holden

Medi-Cal: tobacco cessation.

Would have required tobacco cessation services to be a covered benefit under the Medi-Cal program, as specified. Vetoed

AB 1231 Wood

Medi-Cal: nonmedical transportation.

Would have added nonmedical transportation, as defined, to the schedule of benefits in the Medi-Cal program. Vetoed

AB 1261 Burke

Community-based adult services: adult day health care centers.

Would have codified the Community-Based Adult Services (CBAS) program and its requirements as a Medi-Cal benefit to be provided at licensed adult day health care (ADHC) centers. Specifically, this bill would have required CBAS providers to meet all applicable licensing and Medi-Cal standards and would have required CBAS to be included as a covered service in contracts with all Medi-Cal managed care plans, with standards, eligibility criteria, and provisions that are at least equal to those contained in the approved Section 1115(a) Medicaid demonstration project in effect at the time of this bill's enactment. Would have required CBAS to be provided and available at licensed ADHC centers that are certified by the California Department of Aging as CBAS providers pursuant to a participant's individualized plan of care, as developed by the center's multidisciplinary team. Vetoed

AB 1739 Waldron

Medi-Cal: allergy testing.

Would have required the Department of Health Care Services, in the evaluation of patients for allergy under fee-for-service Medi-Cal, to treat serologic-specific IgE tests and skin tests as equivalent confirmatory tests. Vetoed

AB 2077 Burke, Bonilla

Health Care Eligibility, Enrollment, and Retention Act.

Would have prohibited Medi-Cal benefits from being terminated until at least 20 days after the county sends the notice of action terminating Medi-Cal eligibility if the individual is eligible to enroll in a qualified health plan through California's Health Benefit Exchange (also known as Covered California), to the extent federal financial participation is available. Would have established application processing timelines for counties for individuals who were enrolled in Covered California and who are determined newly eligible for Medi-Cal through the application processing system known as the California Healthcare Eligibility, Enrollment and Retention System. Vetoed

AB 2115 Wood

Health care coverage: disclosures.

Would have required health care service plans and health insurers, when notifying enrollees who cease to be enrolled in health plans or insurance products about other health care coverage options, to also provide information on low- or no-cost programs for health care and prescription medicines on the Office of Patient Advocate Website. Vetoed

AB 2821 Chiu, Santiago

Housing for a Healthy California Program.

Would have required the Department of Housing and Community Development, in coordination with the Department of Health Care Services to establish the Medi-Cal Housing Program. Vetoed

SB 123 Liu

Medi-Cal: school-based administrative activities.

Would have recast and revised the administrative claiming process for local educational agencies (LEAs) that conduct school-based administrative activities relating to the Medi-Cal program and authorizes the State Department of Health Care Services to withhold a percentage of funds to be reimbursed to LEAs for the purpose of defraying the cost of operating the Administrative Claiming process and School-Based Administrative Claiming process programs, and the appeals process, as specified. Vetoed

SB 610 Pan

Medi-Cal: federally qualified health centers: rural health clinics: managed care contracts.

Would have established timelines for the Department of Health Care Services to review and finalize specified rates and complete annual reconciliations for federally qualified health centers and rural health clinics. Vetoed

SB 1090 Mitchell

Sexually transmitted diseases: outreach and screening services.

Would have required the Department of Public Health, to the extent funds are appropriated by the Legislature for these purposes, to allocate funds to counties for sexually transmitted disease outreach, screening and other core services. Vetoed

SB 1300 Hernandez

Medi-Cal: emergency medical transport providers: quality assurance fee.

Would have established the Medi-Cal Emergency Medical Transportation Reimbursement Act which would have assessed an annual quality assurance fee (QAF) on providers of emergency medical transportation (EMT) in accordance with a prescribed methodology beginning on July 1, 2017, and continuing each state fiscal quarter. Would have applied the QAF to three EMT billing codes. Vetoed

SB 1466 Mitchell

Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.

Would have required that screening services provided under the Early and Periodic Screening, Diagnosis, and Treatment Program include screening for trauma as consistent with protocols developed by the Department of Health Care Services. Would have established trauma to mean an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. Vetoed

XVIII. Reproductive Health

Chaptered

AB 775 Chiu, Burke

Reproductive FACT Act.

Requires licensed clinics that provide family planning or pregnancy-related services to provide a notice to consumers regarding their reproductive rights and the availability of services in California. Requires unlicensed facilities that provide pregnancy-related services to disseminate and post a notice informing consumers that they are not a licensed medical facility and to include the notice in their advertising materials. Chapter 700, Statutes of 2015

AB 1954 Burke

Health care coverage: reproductive health care services.

Establishes the Direct Access to Reproductive Health Care Act, which prohibits health care service plans and health insurers from requiring an enrollee to receive a referral prior to receiving coverage or services for reproductive and sexual health care, as specified. Chapter 495, Statutes of 2016

SB 999 Pavley

Health care coverage: contraceptives: annual supply.

Requires coverage for up to a 12-month supply of Food and Drug Administration approved, self-administered hormonal contraceptives and permits pharmacists to dispense these contraceptives consistent with existing protocols and upon a patient's request. States that this bill and SB 253 (Monning) both amend the same code sections, and each should be amended to avoid chaptering out the other, should both bills be enacted. Chapter 499, Statutes of 2016

SJR 19 Jackson

Women's reproductive health.

Urges the U.S. President and Congress to express their support for access to comprehensive reproductive health care, including the services provided by Planned Parenthood and a woman's fundamental right to make her own reproductive decisions, and to strongly oppose efforts to eliminate federal funding for Planned Parenthood. Resolution Chapter 52, Statutes of 2016

XIX. Senior Health / End of Life

Chaptered

AB 918 Mark Stone

Seclusion and restraint: developmental services: health facilities.

Requires the Secretary of California Health and Human Services to establish a system of mandatory, consistent, timely, and publicly accessible data collection related to data on seclusion and restraint in community facilities serving aged and developmentally disabled persons, as specified. Requires the Department of Developmental Services to publish on its Web page the number of incidents of physical and chemical restraint in community facilities, as specified. Requires community facilities to report every death or serious injury of a person in seclusion or in physical or chemical restraint no later than the close of business day following the death or serious injury. Chapter 340, Statutes of 2015

ABX2 15 Eggman, Alejo, Mark Stone

End of life.

Enacts the End of Life Option Act allowing an adult diagnosed with a terminal disease, and with the capacity to make medical decisions, to receive a prescription for an aid-in-dying drug to end his or her life in a humane and dignified manner. Chapter 1, Statutes of 2015-16 Second Extraordinary Session

SB 19 Wolk

Physician Orders for Life Sustaining Treatment form: electronic registry pilot.

Requires the Emergency Medical Services Authority to establish and operate a California Physician Orders for Life Sustaining Treatment (POLST) eRegistry Pilot to collect POLST forms, and disseminate the information to authorized users, including health care providers, as defined. Chapter 504, Statutes of 2015

SB 613 Allen

State Department of Public Health: dementia guidelines: workgroup.

Requires the Department of Public Health (DPH) to convene and appoint the members of a workgroup to update the 2008 Guidelines for Alzheimer's Disease Management in California to address changes in the health care system and requires DPH to submit a report on the workgroup updates and recommendations to the Legislature on or before March 1, 2017. Chapter 577, Statutes of 2015

Vetoed

AB 1261 Burke

Community-based adult services: adult day health care centers.

Would have codified the Community-Based Adult Services (CBAS) program and its requirements as a Medi-Cal benefit to be provided at licensed adult day health care (ADHC) centers. Specifically, this bill would have required CBAS providers to meet all applicable licensing and Medi-Cal standards and would have required CBAS to be included as a covered service in contracts with all Medi-Cal managed care plans, with standards, eligibility criteria, and provisions that are at least equal to those contained in the approved Section 1115(a) Medicaid demonstration project in effect at the time of this bill's enactment. Would have required CBAS to be provided and available at licensed ADHC centers that are certified by the California Department of Aging as CBAS providers pursuant to a participant's individualized plan of care, as developed by the center's multidisciplinary team. Vetoed

XX. Tobacco / Tobacco Control / Prop 99

Chaptered

ABX2 7 Mark Stone

Smoking in the workplace.

Removes many exemptions in existing law that allow tobacco smoking in certain indoor workplaces and expands the prohibition on smoking in a place of employment to include owner-operated businesses. Chapter 4, Statutes of 2015-16 Second Extraordinary Session

ABX2 9 Thurmond, Nazarian

Tobacco use programs.

Clarifies charter school eligibility for tobacco use prevention program (TUPE) funds; requires the California State Department of Education to require all school districts, charter schools, and county offices of education receiving TUPE funds to adopt and enforce a tobacco-free campus policy; prohibits the use of tobacco and nicotine products in any county office of education, charter school, or school district-owned or leased building, on school or district property, and in school or district vehicles; and, requires all schools, districts, and offices of education to post a sign reading "Tobacco use is prohibited" at all entrances. Chapter 5, Statutes of 2015-16 Second Extraordinary Session

ABX2 11 Nazarian

Cigarette and tobacco product licensing: fees and funding.

Updates the Cigarette and Tobacco Products Licensing Program under the Board of Equalization by increasing licensing, distributor, and wholesaler fees. Chapter 6, Statutes of 2015-16 Second Extraordinary Session

SBX2 5 Leno

Electronic cigarettes.

Defines the term smoking for purposes of the Stop Tobacco Access to Kids Enforcement (STAKE) Act; expands the definition of a tobacco product to include electronic cigarettes (e-cigarettes); and, extends current restrictions and prohibitions against the use of tobacco products to e-cigarettes. Establishes an annual e-cigarette retailer licensing fee of \$265 per location. Chapter 7, Statutes of 2015-16 Second Extraordinary Session

SBX2 7 Hernandez

Tobacco products: minimum legal age.

Raises the minimum legal smoking age from 18 to 21; conforms existing law regarding the purchase, sale, and enforcement of tobacco and tobacco products to reflect the new age limit; and, clarifies that these provisions are not intended to prohibit a local standard from imposing a more restrictive legal age to purchase or possess tobacco products. Deletes existing penalties applicable when a person under 18 years of age purchases, receives, or possesses certain tobacco products. Specifies that the provisions of this bill do not apply to active duty military personnel who are 18 years of age or older, and that an identification card issued by the United States Armed Forces will be considered proof of age for this purpose. Addresses chaptering out issues with AB 6 X2 (Cooper) which died on the Assembly Third Reading File, SB 5 X2 (Leno), Chapter 7, Statutes of 2015-16 Second Extraordinary Session, and AB 8 X2 (Wood) which died on the Assembly Third Reading File. Chapter 8, Statutes of 2015-16 Second Extraordinary Session

Vetoed

ABX2 10 Bloom

Local taxes: authorization: cigarettes and tobacco products.

Would have authorized a board of supervisors of a county or city and county to impose taxes on cigarette and tobacco distributors, including within an incorporated city within the county; would have allowed counties, or cities and counties to enter into agreements with other counties, or cities and counties to share any startup and administrative costs; and, would have allowed them to enter into an agreement with the State Board of Equalization to perform functions incident to the administration or operation of a tax imposed pursuant to the authorization of this bill. Vetoed

XXI. Vital Statistics / Vital Records

Chaptered

AB 258 Levine

Organ transplants: medical marijuana: qualified patients.

Prohibits a potential recipient of an organ transplant from being denied based solely on their use of medical marijuana (MM). Allows for an exception to this if the patient's use of MM, based on a case-by-case evaluation by a physician or surgeon, is found to be medically significant to the provision of the anatomical gift. Chapter 51, Statutes of 2015

AB 1546 Olsen

Vital records.

Authorizes the release of comprehensive birth, death and nonconfidential marriage record indices to the county recorder pursuant to existing limitations; permits the Department of Public Health to suspend the use of security features of a certified copy of a birth, death, or marriage record, as specified, through all-county letters, or similar instructions; requires the State Registrar to study all security features of paper used to print vital records and requires a report to be submitted to the Legislature on or before January 1, 2018. Chapter 255, Statutes of 2016

AB 1703 Santiago

Inmates: medical treatment.

Expands the definition of immediate medical or hospital care for inmates at county or city jails to include critical specialty medical procedures, such as dialysis, which cannot be furnished, performed, or supplied at a county or city jail. Chapter 65, Statutes of 2016

AB 2119 Chu

Medical information: disclosure: medical examiners and forensic pathologists.

Authorizes licensed physicians who perform official autopsies on behalf of a county coroner's office or the medical examiner's office to receive medical information for specified purposes. Requires a health facility, as defined, a health or behavioral health facility or clinic, and the physician in charge of the patient to release a patient's medical record relating to community mental health services, voluntary admissions and judicial commitments to mental hospitals, and county psychiatric hospitals to a medical examiner, forensic pathologist, or coroner, as specified, upon request, when a patient dies from any cause, natural or otherwise. Chapter 690, Statutes of 2016

AB 2636 Linder, Dababneh

Certified copies of marriage, birth, and death certificates: electronic application.

Allows an official, if an electronic request for a certified copy of a birth, death, or marriage record is made, to accept an electronic verification of identity of the applicant using a remote identity proofing process, as specified, or a notarized statement of identity, to ensure the applicant is authorized under law to receive that record. Specifies that the multilayered remote identity proofing process for the electronic verification authentication must: 1) meet or exceed the National Institute of Standards and Technology electronic authentication guideline for multilayered remote identity proofing; 2) meet the verification requirements, as specified; 3) meet or exceed the information security requirements of the Uniform Electronic Transactions Act, as specified; and, 4) retain for each electronic verification, a record of the applicant whose identity has been verified and the steps taken to verify the identity. Requires, by January 1, 2019, the State Registrar and any city and county that fulfills electronic requests for these vital records without being provided a notarized statement that the requester is an authorized person to report to the Attorney General and the Legislature specified nonpersonally identifiable information. Chapter 527, Statutes of 2016

SB 1408 Allen

Tissue donation.

Allows for the transplantation of organs into the body of a person when the donor of the organ has human immunodeficiency virus. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 18, Statutes of 2016

XXII. Special Session

Chaptered

ABX2 1 Thurmond, Beall, Bonta, Cannella, Maienschein

Developmental services: Medi-Cal: funding.

Implements targeted rate increases for the community-based developmental services system. Prohibits the Department of Health Care Services from implementing or retroactively recouping rate reductions and rate freezes for distinct part skilled nursing facilities. Chapter 3, Statutes of 2015-16 Second Extraordinary Session

ABX2 7 Mark Stone

Smoking in the workplace.

Removes many exemptions in existing law that allow tobacco smoking in certain indoor workplaces and expands the prohibition on smoking in a place of employment to include owner-operated businesses. Chapter 4, Statutes of 2015-16 Second Extraordinary Session

ABX2 9 Thurmond, Nazarian

Tobacco use programs.

Clarifies charter school eligibility for tobacco use prevention program (TUPE) funds; requires the California State Department of Education to require all school districts, charter schools, and county offices of education receiving TUPE funds to adopt and enforce a tobacco-free campus policy; prohibits the use of tobacco and nicotine products in any county office of education, charter school, or school district-owned or leased building, on school or district property, and in school or district vehicles; and, requires all schools, districts, and offices of education to post a sign reading "Tobacco use is prohibited" at all entrances. Chapter 5, Statutes of 2015-16 Second Extraordinary Session

ABX2 11 Nazarian

Cigarette and tobacco product licensing: fees and funding.

Updates the Cigarette and Tobacco Products Licensing Program under the Board of Equalization by increasing licensing, distributor, and wholesaler fees. Chapter 6, Statutes of 2015-16 Second Extraordinary Session

ABX2 15 Eggman, Alejo, Mark Stone

End of life.

Enacts the End of Life Option Act allowing an adult diagnosed with a terminal disease, and with the capacity to make medical decisions, to receive a prescription for an aid-in-dying drug to end his or her life in a humane and dignified manner. Chapter 1, Statutes of 2015-16 Second Extraordinary Session

SBX2 2 Hernandez

Medi-Cal: managed care organization tax.

Reforms the existing managed care organization provider tax that is only paid by Medi-Cal managed care plans and replaces it with a tax that would be assessed on health care service plans licensed by the Department of Managed Health Care, and/or managed care plans contracted with the Department of Health Care Services to provide services to Medi-Cal beneficiaries, unless exempted, from July 1, 2016 to July 1, 2019. Chapter 2, Statutes of 2015-16 Second Extraordinary Session

SBX2 5 Leno

Electronic cigarettes.

Defines the term smoking for purposes of the Stop Tobacco Access to Kids Enforcement (STAKE) Act; expands the definition of a tobacco product to include electronic cigarettes (e-cigarettes); and, extends current restrictions and prohibitions against the use of tobacco products to e-cigarettes. Establishes an annual e-cigarette retailer licensing fee of \$265 per location. Chapter 7, Statutes of 2015-16 Second Extraordinary Session

SBX2 7 Hernandez

Tobacco products: minimum legal age.

Raises the minimum legal smoking age from 18 to 21; conforms existing law regarding the purchase, sale, and enforcement of tobacco and tobacco products to reflect the new age limit; and, clarifies that these provisions are not intended to prohibit a local standard from imposing a more restrictive legal age to purchase or possess tobacco products. Deletes existing penalties applicable when a person under 18 years of age purchases, receives, or possesses certain tobacco products. Specifies that the provisions of this bill do not apply to active duty military personnel who are 18 years of age or older, and that an identification card issued by the United States Armed Forces will be considered proof of age for this purpose. Addresses chaptering out issues with AB 6 X2 (Cooper) which died on the Assembly Third Reading File, SB 5 X2 (Leno), Chapter 7, Statutes of 2015-16 Second Extraordinary Session, and AB 8 X2 (Wood) which died on the Assembly Third Reading File. Chapter 8, Statutes of 2015-16 Second Extraordinary Session

Vetoed

ABX2 10 Bloom

Local taxes: authorization: cigarettes and tobacco products.

Would have authorized a board of supervisors of a county or city and county to impose taxes on cigarette and tobacco distributors, including within an incorporated city within the county; would have allowed counties, or cities and counties to enter into agreements with other counties, or cities and counties to share any startup and administrative costs; and, would have allowed them to enter into an agreement with the State Board of Equalization to perform functions incident to the administration or operation of a tax imposed pursuant to the authorization of this bill. Vetoed