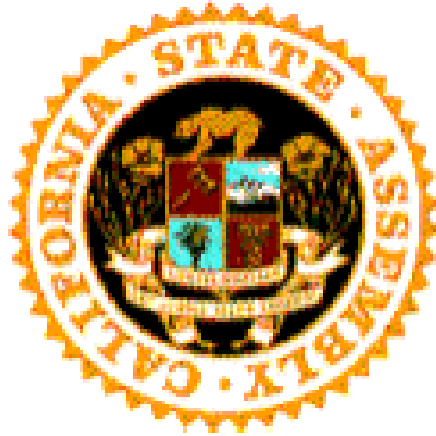


CALIFORNIA LEGISLATURE
Assembly Committee on Health



2009 – 10
LEGISLATIVE SUMMARY

2009

Dave Jones, Chair
Nathan Fletcher, Vice Chair

2010

William W. Monning, Chair
Nathan Fletcher, Vice Chair

Assembly Committee on Health **2009-10 LEGISLATIVE SUMMARY**

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I.	AGING (AG)	- 1 -
	Chaptered	
	AB 392 (Feuer).....	- 1 -
	AB 577 (Bonnie Lowenthal)	- 1 -
	AB 1543 (Jones).....	- 1 -
	SB 117 (Corbett).....	- 1 -
	Vetoed	
	AB 369 (Yamada)	- 1 -
	AB 1593 (Yamada, Knight)	- 2 -
II.	ALCOHOL AND DRUG PROGRAMS (ADP)	- 3 -
	Chaptered	
	AB 2268 (Chesbro)	- 3 -
	Vetoed	
	AB 217 (Beall)	- 3 -
	AB 564 (Portantino, Bonnie Lowenthal)	- 3 -
III.	CHRONIC DISEASE (CD)	- 4 -
	Chaptered	
	ACR 62 (Galgiani).....	- 4 -
	ACR 168 (Galgiani).....	- 4 -
	HR 31 (Eng)	- 4 -
	SB 221 (Walters)	- 4 -
	SJR 23 (Simitian).....	- 4 -
IV.	EMERGENCY MEDICAL SERVICES (EMS)	- 5 -
	Chaptered	
	AB 235 (Hayashi).....	- 5 -
	AB 1475 (Solorio).....	- 5 -
	AB 1503 (Lieu)	- 5 -
	AB 2173 (Beall)	- 5 -
	SB 1368 (Committee on Health)	- 6 -
	Vetoed	
	AB 911 (Lieu)	- 6 -
	AB 2248 (Hernandez)	- 6 -
	AB 2456 (Torrico).....	- 6 -
	SB 196 (Corbett).....	- 6 -
V.	FOOD SAFETY (FS)	- 7 -
	Chaptered	
	AB 2432 (John A. Perez)	- 7 -
	SB 241 (Runner).....	- 7 -
	SB 602 (Padilla).....	- 7 -
	SB 888 (Yee)	- 7 -
	Vetoed	
	AB 1512 (Lieu)	- 7 -
	SB 173 (Florez)	- 8 -

VI.	HEALTH CARE COVERAGE (HCC)	- 9 -
	Chaptered	
	AB 23 (Jones).....	- 9 -
	AB 108 (Hayashi).....	- 9 -
	AB 119 (Jones).....	- 9 -
	AB 342 (John A. Perez)	- 9 -
	AB 1503 (Lieu)	- 10 -
	AB 1541 (Committee on Health)	- 10 -
	AB 1602 (John A. Perez)	- 10 -
	AB 1887 (Villines)	- 10 -
	AB 2275 (Hayashi).....	- 10 -
	AB 2345 (De La Torre).....	- 11 -
	AB 2470 (De La Torre).....	- 11 -
	AJR 42 (Solorio).....	- 11 -
	AJR 46 (Harkey).....	- 11 -
	SB 208 (Steinberg, Alquist).....	- 11 -
	SB 227 (Alquist).....	- 12 -
	SB 838 (Strickland)	- 12 -
	SB 900 (Alquist, Steinberg).....	- 12 -
	SB 1088 (Price)	- 12 -
	SB 1163 (Leno)	- 13 -
	Vetoed	
	AB 2 (De La Torre).....	- 13 -
	AB 56 (Portantino).....	- 13 -
	AB 98 (De La Torre).....	- 13 -
	AB 113 (Portantino).....	- 14 -
	AB 115 (Beall)	- 14 -
	AB 1600 (Beall)	- 14 -
	AB 1759 (Blumenfield).....	- 14 -
	AB 2042 (Feuer).....	- 14 -
	AB 2540 (De La Torre).....	- 14 -
	SB 56 (Alquist).....	- 15 -
	SB 890 (Alquist, Steinberg).....	- 15 -
	SB 1283 (Steinberg)	- 15 -
VII.	HEALTH CARE FACILITIES (HCF)	- 16 -
	Chaptered	
	AB 188 (Jones).....	- 16 -
	AB 215 (Feuer).....	- 16 -
	AB 235 (Hayashi).....	- 16 -
	AB 303 (Beall)	- 16 -
	AB 523 (Huffman)	- 16 -
	AB 818 (Hernandez)	- 17 -
	AB 896 (Galgiani).....	- 17 -
	AB 931 (Fletcher).....	- 17 -
	AB 1083 (John A. Perez)	- 17 -
	AB 1142 (Price)	- 17 -
	AB 1383 (Jones).....	- 18 -
	AB 1503 (Lieu)	- 18 -
	AB 1544 (Committee on Health)	- 18 -
	AB 1653 (Jones).....	- 18 -

AB 1783	(Hayashi).....	- 18 -
AB 1863	(Gaines).....	- 18 -
AB 2599	(Bass, Hall).....	- 19 -
AB 2645	(Chesbro).....	- 19 -
AB 2675	(Chesbro).....	- 19 -
AB 2731	(Arambula).....	- 19 -
SB 148	(Oropeza).....	- 19 -
SB 208	(Steinberg, Alquist).....	- 20 -
SB 221	(Walters).....	- 20 -
SB 442	(Ducheny).....	- 20 -
SB 499	(Ducheny).....	- 20 -
SB 608	(Alquist).....	- 20 -
SB 743	(Committee on Health).....	- 20 -
SB 1237	(Padilla).....	- 21 -
SB 1332	(Dutton).....	- 21 -
SJR 13	(Oropeza).....	- 21 -
Vetoed		
AB 57	(Price).....	- 21 -
AB 542	(Feuer).....	- 21 -
AB 574	(Hill).....	- 22 -
AB 599	(Hall).....	- 22 -
AB 911	(Lieu).....	- 22 -
AB 1462	(Feuer).....	- 22 -
SB 196	(Corbett).....	- 22 -
SB 289	(Ducheny).....	- 22 -
SB 674	(Negrete McLeod).....	- 23 -
SB 1240	(Corbett).....	- 23 -

VIII. HEALTH CARE PROFESSIONALS (HCP) - 24 -

Chaptered		
AB 221	(Portantino).....	- 24 -
AB 356	(Fletcher).....	- 24 -
AB 667	(Block).....	- 24 -
AB 681	(Hernandez).....	- 24 -
AB 839	(Emmerson).....	- 24 -
AB 995	(Block).....	- 25 -
AB 1142	(Price).....	- 25 -
AB 1503	(Lieu).....	- 25 -
AB 2386	(Gilmore, Cook).....	- 25 -
ACR 75	(V. Manuel Perez).....	- 25 -
SB 743	(Committee on Health).....	- 25 -
Vetoed		
AB 57	(Price).....	- 26 -
AB 517	(Ma).....	- 26 -
AB 543	(Ma).....	- 26 -
AB 657	(Hernandez).....	- 26 -
AB 2456	(Torrico).....	- 26 -
SB 1119	(Wright).....	- 26 -

IX.	HEALTH CARE SERVICE PLANS & HEALTH INSURANCE (HCSP/INS)	- 27 -
	Chaptered	
	AB 23 (Jones).....	- 27 -
	AB 108 (Hayashi).....	- 27 -
	AB 119 (Jones).....	- 27 -
	AB 235 (Hayashi).....	- 27 -
	AB 830 (Cook).....	- 28 -
	AB 952 (Krekorian)	- 28 -
	AB 1422 (Bass).....	- 28 -
	AB 1543 (Jones).....	- 28 -
	AB 2244 (Feuer).....	- 28 -
	SB 296 (Lowenthal).....	- 29 -
	SB 630 (Steinberg)	- 29 -
	Vetoed	
	AB 2 (De La Torre).....	- 29 -
	AB 56 (Portantino).....	- 29 -
	AB 98 (De La Torre).....	- 29 -
	AB 244 (Beall)	- 30 -
	AB 513 (De Leon).....	- 30 -
	AB 730 (De La Torre).....	- 30 -
	AB 745 (Coto).....	- 30 -
	AB 1825 (De La Torre).....	- 30 -
	AB 2093 (V. Manuel Perez).....	- 30 -
	SB 158 (Wiggins).....	- 31 -
	SB 161 (Wright)	- 31 -
	SB 961 (Wright)	- 31 -
X.	HEALTH DISPARITIES (HD)	- 32 -
	Chaptered	
	AJR 17 (Swanson)	- 32 -
	ACR 29 (Jones).....	- 32 -
	HR 31 (Eng)	- 32 -
XI.	HEALTH INFORMATION TECHNOLOGIES/TELEMEDICINE (HIT)	- 33 -
	Chaptered	
	AB 175 (Galgiani).....	- 33 -
	AB 278 (Monning).....	- 33 -
	SB 337 (Alquist).....	- 33 -
XII.	INFORMED CONSENT (INCON)	- 34 -
	Chaptered	
	AB 1116 (Carter).....	- 34 -
	AB 1317 (Block).....	- 34 -
	Vetoed	
	AB 1397 (Hill)	- 34 -
	SB 303 (Alquist).....	- 34 -

XIII. INFECTIOUS/COMMUNICABLE DISEASES (ICD)	- 35 -
Chaptered	
AB 221 (Portantino).....	- 35 -
AB 354 (Arambula, Fletcher).....	- 35 -
AB 830 (Cook).....	- 35 -
AB 1045 (John A. Perez)	- 35 -
AB 1701 (Chesbro)	- 35 -
AB 2541 (Portantino, Fletcher).....	- 36 -
AJR 9 (John A. Perez)	- 36 -
AJR 17 (Swanson)	- 36 -
Vetoed	
AB 2786 (Committee on Health)	- 36 -
SB 1029 (Yee)	- 36 -
AB 1858 (Blumenfield).....	- 37 -
XIV. LABORATORIES (LAB)	- 38 -
Chaptered	
AB 1045 (John A. Perez)	- 38 -
SB 744 (Strickland)	- 38 -
SJR 15 (Alquist).....	- 38 -
Vetoed	
AB 599 (Hall).....	- 38 -
AB 2786 (Committee on Health)	- 38 -
XV. LONG-TERM CARE (LTC)	- 39 -
Chaptered	
AB 215 (Feuer).....	- 39 -
AB 392 (Feuer).....	- 39 -
AB 577 (Bonnie Lowenthal)	- 39 -
AB 773 (Lieu)	- 39 -
AB 931 (Fletcher).....	- 39 -
AB 1457 (Davis)	- 40 -
SB 117 (Corbett).....	- 40 -
Vetoed	
AB 249 (Carter).....	- 40 -
AB 369 (Yamada)	- 40 -
AB 1593 (Yamada, Knight)	- 40 -
SB 303 (Alquist).....	- 40 -
XVI. MATERNAL & CHILD HEALTH (MCH)	- 41 -
Chaptered	
AB 896 (Galgiani).....	- 41 -
AB 1317 (Block)	- 41 -
ACR 105 (Nava)	- 41 -
SB 249 (Cox).....	- 41 -
SCR 36 (Alquist).....	- 41 -
Vetoed	
AB 56 (Portantino).....	- 42 -
AB 98 (De La Torre).....	- 42 -

AB 217	(Beall)	- 42 -
AB 513	(De Leon)	- 42 -
AB 1397	(Hill)	- 42 -
AB 1512	(Lieu)	- 42 -
AB 1825	(De La Torre)	- 43 -
AB 2072	(Mendoza)	- 43 -
SB 158	(Wiggins)	- 43 -
SB 257	(Pavley)	- 43 -
SB 674	(Negrete McLeod)	- 44 -
SB 1091	(Hancock)	- 44 -
SB 1431	(Simitian)	- 44 -
XVII. MEDICAL RECORDS/CONFIDENTIALITY (MRC)		- 45 -
Chaptered		
AB 681	(Hernandez)	- 45 -
AB 952	(Krekorian)	- 45 -
AB 2028	(Hernandez)	- 45 -
SB 337	(Alquist)	- 45 -
SB 270	(Alquist)	- 46 -
XVIII. MENTAL HEALTH (MH)		- 47 -
Chaptered		
AB 235	(Hayashi)	- 47 -
AB 398	(Monning)	- 47 -
AB 681	(Hernandez)	- 47 -
AB 1571	(Committee on Veterans Affairs)	- 47 -
AB 2645	(Chesbro)	- 47 -
ACR 105	(Nava)	- 48 -
SB 296	(Lowenthal)	- 48 -
SB 743	(Committee on Health)	- 48 -
SB 1392	(Steinberg)	- 48 -
Vetoed		
AB 244	(Beall)	- 48 -
AB 1600	(Beall)	- 48 -
XIX. ORAL HEALTH/DENTAL (OH)		- 49 -
Chaptered		
AB 667	(Block)	- 49 -
AB 2275	(Hayashi)	- 49 -
SB 630	(Steinberg)	- 49 -
Vetoed		
AB 745	(Coto)	- 49 -
XX. ORGANS, BLOOD & TISSUE (OBT)		- 50 -
Chaptered		
AB 52	(Portantino)	- 50 -
AB 995	(Block)	- 50 -
AB 1317	(Block)	- 50 -

AB 1487	(Hill)	- 50 -
AB 2352	(John A. Perez)	- 50 -
ACR 74	(Portantino, Hill)	- 50 -
SB 1064	(Alquist)	- 51 -
SB 1395	(Alquist)	- 51 -
SJR 13	(Oropeza)	- 51 -
Vetoed		
AB 1397	(Hill)	- 51 -
SB 674	(Negrete McLeod)	- 51 -

XXI. PRESCRIPTION DRUGS - 52 -

Chaptered		
AB 830	(Cook)	- 52 -
AB 931	(Fletcher)	- 52 -
SB 470	(Corbett)	- 52 -
Vetoed		
AB 2747	(Bonnie Lowenthal)	- 52 -
SB 161	(Wright)	- 52 -
SB 971	(Pavley)	- 53 -

XXII. PUBLIC COVERAGE PROGRAMS (PCP) - 54 -

Chaptered		
AB 175	(Galgiani)	- 54 -
AB 188	(Jones)	- 54 -
AB 303	(Beall)	- 54 -
AB 342	(John A. Perez)	- 54 -
AB 359	(Nava)	- 54 -
AB 392	(Feuer)	- 55 -
AB 830	(Cook)	- 55 -
AB 839	(Emmerson)	- 55 -
AB 896	(Galgiani)	- 55 -
AB 1142	(Price)	- 55 -
AB 1269	(Brownley)	- 55 -
AB 1383	(Jones)	- 56 -
AB 1422	(Bass)	- 56 -
AB 1475	(Solorio)	- 56 -
AB 1541	(Committee on Health)	- 56 -
AB 1568	(Salas)	- 56 -
AB 1571	(Committee on Veterans Affairs)	- 57 -
AB 1653	(Jones)	- 57 -
AB 1783	(Hayashi)	- 57 -
AB 1887	(Villines)	- 57 -
AB 2173	(Beall)	- 57 -
AB 2352	(John A. Perez)	- 57 -
AB 2599	(Bass, Hall)	- 58 -
AJR 9	(John A. Perez)	- 58 -
SB 117	(Corbett)	- 58 -
SB 208	(Steinberg, Alquist)	- 58 -
SB 227	(Alquist)	- 58 -
SCR 36	(Alquist)	- 59 -

Vetoed		
AB 115	(Beall)	- 59 -
AB 217	(Beall)	- 59 -
AB 369	(Yamada)	- 59 -
AB 542	(Feuer)	- 59 -
AB 543	(Ma)	- 60 -
AB 861	(Ruskin)	- 60 -
AB 1462	(Feuer)	- 60 -
AB 1593	(Yamada, Knight)	- 60 -
AB 1640	(Evans, Nava)	- 60 -
SB 1091	(Hancock)	- 60 -
SB 1431	(Simitian)	- 61 -

XXIII. PUBLIC HEALTH (PH) - 62 -

Chaptered		
AB 354	(Arambula, Fletcher)	- 62 -
AB 359	(Nava)	- 62 -
AB 1020	(Emmerson)	- 62 -
AB 1045	(John A. Perez)	- 62 -
AB 1540	(Committee on Health)	- 62 -
AB 1701	(Chesbro)	- 62 -
AB 1931	(Torrico)	- 63 -
AB 1963	(Nava)	- 63 -
ACR 28	(Ma)	- 63 -
ACR 29	(Jones)	- 63 -
ACR 62	(Galgiani)	- 63 -
SB 249	(Cox)	- 63 -
SB 273	(Corbett)	- 64 -
SB 769	(Alquist)	- 64 -
SCR 36	(Alquist)	- 64 -
SJR 7	(Lowenthal)	- 64 -
Vetoed		
AB 503	(Furutani)	- 64 -
AB 517	(Ma)	- 64 -
AB 543	(Ma)	- 65 -
AB 574	(Hill)	- 65 -
AB 861	(Ruskin)	- 65 -
AB 1225	(De La Torre)	- 65 -
AB 1640	(Evans, Nava)	- 65 -
AB 1858	(Blumenfield)	- 65 -
SB 173	(Florez)	- 66 -
SB 1029	(Yee)	- 66 -

XXIV. MISCELLANEOUS - 67 -

Chaptered		
AB 356	(Fletcher)	- 67 -
AB 359	(Nava)	- 67 -
AB 398	(Monning)	- 67 -
AB 1020	(Emmerson)	- 67 -
AB 1116	(Carter)	- 67 -

AB 1540	(Committee on Health)	- 67 -
AB 1571	(Committee on Veterans Affairs)	- 68 -
AB 1931	(Torrico)	- 68 -
AB 1985	(Galgiani)	- 68 -
AB 2675	(Chesbro)	- 68 -
AB 2731	(Arambula)	- 68 -
ACR 125	(Villines)	- 69 -
SB 442	(Ducheny)	- 69 -
SB 880	(Yee)	- 69 -
SB 1187	(Strickland)	- 69 -
Vetoed		
AB 223	(Ma)	- 69 -
AB 503	(Furutani)	- 69 -
AB 1652	(Jones)	- 70 -
AB 1817	(Arambula)	- 70 -
AB 2072	(Mendoza)	- 70 -
SB 220	(Yee)	- 70 -
SB 257	(Pavley)	- 70 -

XXV. VETOES		- 71 -
AB 2	(De La Torre)	- 71 -
AB 56	(Portantino)	- 71 -
AB 57	(Price)	- 71 -
AB 98	(De La Torre)	- 71 -
AB 113	(Portantino)	- 71 -
AB 115	(Beall)	- 72 -
AB 217	(Beall)	- 72 -
AB 223	(Ma)	- 72 -
AB 244	(Beall)	- 72 -
AB 249	(Carter)	- 72 -
AB 369	(Yamada)	- 72 -
AB 503	(Furutani)	- 73 -
AB 513	(De Leon)	- 73 -
AB 517	(Ma)	- 73 -
AB 542	(Feuer)	- 73 -
AB 543	(Ma)	- 73 -
AB 564	(Portantino, Bonnie Lowenthal)	- 74 -
AB 574	(Hill)	- 74 -
AB 599	(Hall)	- 74 -
AB 657	(Hernandez)	- 74 -
AB 730	(De La Torre)	- 74 -
AB 745	(Coto)	- 74 -
AB 861	(Ruskin)	- 75 -
AB 911	(Lieu)	- 75 -
AB 1225	(De La Torre)	- 75 -
AB 1397	(Hill)	- 75 -
AB 1462	(Feuer)	- 75 -
AB 1512	(Lieu)	- 75 -
AB 1593	(Yamada, Knight)	- 76 -
AB 1600	(Beall)	- 76 -
AB 1640	(Evans, Nava)	- 76 -
AB 1652	(Jones)	- 76 -

AB 1759	(Blumenfield).....	- 76 -
AB 1817	(Arambula).....	- 76 -
AB 1825	(De La Torre).....	- 77 -
AB 1858	(Blumenfield).....	- 77 -
AB 2042	(Feuer).....	- 77 -
AB 2072	(Mendoza).....	- 77 -
AB 2093	(V. Manuel Perez).....	- 77 -
AB 2248	(Hernandez)	- 77 -
AB 2456	(Torrico).....	- 78 -
AB 2540	(De La Torre).....	- 78 -
AB 2747	(Bonnie Lowenthal).....	- 78 -
AB 2786	(Committee on Health)	- 78 -
SB 56	(Alquist).....	- 78 -
SB 158	(Wiggins).....	- 78 -
SB 161	(Wright)	- 79 -
SB 173	(Florez)	- 79 -
SB 196	(Corbett).....	- 79 -
SB 220	(Yee)	- 79 -
SB 257	(Pavley).....	- 79 -
SB 289	(Ducheny)	- 79 -
SB 303	(Alquist).....	- 80 -
SB 674	(Negrete McLeod)	- 80 -
SB 890	(Alquist, Steinberg).....	- 80 -
SB 961	(Wright)	- 80 -
SB 971	(Pavley).....	- 81 -
SB 1029	(Yee)	- 81 -
SB 1091	(Hancock)	- 81 -
SB 1119	(Wright)	- 81 -
SB 1240	(Corbett).....	- 81 -
SB 1283	(Steinberg)	- 81 -
SB 1431	(Simitian).....	- 81 -

I. AGING (AG)

Chaptered

AB 392 (Feuer)

Long-term health care facilities.

Appropriates \$1.6 million from the Federal Health Facilities Citation Penalties Account to support local long-term care ombudsman programs administered by the California Department of Aging in 2009-10. Chapter 102, Statutes of 2009

AB 577 (Bonnie Lowenthal)

Program of All-Inclusive Care for the Elderly.

Adds the Department of Public Health to the existing list of state departments which may grant exemptions from duplicative requirements for Program of All-Inclusive Care for the Elderly providers. Chapter 456, Statutes of 2009

AB 1543 (Jones)

Medicare supplemental coverage.

Makes conforming changes to the requirements and standards that apply to Medicare supplement contracts and policies (collectively Medigap policies), for the purpose of complying with 2008 federal law changes affecting the benefits, the issuance and the pricing of Medigap policies. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 10, Statutes of 2009

SB 117 (Corbett)

Adult day health care services: eligibility criteria: Medi-Cal reimbursement methodology and limit.

Extends the deadline by which the Department of Health Care Services is required to establish a new Medi-Cal rate reimbursement methodology for adult day health care services, from August 1, 2010 to August 1, 2012, and makes conforming changes to other timeframes associated with the establishment and implementation of the reimbursement methodology. Chapter 165, Statutes of 2009

Vetoed

AB 369 (Yamada)

Adult day health care centers.

Would have exempted two new publicly financed Adult Day Health Centers (ADHCs) serving California veterans from the existing moratorium on new Medi-Cal certified ADHCs.

AB 1593 (Yamada, Knight)

Adult day health care centers.

Would have created an exemption to the existing Medi-Cal certification moratorium to allow the opening of two new, publicly financed, Adult Day Health Centers at the William J. "Pete" Knight Veterans Home and the Veterans Home of California, Ventura, contingent on the availability of funds appropriated in the annual Budget Act.

II. ALCOHOL AND DRUG PROGRAMS (ADP)

Chaptered

AB 2268 (Chesbro)

Alcohol and drug abuse.

Authorizes physician and surgeons in California who are qualified to treat opioid addiction, pursuant to the federal Data Addiction Treatment Act of 2000, to prescribe buprenorphine in an office-based setting. Chapter 93, Statutes of 2010

Vetoed

AB 217 (Beall)

Medi-Cal: alcohol and drug screening and brief intervention services.

Would have established the Medi-Cal Alcohol and Drug Screening and Brief Intervention Services Program for Medi-Cal beneficiaries who are pregnant or are women of childbearing age, with county or local government entities paying the nonfederal share of expenditures through certified public expenditures.

AB 564 (Portantino, Bonnie Lowenthal)

Substance abuse treatment programs: restrictions on compensation.

Would have restricted the amount of compensation that a director, officer, or employee of a substance abuse treatment facility may receive from public sources. Would have required these compensation restrictions to be included in the terms of any public contract that uses public funds to provide drug treatment, as specified.

III. CHRONIC DISEASE (CD)

Chaptered

ACR 62 (Galgiani)

Chronic obstructive pulmonary disease awareness.

Commends the Department of Health Care Services for implementing a pilot program to provide for the chronic disease management of Chronic Obstructive Pulmonary Disease (COPD), encourages, on behalf of the Legislature, interim updates and reports on the progress of the COPD pilot program and establishes COPD Awareness Day and Month in November 2009. Resolution Chapter 91, Statutes of 2009

ACR 168 (Galgiani)

Chronic obstructive pulmonary disease awareness.

Encourages the State Department of Health Care Services to partner with private entities to improve education regarding chronic obstructive pulmonary disease (COPD) and designates November 2010, as COPD Awareness Month in California. Resolution Chapter 155, Statutes of 2010

HR 31 (Eng)

Legislative Task Force on Chronic Kidney Disease

Recommends the establishment of the Legislative Task Force on Chronic Kidney Disease (CKD) to study the social, medical, and fiscal issues surrounding CKD and report back to the Legislature on recommendations for policy changes. Adopted

SB 221 (Walters)

Home dialysis agencies.

Repeals existing law authorizing the licensure and regulation of home dialysis agencies. Chapter 39, Statutes of 2009

SJR 23 (Simitian)

Mitochondrial disease: federal support for research.

Urges the President and Congress to support research for mitochondrial disease and makes various findings and declarations relating to mitochondrial disease. Resolution Chapter 136, Statutes of 2010

IV. EMERGENCY MEDICAL SERVICES (EMS)

Chaptered

AB 235 (Hayashi)

Emergency services and care.

Defines a "psychiatric emergency medical condition" for purposes of the obligation of hospitals with emergency departments to provide emergency care and services for psychiatric emergency medical conditions, and the obligations of health care service plans (health plans) in such cases, and by reference, makes changes to provisions in the Knox-Keene Health Care Service Plan Act of 1975 requiring health plans to reimburse for emergency services under specified conditions. Chapter 423, Statutes of 2009

AB 1475 (Solorio)

Emergency medical services.

Limits the administrative costs for money deposited into county Maddy Emergency Medical Services Funds (Maddy Fund), including additional penalty funds authorized until January 2014, to actual administrative costs, or 10% of the money collected, whichever amount is lower. Limits administrative costs of money deposited into the Maddy Fund from an additional penalty assessment authorized until January 2014 to the actual administrative costs, or 10% of the money collected, whichever amount is lower. Chapter 537, Statutes of 2009

AB 1503 (Lieu)

Health facilities: emergency physicians: emergency medical care: billing.

Requires emergency physicians who provide emergency medical services in a hospital to provide discounts to uninsured patients, establishes limits on the expected payment to emergency physicians for emergency medical services as specified, limits debt collection activities and requires hospitals to include a written description of the discount policy with the hospital discount policy. Chapter 445, Statutes of 2010

AB 2173 (Beall)

Emergency medical air transportation providers: penalty levy: reimbursement augmentation.

Establishes a \$4 fee on every vehicle code violation to be collected by the county, transferred to the Department of Health Care Services for deposit in the Emergency Medical Air Transportation Act Fund, to be used in the Medi-Cal Program to obtain federal funds and fund supplemental payments for emergency medical air transportation services. Chapter 547, Statutes of 2010

SB 1368 (Committee on Health)
Health care.

Requires local emergency medical services agencies to send Maddy Emergency Medical Services Fund reports to the Emergency Medical Services Authority. Authorizes the Office of Statewide health Planning and Development (OSHPD) to charge a portion of loan insurance premium in advance, not to exceed \$6 per year for each \$1,000 of loan principal. Authorizes OSHPD to insure the refinancing of a loan if the amount to be insured is not more than 90% of the original construction costs. Deletes obsolete references to nonprofit hospital services plans in the Insurance Code. Chapter 526, Statutes of 2010

Vetoed

AB 911 (Lieu)
Emergency room crowding.

Would have required every licensed general acute care hospital with an emergency department (ED) to assess ED crowding conditions every four or eight hours, as specified, and develop and implement full-capacity protocols that address staffing, procedures, and operations.

AB 2248 (Hernandez)
Emergency medical care.

Would have required each county establishing a Maddy Emergency Medical Services Fund (Maddy Fund) to include in its annual report to the Legislature a description of each disbursement for “other emergency medical services,” if funds were disbursed for this service and other additional information regarding the moneys collected and disbursed. Would have required the annual report to include the reason or reasons if no moneys were deposited into the Maddy Fund.

AB 2456 (Torrico)
Emergency medical services: regulation.

Would have required the Emergency Medical Services Authority (EMSA), no later than July 1 2012, to develop regulations establishing standards for policies and procedures applicable to the functions of emergency medical technicians; would have authorized EMSA to review policies and procedures adopted or approved by a local Emergency Medical Services Agency and to impose sanctions for non compliance. Would have authorized adoption of a fee schedule to support the additional costs of promulgating the regulations, as specified.

SB 196 (Corbett)
Emergency medical services.

Would have increased, from 90 to 120 days, the public notice a general acute care hospital must provide prior to closing or downgrading an emergency department and added employees to the entities who must be notified. Would have increased, from 30 to 60 days, the public notice a general acute care hospital or acute psychiatric hospital must give prior to closing a facility or eliminating or relocating a supplemental service.

V. FOOD SAFETY (FS)

Chaptered

AB 2432 (John A. Perez)

Food facilities: prepackaged nonpotentially hazardous foods.

Creates a tiered statewide standard to exempt non-grocery retailers that sell prepackaged nonpotentially hazardous food, depending on the size of their food display area, from certain requirements in the California Retail Food Code governing retail food facilities. Chapter 682, Statutes of 2010

SB 241 (Runner)

Retail food facilities.

Makes a number of technical and clarifying changes to food safety laws governing retail food facilities regulated under the California Retail Food Code (CRFC) and establishes a new category of single operating site mobile food facilities subject to the CRFC. Includes an urgency clause to make this bill effective immediately upon enactment. Chapter 571, Statutes of 2009

SB 602 (Padilla)

Food safety.

Requires a food handler, as defined, to obtain a food handler card within 30 days after his or her hire date at a food facility, with specified exceptions, beginning June 1, 2011, and mandates at least one of the accredited food safety certification examinations required under current law to be offered online. Chapter 309, Statutes of 2010

SB 888 (Yee)

Food safety: Asian rice based noodles.

Requires manufacturers of Asian rice based noodles and Korean rice cakes to include a label on the product package indicating the date of manufacture and appropriate time for consumption, as specified, and permits a food facility to sell Asian rice based noodles that have been kept at room temperature for no more than four hours. Chapter 508, Statutes of 2010

Vetoed

AB 1512 (Lieu)

Food and drugs: sale.

Would have prohibited a retailer from selling or permitting to be sold infant formula, baby food, and over-the-counter drugs beyond the expiration date indicated on the product's packaging and would have imposed a \$10 fine per item per day in violation.

SB 173 (Florez)

Food safety: testing and recalls.

Would have authorized the State Public Health Officer to adopt regulations for the voluntary recall of food suspected of carrying an illness, infection, pathogen, contagion, toxin, or condition that, without intervention, could kill or seriously affect the health of humans.

VI. HEALTH CARE COVERAGE (HCC)

Chaptered

AB 23 (Jones)

Cal-COBRA: premium assistance.

Establishes, for purposes of Cal-COBRA, specific notice requirements and enrollment opportunities for persons eligible for federal premium assistance that would subsidize 65% of the cost of Cal-COBRA coverage under the federal economic stimulus bill, the American Recovery and Reinvestment Act of 2009 (ARRA), including allowing a qualified beneficiary eligible for Cal-COBRA coverage who is eligible for premium assistance under ARRA to elect Cal-COBRA continuation coverage no later than 60 days after the date of the notice required by this bill. Chapter 3, Statutes of 2009

AB 108 (Hayashi)

Individual health care coverage.

Prohibits health care service plans and disability insurers offering health insurance, after 24 months from the issuance of an individual health plan contract or health insurance policy, from rescinding the individual coverage for any reason, and prohibits after 24 months canceling, limiting, or raising premiums in a contract or policy due to any omissions, misrepresentations, or inaccuracies in the application form, whether willful or not. Chapter 406, Statutes of 2009

AB 119 (Jones)

Health care coverage: pricing.

Prohibits health care service plans and disability insurers offering health insurance from charging a premium, price, or charge differential for health care coverage because of the sex of the prospective subscriber, enrollee, policyholder, or insured. Chapter 365, Statutes of 2009

AB 342 (John A. Perez)

Medi-Cal: demonstration project waivers.

Enacts statutory changes, in combination with SB 208 (Steinberg), Chapter 714, Statutes of 2010, necessary for the Department of Health Care Services and counties to implement provisions of a new Medi-Cal Comprehensive Demonstration Project Waiver, under Section 1115(a) of the Social Security Act, establishing Coverage Expansion and Enrollment Demonstration projects as a bridge to federal health care reform implementation in 2014. Contingent upon enactment of SB 208. Includes an Urgency Clause to make this bill effective immediately upon enactment. Chapter 723, Statutes of 2010

AB 1503 (Lieu)

Health facilities: emergency physicians: emergency medical care: billing.

Requires emergency physicians who provide emergency medical services in a hospital to provide discounts to uninsured patients, establishes limits on the expected payment to emergency physicians for emergency medical services as specified, limits debt collection activities and requires hospitals to include a written description of the discount policy with the hospital discount policy. Chapter 445, Statutes of 2010

AB 1541 (Committee on Health)

Health care coverage.

Extends, from 30 days to 60 days, the time period an individual or dependent, who has lost or will lose coverage under the Healthy Families Program, as specified, Access for Infants and Mothers, or Medi-Cal, has to request enrollment in group coverage without being considered a late enrollee. Chapter 542, Statutes of 2009

AB 1602 (John A. Perez)

California Health Benefit Exchange.

Establishes the California Health Benefits Exchange (Exchange) as an independent public entity to purchase health insurance on behalf of Californians with incomes of between 100% and 400% of the federal poverty level and employees of small businesses. Clarifies the powers and duties of the board governing the Exchange relative to the administration of the Exchange, determining eligibility and enrollment in the Exchange, and arranging for coverage under qualified carriers. Makes the bill's provisions contingent upon the enactment of SB 900 (Alquist), Chapter 659, Statutes of 2010. Chapter 655, Statutes of 2010

AB 1887 (Villines)

Temporary high risk pool.

Establishes the funding mechanism for the operation of the California Federal Temporary High Risk Pool under federal health care reform, (the Patient Protection and Affordable Care Act) and authorizes confidentiality of contract negotiations and rates. Makes enactment conditional on the enactment of SB 227 (Alquist). Includes an Urgency Clause to make this bill effective immediately upon enactment. Chapter 32, Statutes of 2010

AB 2275 (Hayashi)

Dental coverage: noncovered benefits.

Prohibits contracts issued, amended, or renewed on or after January 1, 2011, between a health care service plan, a specialized health care service plan, or a health insurer, and a dentist from requiring a dentist to accept a payment amount set by the plan or insurer for dental care services provided to an enrollee or insured that are not covered under the contract. Prohibits a provider from charging more for non-covered dental services than his or her usual and customary rate for those services. Chapter 673, Statutes of 2010

AB 2345 (De La Torre)

Health care coverage: preventive services.

Requires health care service plan contracts and health insurance policies issued amended, renewed or delivered on or after Sept 23, 2010 to comply with coverage and cost sharing for preventative services pursuant to the federal the Patient Protection and Affordable Care Act and any federal rules or regulations subsequently issued. Chapter 657, Statutes of 2010

AB 2470 (De La Torre)

Health care coverage.

Prohibits health care service plans (health plans) and health insurers from rescinding or canceling coverage, except under specified circumstances. Modifies the ability of a health plan or health insurer to cancel or not renew a contract or policy for nonpayment of premiums by requiring a 30-day grace period from the date of notification from the plan or insurer. Chapter 658, Statutes of 2010

AJR 42 (Solario)

Medicare Secondary Payer Enhancement Act of 2010.

Makes specified legislative findings and declarations regarding H.R. 4796, the Medicare Secondary Payer Enhancement Act of 2010 (MSPEA) and requests that the Congress and the President of the United States enact MSPEA. Resolution Chapter 92, Statutes of 2010

AJR 46 (Harkey)

Autism in military families: funding Intensive Behavioral Interventions.

Urges the Congress of the United States to pass legislation to fully fund Intensive Behavioral Interventions (IBI) services through TRICARE for all military families with children with autism and autism spectrum disorders, and designate IBI services as a medical necessity to make services available to children with autism of retired military personnel. Resolution Chapter 173, Statutes of 2010

SB 208 (Steinberg, Alquist)

Medi-Cal.

Enacts, in combination with AB 342 (John A. Perez and Monning), statutory changes necessary for the Department of Health Care Services and counties to implement a new proposed Medi-Cal Comprehensive Demonstration Project Waiver under Section 1115(a) of the Social Security Act, including mandatory enrollment of seniors and People with Disabilities, pilot projects to enroll persons who are dually eligible for Medi-Cal and Medicare and children who are eligible for California Children's Service and Medi-Cal in organized systems of care. Makes technical and clarifying changes to the Medi-Cal hospital provider fee and supplemental payments enacted by AB 1383 (Jones), Chapter 627, Statutes of 2009. Includes an Urgency Clause to make this bill effective immediately upon enactment. Chapter 714, Statutes of 2010

SB 227 (Alquist)

Health care coverage: temporary high risk pool.

Requires the Managed Risk Medical Insurance Board to enter into an agreement with the federal Department of Health and Human Services to administer a qualified high risk pool to provide health coverage, until January 1, 2014, to individuals who have pre-existing conditions, consistent with the Patient Protection and Affordable Care Act, Public Law 111-148. Contingent upon enactment of AB 1887 (Villines), Chapter 32, Statutes of 2010. Includes an Urgency Clause to make this bill effective immediately upon enactment. Chapter 31, Statutes of 2010

SB 838 (Strickland)

Cal-COBRA: premium assistance.

Extends the state law requirements placed on health care service plans and health insurers offering Cal-COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) coverage to notify qualified beneficiaries of their potential eligibility for federal premium assistance, and to allow them to enroll in coverage. Chapter 24, Statutes of 2010

SB 900 (Alquist, Steinberg)

California Health Benefit Exchange.

Establishes the California Health Benefits Exchange (Exchange). Requires the Exchange to be governed by a five-member board, as specified. Clarifies the powers and duties of the board governing the Exchange relative to the administration of the Exchange, determining eligibility and enrollment in the Exchange, and arranging for coverage under qualified carriers. Makes the bill's provisions contingent on the enactment of AB 1602 (Perez), Chapter 655, Statutes of 2010. Chapter 659, Statutes of 2010

SB 1088 (Price)

Health care coverage: dependents.

Prohibits, with specified exceptions, the limiting age for dependents covered by health plan contracts and health insurance policies from being less than 26 years of age beginning on or after September 23, 2010, and prohibits health plan contracts and health insurance policies from being required to cover a child of a child receiving dependent coverage. Chapter 660, Statutes of 2010

SB 1163 (Leno)

Health care coverage: denials: premium rates.

Requires health care service plans (health plans) and health insurers to file, with the Department of Managed Health Care and the California Department of Insurance, specified rate information for individual and small group coverage at least 60 days prior to implementing any rate change, as specified. Requires the filings in the case of large group contracts only for unreasonable rate increases, as defined by the Patient Protection and Affordable Care Act (Public Law 111-148), prior to implementing any such rate change. Increases, from 30 days to 60 days, the amount of time that a health plan or insurer provides written notice to an enrollee or insured before a change in premium rates or coverage becomes effective. Requires health plans and insurers that decline to offer coverage to or deny enrollment for a large group applying for coverage or that offer small group coverage at a rate that is higher than the standard employee risk rate to, at the time of the denial or offer of coverage, provide the applicant with reason for the decision, as specified. Chapter 661, Statutes of 2010

Vetoed

AB 2 (De La Torre)

Individual health care coverage.

Would have imposed specific requirements and standards on health care service plans and disability insurers offering health insurance, for individual, non-group health plan contracts, and health insurance policies. Would have imposed specific requirements related to the application forms, medical underwriting, and notice and disclosure of rights and responsibilities, including the establishment of an independent external review system related to carrier decisions to cancel or rescind an individual's health care coverage.

AB 56 (Portantino)

Health care coverage: mammographies.

Would have required health care service plans and disability insurers offering health insurance (health plans and insurers) to provide coverage for mammography upon provider referral by July 1, 2010, and required health plans and insurers to notify subscribers or policyholders of recommended timelines for testing.

AB 98 (De La Torre)

Maternity services.

Would have required individual or group health insurance policies on file with the California Department of Insurance (CDI) as of January 1, 2010, to cover maternity services, as defined, by March 1, 2010, and required new policies submitted to CDI after January 1, 2010, to cover maternity services.

AB 113 (Portantino)

Health care coverage: mammographies.

Would have required health care service plan contracts and health insurance policies that are issued, amended, delivered, or renewed on or after July 1, 2011, to provide coverage for mammography for screening or diagnostic purposes upon referral of certain health care professionals, regardless of age.

AB 115 (Beall)

Adult Health Coverage Expansion Program.

Would have revised the Adult Health Coverage Expansion Program (AHCEP) in Santa Clara County, authorized pursuant to AB 12 (Beall), Chapter 677, Statutes of 2007, for the purpose of allowing AHCEP to provide health care coverage products to the spouses, domestic partners, and eligible children of program enrollees, as specified. Would have made other program changes, including changing the eligibility and participation requirements for small employers to purchase employee coverage in the program.

AB 1600 (Beall)

Health care coverage: mental health services.

Would have required health care service plans and health insurers to cover the diagnosis and medically necessary treatment of a mental illness, as defined, of a person of any age, including a child, and not limited to coverage for severe mental illness as in existing law.

AB 1759 (Blumenfield)

Health care coverage: premium rates.

Would have required health care service plans and health insurers that include a provision in a group contract or policy that authorizes or requires a change in premium rates, copayments, coinsurances, or deductibles, to provide an additional disclosure that describes the circumstances under which a change may occur and that provides defined terms and examples of those circumstances, to be signed by the group contractholder or group policyholder and provided to the subscribers or insureds, as specified.

AB 2042 (Feuer)

Health care coverage: rate changes.

Would have prohibited health care service plans and health insurers from, more than once in a calendar year, altering rates (as defined) or benefits of individual plan contracts and policies that are issued, amended, or renewed on or after January 1, 2011, with certain exceptions.

AB 2540 (De La Torre)

Health insurance: postclaims underwriting: unfair and deceptive practices.

Would have included "engaging in postclaims underwriting," as defined, in existing law which declares specified trade practices as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance.

SB 56 (Alquist)

Health plans: joint ventures.

Would have permitted a health plan that is governed, owned, or operated by a county board of supervisors, a county special commission, a county-organized health system, or a county health authority, or the County Medical Services Program, to form joint ventures for the joint or coordinated offering of health plans to individuals and groups.

SB 890 (Alquist, Steinberg)

Health care coverage.

Would have required health plans and health insurers to categorize all individual market products into tiers based on actuarial level, as specified. Would have required health plans and health insurers to allow an individual to transfer without medical underwriting to any other individual plan contract offered by that same health plan or health insurer that provides equal or lesser benefits upon the annual renewal date of the contract or policy. Would have required health plans and health insurers to meet federal annual and lifetime limits and the medical loss ratio requirements in specified provisions of the federal health care reform law, and any federal rules or regulations issued under those provisions.

SB 1283 (Steinberg)

Health care coverage: grievance system.

Would have modified consumer health coverage grievance procedures administered by the California Department of Managed Health Care.

VII. HEALTH CARE FACILITIES (HCF)

Chaptered

AB 188 (Jones)

Medi-Cal: quality assurance fee revenue.

Appropriates the funding to administer requirements of the Hospital Quality Assurance Fee established in AB 1383 (Jones), Chapter 627, Statutes of 2009. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 645, Statutes of 2009

AB 215 (Feuer)

Long-term health care facilities: ratings.

Requires a skilled nursing facility to post, in accordance with specified requirements, the overall facility star rating determined by the federal Centers for Medicare and Medicaid Services. Chapter 420, Statutes of 2009

AB 235 (Hayashi)

Emergency services and care.

Defines a "psychiatric emergency medical condition" for purposes of the obligation of hospitals with emergency departments to provide emergency care and services for psychiatric emergency medical conditions, and the obligations of health care service plans (health plans) in such cases, and by reference, makes changes to provisions in the Knox-Keene Health Care Service Plan Act of 1975 requiring health plans to reimburse for emergency services under specified conditions. Chapter 423, Statutes of 2009

AB 303 (Beall)

Medi-Cal: designated public hospitals: seismic safety requirements.

Allows designated public hospitals to receive supplemental Medi-Cal reimbursement from the Construction and Renovation Reimbursement Program for new capital projects to meet state seismic safety deadlines for which plans have been submitted to the state between January 1, 2007, and December 31, 2011. Chapter 428, Statutes of 2009

AB 523 (Huffman)

Hospitals: seismic safety.

Permits the Office of Statewide Health Planning and Development to grant the Marin Healthcare District a two-year extension to the current 2013 seismic safety deadline to retrofit or rebuild hospital buildings at risk of collapse in an earthquake if specified conditions are met. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 243, Statutes of 2009

AB 818 (Hernandez)

Health facilities: connection ports.

Delays the prohibition on a health facility using a tubing connection that would fit into a connection port other than the type for which it was intended until the earlier of January 1, 2014 or 36 months after the International Organization for Standardization (ISO) publishes a new applicable design standard for epidural connections, and the earlier of January 1, 2013, or 24 months after ISO publishes an applicable design standard for intravenous or enteral connections. Chapter 476, Statutes of 2009

AB 896 (Galgiani)

Health care programs: provider reimbursement rates.

Requires hospital inpatient rates for the California Children's Services Program, the Genetically Handicapped Persons Program, the Breast and Cervical Cancer Early Detection Program, the State-Only Family Planning Program, and the Family Planning, Access, Care, and Treatment to be paid at 90% of the Medi-Cal hospital interim rate until January 1, 2011. Chapter 260, Statutes of 2009

AB 931 (Fletcher)

Emergency supplies.

Increases, from 24 to 48, the number of oral and suppository drugs permitted to be stored in secured emergency drug supply kits provided by a pharmacy to a skilled nursing facility or an intermediate care facility. Allows up to four of the 48 of the emergency drug supply kits to be psychotherapeutic drugs, with additional flexibility to allow up to 10 psychotherapeutic drugs, at the discretion of the Department of Public Health. Increases the allowable limit on the number of doses of each drug in an in an emergency drug supply kit from four to not more than 16 separate doses. Chapter 491, Statutes of 2009

AB 1083 (John A. Perez)

Health facilities: security plans.

Requires hospital security and safety assessments to be conducted not less than annually, and requires hospital security plans to be updated annually. Provides that hospital security plans may additionally include efforts to cooperate with local law enforcement regarding violent acts at the facility. Requires hospitals to consult with affected employees and members of the medical staff in developing their security plans and assessments. Chapter 506, Statutes of 2009

AB 1142 (Price)

Medi-Cal: proof of eligibility.

Requires a hospital that obtains proof of a patient's Medi-Cal eligibility subsequent to the date of service, to provide all information regarding that person's Medi-Cal eligibility to all hospital-based providers, ambulance service providers, and other hospital-based providers that bill separately for their professional services. Permits the Department of Health Care Services to assess a penalty, up to three times the amount payable by Medi-Cal, against a provider who, despite having proof of Medi-Cal eligibility, seeks payment from or fails to cease collection efforts against the beneficiary. Chapter 511, Statutes of 2009

AB 1383 (Jones)

Medi-Cal: hospital payments: quality assurance fees.

Enacts a Hospital Quality Assurance Fee on hospitals, except for designated public hospitals, until December 31, 2010. Requires the proceeds to be placed in a fund and used solely to make specified Medi-Cal supplemental payments to hospitals, to pay for children's coverage, Department of Health Care Services (DHCS) administrative costs, and grants to public hospitals. Prohibits hospital rate reimbursement rate reductions until the expiration of the fee. Authorizes DHCS to obtain necessary federal approvals; sunsets January 1, 2013. Chapter 627, Statutes of 2009

AB 1503 (Lieu)

Health facilities: emergency physicians: emergency medical care: billing.

Requires emergency physicians who provide emergency medical services in a hospital to provide discounts to uninsured patients, establishes limits on the expected payment to emergency physicians for emergency medical services as specified, limits debt collection activities and requires hospitals to include a written description of the discount policy with the hospital discount policy. Chapter 445, Statutes of 2010

AB 1544 (Committee on Health)

Health facilities: licensure.

Establishes timeframes and procedures for the Department of Public Health to act on applications by general acute care hospitals to add a new, or modify an existing, outpatient clinic service as a supplemental service. Specifies that an onsite inspection is not required prior to approving the application. Chapter 543, Statutes of 2009

AB 1653 (Jones)

Medi-Cal: hospitals: managed health care plans: mental health plans: quality assurance fee.

Revises the Medi-Cal hospital provider fee and supplemental payments enacted by AB 1383 (Jones), Chapter 627, Statutes of 2009. Includes an Urgency Clause to make this bill effective immediately upon enactment. Chapter 218, Statutes of 2010

AB 1783 (Hayashi)

Licensed dentist: change of location form.

Permits a Medi-Cal dental provider to change locations within the same county by filing a change of location form in lieu of submitting a complete application package. Chapter 192, Statutes of 2010

AB 1863 (Gaines)

Diesel generators: health facilities.

Extends until January 1, 2016 the existing requirements that health facilities use standards, consistent with those currently set by The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations) for testing diesel backup generators and submit to the Department of Public Health, all related data collected about generator operation, upon request. Chapter 164, Statutes of 2010

AB 2599 (Bass, Hall)
Medi-Cal: South Los Angeles.

Requires the new nonprofit Martin Luther King, Jr. (MLK) hospital that will serve the population that was served at the former the MLK-Harbor to receive a minimum amount of Medi-Cal funding as specified. Chapter 267, Statutes of 2010

AB 2645 (Chesbro)
Mental health: skilled nursing facilities: reimbursement rate.

Requires, from July 1, 2010, to June 30, 2012, the reimbursement rate for services in institutions for mental diseases licensed as skilled nursing facilities to be the same as the rates in effect on July 1, 2009. Chapter 554, Statutes of 2010

AB 2675 (Chesbro)
Health facilities: licensee orientation.

Requires an applicant, or an applicant's designee, for initial licensure of an intermediate care facility/developmentally disabled - habilitative or an intermediate care facility/developmentally disabled - nursing, to attend a sixteen-hour orientation program related to business management. Chapter 473, Statutes of 2010

AB 2731 (Arambula)
Health care districts: federal loans or grants.

Revises current law to allow a health care district to secure federal mortgage insurance, federal loans, grants, or federally insured loans issued by the United States Department of Agriculture pursuant to the federal Consolidated Farm and Rural Development Act through specified financing mechanisms for construction of new health facilities, the expansion, modernization, renovation, remodeling, or alteration of existing health facilities, and the initial equipping of those health facilities. Chapter 46, Statutes of 2010

SB 148 (Oropeza)
Mammogram machines: inspection: posting of results.

Requires a facility that operates a mammogram machine to post notices of serious violations, as specified, in an area that is visible to patients. Chapter 169, Statutes of 2009

SB 208 (Steinberg, Alquist)
Medi-Cal.

Enacts, in combination with AB 342 (John A. Perez and Monning), statutory changes necessary for the Department of Health Care Services and counties to implement a new proposed Medi-Cal Comprehensive Demonstration Project Waiver under Section 1115(a) of the Social Security Act, including mandatory enrollment of seniors and People with Disabilities, pilot projects to enroll persons who are dually eligible for Medi-Cal and Medicare and children who are eligible for California Children's Service and Medi-Cal in organized systems of care. Makes technical and clarifying changes to the Medi-Cal hospital provider fee and supplemental payments enacted by AB 1383 (Jones), Chapter 627, Statutes of 2009. Includes an Urgency Clause to make this bill effective immediately upon enactment. Chapter 714, Statutes of 2010

SB 221 (Walters)
Home dialysis agencies.

Repeals existing law authorizing the licensure and regulation of home dialysis agencies. Chapter 39, Statutes of 2009

SB 442 (Ducheny)
Clinic corporation: licensing.

Amends the administrative requirements for a clinic corporation to apply for licensure for an affiliate primary care clinic or a mobile health care unit operated as a primary care clinic. Chapter 502, Statutes of 2010

SB 499 (Ducheny)
Hospitals: seismic safety.

Revises and extends, under specified conditions, hospital seismic safety construction and reporting requirements. Chapter 601, Statutes of 2009

SB 608 (Alquist)
Hospitals: seismic safety.

Permits the Office of Statewide Health Planning and Development to grant two separate extensions to a general acute care hospital for a total of five years, under specified circumstances related to local planning delays, for compliance with existing state seismic safety requirements. Chapter 623, Statutes of 2010

SB 743 (Committee on Health)
Health facilities: psychiatric patient release.

Makes clarifying changes to existing law granting civil and criminal immunity to specified hospitals and staff regarding the detention and release of a person who is a danger to themselves, or others, or is gravely disabled, as defined. Chapter 612, Statutes of 2009

SB 1237 (Padilla)

Radiation control: health facilities and clinics: records.

Requires health facilities and clinics that use imaging procedures that involve computed tomography X-ray systems (CT) for human use to record the dose of radiation on every CT study produced during a CT examination. Requires, commencing July 1, 2013, facilities that furnish CT to be accredited and to report to the State Department of Public Health an event in which the administration of radiation results in an overdose, as specified. Chapter 521, Statutes of 2010

SB 1332 (Dutton)

Radiologic technology.

Requires a diagnostic or therapeutic radiologic technology school that has been recognized by the Joint Review Committee on Education in Radiologic Technology (JRCERT) for an Accredited Educational Program in Radiography to be approved as a diagnostic or therapeutic radiologic technology school, upon meeting specified requirements. Allows a school that is in the process of obtaining recognition by JRCERT to be provisionally approved and provided a conditional permit. Contains an urgency clause that declares the provisions of this bill to take effect immediately upon enactment. Chapter 525, Statutes of 2010

SJR 13 (Oropeza)

New dialysis clinic licensure and certification.

Urges the President and the federal Centers for Medicare and Medicaid Services to enact legislation to expedite the process for dialysis clinic licensure. Resolution Chapter 45, Statutes of 2010

Vetoed

AB 57 (Price)

University of California hospitals: staffing.

Would have required the Department of Public Health to establish a procedure for collecting and reviewing the written staffing plans developed by University of California hospitals.

AB 542 (Feuer)

Hospital acquired conditions.

Would have required the Department of Health Care Services (DHCS) to convene a technical working group to evaluate options for implementing non-payment policies and procedures for hospital acquired conditions (HACs) for the fee-for-service Medi-Cal program consistent with federal laws and regulations. Would have required DHCS to implement non-payment policies and procedures for HACs for the fee-for-service Medi-Cal program by July 1, 2011 that are consistent with the Patient Protection and Affordable Care Act and to consider the recommendations of the technical working group.

AB 574 (Hill)

Health facilities: smoking.

Would have extended the prohibition against tobacco use in workplaces, including hospitals, to include the entire hospital campus.

AB 599 (Hall)

Forensic blood alcohol testing laboratories.

Would have required, by December 31, 2010, the Forensic Alcohol Review Committee to submit to the California Health and Human Services Agency (CHHSA) revisions to forensic alcohol laboratory regulations, and provided that until CHHSA adopted these revisions, a forensic alcohol laboratory that is accredited by the American Society of Crime Laboratory Directors/Laboratory Accreditation Board in forensic alcohol analysis would have satisfied requirements for external proficiency testing.

AB 911 (Lieu)

Emergency room crowding.

Would have required every licensed general acute care hospital with an emergency department (ED) to assess ED crowding conditions every four or eight hours, as specified, and develop and implement full-capacity protocols that address staffing, procedures, and operations.

AB 1462 (Feuer)

Medi-Cal: inpatient hospital services contracts.

Would have required the California Medical Assistance Commission to consider graduate medical education programs in negotiating Medi-Cal inpatient contracts with hospitals or in drawing specifications for competitive bidding.

SB 196 (Corbett)

Emergency medical services.

Would have increased, from 90 to 120 days, the public notice a general acute care hospital must provide prior to closing or downgrading an emergency department and adds employees to the entities who must be notified. Would have increased from 30 to 60 days the public notice a general acute care hospital or acute psychiatric hospital must give prior to closing a facility or eliminating or relocating a supplemental service.

SB 289 (Ducheny)

Hospitals: seismic safety.

Would have provided extensions to the hospital seismic mandate for general acute care hospitals (GACs) that are reclassified using a regulatory option or have encountered local planning delays. Establishes additional posting and reporting requirements for GACs with a building at risk of structural damage during a major earthquake.

SB 674 (Negrete McLeod)

Healing arts.

Would have revised and expanded the Medical Board of California's (MBC) oversight of outpatient settings and of accreditation agencies (agencies); would have required MBC to adopt standards for outpatient settings that offer in vitro fertilization; would have required accredited outpatient settings to be inspected by an agency and be subject to inspection by MBC; would have required MBC to ensure that agencies inspect outpatient settings according to specified parameters; would have required outpatient settings to submit to an agency detailed plans, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery that would place a patient at high risk for injury or harm; would have required MBC to adopt regulations regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures; would have required MBC to post a fact sheet on its web site to educate the public about cosmetic surgery, would have required specified healing arts licensees to include professional designations behind their names in advertisements; and stated legislative intent that the Department of Public Health inspect the peer review process utilized by acute care hospitals during its periodic inspections.

SB 1240 (Corbett)

Local health care districts: operation of facility by another entity.

Would have required, when a health care district was under contract with another public or private entity to operate one or more of its health facilities, the district and the public or private entity operating the district facility to comply with specified conditions.

VIII. HEALTH CARE PROFESSIONALS (HCP)

Chaptered

AB 221 (Portantino)

HIV testing: skin punctures.

Permits a human immunodeficiency virus (HIV) counselor to perform skin punctures for the purpose of HIV testing under specified conditions. Chapter 421, Statutes of 2009

AB 356 (Fletcher)

Radiologic technology: fluoroscopy.

Expands the existing category of licentiates of the healing arts to include a licensed physician assistant (PA) who practices pursuant to the Radiologic Technology Act, and authorizes a physician and surgeon to delegate procedures using ionizing radiation, including, but not limited to, fluoroscopy, to a licensed PA under specified conditions. Chapter 434, Statutes of 2009

AB 667 (Block)

Topical fluoride application.

Clarifies that any person, including dental assistants and non-health care personnel, may apply topical fluoride varnish in public health and school-based settings according to the prescription and protocol of a dentist or physician. Chapter 119, Statutes of 2009

AB 681 (Hernandez)

Confidentiality of medical information: psychotherapy.

Permits a health care provider to release otherwise confidential medical information about a patient's participation in outpatient treatment with a psychotherapist when the psychotherapist has disclosed otherwise confidential medical information pursuant to an existing exception relating to preventing or lessening a serious imminent threat to the health and safety of a reasonably foreseeable victim or victims and when clearly necessary to prevent serious and imminent harm. The disclosure must be pursuant to a request for information from law enforcement or the target of the threat subsequent to the disclosure. Chapter 464, Statutes of 2009

AB 839 (Emmerson)

Medi-Cal: providers: remedies.

Changes Medi-Cal provider remedies, including specifying the judicial remedy when there is a dispute over processing or payment of money and modifies the date for the beginning of a period when a health care provider is barred from enrollment in Medi-Cal as specified in law. Chapter 255, Statutes of 2009

AB 995 (Block)

Tissue bank licensing.

Exempts from tissue bank licensing requirements a licensed physician or podiatrist storing a human cell, tissue, or cellular- or tissue-based medical device or biologic product, as specified. Chapter 497, Statutes of 2009

AB 1142 (Price)

Medi-Cal: proof of eligibility.

Requires a hospital that obtains proof of a patient's Medi-Cal eligibility subsequent to the date of service, to provide all information regarding that person's Medi-Cal eligibility to all hospital-based providers, ambulance service providers, and other hospital-based providers that bill separately for their professional services. Permits the Department of Health Care Services to assess a penalty, up to three times the amount payable by Medi-Cal, against a provider who, despite having proof of Medi-Cal eligibility, seeks payment from or fails to cease collection efforts against the beneficiary. Chapter 511, Statutes of 2009

AB 1503 (Lieu)

Health facilities: emergency physicians: emergency medical care: billing.

Requires emergency physicians who provide emergency medical services in a hospital to provide discounts to uninsured patients, establishes limits on the expected payment to emergency physicians for emergency medical services as specified, limits debt collection activities and requires hospitals to include a written description of the discount policy with the hospital discount policy. Chapter 445, Statutes of 2010

AB 2386 (Gilmore, Cook)

Armed Forces: medical personnel.

Allows a hospital to enter into an agreement with the Armed Forces of the United States to authorize a physician, surgeon, physician assistant, or registered nurse to provide medical care in the hospital under specified circumstances. Chapter 151, Statutes of 2010

ACR 75 (V. Manuel Perez)

Promotores and community health workers.

Declares October 2009 as California Promotores Month in order to raise awareness of the contributions of promotores and community health workers. Resolution Chapter 125, Statutes of 2009

SB 743 (Committee on Health)

Health facilities: psychiatric patient release.

Makes clarifying changes to existing law granting civil and criminal immunity to specified hospitals and staff regarding the detention and release of a person who is a danger to themselves, or others, or is gravely disabled, as defined. Chapter 612, Statutes of 2009

Vetoed

AB 57 (Price)

University of California hospitals: staffing.

Would have required the Department of Public Health to establish a procedure for collecting and reviewing the written staffing plans developed by University of California hospitals.

AB 517 (Ma)

Safe Body Art Act.

Would have established the Safe Body Art Act to provide minimum statewide standards for the regulation of practitioners engaged in the business of tattooing, body piercing, and the application of permanent cosmetics in California.

AB 543 (Ma)

Perinatal care: The Nurse-Family Partnership.

Would have authorized the Department of Public Health (DPH) to use Nurse-Family Partnership (NFP) Program grant moneys as a match for other grants DPH administers. Would have allowed DPH to accept voluntary donations and federal funds for the NFP Program. Would have repealed the sunset date of January 1, 2009 for the California Children and Families Account (Account), sunset the Account on January 1, 2014 unless sufficient funds were available; and, revised rules governing the availability of funds for the NFP Program.

AB 657 (Hernandez)

Health professions workforce: master plan.

Would have required the Office of Statewide Health Planning and Development (OSHPD), in collaboration with the California Workforce Investment Board, to establish a task force to assist OSHPD in developing a health care workforce master plan for the state.

AB 2456 (Torrico)

Emergency medical services: regulation.

Would have required the Emergency Medical Services Authority (EMSA), no later than July 1 2012, to develop regulations establishing standards for policies and procedures applicable to the functions of emergency medical technicians, would have authorized EMSA to review policies and procedures adopted or approved by a local Emergency Medical Services Agency, to impose sanctions for non compliance and to adopt a fee schedule to support the additional costs of promulgating the regulations, as specified.

SB 1119 (Wright)

Health care staffing.

Would have required temporary licensed nursing employment agencies to verify a nurse's fitness to work, would have required certain reporting of unfit nurses, and specified penalties for failures to do so.

IX. HEALTH CARE SERVICE PLANS & HEALTH INSURANCE (HCSP/INS)

Chaptered

AB 23 (Jones)

Cal-COBRA: premium assistance.

Establishes, for purposes of Cal-COBRA, specific notice requirements and enrollment opportunities for persons eligible for federal premium assistance that would subsidize 65% of the cost of Cal-COBRA coverage under the federal economic stimulus bill, the American Recovery and Reinvestment Act of 2009 (ARRA), including allowing a qualified beneficiary eligible for Cal-COBRA coverage who is eligible for premium assistance under ARRA to elect Cal-COBRA continuation coverage no later than 60 days after the date of the notice required by this bill. Chapter 3, Statutes of 2009

AB 108 (Hayashi)

Individual health care coverage.

Prohibits health care service plans and disability insurers offering health insurance, after 24 months from the issuance of an individual health plan contract or health insurance policy, from rescinding the individual coverage for any reason, and prohibits after 24 months canceling, limiting, or raising premiums in a contract or policy due to any omissions, misrepresentations, or inaccuracies in the application form, whether willful or not. Chapter 406, Statutes of 2009

AB 119 (Jones)

Health care coverage: pricing.

Prohibits health care service plans and disability insurers offering health insurance from charging a premium, price, or charge differential for health care coverage because of the sex of the prospective subscriber, enrollee, policyholder, or insured. Chapter 365, Statutes of 2009

AB 235 (Hayashi)

Emergency services and care.

Defines a "psychiatric emergency medical condition" for purposes of the obligation of hospitals with emergency departments to provide emergency care and services for psychiatric emergency medical conditions, and the obligations of health care service plans (health plans) in such cases, and by reference, makes changes to provisions in the Knox-Keene Health Care Service Plan Act of 1975 requiring health plans to reimburse for emergency services under specified conditions. Chapter 423, Statutes of 2009

AB 830 (Cook)

Drugs and devices.

Revises various provisions in current law requiring health plans to cover "off label" medication used to treat life-threatening or chronic and seriously debilitating conditions and Medi-Cal to cover certain AIDS-related infections and cancer, to delete references to specific drug guides, or compendia, and include, instead, specified drug compendia approved by the federal Centers for Medicare and Medicaid. Chapter 479, Statutes of 2009

AB 952 (Krekorian)

Health information: disclosure: Taft-Hartley plans.

Authorizes health care service plans and disability insurers offering health insurance to disclose private medical information to an employee welfare benefit plan formed under the federal Taft-Hartley Act (Taft-Hartley plan), or an entity contracting with the Taft-Hartley plan, providing the disclosure is for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to employees enrolled in the Taft-Hartley plan, and providing other specified conditions are met. Chapter 493, Statutes of 2009

AB 1422 (Bass)

Health care programs: California Children and Families Act of 1998.

Provides funding for, and makes program changes to, the Healthy Families Program; extends the gross premium tax of 2.35% to Medi-Cal managed care plans; and, authorizes the California Children and Families Commission to make specified transfers of program revenues. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 157, Statutes of 2009

AB 1543 (Jones)

Medicare supplemental coverage.

Makes conforming changes to the requirements and standards that apply to Medicare supplement contracts and policies (collectively Medigap policies), for the purpose of complying with 2008 federal law changes affecting the benefits, the issuance and the pricing of Medigap policies. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 10, Statutes of 2009

AB 2244 (Feuer)

Health care coverage.

Requires guaranteed issue of health plan and health insurance products for children beginning in January 1, 2011. Conforms provisions related to guaranteed issue with federal law, as specified, and any rules or regulations adopted pursuant to federal law. Chapter 656, Statutes of 2010

SB 296 (Lowenthal)

Mental health services.

Requires health care service plans and disability insurers offering health insurance that provide professional mental health services to issue identification cards to all enrollees and insureds containing specified information by July 1, 2011, and provide specified information relating to their policies and procedures on their Internet Web sites by January 1, 2012. Chapter 575, Statutes of 2009

SB 630 (Steinberg)

Health care coverage: cleft palate reconstructive surgery: dental and orthodontic services.

Clarifies that the existing requirement for health care service plans and disability insurers offering health insurance to cover reconstructive surgery includes, as of July 1, 2010, medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palates. Chapter 604, Statutes of 2009

Vetoed

AB 2 (De La Torre)

Individual health care coverage.

Would have imposed specific requirements and standards on health care service plans and disability insurers offering health insurance, for individual, non-group health plan contracts, and health insurance policies. Would have imposed specific requirements related to the application forms, medical underwriting, and notice and disclosure of rights and responsibilities, including the establishment of an independent external review system related to carrier decisions to cancel or rescind an individual's health care coverage.

AB 56 (Portantino)

Health care coverage: mammographies.

Would have required health care service plans and disability insurers offering health insurance (health plans and insurers) to provide coverage for mammography upon provider referral by July 1, 2010, and required health plans and insurers to notify subscribers or policyholders of recommended timelines for testing.

AB 98 (De La Torre)

Maternity services.

Would have required individual or group health insurance policies on file with the California Department of Insurance (CDI) as of January 1, 2010, to cover maternity services, as defined, by March 1, 2010, and required new policies submitted to CDI after January 1, 2010, to cover maternity services.

AB 244 (Beall)

Health care coverage: mental health services.

Would have required health care service plans and disability insurers offering health insurance to cover the diagnosis and medically necessary treatment of a mental illness, as defined, of a person of any age, including a child, and would not have been limited to coverage for severe mental illness, as in existing law.

AB 513 (De Leon)

Health care coverage: breast-feeding.

Would have required health care service plans and disability insurers offering health insurance that provide maternity benefits to provide coverage for lactation consultation with an international board certified lactation consultant and the provision of, or the rental of, a breast pump, as specified.

AB 730 (De La Torre)

Health insurance: unlawful postclaims underwriting: penalties.

Would have increased the maximum civil penalty by disability insurers offering health insurance for postclaims underwriting from \$118 per violation to \$5,000 per violation.

AB 745 (Coto)

Self-funded dental benefit plans: administrators.

Would have required the third party administrator of a self-funded dental benefit plan to include a disclosure in the explanation of benefits document and benefit claim forms that provide the contact information for the federal Department of Labor, which regulates self-funded plans, in the event the consumer has a payment dispute with the plan.

AB 1825 (De La Torre)

Maternity services.

Would have required every individual or group health insurance policy, as specified, issued, amended, or renewed on or after July 1, 2011, and prior to January 1, 2014, to provide coverage for maternity services, as defined and after January 1, 2014, to provide coverage for maternity services consistent with the federal Patient Protection and Affordable Care Act.

AB 2093 (V. Manuel Perez)

Immunizations for children: reimbursement of physicians.

Would have required a health care service plan or health insurer that provides coverage for childhood and adolescent immunizations to reimburse a physician or physician group the entire cost of acquiring and administering the vaccine.

SB 158 (Wiggins)

Health care coverage: human papillomavirus vaccination.

Would have required every health care service plan and disability insurer offering health insurance that includes coverage for treatment or surgery of cervical cancer that is issued, amended, or renewed on or after January 1, 2010, to also provide coverage for a human papillomavirus vaccination, upon the referral of the patient's physician, nurse practitioner, certified nurse midwife, or physician assistant, acting within the scope of his or her license.

SB 161 (Wright)

Health care coverage: cancer treatment.

Would have required a health care service plan contract or a disability insurer health insurance policy that provided coverage for cancer treatment to provide coverage for a prescribed, orally administered cancer medication on a basis no less favorable than intravenously administered or injected cancer medications.

SB 961 (Wright)

Health care coverage: cancer treatment.

Would have required a health care service plan contract or health insurance policy that provides coverage for cancer chemotherapy treatment to establish limits on enrollee out-of-pocket costs for prescribed, orally administered, nongeneric cancer medication.

X. HEALTH DISPARITIES (HD)

Chaptered

AJR 17 (Swanson)

HIV/AIDS health disparities.

Urges the President of the United States (U.S), the U.S. Congress, and the U.S. Secretary of the Department of Health and Human Services to take specified actions regarding health disparities, particularly as it relates to human immunodeficiency virus/acquired immunodeficiency syndrome funding. Resolution Chapter 104, Statutes of 2009

ACR 29 (Jones)

Health disparities: racial and ethnic populations.

Requests the California Health and Human Services Agency to provide leadership to encourage departments within the agency to focus on preventing, reducing, and eliminating health disparities among racial and ethnic population subgroups. Resolution Chapter 93, Statutes of 2009

HR 31 (Eng)

Legislative Task Force on Chronic Kidney Disease

Recommends the establishment of the Legislative Task Force on Chronic Kidney Disease (CKD) to study the social, medical, and fiscal issues surrounding CKD and report back to the Legislature on recommendations for policy changes. Adopted

XI. HEALTH INFORMATION TECHNOLOGIES/TELEMEDICINE (HIT)

Chaptered

AB 175 (Galgiani)

Medical telemedicine: optometrists.

Expands, for the purposes of Medi-Cal reimbursement, until January 1, 2013, the definition of “teleophthalmology and teledermatology by store and forward” to include services of a licensed optometrist. Chapter 419, Statutes of 2009

AB 278 (Monning)

Health information exchange: demonstration projects.

Permits the California Office of Health Information Integrity to establish and administer up to four demonstration projects annually to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy of personal health information, and enhance the trust of stakeholders. Chapter 227, Statutes of 2010

SB 337 (Alquist)

Health information.

Makes clarifying changes to requirements governing reporting of unauthorized access to, or use or disclosure of, patients’ medical information, and provides limited exemptions for law enforcement investigations. Authorizes the California Health and Human Services Agency to apply for federal funds available for health information technology (HIT) and health information exchange (HIE), and establishes a state fund for purposes of HIT/HIE. Authorizes the Governor to alternatively designate an entity to apply for federal HIT funding, and establishes governance requirements for the entity. Chapter 180, Statutes of 2009

XII. INFORMED CONSENT (INCON)

Chaptered

AB 1116 (Carter)

Cosmetic surgery.

Enacts the Donda West Law, which prohibits elective cosmetic surgery on a patient unless, prior to surgery, the patient has received a physical examination and clearance for surgery from a physician, nurse practitioner or physician assistant. Chapter 509, Statutes of 2009

AB 1317 (Block)

Assisted oocyte production: advertisement: information.

Enacts specified disclosures and requirements related to human egg donation associated with fertility treatments and for advertisement related to egg donation. Chapter 523, Statutes of 2009

Vetoed

AB 1397 (Hill)

Tissue donation.

Would have required a physician providing insemination and advanced reproductive technologies (ART) to inform the recipient that she must document that she is under the ongoing care of a physician, and would have clarified that a physician providing insemination or ART is not responsible for prophylactic testing, monitoring, and followup of the recipient.

SB 303 (Alquist)

Nursing facility residents: informed consent.

Would have enacted the Nursing Facility Resident Informed Consent Protection Act of 2009, which would have established the right of a resident of a skilled nursing or intermediate care facility to receive information material to the decision to accept or refuse any treatment or procedure, including the administration of psychotherapeutic drugs, and codified existing regulations requiring attending physicians to obtain informed consent after providing specified material information.

XIII. INFECTIOUS/COMMUNICABLE DISEASES (ICD)

Chaptered

AB 221 (Portantino)

HIV testing: skin punctures.

Permits an HIV counselor to perform skin punctures for the purpose of HIV testing, under specified conditions. Chapter 421, Statutes of 2009

AB 354 (Arambula, Fletcher)

Health: immunizations.

Permits the Department of Public Health (DPH) to update vaccination requirements for children entering schools and child care facilities and adds the American Academy of Family Physicians to the list of entities whose recommendations DPH must consider when updating the list of required vaccinations. Chapter 434, Statutes of 2010

AB 830 (Cook)

Drugs and devices.

Revises various provisions in current law requiring health plans to cover "off label" medication used to treat life-threatening or chronic and seriously debilitating conditions and Medi-Cal to cover certain AIDS-related infections and cancer, to delete references to specific drug guides, or compendia, and include, instead, specified drug compendia approved by the federal Centers for Medicare and Medicaid. Chapter 479, Statutes of 2009

AB 1045 (John A. Perez)

HIV and AIDS reporting.

Permits clinical laboratories to not report to the local health officer CD4+ T-cell test results known to be unrelated to a case of human immunodeficiency virus infection (HIV). Chapter 501, Statutes of 2009

AB 1701 (Chesbro)

Hypodermic needles and syringes.

Extends the sunset date, from December 31, 2010, to December 31, 2018, of the Disease Prevention Demonstration Project, which permits cities or counties to authorize licensed pharmacists to sell or furnish 10 or fewer hypodermic needles or syringes to a person for use without a prescription, as specified. Chapter 667, Statutes of 2010

AB 2541 (Portantino, Fletcher)
Reporting of certain communicable diseases.

Deletes the human immunodeficiency virus exemption from authorized electronic reporting, adds language from a related bill to avoid chaptering-out conflicts, and explicitly provides disclosure authority to state and local public health personnel for the purpose of providing complete information regarding sexually transmitted disease surveillance to the federal government. Chapter 470, Statutes of 2010

AJR 9 (John A. Perez)
Ryan White HIV/AIDS Treatment Modernization Act of 2006.

Urges the United States Congress and President to enact legislation to extend, from September 30, 2009 to September 30, 2012, the sunset of the Ryan White HIV/AIDS Treatment Modernization Act of 2006, including the existing formula-based funding for states with maturing names-based HIV reporting systems. Resolution Chapter 57, Statutes of 2009

AJR 17 (Swanson)
HIV/AIDS health disparities.

Urges the President of the United States (U.S), the U.S. Congress, and the U.S. Secretary of the Department of Health and Human Services to take specified actions regarding health disparities, particularly as it relates to human immunodeficiency virus/acquired immunodeficiency syndrome funding. Resolution Chapter 104, Statutes of 2009

Vetoed

AB 2786 (Committee on Health)
Reportable diseases and conditions.

Would have allowed the California Department of Public Health (DPH) to modify the list of communicable diseases and conditions for which clinical labs must submit specimens to the local public health laboratory to undergo further testing and allowed DPH to modify the list at any time in consultation with the California Conference of Local Health Officers and the California Association of Public Health Laboratory Directors.

SB 1029 (Yee)
Hypodermic needles and syringes.

Would have repealed the Disease Prevention Demonstration Project in existing law. Would have permitted pharmacists and physicians to distribute to individuals, and individuals to receive, up to 30 needles without a prescription solely for personal use, as specified.

AB 1858 (Blumenfield)

Hypodermic needles and syringes: exchange services.

Would have permitted the Department of Public Health (DPH) to authorize certain entities to provide hypodermic needle and syringe exchange services consistent with state and federal standards, including those of the United States Public Health Service, in any location where DPH determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes.

XIV. LABORATORIES (LAB)

Chaptered

AB 1045 (John A. Perez)

HIV and AIDS reporting.

Permits clinical laboratories to not report to the local health officer CD4+ T-cell test results known to be unrelated to a case of human immunodeficiency virus infection (HIV). Chapter 501, Statutes of 2009

SB 744 (Strickland)

Clinical Laboratories.

Revises licensing and certification requirements for clinical laboratories to recognize accreditation of clinical laboratories by approved, private, nonprofit organizations, as specified, revises license fees according to the number of tests performed, increases licensing fees on laboratory personnel, and makes other administrative changes. Chapter 201, Statutes of 2009

SJR 15 (Alquist)

Public health laboratories.

Encourages federal officials to amend regulations and enact legislation to allow nondoctoral, nonboard certified persons to serve as directors of local public health laboratories if they are qualified under applicable state laws. Resolution Chapter 46, Statutes of 2010

Vetoed

AB 599 (Hall)

Forensic blood alcohol testing laboratories.

Would have required, by December 31, 2010, the Forensic Alcohol Review Committee to submit to the California Health and Human Services Agency (CHHSA) revisions to forensic alcohol laboratory regulations, and provided that until CHHSA adopted these revisions, a forensic alcohol laboratory that is accredited by the American Society of Crime Laboratory Directors/Laboratory Accreditation Board in forensic alcohol analysis would have satisfied requirements for external proficiency testing.

AB 2786 (Committee on Health)

Reportable diseases and conditions.

Would have allowed the California Department of Public Health (DPH) to modify the list of communicable diseases and conditions for which clinical labs must submit specimens to the local public health laboratory to undergo further testing and allow DPH to modify the list at any time in consultation with the California Conference of Local Health Officers and the California Association of Public Health Laboratory Directors.

XV. LONG-TERM CARE (LTC)

Chaptered

AB 215 (Feuer)

Long-term health care facilities: ratings.

Requires a skilled nursing facility to post, in accordance with specified requirements, the overall facility star rating determined by the federal Centers for Medicare and Medicaid Services. Chapter 420, Statutes of 2009

AB 392 (Feuer)

Long-term health care facilities.

Appropriates \$1.6 million from the Federal Health Facilities Citation Penalties Account to support local long-term care ombudsman programs administered by the California Department of Aging in 2009-10. Chapter 102, Statutes of 2009

AB 577 (Bonnie Lowenthal)

Program of All-Inclusive Care for the Elderly.

Adds the Department of Public Health to the existing list of state departments which may grant exemptions from duplicative requirements for Program of All-Inclusive Care for the Elderly providers. Chapter 456, Statutes of 2009

AB 773 (Lieu)

Health facilities: citations: notifications.

Specifies the format for compliance with the existing requirement that a long-term care facility post notification of a citation for a class "AA" or class "A" violation in plain view for 120 days, deletes the existing limit that the citation must be "final" and deletes the requirement that the Department of Public Health issue related regulations. Chapter 472, Statutes of 2009

AB 931 (Fletcher)

Emergency supplies.

Increases, from 24 to 48, the number of oral and suppository drugs permitted to be stored in secured emergency drug supply kits provided by a pharmacy to a skilled nursing facility or an intermediate care facility. Allows up to four of the 48 emergency drug supply kits to be psychotherapeutic drugs, with additional flexibility to allow up to 10 psychotherapeutic drugs, at the discretion of the Department of Public Health. Increases the allowable limit on the number of doses of each drug in an emergency drug supply kit from four to not more than 16 separate doses. Chapter 491, Statutes of 2009

AB 1457 (Davis)

Long-term health care facilities: admission contracts.

Requires current and incoming residents of skilled nursing facilities to be informed of the name of the facility's owner, licensee, and a single entity responsible for patient care and operation of the facility. For incoming residents, the information is to be the first attachment to each contract for admission. Requires current residents, patients, and primary contacts to be notified within 30 days of approval of a change of ownership by the Department of Public Health. Chapter 532, Statutes of 2009

SB 117 (Corbett)

Adult day health care services: eligibility criteria: Medi-Cal reimbursement methodology and limit.

Extends the deadline by which the Department of Health Care Services is required to establish a new Medi-Cal rate reimbursement methodology for adult day health care services, from August 1, 2010 to August 1, 2012 and makes conforming changes to other timeframes associated with the establishment and implementation of the reimbursement methodology. Chapter 165, Statutes of 2009

Vetoed

AB 249 (Carter)

Health facilities: marking patient devices.

Would have added additional personal medical equipment to the personal property inventory that long-term care health facilities must establish for the identification and tracking of personal patient equipment and personal property.

AB 369 (Yamada)

Adult day health care centers.

Would have exempted two new publicly financed Adult Day Health Centers (ADHCs) serving California veterans from the existing moratorium on new Medi-Cal certified ADHCs.

AB 1593 (Yamada, Knight)

Adult day health care centers.

Would have created an exemption to the existing Medi-Cal certification moratorium to allow the opening of two new, publicly financed, Adult Day Health Centers at the William J. "Pete" Knight Veterans Home and the Veterans Home of California, Ventura, contingent on the availability of funds appropriated in the annual Budget Act.

SB 303 (Alquist)

Nursing facility residents: informed consent.

Would have enacted the Nursing Facility Resident Informed Consent Protection Act of 2009, which would have established the right of a resident of a skilled nursing or intermediate care facility to receive information material to the decision to accept or refuse any treatment or procedure, including the administration of psychotherapeutic drugs, and codified existing regulations requiring attending physicians to obtain informed consent after providing specified material information.

XVI. MATERNAL & CHILD HEALTH (MCH)

Chaptered

AB 896 (Galgiani)

Health care programs: provider reimbursement rates.

Requires hospital inpatient rates for the California Children's Services Program, the Genetically Handicapped Persons Program, the Breast and Cervical Cancer Early Detection Program, the State-Only Family Planning Program, and the Family Planning, Access, Care, and Treatment to be paid at 90% of the Medi-Cal hospital interim rate until January 1, 2011. Chapter 260, Statutes of 2009

AB 1317 (Block)

Assisted oocyte production: advertisement: information.

Enacts specified disclosures and requirements related to human egg donation associated with fertility treatments and for advertisement related to egg donation. Chapter 523, Statutes of 2009

ACR 105 (Nava)

Perinatal Depression Awareness Month.

Establishes May, each year, as Perinatal Depression Awareness Month in California and requests that stakeholders work together to increase awareness and improve women's access to culturally competent mental health care services. Resolution Chapter 9, Statutes of 2010

SB 249 (Cox)

Vaccinations: meningococcal disease.

Requires the Department of Public Health (DPH) to include, as part of the information about meningococcal disease that DPH is already required to develop, information pertaining to children between 11 and 18 years of age; authorizes DPH to include in the information a recommendation for meningococcal vaccination; and, authorizes the California Department of Education to add the information on meningococcal disease to health education materials sent to parents of children between 11 and 18 years of age. Chapter 176, Statutes of 2009

SCR 36 (Alquist)

Adolescent health.

Recognizes and commends the California Departments of Public Health, Education, and Health Care Services for their "well adolescent" programs and initiatives, and encourages all Californians to recognize and support the efforts of these departments. Resolution Chapter 86, Statutes of 2009

Vetoed

AB 56 (Portantino)

Health care coverage: mammographies.

Would have required health care service plans and disability insurers offering health insurance (health plans and insurers) to provide coverage for mammography upon provider referral by July 1, 2010, and required health plans and insurers to notify subscribers or policyholders of recommended timelines for testing.

AB 98 (De La Torre)

Maternity services.

Would have required individual or group health insurance policies on file with the California Department of Insurance (CDI) as of January 1, 2010, to cover maternity services, as defined, by March 1, 2010, and required new policies submitted to CDI after January 1, 2010, to cover maternity services.

AB 217 (Beall)

Medi-Cal: alcohol and drug screening and brief intervention services.

Would have established the Medi-Cal Alcohol and Drug Screening and Brief Intervention Services Program for Medi-Cal beneficiaries who are pregnant or are women of childbearing age, with county or local government entities paying the nonfederal share of expenditures through certified public expenditures.

AB 513 (De Leon)

Health care coverage: breast-feeding.

Would have required health care service plans and disability insurers offering health insurance that provide maternity benefits to provide coverage for lactation consultation with an international board certified lactation consultant and the provision of, or the rental of, a breast pump, as specified.

AB 1397 (Hill)

Tissue donation.

Would have required a physician providing insemination and advanced reproductive technologies (ART) to inform the recipient that she must document that she is under the ongoing care of a physician, and would have clarified that a physician providing insemination or ART is not responsible for prophylactic testing, monitoring, and followup of the recipient.

AB 1512 (Lieu)

Food and drugs: sale.

Would have prohibited a retailer from selling, or permitting to be sold, infant formula, baby food, and over-the-counter drugs beyond the expiration date indicated on the product's packaging and would have imposed a \$10 fine per item per day in violation.

AB 1825 (De La Torre)

Maternity services.

Would have required every individual or group health insurance policy, as specified, issued, amended, or renewed on or after July 1, 2011, and prior to January 1, 2014, to provide coverage for maternity services, as defined and after January 1, 2014, to provide coverage for maternity services consistent with the federal Patient Protection and Affordable Care Act.

AB 2072 (Mendoza)

Hearing screening: resources and services.

Would have required the California Department of Education, with the assistance of an advisory stakeholder panel, to develop an informational pamphlet about visual and auditory communication and language options for newborns and infants identified as deaf or hard of hearing to allow a parent to make an informed decision on which options to choose for his or her child.

SB 158 (Wiggins)

Health care coverage: human papillomavirus vaccination.

Would have required every health care service plan and disability insurer offering health insurance that includes coverage for treatment or surgery of cervical cancer and is issued, amended, or renewed on or after January 1, 2010, to also provide coverage for a human papillomavirus vaccination, upon the referral of the patient's physician, nurse practitioner, certified nurse midwife, or physician assistant, acting within the scope of his or her license.

SB 257 (Pavley)

Lactation accommodation: state employees.

Would have required every state agency and department, including local offices, when notified by a female employee that she is nearing maternity leave, to notify the employee, through its usual channels of communication with state employees and in the most cost-effective manner, of specified information regarding breastfeeding.

SB 674 (Negrete McLeod)

Healing arts.

Would have revised and expanded the Medical Board of California's (MBC) oversight of outpatient settings and of accreditation agencies (agencies); would have required MBC to adopt standards for outpatient settings that offer in vitro fertilization; would have required accredited outpatient settings to be inspected by an agency and be subject to inspection by MBC; would have required MBC to ensure that agencies inspect outpatient settings according to specified parameters; would have required outpatient settings to submit to an agency detailed plans, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery that would place a patient at high risk for injury or harm; would have required MBC to adopt regulations regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures. Would have required MBC to post a fact sheet on its web site to educate the public about cosmetic surgery; would have required specified healing arts licensees to include professional designations behind their names in advertisements; and stated legislative intent that the Department of Public Health inspect the peer review process utilized by acute care hospitals during its periodic inspections.

SB 1091 (Hancock)

Medi-Cal: individuals in county juvenile detention facilities.

Would have authorized counties to receive Medi-Cal reimbursement for medical and mental health services provided to eligible individuals, under 21 years of age, in county juvenile detention facilities for the period of time prior to adjudication.

SB 1431 (Simitian)

County Health Initiative Matching Fund.

Would have conformed state law to a federal option by expanding eligibility for children to enroll in the County Health Initiative Matching Fund Program which uses local funds to match federal Children's Health Insurance Program funds.

XVII. MEDICAL RECORDS/CONFIDENTIALITY (MRC)

Chaptered

AB 681 (Hernandez)

Confidentiality of medical information: psychotherapy.

Permits a health care provider to release otherwise confidential medical information about a patient's participation in outpatient treatment with a psychotherapist when the psychotherapist has disclosed otherwise confidential medical information pursuant to an existing exception relating to preventing or lessening a serious imminent threat to the health and safety of a reasonably foreseeable victim or victims and when clearly necessary to prevent serious and imminent harm. The disclosure must be pursuant to a request for information from law enforcement or the target of the threat subsequent to the disclosure. Chapter 464, Statutes of 2009

AB 952 (Krekorian)

Health information: disclosure: Taft-Hartley plans.

Authorizes health care service plans and disability insurers offering health insurance to disclose private medical information to an employee welfare benefit plan formed under the federal Taft-Hartley Act (Taft-Hartley plan), or an entity contracting with the Taft-Hartley plan, providing the disclosure is for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to employees enrolled in the Taft-Hartley plan, and providing other specified conditions are met. Chapter 493, Statutes of 2009

AB 2028 (Hernandez)

Confidentiality of medical information: disclosure.

Amends the Confidentiality of Medical Information Act to expressly authorize mandated reporters of child abuse and neglect and elder and dependent adult abuse to subsequently disclose requested information to the agency investigating the report of abuse or neglect. Exempts information disclosed by a psychotherapist who is making a report from existing law's requirement that the entity requesting the information meet certain request and notification requirements. Makes a technical correction to AB 681 (Hernandez), Chapter 464, Statutes of 2009. Chapter 540, Statutes of 2010

SB 337 (Alquist)

Health information.

Makes clarifying changes to requirements governing reporting of unauthorized access to, or use or disclosure of, patients' medical information, and provides limited exemptions for law enforcement investigations. Authorizes the California Health and Human Services Agency to apply for federal funds available for health information technology (HIT) and health information exchange (HIE), and establishes a state fund for purposes of HIT/HIE. Authorizes the Governor to alternatively designate an entity to apply for federal HIT funding, and establishes governance requirements for the entity. Chapter 180, Statutes of 2009

SB 270 (Alquist)

Health care providers: medical information.

Clarifies existing law related to delays in reporting unauthorized access to, and use or disclosure of, a patient's medical information to the Department of Public Health, makes other specified clarifications, and extends sunset for California Office of Health Insurance Portability and Accountability Act of 2001 Implementation. Chapter 501, Statutes of 2010

XVIII. MENTAL HEALTH (MH)

Chaptered

AB 235 (Hayashi)

Emergency services and care.

Defines a "psychiatric emergency medical condition" for purposes of the obligation of hospitals with emergency departments to provide emergency care and services for psychiatric emergency medical conditions, and the obligations of health care service plans (health plans) in such cases, and by reference, makes changes to provisions in the Knox-Keene Health Care Service Plan Act of 1975 requiring health plans to reimburse for emergency services under specified conditions. Chapter 423, Statutes of 2009

AB 398 (Monning)

Acquired brain trauma: administration.

Transfers the administrative duties and oversight of the California Traumatic Brain Injury program from the Department of Mental Health to the Department of Rehabilitation and extends the existing repeal date for the program from July 1, 2012, to July 1, 2019. Chapter 439, Statutes of 2009

AB 681 (Hernandez)

Confidentiality of medical information: psychotherapy.

Permits a health care provider to release otherwise confidential medical information about a patient's participation in outpatient treatment with a psychotherapist when the psychotherapist has disclosed otherwise confidential medical information pursuant to an existing exception relating to preventing or lessening a serious imminent threat to the health and safety of a reasonably foreseeable victim or victims and when clearly necessary to prevent serious and imminent harm. The disclosure must be pursuant to a request for information from law enforcement or the target of the threat subsequent to the disclosure. Chapter 464, Statutes of 2009

AB 1571 (Committee on Veterans Affairs)

Mental health services: county plans: veterans.

Includes veterans and representatives from a veterans organization in the list of local stakeholders required to be consulted in the development and update of each county's Mental Health Services Act plan and requires the Department of Mental Health to inform the California Department of Veterans Affairs of county plans that have outreach programs or that provide services specifically for veterans. Chapter 546, Statutes of 2009

AB 2645 (Chesbro)

Mental health: skilled nursing facilities: reimbursement rate.

Requires, from July 1, 2010, to June 30, 2012, the reimbursement rate for services in institutions for mental diseases licensed as skilled nursing facilities to be the same as the rates in effect on July 1, 2009. Chapter 554, Statutes of 2010

ACR 105 (Nava)
Perinatal Depression Awareness Month.

Establishes May, each year, as Perinatal Depression Awareness Month in California and requests that stakeholders work together to increase awareness and improve women's access to culturally competent mental health care services. Resolution Chapter 9, Statutes of 2010

SB 296 (Lowenthal)
Mental health services.

Requires health care service plans and disability insurers offering health insurance that provide professional mental health services to issue identification cards to all enrollees and insureds containing specified information by July 1, 2011, and provide specified information relating to their policies and procedures on their Internet Web sites by January 1, 2012. Chapter 575, Statutes of 2009

SB 743 (Committee on Health)
Health facilities: psychiatric patient release.

Makes clarifying changes to existing law granting civil and criminal immunity to specified hospitals and staff regarding the detention and release of a person who is a danger to themselves, or others, or is gravely disabled, as defined. Chapter 612, Statutes of 2009

SB 1392 (Steinberg)
Mental health: community mental health services.

Expedites the disbursement of various sources of mental health funds from the Department of Mental Health to counties. Chapter 706, Statutes of 2010

Vetoed

AB 244 (Beall)
Health care coverage: mental health services.

Would have required health care service plans and disability insurers offering health insurance to cover the diagnosis and medically necessary treatment of a mental illness, as defined, of a person of any age, including a child, and would not have been limited to coverage for severe mental illness, as in existing law.

AB 1600 (Beall)
Health care coverage: mental health services.

Would have required health care service plans and health insurers to cover the diagnosis and medically necessary treatment of a mental illness, as defined, of a person of any age, including a child, and not limited to coverage for severe mental illness as in existing law.

XIX. ORAL HEALTH/DENTAL (OH)

Chaptered

AB 667 (Block)

Topical fluoride application.

Clarifies that any person, including dental assistants and non-health care personnel, may apply topical fluoride varnish in public health and school-based settings according to the prescription and protocol of a dentist or physician. Chapter 119, Statutes of 2009

AB 2275 (Hayashi)

Dental coverage: noncovered benefits.

Prohibits contracts issued, amended, or renewed on or after January 1, 2011, between a health care service plan, a specialized health care service plan, or a health insurer, and a dentist from requiring a dentist to accept a payment amount set by the plan or insurer for dental care services provided to an enrollee or insured that are not covered under the contract. Prohibits a provider from charging more for non-covered dental services than his or her usual and customary rate for those services. Chapter 673, Statutes of 2010

SB 630 (Steinberg)

Health care coverage: cleft palate reconstructive surgery: dental and orthodontic services.

Clarifies that the existing requirement for health care service plans and disability insurers offering health insurance to cover reconstructive surgery includes, as of July 1, 2010, medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palates. Chapter 604, Statutes of 2009

Vetoed

AB 745 (Coto)

Self-funded dental benefit plans: administrators.

Would have required the third party administrator of a self-funded dental benefit plan to include a disclosure in the explanation of benefits document and benefit claim forms that provide the contact information for the federal Department of Labor, which regulates self-funded plans, in the event the consumer has a payment dispute with the plan.

XX. ORGANS, BLOOD & TISSUE (OBT)

Chaptered

AB 52 (Portantino)

Umbilical Cord Blood Collection Program.

Requests the University of California to develop a plan to establish and administer the Umbilical Cord Blood Collection Program on or before July 1, 2011, and imposes a temporary \$2 fee on specified birth certificates to fund the program. Chapter 529, Statutes of 2010

AB 995 (Block)

Tissue bank licensing.

Exempts a licensed physician or podiatrist storing a human cell, tissue, or cellular- or tissue-based medical device or biologic product from tissue bank licensing requirements, as specified. Chapter 497, Statutes of 2009

AB 1317 (Block)

Assisted oocyte production: advertisement: information.

Enacts specified disclosures and requirements related to human egg donation associated with fertility treatments and for advertisement related to egg donation. Chapter 523, Statutes of 2009

AB 1487 (Hill)

Tissue donation.

Extends, to January 1, 2014, the date by which the Department of Public Health is required to adopt regulations prescribing sperm processing facilities' handling and storage of sperm from donors who are carriers of human immunodeficiency virus (HIV) and human T lymphotropic virus (HTLV). Requires a physician providing insemination and advanced reproductive technologies to make specified disclosures to a recipient of sperm from a HIV or HTLV reactive spouse, partner, or designated donor. Chapter 444, Statutes of 2010

AB 2352 (John A. Perez)

Medi-Cal: organ transplants: antirejection medication.

Allows Medi-Cal enrollees to remain eligible to receive Medi-Cal coverage for anti-rejection medication for up to two years following an organ transplant unless the enrollee becomes eligible for Medicare or private health insurance that would cover the medication. Chapter 676, Statutes of 2010

ACR 74 (Portantino, Hill)

Umbilical cord blood banking.

States that the Legislature desires to find ways to help California gain a viable public umbilical cord blood banking system to ensure that all races and ethnicities have an equal probability of finding a match when medically necessary. Resolution Chapter 116, Statutes of 2010

SB 1064 (Alquist)

California Stem Cell Research and Cures Act.

Imposes additional oversight and transparency requirements on the California Institute for Regenerative Medicine (CIRM), revises CIRM's intellectual property (IP) standards with regard to licensing revenue and drug discount access plans for low income and uninsured Californians, and requires revenues from CIRM's IP agreements to be deposited in the state General Fund, as specified. Chapter 637, Statutes of 2010

SB 1395 (Alquist)

Organ donation.

Authorizes establishment of an Altruistic Living Donor Registry to promote and assist live kidney donations and requires, by July 1, 2011, an applicant for an initial or renewal driver's license or identification card to designate whether or not he or she wishes to become an organ and tissue donor. Chapter 217, Statutes of 2010

SJR 13 (Oropeza)

New dialysis clinic licensure and certification.

Urges the President and the federal Centers for Medicare and Medicaid Services to enact legislation to expedite the process for dialysis clinic licensure. Resolution Chapter 45, Statutes of 2010

Vetoed

AB 1397 (Hill)

Tissue donation.

Would have required a physician providing insemination and advanced reproductive technologies (ART) to inform the recipient that she must document that she is under the ongoing care of a physician, and would have clarified that a physician providing insemination or ART is not responsible for prophylactic testing, monitoring, and followup of the recipient.

SB 674 (Negrete McLeod)

Healing arts.

Would have revised and expanded the Medical Board of California's (MBC) oversight of outpatient settings and of accreditation agencies (agencies); would have required MBC to adopt standards for outpatient settings that offer in vitro fertilization; would have required accredited outpatient settings to be inspected by an agency and be subject to inspection by MBC; would have required MBC to ensure that agencies inspect outpatient settings according to specified parameters; would have required outpatient settings to submit to an agency detailed plans, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery that would place a patient at high risk for injury or harm; would have required MBC to adopt regulations regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures

XXI. PRESCRIPTION DRUGS

Chaptered

AB 830 (Cook)

Drugs and devices.

Revises various provisions in current law requiring health plans to cover "off label" medication used to treat life-threatening or chronic and seriously debilitating conditions and Medi-Cal to cover certain AIDS-related infections and cancer, to delete references to specific drug guides, or compendia, and include, instead, specified drug compendia approved by the federal Centers for Medicare and Medicaid. Chapter 479, Statutes of 2009

AB 931 (Fletcher)

Emergency supplies.

Increases, from 24 to 48, the number of oral and suppository drugs permitted to be stored in secured emergency drug supply kits provided by a pharmacy to a skilled nursing facility or an intermediate care facility. Allows up to four of the 48 of the emergency drug supply kits to be psychotherapeutic drugs, with additional flexibility to allow up to 10 psychotherapeutic drugs, at the discretion of the Department of Public Health. Increases the allowable limit on the number of doses of each drug in an in an emergency drug supply kit from four to not more than 16 separate doses. Chapter 491, Statutes of 2009

SB 470 (Corbett)

Prescriptions.

Permits, if requested by the patient, the purpose of the prescribed medication to be listed on a prescription drug label. Chapter 590, Statutes of 2009

Vetoed

AB 2747 (Bonnie Lowenthal)

Prisoners: pharmacy services.

Would have required the California Department of Corrections and Rehabilitation (CDCR) to maintain and operate a pharmacy services program, as specified, and authorizes CDCR to operate and maintain a centralized pharmacy distribution center.

SB 161 (Wright)

Health care coverage: cancer treatment.

Would have required a health care service plan contract or a disability insurer health insurance policy that provided coverage for cancer treatment to provide coverage for a prescribed, orally administered cancer medication on a basis no less favorable than intravenously administered or injected cancer medications.

SB 971 (Pavley)

Bleeding disorders: blood clotting products.

Would have established requirements governing entities that provide blood clotting products for home use in the treatment of hemophilia and other bleeding disorders and would have designated the Board of Pharmacy to administer and enforce these provisions.

XXII. PUBLIC COVERAGE PROGRAMS (PCP)

Chaptered

AB 175 (Galgiani)

Medical telemedicine: optometrists.

Expands, for the purposes of Medi-Cal reimbursement, until January 1, 2013, the definition of “teleophthalmology and teledermatology by store and forward” to include services of a licensed optometrist. Chapter 419, Statutes of 2009

AB 188 (Jones)

Medi-Cal: quality assurance fee revenue.

Appropriates the funding to administer requirements of the Hospital Quality Assurance Fee established in AB 1383 of 2009. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 645, Statutes of 2009

AB 303 (Beall)

Medi-Cal: designated public hospitals: seismic safety requirements.

Allows designated public hospitals to receive supplemental Medi-Cal reimbursement from the Construction and Renovation Reimbursement Program for new capital projects to meet state seismic safety deadlines for which plans have been submitted to the state after January 1, 2007, and before December 31, 2011. Chapter 428, Statutes of 2009

AB 342 (John A. Perez)

Medi-Cal: demonstration project waivers.

Enacts statutory changes, in combination with SB 208 (Steinberg), necessary for the Department of Health Care Services and counties to implement provisions of a new Medi-Cal Comprehensive Demonstration Project Waiver, under Section 1115(a) of the Social Security Act, establishing Coverage Expansion and Enrollment Demonstration projects as a bridge to federal health care reform implementation in 2014. Contingent upon enactment of SB 208 (Steinberg), Chapter 714, Statutes of 2010. Chapter 723, Statutes of 2010

AB 359 (Nava)

Breast and cervical cancer: early detection screening: digital mammography: reimbursement rates.

Requires the Every Woman Counts (EWC) Program, until January 1, 2014, to reimburse for digital mammography screening at the Medi-Cal reimbursement rate for analog mammography, and allows an EWC provider to provide digital mammography when analog mammography services are not available. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 435, Statutes of 2009

AB 392 (Feuer)

Long-term health care facilities.

Appropriates \$1.6 million from the Federal Health Facilities Citation Penalties Account to support local long-term care ombudsman programs administered by the California Department of Aging in 2009-10. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 102, Statutes of 2009

AB 830 (Cook)

Drugs and devices.

Revises various provisions in current law requiring health plans to cover "off label" medication used to treat life-threatening or chronic and seriously debilitating conditions and Medi-Cal to cover certain AIDS-related infections and cancer, to delete references to specific drug guides, or compendia, and include, instead, specified drug compendia approved by the federal Centers for Medicare and Medicaid. Chapter 479, Statutes of 2009

AB 839 (Emmerson)

Medi-Cal: providers: remedies.

Changes Medi-Cal provider remedies, including specifying the judicial remedy when there is a dispute over processing or payment of money and modifies the date for the beginning of a period when a health care provider is barred from enrollment in Medi-Cal as specified in law. Chapter 255, Statutes of 2009

AB 896 (Galgiani)

Health care programs: provider reimbursement rates.

Requires hospital inpatient rates for the California Children's Services Program, the Genetically Handicapped Persons Program, the Breast and Cervical Cancer Early Detection Program, the State-Only Family Planning Program, and the Family Planning, Access, Care, and Treatment to be paid at 90% of the Medi-Cal hospital interim rate until January 1, 2011. Chapter 260, Statutes of 2009

AB 1142 (Price)

Medi-Cal: proof of eligibility.

Requires a hospital that obtains proof of a patient's Medi-Cal eligibility subsequent to the date of service, to provide all information regarding that person's Medi-Cal eligibility to all hospital-based providers, ambulance service providers, and other hospital-based providers that bill separately for their professional services. Permits the Department of Health Care Services to assess a penalty, up to three times the amount payable by Medi-Cal, against a provider who, despite having proof of Medi-Cal eligibility, seeks payment from or fails to cease collection efforts against the beneficiary. Chapter 511, Statutes of 2009

AB 1269 (Brownley)

Medi-Cal: eligibility.

Extends eligibility for the Medi-Cal California Working Disabled Program to improve continuity of care. Chapter 282, Statutes of 2009

AB 1383 (Jones)

Medi-Cal: hospital payments: quality assurance fees.

Enacts a Hospital Quality Assurance Fee on hospitals, except for designated public hospitals, until December 31, 2010. Requires the proceeds to be placed in a fund and used solely to make specified Medi-Cal supplemental payments to hospitals, to pay for children's coverage, Department of Health Care Services (DHCS) administrative costs, and grants to public hospitals. Prohibits hospital rate reimbursement rate reductions until the expiration of the fee. Authorizes DHCS to obtain necessary federal approvals; sunsets January 1, 2013. Chapter 627, Statutes of 2009

AB 1422 (Bass)

Health care programs: California Children and Families Act of 1998.

Provides funding for, and makes program changes to, the Healthy Families Program; extends the gross premium tax of 2.35% to Medi-Cal managed care plans; and, authorizes the California Children and Families Commission to make specified transfers of program revenues. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 157, Statutes of 2009

AB 1475 (Solorio)

Emergency medical services.

Limits the administrative costs for money deposited into county Maddy Emergency Medical Services Funds (Maddy Fund), including additional penalty funds authorized until January 2014, to actual administrative costs, or 10% of the money collected, whichever amount is lower. Limits administrative costs of money deposited into the Maddy Fund from an additional penalty assessment authorized until January 2014 to the actual administrative costs, or 10% of the money collected, whichever amount is lower. Chapter 537, Statutes of 2009

AB 1541 (Committee on Health)

Health care coverage.

Extends from 30 days to 60 days the time period an individual or dependent, who has lost or will lose coverage under the Healthy Families Program, as specified, Access for Infants and Mothers, or Medi-Cal, has to request enrollment in group coverage without being considered a late enrollee. Chapter 542, Statutes of 2009

AB 1568 (Salas)

Property taxation: disaster relief: Children's Health and Human Services Special Fund.

Creates the Children's Health and Human Services Special Fund in the State Treasury, into which revenues derived from the tax on Medi-Cal managed care plans, net of refunds, will be deposited. This bill requires the moneys in the Fund to be used exclusively for the purposes of the Medi-Cal program and the Healthy Families Program, as prescribed in AB 1422. Provides a property tax exemption under specified circumstances. Chapter 299, Statutes of 2009

AB 1571 (Committee on Veterans Affairs)

Mental health services: county plans: veterans.

Includes veterans and representatives from a veterans organization in the list of local stakeholders required to be consulted in the development and update of each county's Mental Health Services Act plan and requires the Department of Mental Health to inform the California Department of Veterans Affairs of county plans that have outreach programs or that provide services specifically for veterans. Chapter 546, Statutes of 2009

AB 1653 (Jones)

Medi-Cal: hospitals: managed health care plans: mental health plans: quality assurance fee.

Revises the Medi-Cal hospital provider fee and supplemental payments enacted by AB 1383 (Jones), Chapter 627, Statutes of 2009. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 218, Statutes of 2010

AB 1783 (Hayashi)

Licensed dentist: change of location form.

Permits a Medi-Cal dental provider to change locations within the same county by filing a change of location form in lieu of submitting a complete application package. Chapter 192, Statutes of 2010

AB 1887 (Villines)

Temporary high risk pool.

Establishes the funding mechanism for the operation of the California Federal Temporary High Risk Pool under federal health care reform, (the Patient Protection and Affordable Care Act) and authorizes confidentiality of contract negotiations and rates. Makes enactment conditional on enactment of SB 227 (Alquist). Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 32, Statutes of 2010

AB 2173 (Beall)

Emergency medical air transportation providers: penalty levy: reimbursement augmentation.

Establishes a \$4 fee on every vehicle code violation to be collected by the county, transferred to the Department of Health Care Services for deposit in the Emergency Medical Air Transportation Act Fund, to be used in the Medi-Cal Program to obtain federal funds and fund supplemental payments for emergency medical air transportation services. Chapter 547, Statutes of 2010

AB 2352 (John A. Perez)

Medi-Cal: organ transplants: antirejection medication.

Allows Medi-Cal enrollees to remain eligible to receive Medi-Cal coverage for anti-rejection medication for up to two years following an organ transplant unless the enrollee becomes eligible for Medicare or private health insurance that would cover the medication. Chapter 676, Statutes of 2010

AB 2599 (Bass, Hall)
Medi-Cal: South Los Angeles.

Requires the new nonprofit Martin Luther King, Jr. (MLK) hospital that will serve the population that was served at the former the MLK-Harbor to receive a minimum amount of Medi-Cal funding as specified. Chapter 267, Statutes of 2010

AJR 9 (John A. Perez)
Ryan White HIV/AIDS Treatment Modernization Act of 2006.

Urges the United States Congress and President to enact legislation to extend, from September 30, 2009 to September 30, 2012, the sunset of the Ryan White HIV/AIDS Treatment Modernization Act of 2006, including the existing formula-based funding for states with maturing names-based HIV reporting systems. Resolution Chapter 57, Statutes of 2009

SB 117 (Corbett)
Adult day health care services: eligibility criteria: Medi-Cal reimbursement methodology and limit.

Extends the deadline by which the Department of Health Care Services is required to establish a new Medi-Cal rate reimbursement methodology for adult day health care services, from August 1, 2010 to August 1, 2012 and makes conforming changes to other timeframes associated with the establishment and implementation of the reimbursement methodology. Chapter 165, Statutes of 2009

SB 208 (Steinberg, Alquist)
Medi-Cal.

Enacts, in combination with AB 342 (John A. Perez and Monning), Chapter 714, Statutes of 2010, statutory changes necessary for the Department of Health Care Services and counties to implement a new proposed Medi-Cal Comprehensive Demonstration Project Waiver under Section 1115(a) of the Social Security Act, including mandatory enrollment of seniors and People with Disabilities, pilot projects to enroll persons who are dually eligible for Medi-Cal and Medicare and children who are eligible for California Children's Service and Medi-Cal in organized systems of care. Makes technical and clarifying changes to the Medi-Cal hospital provider fee and supplemental payments enacted by AB 1383 (Jones), Chapter 627, Statutes of 2009. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 714, Statutes of 2010

SB 227 (Alquist)
Health care coverage: temporary high risk pool.

Requires the Managed Risk Medical Insurance Board to enter into an agreement with the federal Department of Health and Human Services to administer a qualified high risk pool to provide health coverage, until January 1, 2014, to individuals who have pre-existing conditions, consistent with the Patient Protection and Affordable Care Act, Public Law 111-148. Contingent upon enactment of AB 1887 (Villines), Chapter 32, Statutes of 2010. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Chapter 31, Statutes of 2010

SCR 36 (Alquist)

Adolescent health.

Recognizes and commends the California Departments of Public Health, Education, and Health Care Services for their “well adolescent” programs and initiatives, and encourages all Californians to recognize and support the efforts of these departments. Resolution Chapter 86, Statutes of 2009

Vetoed

AB 115 (Beall)

Adult Health Coverage Expansion Program.

Would have revised the Adult Health Coverage Expansion Program (AHCEP) in Santa Clara County, authorized pursuant to AB 12 (Beall), Chapter 677, Statutes of 2007, for the purpose of allowing AHCEP to provide health care coverage products to the spouses, domestic partners, and eligible children of program enrollees, as specified. Would have made other program changes, including changing the eligibility and participation requirements for small employers to purchase employee coverage in the program.

AB 217 (Beall)

Medi-Cal: alcohol and drug screening and brief intervention services.

Would have established the Medi-Cal Alcohol and Drug Screening and Brief Intervention Services Program for Medi-Cal beneficiaries who are pregnant or are women of childbearing age, with county or local government entities paying the nonfederal share of expenditures through certified public expenditures.

AB 369 (Yamada)

Adult day health care centers.

Would have exempted two new publicly financed Adult Day Health Centers (ADHCs) serving California veterans from the existing moratorium on new Medi-Cal certified ADHCs.

AB 542 (Feuer)

Hospital acquired conditions.

Would have required the Department of Health Care Services (DHCS) to convene a technical working group to evaluate options for implementing non-payment policies and procedures for hospital acquired conditions (HACs) for the fee-for-service Medi-Cal program consistent with federal laws and regulations. Would have required DHCS to implement non-payment policies and procedures for HACs for the fee-for-service Medi-Cal program by July 1, 2011 that are consistent with the Patient Protection and Affordable Care Act and to consider the recommendations of the technical working group.

AB 543 (Ma)

Perinatal care: The Nurse-Family Partnership.

Would have authorized the Department of Public Health (DPH) to use Nurse-Family Partnership (NFP) Program grant moneys as a match for other grants DPH administers. Would have allowed DPH to accept voluntary donations and federal funds for the NFP Program. Would have repealed the sunset date of January 1, 2009 for the California Children and Families Account (Account), sunset the Account on January 1, 2014 unless sufficient funds were available; and, revised rules governing the availability of funds for the NFP Program.

AB 861 (Ruskin)

Public health services: consolidated contracts.

Would have required the Department of Public Health (DPH) to implement consolidated and streamlined administration and contracting processes with counties for DPH's Center for Infectious Diseases and Center for Family Health and the programs administered by these centers.

AB 1462 (Feuer)

Medi-Cal: inpatient hospital services contracts.

Would have required the California Medical Assistance Commission to consider graduate medical education programs in negotiating Medi-Cal inpatient contracts with hospitals or in drawing specifications for competitive bidding.

AB 1593 (Yamada, Knight)

Adult day health care centers.

Would have created an exemption to the existing Medi-Cal certification moratorium to allow the opening of two new, publicly financed, Adult Day Health Centers at the William J. "Pete" Knight Veterans Home and the Veterans Home of California, Ventura, contingent on the availability of funds appropriated in the annual Budget Act.

AB 1640 (Evans, Nava)

Breast and cervical cancer screening.

Would have required the Department of Public Health, 90 days prior to making policy changes to the Every Woman Counts program, to send written notice outlining the proposed changes to contractors providing services, and to notify the Legislature if these changes would restrict access or reduce services offered.

SB 1091 (Hancock)

Medi-Cal: individuals in county juvenile detention facilities.

Would have authorized counties to receive Medi-Cal reimbursement for medical and mental health services provided to eligible individuals, under 21 years of age, in county juvenile detention facilities for the period of time prior to adjudication.

SB 1431 (Simitian)
County Health Initiative Matching Fund.

Would have conformed state law to a federal option by expanding eligibility for children to enroll in the County Health Initiative Matching Fund Program which uses local funds to match federal Children's Health Insurance Program funds.

XXIII. PUBLIC HEALTH (PH)

Chaptered

AB 354 (Arambula, Fletcher)

Health: immunizations.

Permits the Department of Public Health (DPH) to update vaccination requirements for children entering schools and child care facilities and adds the American Academy of Family Physicians to the list of entities whose recommendations DPH must consider when updating the list of required vaccinations. Chapter 434, Statutes of 2010

AB 359 (Nava)

Breast and cervical cancer: early detection screening: digital mammography: reimbursement rates.

Requires the Every Woman Counts (EWC) Program, until January 1, 2014, to reimburse for digital mammography screening at the Medi-Cal reimbursement rate for analog mammography, and allows an EWC provider to provide digital mammography when analog mammography services are not available. Chapter 435, Statutes of 2009

AB 1020 (Emmerson)

Public swimming pools: anti-entrapment devices and systems.

Conforms state law to recently enacted federal pool safety standards by requiring a public swimming pool, as defined, to be equipped with anti-entrapment devices or systems that meet federal requirements. Authorizes the Department of Public Health to assess a fee of up to \$6 for state and local enforcement. Chapter 267, Statutes of 2009

AB 1045 (John A. Perez)

HIV and AIDS reporting.

Permits clinical laboratories to not report to the local health officer CD4+ T-cell test results known to be unrelated to a case of human immunodeficiency virus infection (HIV). Chapter 501, Statutes of 2009

AB 1540 (Committee on Health)

Health.

Makes a number of technical and non-controversial changes to the laws affecting various health and human services agencies. Chapter 298, Statutes of 2009

AB 1701 (Chesbro)

Hypodermic needles and syringes.

Extends the sunset date, from December 31, 2010, to December 31, 2018, of the Disease Prevention Demonstration Project, which permits cities or counties to authorize licensed pharmacists to sell or furnish 10 or fewer hypodermic needles or syringes to a person for use without a prescription, as specified. Chapter 667, Statutes of 2010

AB 1931 (Torrico)

Injury prevention.

Eliminates the repeal date for the Spinal Cord Research Program. Eliminates, in statute, the Spinal Cord Injury Research Fund within the State Treasury and instead codifies current practice to permit the University of California to establish a fund to accept public and private funds. Chapter 457, Statutes of 2010

AB 1963 (Nava)

Pesticide poisoning.

Requires clinical laboratories that perform cholinesterase testing for the purpose of determining workers' pesticide exposure to electronically report test results to the Department of Pesticide Regulation. Chapter 369, Statutes of 2010

ACR 28 (Ma)

Eating Disorders Awareness Week.

Declares February 22 through 28, 2009 and February 21 through February 27, 2010 as Eating Disorders Awareness Week and encourages citizens and policymakers to learn more about eating disorders. Resolution Chapter 63, Statutes of 2009

ACR 29 (Jones)

Health disparities: racial and ethnic populations.

Requests the California Health and Human Services Agency to provide leadership to encourage departments within the agency to focus on preventing, reducing, and eliminating health disparities among racial and ethnic population subgroups. Resolution Chapter 93, Statutes of 2009

ACR 62 (Galgiani)

Chronic obstructive pulmonary disease awareness.

Commends the Department of Health Care Services for implementing a pilot program to provide for the chronic disease management of Chronic Obstructive Pulmonary Disease (COPD), encourages, on behalf of the Legislature, interim updates and reports on the progress of the COPD pilot program and establishes COPD Awareness Day and Month in November 2009. Resolution Chapter 91, Statutes of 2009

SB 249 (Cox)

Vaccinations: meningococcal disease.

Requires the Department of Public Health (DPH) to include, as part of the information about meningococcal disease that DPH is already required to develop, information pertaining to children between 11 and 18 years of age; authorizes DPH to include in the information a recommendation for meningococcal vaccination; and, authorizes the California Department of Education to add the information on meningococcal disease to health education materials sent to parents of children between 11 and 18 years of age. Chapter 176, Statutes of 2009

SB 273 (Corbett)

Domestic violence.

Revises definitions of domestic violence (DV) to ensure that specified State programs serve both male and female victims of DV. Chapter 177, Statutes of 2009

SB 769 (Alquist)

Federal funding: supplemental appropriations: pandemic influenza.

Provides that federal funding received pursuant to the federal Supplemental Appropriations Act, 2009 (Public Law 111-32) for pandemic flu preparedness and response is subject to appropriation by the Legislature for allocation by the Department of Public Health (DPH), as Specified. Modifies the methodology for allocation of those funds. Permits any addition funds not allocated to a local health jurisdiction to be used by DPH for pandemic flu response activities. Chapter 506, Statutes of 2010

SCR 36 (Alquist)

Adolescent health.

Recognizes and commends the California Departments of Public Health, Education, and Health Care Services for their “well adolescent” programs and initiatives, and encourages all Californians to recognize and support the efforts of these departments. Resolution Chapter 86, Statutes of 2009

SJR 7 (Lowenthal)

Pancreatic cancer.

Urges the President and the Congress of the United States to expand federally funded research efforts aimed at developing a reliable means of detecting pancreatic cancer in its early stages and more effective means of treatment, through legislative measures, such as H.R. 745. Resolution Chapter 85, Statutes of 2009

Vetoed

AB 503 (Furutani)

Battered women's shelters: grant program.

Would have extended, to January 1, 2015, the sunset date of an advisory council which provides consultation to the Department of Public Health (DPH) Domestic Violence Program, and would have required DPH and the California Emergency Management Agency to consider consolidation of their respective domestic violence programs.

AB 517 (Ma)

Safe Body Art Act.

Would have established the Safe Body Art Act to provide minimum statewide standards for the regulation of practitioners engaged in the business of tattooing, body piercing, and the application of permanent cosmetics in California.

AB 543 (Ma)

Perinatal care: The Nurse-Family Partnership.

Would have authorized the Department of Public Health (DPH) to use Nurse-Family Partnership (NFP) Program grant moneys as a match for other grants DPH administers. Would have allowed DPH to accept voluntary donations and federal funds for the NFP Program. Would have repealed the sunset date of January 1, 2009 for the California Children and Families Account (Account), sunset the Account on January 1, 2014 unless sufficient funds were available; and, revised rules governing the availability of funds for the NFP Program.

AB 574 (Hill)

Health facilities: smoking.

Would have extended the prohibition against tobacco use in workplaces, including hospitals, to include the entire hospital campus.

AB 861 (Ruskin)

Public health services: consolidated contracts.

Would have required the Department of Public Health (DPH) to implement consolidated and streamlined administration and contracting processes with counties for DPH's Center for Infectious Diseases and Center for Family Health and the programs administered by these centers.

AB 1225 (De La Torre)

Emergency and disaster response exercises: infectious diseases.

Would have required the Department of Public Health and local health departments, when conducting emergency or disaster preparedness exercises relating to the outbreak of an infectious disease, to establish a process to identify deficiencies in preparedness and track measures to improve preparedness plans.

AB 1640 (Evans, Nava)

Breast and cervical cancer screening.

Would have required the Department of Public Health, 90 days prior to making policy changes to the Every Woman Counts program, to send written notice outlining the proposed changes to contractors providing services, and to notify the Legislature if these changes would restrict access or reduce services offered.

AB 1858 (Blumenfield)

Hypodermic needles and syringes: exchange services.

Would have permitted the Department of Public Health (DPH) to authorize certain entities to provide hypodermic needle and syringe exchange services consistent with state and federal standards, including those of the United States Public Health Service, in any location where DPH determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes.

SB 173 (Florez)

Food safety: testing and recalls.

Would have authorized the State Public Health Officer to adopt regulations for the voluntary recall of food suspected of carrying an illness, infection, pathogen, contagion, toxin, or condition that, without intervention, could kill or seriously affect the health of humans.

SB 1029 (Yee)

Hypodermic needles and syringes.

Would have repealed the Disease Prevention Demonstration Project in existing law. Permits pharmacists and physicians to distribute to individuals, and individuals to receive, up to 30 needles without a prescription solely for personal use, as specified.

XXIV. MISCELLANEOUS

Chaptered

AB 356 (Fletcher)

Radiologic technology: fluoroscopy.

Expands the existing category of licentiates of the healing arts to include a licensed physician assistant (PA) who practices pursuant to the Radiologic Technology Act, and authorizes a physician and surgeon to delegate procedures using ionizing radiation, including, but not limited to, fluoroscopy, to a licensed PA, under specified conditions. Chapter 434, Statutes of 2009

AB 359 (Nava)

Breast and cervical cancer: early detection screening: digital mammography: reimbursement rates.

Requires the Every Woman Counts (EWC) Program, until January 1, 2014, to reimburse for digital mammography screening at the Medi-Cal reimbursement rate for analog mammography, and allows an EWC provider to provide digital mammography when analog mammography services are not available. Chapter 435, Statutes of 2009

AB 398 (Monning)

Acquired brain trauma: administration.

Transfers the administrative duties and oversight of the California Traumatic Brain Injury program from the Department of Mental Health to the Department of Rehabilitation and extends the existing repeal date for the program from July 1, 2012, to July 1, 2019. Chapter 439, Statutes of 2009

AB 1020 (Emmerson)

Public swimming pools: anti-entrapment devices and systems.

Conforms state law to recently enacted federal pool safety standards by requiring a public swimming pool, as defined, to be equipped with anti-entrapment devices or systems that meet federal requirements. Authorizes the Department of Public Health to assess a fee of up to \$6 for state and local enforcement. Chapter 267, Statutes of 2009

AB 1116 (Carter)

Cosmetic surgery.

Enacts the Donda West Law, which would prohibit elective cosmetic surgery on a patient unless, prior to surgery, the patient has received a physical examination and clearance for surgery from a physician, nurse practitioner or physician assistant. Chapter 509, Statutes of 2009

AB 1540 (Committee on Health)

Health.

Makes a number of technical and non-controversial changes to the laws affecting various health and human services agencies. Chapter 298, Statutes of 2009

AB 1571 (Committee on Veterans Affairs)

Mental health services: county plans: veterans.

Includes veterans and representatives from a veterans organization in the list of local stakeholders required to be consulted in the development and update of each county's Mental Health Services Act plan and requires the Department of Mental Health to inform the California Department of Veterans Affairs of county plans that have outreach programs or that provide services specifically for veterans. Chapter 546, Statutes of 2009

AB 1931 (Torrico)

Injury prevention.

Eliminates the repeal date for the Spinal Cord Research Program. Eliminates, in statute, the Spinal Cord Injury Research Fund within the State Treasury and instead codifies current practice to permit the University of California to establish a fund to accept public and private funds. Chapter 457, Statutes of 2010

AB 1985 (Galgiani)

Corrections: contract health care providers.

Requires the Department of Corrections and Rehabilitation, by January 1, 2011, to adopt industry standard claim forms for use by contract health care providers, to be able to accept electronic submissions of claims from contract health care providers, to perform periodic audits of claims paid to contract health care providers, and to provide remote electronic access to claim status information to contract health care providers. The bill would authorize CDCR to adopt policies and procedures for enabling electronic health care claims management and processing, and would exempt the adoption, amendment, and repeal of policies and procedures for this limited purpose from the rulemaking provisions of the Administrative Procedures Act. Chapter 669, Statutes of 2010

AB 2675 (Chesbro)

Health facilities: licensee orientation.

Requires an applicant, or an applicant's designee, for initial licensure of an intermediate care facility/developmentally disabled - habilitative or an intermediate care facility/developmentally disabled - nursing, to attend a sixteen-hour orientation program related to business management. Chapter 473, Statutes of 2010

AB 2731 (Arambula)

Health care districts: federal loans or grants.

Revises current law to allow a health care district to secure federal mortgage insurance, federal loans, grants, or federally insured loans issued by the United States Department of Agriculture pursuant to the federal Consolidated Farm and Rural Development Act through specified financing mechanisms for construction of new health facilities, the expansion, modernization, renovation, remodeling, or alteration of existing health facilities, and the initial equipping of those health facilities. Chapter 46, Statutes of 2010

ACR 125 (Villines)

Health facilities: youth athlete heart screenings.

Encourages all local hospitals, health facilities and health care providers with the ability to perform electrocardiogram and echocardiogram screenings to partner with high schools in their geographic area to provide free screenings for young athletes to reduce the incidence of sudden cardiac arrest and death. Resolution Chapter 118, Statutes of 2010

SB 442 (Ducheny)

Clinic corporation: licensing.

Amends the administrative requirements for a clinic corporation to apply for licensure for an affiliate primary care clinic or a mobile health care unit operated as a primary care clinic. Chapter 502, Statutes of 2010

SB 880 (Yee)

Public safety: snow sport helmets.

Requires any person under 18 years of age to wear a properly fitted and fastened snow sport helmet, that meets specified standards, while downhill skiing or snowboarding, or while riding upon a seat or other device that is attached and would impose a fine of \$25 for a violation of this requirement. Chapter 278, Statutes of 2010

SB 1187 (Strickland)

Human experimentation.

Extends, to January 1, 2014, the sunset in existing law that waives informed consent requirements for medical experimental treatment provided to patients in life-threatening emergencies under specified conditions. Chapter 108, Statutes of 2010

Vetoed

AB 223 (Ma)

Safe Body Art Act.

Would have established the Safe Body Art Act to provide minimum statewide standards for the regulation of practitioners engaged in the business of tattooing, body piercing, and the application of permanent cosmetics in California.

AB 503 (Furutani)

Battered women's shelters: grant program.

Would have extended to January 1, 2015, the sunset date of an advisory council which provides consultation to the Department of Public Health (DPH) Domestic Violence Program, and would have required DPH and the California Emergency Management Agency to consider consolidation of their respective domestic violence programs.

AB 1652 (Jones)

Public safety: ski resorts.

Would have imposed specified requirements on ski resorts that operate in California.

AB 1817 (Arambula)

Corrections: inmate health care.

Would have required the California Department of Corrections and Rehabilitation to maintain a statewide utilization management program, ensure that each adult prison employ the same program, and annually report to the Legislature, as specified.

AB 2072 (Mendoza)

Hearing screening: resources and services.

Would have required the California Department of Education, with the assistance of an advisory stakeholder panel, to develop an informational pamphlet about visual and auditory communication and language options for newborns and infants identified as deaf or hard of hearing to allow a parent to make an informed decision on which options to choose for his or her child.

SB 220 (Yee)

Health care coverage: preventive health services: tobacco cessation.

Would have required a health care service plan contract or health insurance policy issued, amended, renewed or delivered after January 1, 2011, to cover specified tobacco cessation treatments, would have requested the California Health Benefits Review Program to prepare an analysis of the cost savings as a result of the provisions of this bill and stated that this bill would have become inoperative on the date the American Health Benefit Exchange, as defined, determined that the requirements of this bill would have resulted in additional costs to the state.

SB 257 (Pavley)

Lactation accommodation: state employees.

Would have required every state agency and department, including local offices, when notified by a female employee that she is nearing maternity leave, to notify the employee, through its usual channels of communication with state employees and in the most cost-effective manner, of specified information regarding breastfeeding.

XXV. VETOES

AB 2 (De La Torre)

Individual health care coverage.

Would have imposed specific requirements and standards on health care service plans and disability insurers offering health insurance, for individual, non-group health plan contracts, and health insurance policies. Would have imposed specific requirements related to the application forms, medical underwriting, and notice and disclosure of rights and responsibilities, including the establishment of an independent external review system related to carrier decisions to cancel or rescind an individual's health care coverage.

AB 56 (Portantino)

Health care coverage: mammographies.

Would have required health care service plans and disability insurers offering health insurance (health plans and insurers) to provide coverage for mammography upon provider referral by July 1, 2010, and required health plans and insurers to notify subscribers or policyholders of recommended timelines for testing.

AB 57 (Price)

University of California hospitals: staffing.

Would have required the Department of Public Health to establish a procedure for collecting and reviewing the written staffing plans developed by University of California hospitals.

AB 98 (De La Torre)

Maternity services.

Would have required individual or group health insurance policies on file with the California Department of Insurance (CDI) as of January 1, 2010, to cover maternity services, as defined, by March 1, 2010, and required new policies submitted to CDI after January 1, 2010, to cover maternity services.

AB 113 (Portantino)

Health care coverage: mammographies.

Would have required health care service plan contracts and health insurance policies that are issued, amended, delivered, or renewed on or after July 1, 2011, to provide coverage for mammography for screening or diagnostic purposes upon referral of certain health care professionals, regardless of age.

AB 115 (Beall)

Adult Health Coverage Expansion Program.

Would have revised the Adult Health Coverage Expansion Program (AHCEP) in Santa Clara County, authorized pursuant to AB 12 (Beall), Chapter 677, Statutes of 2007, for the purpose of allowing AHCEP to provide health care coverage products to the spouses, domestic partners, and eligible children of program enrollees, as specified. Would have made other program changes, including changing the eligibility and participation requirements for small employers to purchase employee coverage in the program.

AB 217 (Beall)

Medi-Cal: alcohol and drug screening and brief intervention services.

Would have established the Medi-Cal Alcohol and Drug Screening and Brief Intervention Services Program for Medi-Cal beneficiaries who are pregnant or are women of childbearing age, with county or local government entities paying the nonfederal share of expenditures through certified public expenditures.

AB 223 (Ma)

Safe Body Art Act.

Would have established the Safe Body Art Act to provide minimum statewide standards for the regulation of practitioners engaged in the business of tattooing, body piercing, and the application of permanent cosmetics in California.

AB 244 (Beall)

Health care coverage: mental health services.

Would have required health care service plans and disability insurers offering health insurance to cover the diagnosis and medically necessary treatment of a mental illness, as defined, of a person of any age, including a child, and would not have been limited to coverage for severe mental illness, as in existing law.

AB 249 (Carter)

Health facilities: marking patient devices.

Would have added additional personal medical equipment to the personal property inventory that long-term care health facilities must establish for the identification and tracking of personal patient equipment and personal property.

AB 369 (Yamada)

Adult day health care centers.

Would have exempted two new publicly financed Adult Day Health Centers (ADHCs) serving California veterans from the existing moratorium on new Medi-Cal certified ADHCs.

AB 503 (Furutani)

Battered women's shelters: grant program.

Would have extended to January 1, 2015, the sunset date of an advisory council which provides consultation to the Department of Public Health (DPH) Domestic Violence Program, and would have required DPH and the California Emergency Management Agency to consider consolidation of their respective domestic violence programs.

AB 513 (De Leon)

Health care coverage: breast-feeding.

Would have required health care service plans and disability insurers offering health insurance that provide maternity benefits to provide coverage for lactation consultation with an international board certified lactation consultant and the provision of, or the rental of, a breast pump, as specified.

AB 517 (Ma)

Safe Body Art Act.

Would have established the Safe Body Art Act to provide minimum statewide standards for the regulation of practitioners engaged in the business of tattooing, body piercing, and the application of permanent cosmetics in California.

AB 542 (Feuer)

Hospital acquired conditions.

Would have required the Department of Health Care Services (DHCS) to convene a technical working group to evaluate options for implementing non-payment policies and procedures for hospital acquired conditions (HACs) for the fee-for-service Medi-Cal program consistent with federal laws and regulations. Would have required DHCS to implement non-payment policies and procedures for HACs for the fee-for-service Medi-Cal program by July 1, 2011 that are consistent with the Patient Protection and Affordable Care Act and to consider the recommendations of the technical working group.

AB 543 (Ma)

Perinatal care: The Nurse-Family Partnership.

Would have authorized the Department of Public Health (DPH) to use Nurse-Family Partnership (NFP) Program grant moneys as a match for other grants DPH administers. Would have allowed DPH to accept voluntary donations and federal funds for the NFP Program. Would have repealed the sunset date of January 1, 2009 for the California Children and Families Account (Account), sunset the Account on January 1, 2014 unless sufficient funds were available; and, revised rules governing the availability of funds for the NFP Program.

AB 564 (Portantino, Bonnie Lowenthal)

Substance abuse treatment programs: restrictions on compensation.

Would have restricted the amount of compensation that a director, officer, or employee of a substance abuse treatment facility may receive from public sources. Would have required these compensation restrictions to be included in the terms of any public contract that uses public funds to provide drug treatment, as specified.

AB 574 (Hill)

Health facilities: smoking.

Would have extended the prohibition against tobacco use in workplaces, including hospitals, to include the entire hospital campus.

AB 599 (Hall)

Forensic blood alcohol testing laboratories.

Would have required, by December 31, 2010, the Forensic Alcohol Review Committee to submit to the California Health and Human Services Agency (CHHSA) revisions to forensic alcohol laboratory regulations, and provided that until CHHSA adopted these revisions, a forensic alcohol laboratory that is accredited by the American Society of Crime Laboratory Directors/Laboratory Accreditation Board in forensic alcohol analysis would have satisfied requirements for external proficiency testing.

AB 657 (Hernandez)

Health professions workforce: master plan.

Would have required the Office of Statewide Health Planning and Development (OSHPD), in collaboration with the California Workforce Investment Board, to establish a task force to assist OSHPD in developing a health care workforce master plan for the state.

AB 730 (De La Torre)

Health insurance: unlawful postclaims underwriting: penalties.

Would have increased the maximum civil penalty by disability insurers offering health insurance for postclaims underwriting from \$118 per violation to \$5,000 per violation.

AB 745 (Coto)

Self-funded dental benefit plans: administrators.

Would have required the third party administrator of a self-funded dental benefit plan to include a disclosure in the explanation of benefits document and benefit claim forms that provide the contact information for the federal Department of Labor, which regulates self-funded plans, in the event the consumer has a payment dispute with the plan.

AB 861 (Ruskin)

Public health services: consolidated contracts.

Would have required the Department of Public Health (DPH) to implement consolidated and streamlined administration and contracting processes with counties for DPH's Center for Infectious Diseases and Center for Family Health and the programs administered by these centers.

AB 911 (Lieu)

Emergency room crowding.

Would have required every licensed general acute care hospital with an emergency department (ED) to assess ED crowding conditions every four or eight hours, as specified, and develop and implement full-capacity protocols that address staffing, procedures, and operations.

AB 1225 (De La Torre)

Emergency and disaster response exercises: infectious diseases.

Would have required the Department of Public Health and local health departments, when conducting emergency or disaster preparedness exercises relating to the outbreak of an infectious disease, to establish a process to identify deficiencies in preparedness and track measures to improve preparedness plans.

AB 1397 (Hill)

Tissue donation.

Would have required a physician providing insemination and advanced reproductive technologies (ART) to inform the recipient that she must document that she is under the ongoing care of a physician, and would have clarified that a physician providing insemination or ART is not responsible for prophylactic testing, monitoring, and followup of the recipient.

AB 1462 (Feuer)

Medi-Cal: inpatient hospital services cont

Would have required the California Medical Assistance Commission to consider graduate medical education programs in negotiating Medi-Cal inpatient contracts with hospitals or in drawing specifications for competitive bidding.

AB 1512 (Lieu)

Food and drugs: sale.

Would have prohibited a retailer from selling or permitting to be sold infant formula, baby food, and over-the-counter drugs beyond the expiration date indicated on the product's packaging and would have imposed a \$10 fine per item per day in violation.

AB 1593 (Yamada, Knight)

Adult day health care centers.

Would have created an exemption to the existing Medi-Cal certification moratorium to allow the opening of two new, publicly financed, Adult Day Health Centers at the William J. "Pete" Knight Veterans Home and the Veterans Home of California, Ventura, contingent on the availability of funds appropriated in the annual Budget Act.

AB 1600 (Beall)

Health care coverage: mental health services.

Would have required health care service plans and health insurers to cover the diagnosis and medically necessary treatment of a mental illness, as defined, of a person of any age, including a child, and not limited to coverage for severe mental illness as in existing law.

AB 1640 (Evans, Nava)

Breast and cervical cancer screening.

Would have required the Department of Public Health, 90 days prior to making policy changes to the Every Woman Counts program, to send written notice outlining the proposed changes to contractors providing services, and to notify the Legislature if these changes would restrict access or reduce services offered.

AB 1652 (Jones)

Public safety: ski resorts.

Would have imposed specified requirements on ski resorts that operate in California.

AB 1759 (Blumenfield)

Health care coverage: premium rates.

Would have required health care service plans and health insurers that include a provision in a group contract or policy that authorizes or requires a change in premium rates, copayments, coinsurances, or deductibles, to provide an additional disclosure that describes the circumstances under which a change may occur and that provides defined terms and examples of those circumstances, to be signed by the group contractholder or group policyholder and provided to the subscribers or insureds, as specified.

AB 1817 (Arambula)

Corrections: inmate health care.

Would have required the California Department of Corrections and Rehabilitation to maintain a statewide utilization management program, ensure that each adult prison employ the same program, and annually report to the Legislature, as specified.

AB 1825 (De La Torre)

Maternity services.

Would have required every individual or group health insurance policy, as specified, issued, amended, or renewed on or after July 1, 2011, and prior to January 1, 2014, to provide coverage for maternity services, as defined and after January 1, 2014, to provide coverage for maternity services consistent with the federal Patient Protection and Affordable Care Act.

AB 1858 (Blumenfield)

Hypodermic needles and syringes: exchange services.

Would have permitted the Department of Public Health (DPH) to authorize certain entities to provide hypodermic needle and syringe exchange services consistent with state and federal standards, including those of the United States Public Health Service, in any location where DPH determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes.

AB 2042 (Feuer)

Health care coverage: rate changes.

Would have prohibited health care service plans and health insurers from, more than once in a calendar year, altering rates (as defined) or benefits of individual plan contracts and policies that are issued, amended, or renewed on or after January 1, 2011, with certain exceptions.

AB 2072 (Mendoza)

Hearing screening: resources and services.

Would have required the California Department of Education, with the assistance of an advisory stakeholder panel, to develop an informational pamphlet about visual and auditory communication and language options for newborns and infants identified as deaf or hard of hearing to allow a parent to make an informed decision on which options to choose for his or her child.

AB 2093 (V. Manuel Perez)

Immunizations for children: reimbursement of physicians.

Would have required a health care service plan or health insurer that provides coverage for childhood and adolescent immunizations to reimburse a physician or physician group the entire cost of acquiring and administering the vaccine.

AB 2248 (Hernandez)

Emergency medical care.

Would have required each county establishing a Maddy Emergency Medical Services Fund (Maddy Fund) to include in its annual report to the Legislature a description of each disbursement for "other emergency medical services," if funds were disbursed for this service and other additional information regarding the moneys collected and disbursed. Would have required the annual report to include the reason or reasons if no moneys were deposited into the Maddy Fund.

AB 2456 (Torrico)

Emergency medical services: regulation.

Would have required the Emergency Medical Services Authority (EMSA), no later than July 1 2012, to develop regulations establishing standards for policies and procedures applicable to the functions of emergency medical technicians; would have authorized EMSA to review policies and procedures adopted or approved by a local Emergency Medical Services Agency and to impose sanctions for non compliance would have authorized adoption of a fee schedule to support the additional costs of promulgating the regulations, as specified.

AB 2540 (De La Torre)

Health insurance: postclaims underwriting: unfair and deceptive practices.

Would have included "engaging in postclaims underwriting," as defined, in existing law which declares specified trade practices as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance.

AB 2747 (Bonnie Lowenthal)

Prisoners: pharmacy services.

Would have required the California Department of Corrections and Rehabilitation (CDCR) to maintain and operate a pharmacy services program, as specified, and authorizes CDCR to operate and maintain a centralized pharmacy distribution center.

AB 2786 (Committee on Health)

Reportable diseases and conditions.

Would have allowed the California Department of Public Health (DPH) to modify the list of communicable diseases and conditions for which clinical labs must submit specimens to the local public health laboratory to undergo further testing and allow DPH to modify the list at any time in consultation with the California Conference of Local Health Officers and the California Association of Public Health Laboratory Directors.

SB 56 (Alquist)

Health plans: joint ventures.

Would have permitted a health plan that is governed, owned, or operated by a county board of supervisors, a county special commission, a county-organized health system, or a county health authority, or the County Medical Services Program, to form joint ventures for the joint or coordinated offering of health plans to individuals and groups.

SB 158 (Wiggins)

Health care coverage: human papillomavirus vaccination.

Would have required every health care service plan and disability insurer offering health insurance that includes coverage for treatment or surgery of cervical cancer and is issued, amended, or renewed on or after January 1, 2010, to also provide coverage for a human papillomavirus vaccination, upon the referral of the patient's physician, nurse practitioner, certified nurse midwife, or physician assistant, acting within the scope of his or her license.

SB 161 (Wright)

Health care coverage: cancer treatment.

Would have required a health care service plan contract or a disability insurer health insurance policy that provided coverage for cancer treatment to provide coverage for a prescribed, orally administered cancer medication on a basis no less favorable than intravenously administered or injected cancer medications.

SB 173 (Florez)

Food safety: testing and recalls.

Would have authorized the State Public Health Officer to adopt regulations for the voluntary recall of food suspected of carrying an illness, infection, pathogen, contagion, toxin, or condition that, without intervention, could kill or seriously affect the health of humans.

SB 196 (Corbett)

Emergency medical services.

Would have increased from 90 to 120 days the public notice a general acute care hospital must provide prior to closing or downgrading an emergency department and includes employees among the entities who must be notified. Would have increased from 30 to 60 days the public notice a general acute care hospital or acute psychiatric hospital must give prior to closing a facility or eliminating or relocating a supplemental service.

SB 220 (Yee)

Health care coverage: preventive health services: tobacco cessation.

Would have required a health care service plan contract or health insurance policy issued, amended, renewed or delivered after January 1, 2011, to cover specified tobacco cessation treatments, would have requested the California Health Benefits Review Program to prepare an analysis of the cost savings as a result of the provisions of this bill and stated that this bill would have become inoperative on the date the American Health Benefit Exchange, as defined, determined that the requirements of this bill would have resulted in additional costs to the state.

SB 257 (Pavley)

Lactation accommodation: state employees.

Would have required every state agency and department, including local offices, when notified by a female employee that she is nearing maternity leave, to notify the employee, through its usual channels of communication with state employees and in the most cost-effective manner, of specified information regarding breastfeeding.

SB 289 (Ducheny)

Hospitals: seismic safety.

Would have provided extensions to the hospital seismic mandate for general acute care hospitals (GACs) that are reclassified using a regulatory option or have encountered local planning delays. Establishes additional posting and reporting requirements for GACs with a building at risk of structural damage during a major earthquake.

SB 303 (Alquist)

Nursing facility residents: informed consent.

Would have enacted the Nursing Facility Resident Informed Consent Protection Act of 2009, which would have established the right of a resident of a skilled nursing or intermediate care facility to receive information material to the decision to accept or refuse any treatment or procedure, including the administration of psychotherapeutic drugs, and codified existing regulations requiring attending physicians to obtain informed consent after providing specified material information.

SB 674 (Negrete McLeod)

Healing arts.

Would have revised and expanded the Medical Board of California's (MBC) oversight of outpatient settings and of accreditation agencies (agencies); would have required MBC to adopt standards for outpatient settings that offer in vitro fertilization; would have required accredited outpatient settings to be inspected by an agency and be subject to inspection by MBC; would have required MBC to ensure that agencies inspect outpatient settings according to specified parameters; would have required outpatient settings to submit to an agency detailed plans, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery that would place a patient at high risk for injury or harm; would have required MBC to adopt regulations regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures; would have required MBC to post a fact sheet on its web site to educate the public about cosmetic surgery. Would have required specified healing arts licensees to include professional designations behind their names in advertisements; and stated legislative intent that the Department of Public Health inspect the peer review process utilized by acute care hospitals during its periodic inspections.

SB 890 (Alquist, Steinberg)

Health care coverage.

Would have required health plans and health insurers to categorize all individual market products into tiers based on actuarial level, as specified. Would have required health plans and health insurers to allow an individual to transfer without medical underwriting to any other individual plan contract offered by that same health plan or health insurer that provides equal or lesser benefits upon the annual renewal date of the contract or policy. Would have required health plans and health insurers to meet federal annual and lifetime limits and the medical loss ratio requirements in specified provisions of the federal health care reform law, and any federal rules or regulations issued under those provisions.

SB 961 (Wright)

Health care coverage: cancer treatment.

Would have required a health care service plan contract or health insurance policy that provides coverage for cancer chemotherapy treatment to establish limits on enrollee out-of-pocket costs for prescribed, orally administered, nongeneric cancer medication.

SB 971 (Pavley)

Bleeding disorders: blood clotting products.

Would have established requirements governing entities that provide blood clotting products for home use in the treatment of hemophilia and other bleeding disorders and would have designated the Board of Pharmacy to administer and enforce these provisions.

SB 1029 (Yee)

Hypodermic needles and syringes.

Would have repealed the Disease Prevention Demonstration Project in existing law. Permits pharmacists and physicians to distribute to individuals, and individuals to receive, up to 30 needles without a prescription solely for personal use, as specified.

SB 1091 (Hancock)

Medi-Cal: individuals in county juvenile detention facilities.

Would have authorized counties to receive Medi-Cal reimbursement for medical and mental health services provided to eligible individuals, under 21 years of age, in county juvenile detention facilities for the period of time prior to adjudication.

SB 1119 (Wright)

Health care staffing.

Would have required temporary licensed nursing employment agencies to verify a nurse's fitness to work, requires certain reporting of unfit nurses, and specifies penalties for failures to do so.

SB 1240 (Corbett)

Local health care districts: operation of facility by another entity.

Would have required, when a health care district was under contract with another public or private entity to operate one or more of its health facilities, the district and the public or private entity operating the district facility to comply with specified conditions.

SB 1283 (Steinberg)

Health care coverage: grievance system.

Would have modified consumer health coverage grievance procedures administered by the California Department of Managed Health Care.

SB 1431 (Simitian)

County Health Initiative Matching Fund.

Would have conformed state law to a federal option by expanding eligibility for children to enroll in the County Health Initiative Matching Fund Program which uses local funds to match federal Children's Health Insurance Program funds.

INDEX

AB 2	(De La Torre)	13, 29, 71
AB 23	(Jones)	9, 27
AB 52	(Portantino)	50
AB 56	(Portantino)	13, 29, 42, 71
AB 57	(Price).....	21, 26, 71
AB 98	(De La Torre)	13, 29, 42, 71
AB 108	(Hayashi).....	9, 27
AB 113	(Portantino)	14, 71
AB 115	(Beall)	14, 59, 72
AB 119	(Jones).....	9, 27
AB 175	(Galgiani).....	33, 54
AB 188	(Jones).....	16, 54
AB 215	(Feuer).....	16, 39
AB 217	(Beall)	3, 42, 59, 72
AB 221	(Portantino)	24, 35
AB 223	(Ma)	69, 72
AB 235	(Hayashi).....	5, 16, 27, 47
AB 244	(Beall)	30, 48, 72
AB 249	(Carter).....	40, 72
AB 278	(Monning)	33
AB 303	(Beall)	16, 54
AB 342	(John A. Perez).....	9, 54
AB 354	(Arambula, Fletcher).....	35, 62
AB 356	(Fletcher).....	24, 67
AB 359	(Nava)	54, 62, 67
AB 369	(Yamada).....	1, 40, 59, 72
AB 392	(Feuer).....	1, 39, 55
AB 398	(Monning)	47, 67
AB 503	(Furutani)	64, 69, 73
AB 513	(De Leon).....	30, 42, 73
AB 517	(Ma)	26, 64, 73
AB 523	(Huffman)	16
AB 542	(Feuer).....	21, 59, 73
AB 543	(Ma)	26, 60, 65, 73
AB 564	(Portantino, Bonnie Lowenthal).....	3, 74
AB 574	(Hill).....	22, 65, 74
AB 577	(Bonnie Lowenthal)	1, 39
AB 599	(Hall).....	22, 38, 74
AB 657	(Hernandez).....	26, 74
AB 667	(Block)	24, 49
AB 681	(Hernandez).....	24, 45, 47
AB 730	(De La Torre)	30, 74
AB 745	(Coto).....	30, 49, 74
AB 773	(Lieu)	39
AB 818	(Hernandez).....	17
AB 830	(Cook)	28, 35, 52, 55
AB 839	(Emmerson).....	24, 55
AB 861	(Ruskin)	60, 65, 75
AB 896	(Galgiani).....	17, 41, 55

AB 911	(Lieu)	6, 22, 75
AB 931	(Fletcher)	17, 39, 52
AB 952	(Krekorian)	28, 45
AB 995	(Block)	25, 50
AB 1020	(Emmerson)	62, 67
AB 1045	(John A. Perez)	35, 38, 62
AB 1083	(John A. Perez)	17
AB 1116	(Carter)	34, 67
AB 1142	(Price)	17, 25, 55
AB 1225	(De La Torre)	65, 75
AB 1269	(Brownley)	55
AB 1317	(Block)	34, 41, 50
AB 1383	(Jones)	18, 56
AB 1397	(Hill)	34, 42, 51, 75
AB 1422	(Bass)	28, 56
AB 1457	(Davis)	40
AB 1462	(Feuer)	22, 60, 75
AB 1475	(Solorio)	5, 56
AB 1487	(Hill)	50
AB 1503	(Lieu)	5, 10, 18, 25
AB 1512	(Lieu)	7, 42, 75
AB 1540	(Committee on Health)	62, 67
AB 1541	(Committee on Health)	10, 56
AB 1543	(Jones)	1, 28
AB 1544	(Committee on Health)	18
AB 1568	(Salas)	56
AB 1571	(Committee on Veterans Affairs)	47, 57, 68
AB 1593	(Yamada, Knight)	2, 40, 60, 76
AB 1600	(Beall)	14, 48, 76
AB 1602	(John A. Perez)	10
AB 1640	(Evans, Nava)	60, 65, 76
AB 1652	(Jones)	70, 76
AB 1653	(Jones)	18, 57
AB 1701	(Chesbro)	35, 62
AB 1759	(Blumenfield)	14, 76
AB 1783	(Hayashi)	18, 57
AB 1817	(Arambula)	70, 76
AB 1825	(De La Torre)	30, 43, 77
AB 1858	(Blumenfield)	37, 65, 77
AB 1863	(Gaines)	18
AB 1887	(Villines)	10, 57
AB 1931	(Torrice)	63, 68
AB 1963	(Nava)	63
AB 1985	(Galgiani)	68
AB 2028	(Hernandez)	45
AB 2042	(Feuer)	14, 77
AB 2072	(Mendoza)	43, 70, 77
AB 2093	(V. Manuel Perez)	30, 77
AB 2173	(Beall)	5, 57
AB 2244	(Feuer)	28
AB 2248	(Hernandez)	6, 77

AB 2268	(Chesbro)	3
AB 2275	(Hayashi)	10, 49
AB 2345	(De La Torre)	11
AB 2352	(John A. Perez)	50, 57
AB 2386	(Gilmore, Cook)	25
AB 2432	(John A. Perez)	7
AB 2456	(Torrico)	6, 26, 78
AB 2470	(De La Torre)	11, 14, 78
AB 2541	(Portantino, Fletcher)	36
AB 2599	(Bass, Hall)	19, 58
AB 2645	(Chesbro)	19, 47
AB 2675	(Chesbro)	19, 68
AB 2731	(Arambula)	19, 68
AB 2747	(Bonnie Lowenthal)	52, 78
AB 2786	(Committee on Health)	36, 38, 78
ACR 28	(Ma)	63
ACR 29	(Jones)	32, 63
ACR 62	(Galgiani)	4, 63
ACR 74	(Portantino, Hill)	50
ACR 75	(V. Manuel Perez)	25
ACR 105	(Nava)	41, 48
ACR 125	(Villines)	69
ACR 168	(Galgiani)	4
AJR 9	(John A. Perez)	36, 58
AJR 17	(Swanson)	32, 36
AJR 42	(Solorio)	11
AJR 46	(Harkey)	11
HR 31	(Eng)	4, 32
SB 56	(Alquist)	15, 78
SB 117	(Corbett)	1, 40, 58
SB 148	(Oropeza)	19
SB 158	(Wiggins)	31, 43, 78
SB 161	(Wright)	31, 52, 79
SB 173	(Florez)	8, 66, 79
SB 196	(Corbett)	6, 22, 79
SB 208	(Steinberg, Alquist)	11, 20, 58
SB 220	(Yee)	70, 79
SB 221	(Walters)	4, 20
SB 227	(Alquist)	12, 58
SB 241	(Runner)	7
SB 249	(Cox)	41, 63
SB 257	(Pavley)	43, 70, 79
SB 270	(Alquist)	46
SB 273	(Corbett)	64
SB 289	(Ducheny)	22, 79
SB 296	(Lowenthal)	29, 48
SB 303	(Alquist)	34, 40, 80
SB 337	(Alquist)	33, 45
SB 442	(Ducheny)	20, 69
SB 470	(Corbett)	52
SB 499	(Ducheny)	20

SB 602	(Padilla)	7
SB 608	(Alquist)	20
SB 630	(Steinberg)	29, 49
SB 674	(Negrete McLeod)	23, 44, 51, 80
SB 743	(Committee on Health)	20, 25, 48
SB 744	(Strickland)	38
SB 769	(Alquist)	64
SB 838	(Strickland)	12
SB 880	(Yee)	69
SB 888	(Yee)	7
SB 890	(Alquist, Steinberg)	15, 80
SB 900	(Alquist, Steinberg)	12
SB 961	(Wright)	31, 80
SB 971	(Pavley)	53, 81
SB 1029	(Yee)	36, 66, 81
SB 1064	(Alquist)	51
SB 1088	(Price)	12
SB 1091	(Hancock)	44, 60, 81
SB 1119	(Wright)	26, 81
SB 1163	(Leno)	13
SB 1187	(Strickland)	69
SB 1237	(Padilla)	21
SB 1240	(Corbett)	23, 81
SB 1283	(Steinberg)	15, 81
SB 1332	(Dutton)	21
SB 1368	(Committee on Health)	6
SB 1392	(Steinberg)	48
SB 1395	(Alquist)	51
SB 1431	(Simitian)	44, 61, 81
SCR 36	(Alquist)	41, 59, 64
SJR 7	(Lowenthal)	64
SJR 13	(Oropeza)	21, 51
SJR 15	(Alquist)	38
SJR 23	(Simitian)	4