



2011-12 Legislative Summary

**California Legislature
Assembly Committee on Health**

Assembly Committee on Health

2011-12 LEGISLATIVE SUMMARY



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I. CHRONIC DISEASE, CANCER AND OTHER COMPLEX CONDITIONS

Chaptered

AB 389 (Mitchell)

Bleeding disorders.

Prescribes requirements governing entities that provide blood clotting products for home use in the treatment of hemophilia and other bleeding disorders and charges the Board of Pharmacy with administering and enforcing these provisions. Chapter 75, Statutes of 2012.

AB 1329 (Davis)

Ken Maddy California Cancer Registry.

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

HR 37 (Hill)

Relative to umbilical cord blood banking.

Makes various findings and declarations related to the uses and benefits of umbilical cord blood (UCB) as a treatment for blood cancers and other diseases and encourages hospitals to participate in free UCB and cord tissue collection programs. Adopted

SB 255 (Pavley)

Health care coverage: breast cancer.

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

Vetoed

AB 1000 (Perea)

Health care coverage: cancer treatment.

Would have required a health plan contract or health insurance policy that provides coverage for prescription drugs and cancer chemotherapy treatment to limit enrollee out-of-pocket costs for prescribed, orally administered anticancer medications.

Veto Message: While I support the author's efforts to make oral chemotherapy treatments more affordable for the insured, this bill doesn't distinguish between health plans and insurers who make these drugs available at a reasonable cost and those who do not.

I am concerned about the high cost of these drugs, but I am also deeply sympathetic to the suffering of cancer patients.

I will direct the Department of Managed Health Care to work with the author and stakeholders to find alternative approaches to solve this problem.

AB 2034 (Fuentes)

Medical care: genetically handicapping conditions.

Would have required the Department of Health Care Services to prepare a report on the coverage needs of the population served by the Genetically Handicapped Persons Program after implementation of the federal Patient Protection and Affordable Care Act (Public Law 111-148). Would have specified issues to be addressed in the report including the extent to which persons with genetic Amyotrophic Lateral Sclerosis will continue to have unmet medical needs. Would have sunset the provisions of this bill on January 1, 2019.

Veto Message: The future of the Genetically Handicapped Persons Program and the health coverage of people with amyotrophic lateral sclerosis will be taken up as California implements the federal Patient Protection and Affordable Care Act.

A separate legislative report is unnecessary.

SB 393 (Ed Hernandez)

Patient-centered medical homes.

Would have established the Patient-Centered Medical Home (PCMH) Act of 2012 to define a PCMH as a health care delivery model that meets specified criteria consistent with providing patient-centered, coordinated care.

Veto Message: I commend the author for trying to improve the delivery of health care by encouraging the greater use of "patient-centered medical homes." While this concept is not new, it is still evolving.

For this reason, I think more work is needed before we codify the definition contained in this bill.

SB 411 (Price)

Home Care Services Act of 2012.

Would have established the Home Care Services Act of 2011 requiring the Department of Social Services to license private agencies that provide non-medical home care services, and to certify home care aides.

Veto Message: This bill would establish a new regulatory scheme for the private home care industry.

I understand the argument for stronger oversight, requiring home care agencies to be licensed and home care aides to be certified. But given the economic stresses and uncertainty, I am not prepared to embark upon the institutional changes and costs that this bill entails.

II. DENTAL / ORAL HEALTH

Chaptered

AB 2252 (Gordon)

Dental coverage: provider notice of changes.

Amends the Health Care Provider's Bill of Rights with respect to a health care service plan or health insurance policy, including specialized health plans and insurance policies, covering dental services, to require notification if a material change is made to the rules, guidelines, policies, or procedures concerning contracting or coverage of or payment for dental services. Chapter 447, Statutes of 2012.

AJR 30 (Pan)

Medicare: dental care.

Urges the President and Congress to enact legislation to require Medicare to provide dental care coverage. Resolution Chapter 138, Statutes of 2012.

III. EMERGENCY MEDICAL SERVICES

Chaptered

AB 215 (Beall)

Emergency services: Emergency Medical Air Transportation Act.

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

AB 412 (Williams)

Emergency medical services.

Enacts, for Santa Barbara County only, until January 1, 2014, a penalty of \$5 for every \$10 in base fines imposed on criminal offenses and certain vehicle code offenses and provides that the amounts collected are to be deposited in a county established Maddy Emergency Medical Services Fund to reimburse doctors and hospitals that provide services to the uninsured. Chapter 268, Statutes of 2011.

AB 678 (Pan)

Medi-Cal: supplemental provider reimbursement.

Establishes a supplemental payment program for governmental entity providers of Medi-Cal emergency medical transportation services using certified public expenditures to match federal funds. Chapter 397, Statutes of 2011.

AB 1059 (Huffman)

Emergency medical care.

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

AB 1803 (Mitchell)

Medi-Cal: emergency medical conditions.

Provides that emergency services and care that are necessary for the treatment of an emergency medical condition are a covered benefit in the fee-for-service Medi-Cal program. Defines by reference “emergency services and care” and “emergency medical condition,” and specifies that it is not be construed to change the obligation of a Medi-Cal Managed Care plan to provide emergency services and care. Chapter 442, Statutes of 2012.

SB 233 (Pavley)

Emergency services and care.

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

SB 630 (Alquist)

Hospitals: licensure.

Permits Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital at Stanford, for the purposes of providing emergency services and care to patients with conditions related to active labor presenting in the emergency department of SHC, to be treated as a single licensed facility if the two hospitals have entered into a specified agreement. Chapter 18, Statutes of 2012.

Vetoed

SB 336 (Lieu, De León)

Emergency room crowding.

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

Veto Message: I appreciate the author's and the proponents' desires to alleviate emergency room overcrowding and the harms that come with it. This bill, however, is too prescriptive in its approach.

Requiring emergency departments to calculate a "crowding score" every four or eight hours, depending on how crowded they are, is a decision best left to hospital governing boards.

SB 359 (Ed Hernandez)

Hospital billing: emergency services and care.

Would have authorized health care service plans to adjust payment to specified hospitals for prestabilization emergency services and care when a hospital exceeds an out-of-network emergency utilization rate of 50% or greater.

Veto Message: I share the goals of this legislation - to reign in excessive hospital charges for out-of-network emergency care. I am not convinced, however, that the rate-setting formula in this bill has it right.

To be sure, there is considerable complexity in determining what hospitals charge. Nevertheless, I am troubled by hospitals that have dramatically higher charges than others and billing practices that bear no apparent relationship to the costs of services.

Extraordinary hospital billings are harmful to the health care system as a whole, including patients. If found to be as widespread and as excessive as some claim, such practices will invite an appropriate regulatory response.

IV. FOOD SAFETY

Chaptered

AB 688 (Pan)

Food and drugs: sale.

Prohibits a retailer or retail food facility from selling, or offering for sale, infant formula, baby food, and over-the-counter drugs beyond the expiration or “use by” date indicated on the product's packaging and imposes a \$10 fine per item per day in violation. Chapter 681, Statutes of 2011.

AB 1014 (Fletcher)

Food facilities: definition.

Exempts premises set aside for the purposes of beer tasting, regardless of whether there is a charge for the tasting, from the definition of a food facility subject to the California Retail Food Code, if beer and prepackaged nonpotentially hazardous beverages are the only beverages offered for sale for onsite consumption and crackers or pretzels are the only food served. Chapter 159, Statutes of 2011.

AB 1194 (Block)

Drinking water.

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

AB 1427 (Solorio)

Food facilities: sanitization.

Adds a solution of ozone that meets specified federal regulations and that is generated by an on-site device that meets specified federal requirements to the list of chemical solutions authorized in existing law for use in the manual sanitization of utensils and equipment in food facilities. Chapter 629, Statutes of 2012.

AB 1616 (Gatto)

Food safety: cottage food operations.

Regulates the production and sale of certain non-potentially hazardous foods prepared in a home kitchen. Chapter 415, Statutes of 2012.

AB 2297 (Hayashi)

California Retail Food Code: skilled nursing facilities: intermediate care facilities for the developmentally disabled.

Exempts certain long-term care facilities with six beds or less from regulation as food facilities under the California Retail Food Code (CRFC) and clarifies that the Office of Statewide Health Planning and Development has primary jurisdiction in enforcing structural requirements for licensed skilled nursing facilities under the CRFC. Chapter 725, Statutes of 2012.

SB 20 (Padilla)

Food facilities: menu labeling.

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

SB 303 (Padilla)

Food safety: food handlers.

Clarifies that existing law requiring a food handler to obtain a food handler card only applies to food handlers employed at a food facility that sells food for human consumption to the general public, and allows, beginning on January 1, 2012, a food handler to obtain a card exclusively from a training provider accredited by the American National Standards Institute, as specified. Chapter 233, Statutes of 2011.

SB 1465 (Yee)

Food safety: Asian rice-based noodles.

Requires manufacturers of Asian rice-based noodles to place a date and time stamp on the packaging of the noodles indicating when the noodles first came out of hot holding, as specified, and the noodles are perishable. Exempts Asian rice-based noodles that meet specified conditions from these requirements. Chapter 658, Statutes of 2012.

Vetoed

AB 1513 (Allen)

Retail food facilities: playgrounds.

Would have revised the California Retail Food Code, which governs all aspects of retail food safety and sanitation in California, to include sanitation and safety requirements for indoor and outdoor playgrounds on the premises of retail food facilities.

Veto Message: Current law requires all premises of a food facility to be kept "clean, fully operative, and in good repair." Local health jurisdictions enforce this law, as they enforce myriad other requirements pertaining to restaurant food safety.

Until there's more evidence that the problem warrants new state law, let's maintain the principle of subsidiarity and let the locals enforce what can already be called a comprehensive mandate.

VI. HEALTH CARE FACILITIES

Chaptered

AB 377 (Solorio)

Pharmacy.

Authorizes a centralized hospital packaging pharmacy to prepare medications, by performing specified functions for administration only to inpatients within its own general acute care hospital, or one or more general acute care hospitals under the same ownership and located within 75 miles of each other. Imposes issuance and annual renewal fees for a specialty license from the State Board of Pharmacy. Chapter 687, Statutes of 2012.

AB 491 (Ma)

General acute care hospitals: cardiac catheterization.

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

AB 510 (Bonnie Lowenthal)

Radiation control: health facilities and clinics: records.

Makes technical and clarifying changes to existing requirements that are to become effective July 1, 2012, relating to computed tomography X-ray. Chapter 106, Statutes of 2012.

AB 969 (Atkins)

Medi-Cal: clinical laboratory and laboratory services.

Prohibits the Department of Health Care Services from considering the cost of donated or discounted clinical laboratory tests or services provided to federally qualified health centers for the purpose of serving the uninsured as a basis for reducing the rates paid for laboratory services in the Medi-Cal Program. Chapter 738, Statutes of 2012.

AB 1394 (Committee on Health)

Health care facilities: financing.

Makes a variety of technical, clarifying, and non-controversial changes to statutes affecting the California Health Facilities Financing Authority. Chapter 330, Statutes of 2011.

AB 1710 (Yamada)

Nursing home administrators: fees and fines.

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

AB 1793 (Yamada)

Public health: federal funding: public health emergencies.

Adds long-term care facilities to the list of local health entities eligible to receive federal funding allocated for the prevention of, and response to, public health emergencies. Chapter 166, Statutes of 2012.

AB 1867 (Pan)

Health facilities: equipment standards.

Delays, until January 1, 2016, the current deadlines for implementation of a prohibition against general acute care, acute psychiatric, and special hospitals from using certain connector devices for intravenous, epidural, and enteral feeding systems. Chapter 194, Statutes of 2012.

SB 90 (Steinberg)

Health: hospitals: Medi-Cal.

Authorizes the Office of Statewide Health Planning and Development to grant hospitals an extension of up to seven years from hospital seismic safety requirements, contingent on enactment and implementation of a Medi-Cal hospital provider fee that includes \$320 million in fee revenue to pay for health care coverage for children for budget year 2011-12, enacts a Medi-Cal six-month hospital provider fee for the period of January 1, 2011 to July 1, 2011, an intergovernmental transfer program for public hospitals related to Medi-Cal managed care and makes other changes necessary to implement savings related to the 2010-11 Budget and the 2011-12 Budget Act. Provides that enactment is contingent upon enactment of AB 113 (Monning). Chapter 19, Statutes of 2011.

SB 135 (Ed Hernandez)

Hospice facilities.

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

SB 177 (Strickland)

Congregate living health facilities.

Increases the bed limit for congregate living health facilities that serve terminally ill patients in the County of Santa Barbara. Chapter 331, Statutes of 2011.

SB 335 (Ed Hernandez)

Medi-Cal: hospitals: quality assurance fee.

For the period from July 1, 2011, through December 31, 2013, enacts a Medi-Cal hospital provider fee, provides supplemental payments to private hospitals in the Medi-Cal Program, provides for grants to public hospitals, funds for children's health care coverage and for supplemental payments to hospitals for services provided through the Low Income Health Program Medicaid Expansion. Chapter 286, Statutes of 2011.

SB 502 (Pavley)

Hospital Infant Feeding Act.

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

SB 630 (Alquist)

Hospitals: licensure.

Permits Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital at Stanford, for the purposes of providing emergency services and care to patients with conditions related to active labor presenting in the emergency department of SHC, to be treated as a single licensed facility if the two hospitals have entered into a specified agreement. Chapter 18, Statutes of 2012.

SB 804 (Corbett)

Health care districts: transfers of assets.

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

SB 920 (Ed Hernandez)

Medi-Cal: hospitals.

Revises provisions of the Medi-Cal Hospital Provider Rate Payment Act of 2011 and the Private Hospital Quality Assurance Fee Act of 2011, exchanges the source of reimbursement for out of network payments to district hospitals in the Low Income Health Plan program, makes technical revisions in fee payments, and specifies the methodology for distribution of the allocate the Private Hospital Supplemental Fund. Chapter 452, Statutes of 2012.

SB 1081 (Fuller)

Public health care: Medi-Cal: demonstration projects.

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

SB 1095 (Rubio)

Pharmacy: clinics.

Establishes the California Outpatient Pharmacy Patient Safety and Improvement Act which expands existing authorization for surgical clinics licensed by the Department of Public Health to purchase drugs at wholesale to include outpatient settings that are accredited by an accreditation agency (outpatient setting) approved by the Medical Board of California, or an ambulatory surgical center certified to participate in the Medicare program. Chapter 454, Statutes of 2012.

SB 1228 (Alquist)

Small house skilled nursing facilities.

Establishes, until January 1, 2020, within the Department of Public Health (DPH) the Small House Skilled Nursing Facilities (SHSNFs) Pilot Program to allow DPH to authorize the development and operation of up to 10 SHSNFs. Chapter 671, Statutes of 2012.

SB 1274 (Wolk)

Healing arts: hospitals: employment.

Permits a hospital that is owned and operated by a charitable organization and offers only pediatric subspecialty care to begin billing health carriers for physician services rendered, notwithstanding the prohibition in the "Corporate Practice of Medicine," if specified conditions are met. Chapter 793, Statutes of 2012.

SB 1329 (Simitian)

Prescription drugs: collection and distribution program.

Revises existing law authorizing a voluntary, county-option drug repository and distribution program (program) to distribute surplus unused medications to medically indigent persons to expand the categories of facilities that can dispense and donate medications in the program; include these additional entities in the immunities from civil and criminal liability granted to entities participating in the program; and, modify the method by which a county may establish the program. Chapter 709, Statutes of 2012.

SB 1538 (Simitian)

Health care: mammograms.

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

Vetoed

AB 1278 (Hill)

Health facilities: smoking.

Would have extended the current ban on tobacco use in workplaces, including hospitals, to include the entire hospital campus.

Veto Message: I am returning Assembly Bill 1278 without my signature. Helping people to quit smoking is a laudable health goal. In fact, many hospitals already designate their campuses "smoke-free" and impose fines on violators. Nothing in current law prevents hospitals from adopting this practice.

Finally, I would note that this bill eliminates penalties for smoking in hospitals. Why?

SB 336 (Lieu, De León)

Emergency room crowding.

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

Veto Message: I appreciate the author's and the proponents' desires to alleviate emergency room overcrowding and the harms that come with it. This bill, however, is too prescriptive in its approach.

Requiring emergency departments to calculate a "crowding score" every four or eight hours, depending on how crowded they are, is a decision best left to hospital governing boards.

SB 359 (Ed Hernandez)

Hospital billing: emergency services and care.

Would have authorized health care service plans to adjust payment to specified hospitals for prestabilization emergency services and care when a hospital exceeds an out-of-network emergency utilization rate of 50% or greater.

Veto Message: I share the goals of this legislation - to reign in excessive hospital charges for out-of-network emergency care. I am not convinced, however, that the rate-setting formula in this bill has it right.

To be sure, there is considerable complexity in determining what hospitals charge. Nevertheless, I am troubled by hospitals that have dramatically higher charges than others and billing practices that bear no apparent relationship to the costs of services.

Extraordinary hospital billings are harmful to the health care system as a whole, including patients. If found to be as widespread and as excessive as some claim, such practices will invite an appropriate regulatory response.

SB 408 (Ed Hernandez)

Health facilities: licensure.

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

Veto Message: The bill requires hospitals and other health facilities to file a new license application with the state not only when there's a change of ownership, but when far less important changes occur.

New license applications run several hundreds of pages long. Under the bill, hospitals may be required to file a new license application for normal day-to-day transactions that do not require such scrutiny.

My administration will work with interested parties to find the right balance for state oversight of health facility ownership transactions.

SB 1246 (Ed Hernandez)

Health facilities: staffing.

Would have required the Department of Public Health (DPH), during its periodic inspections of hospitals, to review compliance with existing nurse staffing ratios and patient classifications systems. Would have eliminated the requirement that DPH promulgate regulations further defining criteria for assessing administrative penalties for non-immediate jeopardy violations.

Veto Message: This bill seeks to grant the Department of Public Health greater authority to enforce hospital nurse staffing ratios and patient classification system requirements.

Everything is already on track to get this job done. The department will soon release proposed regulations on administrative penalties that will apply to a broad range of violations. The rulemaking process should be completed next year.

SB 1318 (Wolk)

Health facilities: influenza vaccinations.

Would have required clinics and health facilities to annually offer influenza vaccinations to its employees and to require its onsite health care workers affiliated with the clinic and health facility, and persons with privileges on the medical staff to be vaccinated. Would have required, commencing January 1, 2015, each clinic and health facility, to have a 90% or higher vaccination rate, and requires the Department of Public Health by July 1, 2015, to develop a model mandatory vaccination policy, as specified. Would have applied these provisions to outpatient settings accredited by accrediting agencies approved by the Medical Board of California.

Veto Message: Encouraging health care workers to be vaccinated against influenza is good policy, and I support the national goal of achieving a 90 percent compliance rate by 2020. Indeed, several counties and many hospitals have already adopted strict mandatory vaccination policies for their employees, and others are moving voluntarily in this direction.

This bill would move the date up to 2015 and make compliance mandatory, which are requirements I do not believe are reasonable. I have confidence that local governments and health facilities are well equipped to make these decisions on their own.

VII. HEALTH CARE WORKFORCE

Chaptered

AB 761 (Roger Hernández)

Optometrists.

Permits optometrists to serve as clinical laboratory directors and specifies that optometrists can perform simple laboratory examinations or tests to aid in the diagnosis of conditions of the eye or adnexa (appendages of an organ such as the eye). Chapter 714, Statutes of 2012.

AJR 13 (Lara)

Graduate medical education.

Urges the President and the Congress of the United States to continue to provide resources to increase the supply of physicians in California, in order to improve access to care, particularly for Californians in rural areas and members of underrepresented ethnic groups, and to consider solutions that would increase the number of graduate medical education residency positions to keep pace with the growing numbers of medical school graduates, and the growing need for physicians in California. Resolution Chapter 85, Statutes of 2011.

SB 289 (Ed Hernandez)

Clinical laboratory techniques: training and instruction.

Allows the Department of Public Health to approve providers of clinical laboratory scientist programs for instruction in clinical laboratory technique, and allows these programs to use multiple clinical laboratories for training. Chapter 352, Statutes of 2012.

SB 623 (Kehoe)

Public health: health workforce projects.

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

SB 1199 (Dutton)

Radiologic technologists.

Authorizes a radiologic technologist who is permitted to perform venipuncture in an upper extremity in administering contrast materials, to use a saline-based solution if certain requirements are met. Chapter 358, Statutes of 2012.

SB 1274 (Wolk)

Healing arts: hospitals: employment.

Permits a hospital that is owned and operated by a charitable organization and offers only pediatric subspecialty care to begin billing health carriers for physician services rendered, notwithstanding the prohibition in the “Corporate Practice of Medicine,” if specified conditions are met. Chapter 793, Statutes of 2012.

SB 1529 (Alquist)

Medi-Cal: providers: fraud.

Revises various provisions related to the screening, enrollment, disenrollment, suspensions, and other sanctions against fee-for service providers and suppliers participating in the Medi-Cal Program to conform to requirements of the Patient Protection and Affordable Care Act (Public Law 111–148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152). Chapter 797, Statutes of 2012.

Vetoed

Veto Message: Inquiring into a patient's cultural, religious, or spiritual beliefs is good hospital practice, but not one that needs to be mandated by the state, nor applied only to non-English or limited English-speaking patients.

With basic requirements for language assistance already set in law, I believe specific improvements to hospital policies should be done at the local level where people deal with real problems based on direct experience.

SB 1246 (Ed Hernandez)

Health facilities: staffing.

Would have required the Department of Public Health (DPH), during its periodic inspections of hospitals, to review compliance with existing nurse staffing ratios and patient classifications systems. Would have eliminated the requirement that DPH promulgate regulations further defining criteria for assessing administrative penalties for non-immediate jeopardy violations.

Veto Message: This bill seeks to grant the Department of Public Health greater authority to enforce hospital nurse staffing ratios and patient classification system requirements.

Everything is already on track to get this job done. The department will soon release proposed regulations on administrative penalties that will apply to a broad range of violations. The rulemaking process should be completed next year.

SB 1318 (Wolk)

Health facilities: influenza vaccinations.

Would have required clinics and health facilities to annually offer influenza vaccinations to its employees and to require its onsite health care workers affiliated with the clinic and health facility, and persons with privileges on the medical staff to be vaccinated. Would have required, commencing January 1, 2015, each clinic and health facility, to have a 90% or higher vaccination rate, and requires the Department of Public Health by July 1, 2015, to develop a model mandatory vaccination policy, as specified. Would have applied these provisions to outpatient settings accredited by accrediting agencies approved by the Medical Board of California.

Veto Message: Encouraging health care workers to be vaccinated against influenza is good policy, and I support the national goal of achieving a 90 percent compliance rate by 2020. Indeed, several counties and many hospitals have already adopted strict mandatory vaccination policies for their employees, and others are moving voluntarily in this direction.

This bill would move the date up to 2015 and make compliance mandatory, which are requirements I do not believe are reasonable. I have confidence that local governments and health facilities are well equipped to make these decisions on their own.

VIII. HEALTH CARE SERVICE PLANS & HEALTH INSURANCE

Chaptered

AB 137 (Portantino)

Health care coverage: mammographies.

Requires every individual or group policy of health insurance to provide coverage for mammography, for screening or diagnostic purposes, upon the referral by a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, as specified, based on medical need regardless of age. Chapter 436, Statutes of 2012.

AB 210 (Roger Hernández)

Maternity services.

Requires every group health insurance policy to provide coverage for maternity services. Chapter 508, Statutes of 2011.

AB 922 (Monning)

Office of Patient Advocate.

Transfers the Department of Managed Health Care (DMHC) from the Business, Transportation and Housing Agency to the California Health and Human Services Agency (CHHSA). Transfers the Office of the Patient Advocate (OPA) from DMHC to CHHSA effective July 1, 2012, and requires existing OPA duties to apply to health insurers regulated by the Department of Insurance and their insureds (in addition to DMHC-regulated health plans). Assigns new duties to OPA related to assisting consumers obtain public and private health care coverage and navigate public and private coverage consistent with requirements under the Patient Protection and Affordable Care Act. Chapter 552, Statutes of 2011.

AB 1083 (Monning)

Health care coverage.

Reforms California's small group health insurance laws to enact the federal Patient Protection and Affordable Care Act (ACA). Eliminates preexisting condition requirements and establishes premium rating factors based only on age, family size, and geographic regions, except for grandfathered plans. New guaranteed issue provisions and the rating provisions are tied to those provisions in the ACA. Should guaranteed issue and rating factors be repealed in the ACA, California's existing guaranteed issue and rating law pre-ACA would become operative. Chapter 852, Statutes of 2012.

AB 1453 (Monning)

Health care coverage: essential health benefits.

Establishes the Kaiser Small Group HMO 30 plan as the Essential Health Benefit benchmark plan for individual and small group health plan products licensed by the Department of Managed Health Care. Makes the enactment of this bill contingent upon the enactment of SB 951 (Ed Hernandez). Chapter 854, Statutes of 2012.

AB 1761 (John A. Pérez)

California Health Benefit Exchange.

Gives the Department of Managed Health Care and the Commissioner of the California Department of Insurance enforcement authority over licensees (and solicitors) who hold themselves out as representing or providing services on behalf of the California Health Benefit Exchange (Exchange) without a valid agreement. Makes holding oneself out as representing, constituting, or otherwise providing services on behalf of the Exchange without a valid agreement unfair competition. Chapter 876, Statutes of 2012.

AB 1846 (Gordon)

Consumer operated and oriented plans.

Establishes a licensing framework at the California Department of Insurance and the Department of Managed Health Care for Consumer Operated and Oriented Plans, which are authorized and may seek funding under the Patient Protection and Affordable Care Act. Chapter 859, Statutes of 2012.

AB 2252 (Gordon)

Dental coverage: provider notice of changes.

Amends the Health Care Provider's Bill of Rights with respect to a health care service plan or health insurance policy, including specialized health plans and insurance policies, covering dental services, to require notification if a material change is made to the rules, guidelines, policies, or procedures concerning contracting or coverage of or payment for dental services. Chapter 447, Statutes of 2012.

SB 51 (Alquist)

Health care coverage.

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

SB 222 (Evans)

Maternity services.

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

SB 615 (Calderon)

Multiple employer welfare arrangements: benefits.

Prohibits multiple employer welfare arrangements from offering, marketing, representing, or selling any product, contract, or discount arrangement as a minimum essential coverage or as compliant with Essential Health Benefits as defined by the federal Patient Protection and Affordable Care Act (ACA), unless it meets the applicable requirements under the ACA. Chapter 266, Statutes of 2012.

SB 751 (Gaines)

Health care coverage: provider contracts.

Prohibits contracts between health care service plans and health insurers and a licensed hospital or health care facility owned by a licensed hospital from containing any provision that restricts the ability of the carrier from furnishing information to subscribers, enrollees, policyholders, or insureds concerning cost range of procedures or the quality of services. Chapter 244, Statutes of 2011.

SB 757 (Lieu)

Discrimination.

Requires every group health care service plan contract and every policy or certificate of group health insurance marketed, issued, or delivered to a resident of this state, regardless of the situs of the contract to comply with existing law that provides for equal coverage for registered domestic partners. Additionally, this bill prohibits such contracts, policies, or certificates of an employee, subscriber, insured, or policyholder from discriminating in coverage between different sex and same sex spouses and domestic partners and states that the prohibitions and requirements imposed by this bill are in addition to any other prohibitions and requirements imposed by existing law. Chapter 722, Statutes of 2011.

SB 866 (Ed Hernandez)

Health care coverage: prescription drugs.

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

SB 946 (Steinberg)

Health care coverage: mental illness: pervasive developmental disorder or autism: public health.

Requires health plans and health insurance policies to cover behavioral health therapy for pervasive developmental disorder or autism, requires plans and insurers to maintain adequate networks of autism service providers, establishes an Autism Advisory Task Force in the Department of Managed Health Care, sunsets this bill's autism mandate provisions on July 1, 2014, and makes other technical changes to existing law regarding HIV reporting and mental health services payments. Chapter 650, Statutes of 2011.

SB 951 (Ed Hernandez)

Health care coverage: essential health benefits.

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

SB 1195 (Price)

Audits of pharmacy benefits.

Requires a contract that is issued, amended, or renewed on or after January 1, 2013, between a pharmacy and a carrier or a pharmacy benefit manager to provide pharmacy services to beneficiaries of a health benefit plan to comply with standards and audit requirements as specified in this bill. Includes provisions relating to the following: commissions or financial incentives, recoupment of funds for clerical errors, confidentiality of information, scheduling of audits, permissible documents for purposes of audits, timeframes of audits, standards for submission of preliminary and final reports, validation of claims and orders, and, requirements for audit appeals. Chapter 706, Statutes of 2012.

Vetoed

AB 369 (Huffman)

Health care coverage: prescription drugs.

Would have prohibited health plans and health insurers that restrict medications for the treatment of pain from requiring a patient to try and fail on more than two pain medications before allowing the patient access to the pain medication, or generically equivalent drug, prescribed by the provider.

Veto Message: This bill would prohibit a health plan or insurer from requiring a patient to try and "fail" more than two medications before allowing a patient to have the pain medication prescribed by his or her doctor.

While I sympathize with the author's good intentions, I am not convinced that this bill strikes the right balance between physician discretion and health plan or insurer oversight. A doctor's judgment and a health plan's clinical protocols both have a role in ensuring the prudent prescribing of pain medications. Independent medical reviews are available to resolve differences in clinical judgment when they occur, even on an expedited basis.

If current law does not suffice - and I am not certain that it doesn't, any limitations on the practice of "step-therapy" should better reflect a health plan or insurer's legitimate role in determining the allowable steps.

AB 1000 (Perea)

Health care coverage: cancer treatment.

Would have required a health plan contract or health insurance policy that provides coverage for prescription drugs and cancer chemotherapy treatment to limit enrollee out-of-pocket costs for prescribed, orally administered anticancer medications.

Veto Message: While I support the author's efforts to make oral chemotherapy treatments more affordable for the insured, this bill doesn't distinguish between health plans and insurers who make these drugs available at a reasonable cost and those who do not.

I am concerned about the high cost of these drugs, but I am also deeply sympathetic to the suffering of cancer patients.

I will direct the Department of Managed Health Care to work with the author and stakeholders to find alternative approaches to solve this problem.

AB 1461 (Monning)

Individual health care coverage.

Would have reformed California's health insurance market for health care service plans licensed by the Department of Managed Health Care to implement requirements on health plans to guarantee coverage without preexisting condition requirements during initial, annual and special enrollment periods and limits the ability of health plans to base premium rates only on age, geography, and family size, as specified, for individual products in the California Health Benefit Exchange and the commercial market. Would have made the enactment of this bill contingent upon the enactment of SB 961 (Ed Hernandez).

Veto Message: I realize how important it is to align our individual health insurance market rules with the federal Patient Protection and Affordable Care Act. This bill got almost all the way there.

Unfortunately, the measure failed to adequately link our state reforms to the federal law.

The Affordable Care Act requires insurers to provide health coverage to all individuals regardless of their health status. This mandate on insurers is balanced by the mandate on individuals to obtain health coverage, with federal subsidies available to help lower-income people purchase it.

Without the strong foundation that federal law provides, a state-level mandate on insurers alone could encourage healthy people to wait until they got sick or injured before purchasing coverage. This would lead to skyrocketing premiums, making coverage more unaffordable.

I look forward to working with the Legislature to correct this problem and adopt the remaining essential provisions of this bill.

AB 2152 (Eng)

Health care coverage.

Would have established notification requirements on preferred provider organizations licensed at the Department of Managed Health Care and the California Department of Insurance when a provider contract is terminated that affects 800 or more covered lives. Would have required specified patient disclosure if the termination affects 2,000 or more covered lives. Would have established and revised other consumer notification and disclosure requirements on health insurers.

Veto Message: I agree with the need to provide adequate notice to consumers about relevant changes to their health coverage - in this case, the availability of contracted providers. However, this bill is technically flawed. It provides for stronger notification procedures at the Department of Insurance, but weakens the notification procedures under existing law at the Department of Managed Health Care.

I will direct the Department of Managed Health Care to work with the Insurance Commissioner, the Legislature and interested parties to correct these defects and develop a workable solution next year.

SB 359 (Ed Hernandez)

Hospital billing: emergency services and care.

Would have authorized health care service plans to adjust payment to specified hospitals for prestabilization emergency services and care when a hospital exceeds an out-of-network emergency utilization rate of 50% or greater.

Veto Message: I share the goals of this legislation - to reign in excessive hospital charges for out-of-network emergency care. I am not convinced, however, that the rate-setting formula in this bill has it right.

To be sure, there is considerable complexity in determining what hospitals charge. Nevertheless, I am troubled by hospitals that have dramatically higher charges than others and billing practices that bear no apparent relationship to the costs of services.

Extraordinary hospital billings are harmful to the health care system as a whole, including patients. If found to be as widespread and as excessive as some claim, such practices will invite an appropriate regulatory response.

SB 961 (Ed Hernandez)

Individual health care coverage.

Would have reformed California's health insurance market for individual market products licensed by the California Department of Insurance and would have implemented provisions of the Patient Protection and Affordable Care Act prohibiting preexisting condition exclusions, requiring guaranteed issuance of products, establishing statewide open and special enrollment periods, and limiting premium rating factors to age, geography, and family size.

Veto Message: I realize how important it is to align our individual health insurance market rules with the federal Patient Protection and Affordable Care Act. This bill got almost all the way there.

Unfortunately, the measure failed to adequately link our state reforms to the federal law.

The Affordable Care Act requires insurers to provide health coverage to all individuals regardless of their health status. This mandate on insurers is balanced by the mandate on individuals to obtain health coverage, with federal subsidies available to help lower-income people purchase it.

Without the strong foundation that federal law provides, a state-level mandate on insurers alone could encourage healthy people to wait until they got sick or injured before purchasing coverage. This would lead to skyrocketing premiums, making coverage more unaffordable.

I look forward to working with the Legislature to correct this problem and adopt the remaining essential provisions of this bill.

IX. HEALTH DISPARITIES

Chaptered

AB 581 (John A. Pérez)

Public health: food access.

Creates the California Healthy Food Financing Initiative (CHFFI), the CHFFI fund and the CHFFI Council, for the purpose of expanding access to healthy foods in underserved communities.

Requires the Secretary of the California Department of Food and Agriculture (CDFA), by July 1, 2012, to prepare recommended actions to be taken to promote food access within California.

Authorizes CDFA to create an Advisory Group, as specified. This authority remains in effect until January 1, 2017. Chapter 505, Statutes of 2011.

AB 673 (John A. Pérez)

Office of Multicultural Health: LGBT communities.

Requires the Office of Multicultural Health, to perform various duties on behalf of the Department of Public Health and the Department of Health Care Services with respect to the state's lesbian, gay, bisexual, and transgender communities. Chapter 639, Statutes of 2011.

Vetoed

SB 442 (Calderon)

Hospitals: interpreters.

Would have required general acute care hospital policies for the provision of language assistance to patients with language or communication barriers to include procedures for discussing with the patient any cultural, religious, or spiritual beliefs or practices that may influence care, and to increase the ability of hospital staff to understand and respond to the cultural needs of patients.

X. HEALTH INFORMATION / TRANSPARENCY & QUALITY

Chaptered

SB 751 (Gaines)

Health care coverage: provider contracts.

Prohibits contracts between health care service plans and health insurers and a licensed hospital or health care facility owned by a licensed hospital from containing any provision that restricts the ability of the carrier from furnishing information to subscribers, enrollees, policyholders, or insureds concerning cost range of procedures or the quality of services. Chapter 244, Statutes of 2011.

SB 1196 (Ed Hernandez)

Claims data disclosure.

Permits the disclosure of claims data related to health care services provided to an enrollee or subscriber of the health plan or carrier, or beneficiaries of any self-funded health coverage arrangement administered by the carrier to a qualified entity, as defined, according to authorized disclosures under Medicare for monitoring for quality and efficiency. Chapter 869, Statutes of 2012.

SB 1410 (Ed Hernandez)

Independent medical review.

Modifies the external Independent Medical Review process established for individuals enrolled in health plan products licensed by the Department of Managed Health Care and insureds of health insurance policies licensed by the California Department of Insurance by enhancing requirements of clinical reviewers, and requesting additional patient demographic information. Chapter 872, Statutes of 2012.

Vetoed

SB 416 (Kehoe)

Health: survey.

Would have required, not later than January 1, 2015, appropriate, voluntary, demographic, self-identification questions related to sexual orientation, gender identity, gender expression, to domestic partnership and gender of one's spouse to be included in the California Health Interview Survey and the Behavioral Risk Factor Surveillance System.

Veto Message: This bill mandates specific topics to be included in the California Health Interview Survey and the Behavioral Risk Factor Surveillance System. Both currently undergo a rigorous and thoughtful process for selecting questions.

Deciding what particular questions should be in these health surveys is better handled by the current process, not the Legislature and the Governor.

XI. HEALTH INFORMATION TECHNOLOGY

Chaptered

AB 174 (Monning)

Office of Systems Integration: California Health and Human Services Automation Fund.

Establishes the California Health and Human Services Automation Fund (Fund), in the State Treasury, to consist of moneys appropriated to various specified health and human services information technology projects, and requires the moneys in the Fund to be available upon appropriation by the Legislature for expenditure by the Office of Systems Integration. Chapter 503, Statutes of 2011.

AB 415 (Logue)

Healing arts: telehealth.

Establishes the Telehealth Advancement Act of 2011 to revise and update existing law to facilitate the advancement of telehealth as a service delivery mode in managed care and the Medi-Cal Program. Chapter 547, Statutes of 2011.

AB 1733 (Logue)

Health.

Updates several code sections to replace the term "telemedicine" with "telehealth" and expands the potential for the use of telehealth in additional health care programs administered by the Department of Health Care Services such as the Program of All-Inclusive Care for the Elderly. This bill also amends licensed professional clinical counselor licensing laws. Chapter 782, Statutes of 2012.

AB 2253 (Pan)

Clinical laboratory test results: electronic conveyance.

Authorizes the conveyance of clinical laboratory test results relating to human immunodeficiency virus antibody test, presence of antigens indicating a hepatitis infection, abusing the use of drugs, or test results related to routinely processed tissues that reveal malignancy, as specified, by Internet posting or other electronic means to a patient where the patient requests the disclosure, the health care professional deems the disclosure as appropriate, and the health care professional has first discussed the results with the patient. Chapter 698, Statutes of 2012.

SB 850 (Leno)

Medical records: confidential information.

Requires an electronic health record system or electronic medical record system to automatically record any change or deletion of any electronically stored medical information. Chapter 714, Statutes of 2011.

SB 945 (Committee on Health)

Medi-Cal: electronic records.

Requires the Department of Health Care Services to establish and administer the Medi-Cal Electronic Health Records Incentive Program to provide federally funded incentive payments to Medi-Cal providers to implement and use electronic health records systems. Chapter 433, Statutes of 2011.

Vetoed

SB 1050 (Alquist)

Autism: telehealth task force.

Would have directed the Department of Developmental Services to establish an autism telehealth task force to provide technical assistance and recommendations relating to the use of telehealth services for individuals with autism spectrum disorders.

Veto Message: Last year I signed AB 415 (Logue), the Telehealth Advancement Act of 2011, to update our statutes on the use of telehealth.

As we work to improve and modernize our health care system, we can expect telehealth to play an increasingly prominent role in rural and urban areas, for many diseases and conditions. Such advancements and collaboration are occurring now, and a privately funded, disease-specific task force set forth in statute does not appear to be warranted.

XII. HIV / AIDS

Chaptered

AB 604 (Skinner)

Needle exchange programs.

Permits the Department of Public Health (DPH), until January 1, 2019, to authorize specified entities to provide hypodermic needle and syringe exchange services, as specified, 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 needles and syringes. Chapter 744, Statutes of 2011.

AB 1382 (Roger Hernández)

HIV counselors.

Permits HIV counselors who are authorized under existing law to perform skin punctures to administer an HIV test to also perform skin punctures for hepatitis C virus (HCV) tests, or combination HIV/HCV tests, under specified conditions. Chapter 643, Statutes of 2011.

SB 422 (Wright)

Reporting of certain communicable diseases.

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

XIII. LABORATORIES

Chaptered

AB 761 (Roger Hernández)

Optometrists.

Permits optometrists to serve as clinical laboratory directors and specifies that optometrists can perform simple laboratory examinations or tests to aid in the diagnosis of conditions of the eye or adnexa (appendages of an organ such as the eye). Chapter 714, Statutes of 2012.

AB 969 (Atkins)

Medi-Cal: clinical laboratory and laboratory services.

Prohibits the Department of Health Care Services from considering the cost of donated or discounted clinical laboratory tests or services provided to federally qualified health centers for the purpose of serving the uninsured as a basis for reducing the rates paid for laboratory services in the Medi-Cal Program. Chapter 738, Statutes of 2012.

AB 2253 (Pan)

Clinical laboratory test results: electronic conveyance.

Authorizes the conveyance of clinical laboratory test results relating to human immunodeficiency virus antibody test, presence of antigens indicating a hepatitis infection, abusing the use of drugs, or test results related to routinely processed tissues that reveal malignancy, as specified, by Internet posting or other electronic means to a patient where the patient requests the disclosure, the health care professional deems the disclosure as appropriate, and the health care professional has first discussed the results with the patient. Chapter 698, Statutes of 2012.

SB 289 (Ed Hernandez)

Clinical laboratory techniques: training and instruction.

Allows the Department of Public Health to approve providers of clinical laboratory scientist programs for instruction in clinical laboratory technique, and allows these programs to use multiple clinical laboratories for training. Chapter 352, Statutes of 2012.

SB 1481 (Negrete McLeod)

Clinical laboratories: community pharmacies.

Exempts from existing clinical laboratory requirements and regulations a community pharmacy that provides blood glucose, hemoglobin A1c, or cholesterol tests, as specified, if certain requirements are met. Chapter 874, Statutes of 2012.

XIV. LONG-TERM CARE

Chaptered

AB 574 (Bonnie Lowenthal)

Program of All-Inclusive Care for the Elderly.

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

AB 641 (Feuer)

Long-term care.

Eliminates the citation review conference process from the citation appeals process for long-term care (LTC) facilities, and allows fines to be levied from both state and federal agencies when an incident violates both state and federal laws. Requires the Department of Health Care Services to consider, at the initial application or upon redetermination for the Medi-Cal LTC benefit, whether an undue hardship exists for eligibility for home and facility care under specified circumstances relating to the transfer of assets to a same sex-spouse or domestic registered partner. Chapter 729, Statutes of 2011.

AB 1710 (Yamada)

Nursing home administrators: fees and fines.

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

AB 1793 (Yamada)

Public health: federal funding: public health emergencies.

Adds long-term care facilities to the list of local health entities eligible to receive federal funding allocated for the prevention of, and response to, public health emergencies. Chapter 166, Statutes of 2012.

AB 2297 (Hayashi)

California Retail Food Code: skilled nursing facilities: intermediate care facilities for the developmentally disabled.

Exempts certain long-term care facilities with six beds or less from regulation as food facilities under the California Retail Food Code (CRFC) and clarifies that the Office of Statewide Health Planning and Development has primary jurisdiction in enforcing structural requirements for licensed skilled nursing facilities under the CRFC. Chapter 725, Statutes of 2012.

SB 135 (Ed Hernandez)

Hospice facilities.

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

SB 1228 (Alquist)

Small house skilled nursing facilities.

Establishes, until January 1, 2020, within the Department of Public Health (DPH) the Small House Skilled Nursing Facilities (SHSNFs) Pilot Program to allow DPH to authorize the development and operation of up to 10 SHSNFs. Chapter 671, Statutes of 2012.

Vetoed

AB 2206 (Atkins)

Medi-Cal: dual eligibles: pilot projects.

Would have authorized disenrollment, regardless of any lock-in, from any demonstration project established by the Department of Health Care Services for persons who are dually eligible for Medi-Cal and Medicare, of any person who becomes eligible for the Program for the All-Inclusive Care for the Elderly (PACE) while enrolled in a managed care plan participating in the demonstration project and allows the person to enroll in a PACE plan. Would have required managed care plans to identify, through required assessments, enrollees who are 55 years of age and older who are at risk of being placed in a nursing home and further requires the plan to notify the person of their potential eligibility for PACE.

Veto Message: The Program of All-Inclusive Care for the Elderly (PACE) provides fully integrated care to people age 55 and older who need skilled nursing home type care, but can live in a community setting. California was the pioneer for PACE programs in the nation, having started the first one of its kind in the early 1970's.

Last year, I signed AB 574 to expand PACE, so that more providers could use this model and give aging Californians the benefits of fully integrated care. Since that time, my administration has embarked on a large scale effort to coordinate care for people who qualify for both the Medi-Cal and Medicare programs. The Coordinated Care Initiative, enacted through SB 1008 of 2012, will similarly build on the integrated care concept, using managed care plans to break down the silos that currently exist between medical and long-term care.

Within this effort, there will be ample opportunity for PACE to continue its mission and thrive as a model of care. I will direct my administration to involve PACE providers as the initiative rolls out. Enacting special provisions for PACE eligibility and referral is not necessary at this time.

XV. MATERNAL & CHILD HEALTH

Chaptered

AB 137 (Portantino)

Health care coverage: mammographies.

Requires every individual or group policy of health insurance to provide coverage for mammography, for screening or diagnostic purposes, upon the referral by a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, as specified, based on medical need regardless of age. Chapter 436, Statutes of 2012.

AB 395 (Pan)

Newborn screening program.

Adds a test for the detection of severe combined immune deficiency, including screening for other T-cell lymphopenias, to the Newborn Screening Program. Chapter 461, Statutes of 2011.

AB 499 (Atkins)

Minors: medical care: consent.

Permits a minor who is 12 years of age or older to consent to medical care related to the prevention of a sexually transmitted disease. Makes a technical, conforming change to existing law. Chapter 652, Statutes of 2011.

AB 667 (Mitchell)

Medi-Cal: subacute care program.

Defines “pediatric subacute services” in the Medi-Cal Program as the health care services needed by a person under 21 years of age who uses medical technology that compensates for the loss of vital bodily functions, establishes medical necessity standards and deletes the requirement that subacute care be defined by the Department of Health Care Services based on a study established in 1980 and makes other technical and clarifying changes. Chapter 294, Statutes of 2011.

AB 688 (Pan)

Food and drugs: sale.

Prohibits a retailer or retail food facility from selling, or offering for sale, infant formula, baby food, and over-the-counter drugs beyond the expiration or “use by” date indicated on the product's packaging and imposes a \$10 fine per item per day in violation. Chapter 681, Statutes of 2011.

AB 1319 (Butler)

Product safety: bisphenol A.

Enacts the Toxin-Free Infants and Toddlers Act and prohibits the sale, manufacture or distribution of a bottle or cup or a liquid, food or beverage in a can, jar or plastic bottle that contains bisphenol A if the item is primarily intended for children three years of age or younger. Chapter 467, Statutes of 2011.

AB 1731 (Block)

Newborn screening program: critical congenital heart disease.

Establishes the Newborn Critical Congenital Heart Disease (CCHD) Screening Program and requires hospitals, beginning July 1, 2013, to offer a pulse oximetry test for the identification of CCHD to parents of newborns prior to discharge and to develop a screening program. Chapter 336, Statutes of 2012.

AB 2109 (Pan)

Communicable disease: immunization exemption.

Requires on and after January 1, 2014, a separate form prescribed by the Department of Public Health to accompany a letter or affidavit to exempt a child from immunization requirements under existing law on the basis that an immunization is contrary to beliefs of the child's parent or guardian. Provides that the form includes a signed attestation from a health care practitioner that information regarding the benefits and risks of immunization and the health risks of specified communicable diseases has been provided to the parent or guardian of a child, as specified. Chapter 821, Statutes of 2012.

AB 2280 (Lara)

California Special Supplemental Food Program for Women, Infants, and Children.

Requires the Department of Public Health (DPH), in its role as administrator of the Special Supplemental Food Program for Women, Infants, and Children, to provide written notice, with specified information, to a vendor if DPH determines the vendor has committed an initial violation. Requires the notice to be delivered to the vendor within 30 days of the initial violation and before DPH conducts a second investigation for purposes of establishing a pattern of the violation to impose a sanction. Chapter 822, Statutes of 2012.

AB 2322 (Gatto)

California Special Supplemental Food Program for Women, Infants, and Children.

Requires the Department of Public Health (DPH) to adopt regulations to specify the criteria to be used and actions to be taken when initiating a moratorium on new retail food vendor location applications for the California Special Supplemental Food Program for Women, Infants, and Children. Allows DPH certain exemptions to the Administrative Procedures Act to timely respond to any changes to federal law and guidelines. Chapter 787, Statutes of 2012.

ACR 53 (Roger Hernández)

Kelly Abraham Martinez Act: perinatal depression prevention.

Enacts the Kelly Abraham Martinez Act which would urge hospital providers, mental health care providers, health plans, and insurers to invest resources to educate women about perinatal depression risk factors and triggers. Resolution Chapter 66, Statutes of 2011.

HR 37 (Hill)

Relative to umbilical cord blood banking.

Makes various findings and declarations related to the uses and benefits of umbilical cord blood (UCB) as a treatment for blood cancers and other diseases and encourages hospitals to participate in free UCB and cord tissue collection programs. Adopted

SB 36 (Simitian)

County Health Initiative Matching Fund.

Expands eligibility for children in families whose income is at or below 400% of the federal poverty level (FPL), from the current level of 300% of FPL, and allows enrollment in the County Health Initiative Matching Fund Program using local funds to match federal Children's Health Insurance Program funds, and authorizes eligibility of children who meet the requirements for the Healthy Families Program but are unable to enroll as a result of restricted enrollment by the Managed Risk Medical Insurance Board due to budget limitations, conditioned on obtaining federal approval. Chapter 416, Statutes of 2011.

SB 255 (Pavley)

Health care coverage: breast cancer.

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

SB 502 (Pavley)

Hospital Infant Feeding Act.

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

SB 623 (Kehoe)

Public health: health workforce projects.

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

SB 630 (Alquist)

Hospitals: licensure.

Permits Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital at Stanford, for the purposes of providing emergency services and care to patients with conditions related to active labor presenting in the emergency department of SHC, to be treated as a single licensed facility if the two hospitals have entered into a specified agreement. Chapter 18, Statutes of 2012.

SB 913 (Pavley)

Juvenile offenders: medical care.

Provides authority for a probation officer to consent to medical care for a minor who is taken into temporary custody under specified circumstances. Chapter 256, Statutes of 2011.

SB 1538 (Simitian)

Health care: mammograms.

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

Vetoed

AB 540 (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 women of childbearing age, with county or local government entities paying the nonfederal share of expenditures through certified public expenditures.

Veto Message: I commend the author for his efforts to mitigate the risks of alcohol and drug use for pregnant women and women of childbearing age in the Medi-Cal program.

The federal Patient Protection and Affordable Care Act requires comprehensive health care coverage to be provided in the private market and through public programs. Rather than embarking on this piecemeal effort, my administration will consider whether a more comprehensive approach to screening - for all Medi-Cal beneficiaries, including pregnant women and women of childbearing age - is possible, as we implement the changes that are necessary to comply with the Affordable Care Act.

XVI. MENTAL HEALTH

Chaptered

AB 989 (Mitchell)

Mental health: children's services.

Requires counties to include programs that consider the needs of transition age foster youth in their three-year plans for funding from the Mental Health Services Act. Chapter 640, Statutes of 2011.

AB 1297 (Chesbro)

Medi-Cal: mental health.

Expedites, beginning on July 1, 2012, federal reimbursement to counties for their Medi-Cal specialty mental health claims by conforming the procedures and timeframes required by the Department of Mental Health to federal Medicaid requirements and the approved Medicaid state plan and waivers. Chapter 651, Statutes of 2011.

AB 1569 (Allen)

Community mental health services: assisted outpatient treatment.

Extends the sunset date in current law providing counties with the option to implement court-ordered assisted outpatient treatment programs for mentally ill persons from January 1, 2013, to January 1, 2017, and requires the Department of Health Care Services to submit a related evaluation report to the Governor and Legislature by July 1, 2015. Chapter 441, Statutes of 2012.

AB 2399 (Allen)

Mental health: state hospitals: injury and illness prevention plan.

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

AB 2531 (Allen)

State hospitals: prohibited items.

Requires the Department of State Hospitals to develop a list of items deemed contraband at every state hospital, authorizes each hospital to develop its own list, and requires each hospital to establish a contraband committee, comprised of hospital management and designated employees, to develop the list. Chapter 755, Statutes of 2012.

ACR 53 (Roger Hernández)

Kelly Abraham Martinez Act: perinatal depression prevention.

Enacts the Kelly Abraham Martinez Act which would urge hospital providers, mental health care providers, health plans, and insurers to invest resources to educate women about perinatal depression risk factors and triggers. Resolution Chapter 66, Statutes of 2011.

SB 946 (Steinberg)

Health care coverage: mental illness: pervasive developmental disorder or autism: public health.

Requires health plans and health insurance policies to cover behavioral health therapy for pervasive developmental disorder or autism, requires plans and insurers to maintain adequate networks of autism service providers, establishes an Autism Advisory Task Force in the Department of Managed Health Care, sunsets this bill's autism mandate provisions on July 1, 2014, and makes other technical changes to existing law regarding HIV reporting and mental health services payments. Chapter 650, Statutes of 2011.

XVIII. NUTRITION

Chaptered

AB 152 (Fuentes)

Food banks: grants: voluntary contributions: income tax credits.

Provides a tax credit to California growers for the costs of fresh fruits or vegetables donated to California food banks. Establishes the State Emergency Food Assistance Program (SEFAP) within the Department of Social Services and allows for contributions to SEFAP for the purchase of California grown fresh fruits or vegetables. Requires the Department of Public Health to apply for federal funds available for promoting healthy eating and preventing obesity. Chapter 503, Statutes of 2011.

AB 2246 (John A. Pérez)

Public health: food access.

Requires the California Healthy Food Financing Initiative (CHFFI) Council, by March 31, 2013, to establish and maintain an Internet Website with prescribed information, including information on actions that the CHFFI Council has taken and funding sources that are available to support access to healthy foods. Chapter 446, Statutes of 2012.

ACR 161 (Dickinson)

Food literacy awareness month.

Declares the month of September of each year as food literacy awareness month. Resolution Chapter 131, Statutes of 2012.

XIX. PUBLIC COVERAGE PROGRAMS

Chaptered

AB 113 (Monning)

Health: hospitals: Medi-Cal.

Establishes the Non-Designated Public Hospital (NDPH) Inter-governmental Transfer Program, administered by the Department of Health Care Services, under which public entities would voluntarily transfer funds to the state for the purpose of drawing down federal funds to make supplemental Medi-Cal payments to these NDPHs. Chapter 20, Statutes of 2011.

AB 151 (Monning)

Medicare supplement coverage.

Allows an individual to drop Medicare Advantage (MA) coverage and enroll in Medicare supplement coverage of the same issuer, or the issuer's parent company, if the MA issuer increases premiums. If Medicare supplement coverage is not available from the same issuer, or parent company, allows an individual under limited circumstances to enroll in Medicare supplement coverage of an unaffiliated issuer. Deletes obsolete references in law and recognizes two new Medicare supplement plans (M and N). Chapter 270, Statutes of 2011.

AB 301 (Pan)

Medi-Cal: managed care.

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

AB 396 (Mitchell)

Medi-Cal: juvenile inmates.

Requires the Department of Health Care Services to develop a process to allow counties and the Division of Juvenile Facilities of the Department of Corrections and Rehabilitation to obtain federal funds for inpatient hospital and psychiatric services provided to juveniles. Chapter 394, Statutes of 2011.

AB 641 (Feuer)

Long-term care.

Eliminates the citation review conference process from the citation appeals process for long-term care (LTC) facilities, and allows fines to be levied from both state and federal agencies when an incident violates both state and federal laws. Requires the Department of Health Care Services to consider, at the initial application or upon redetermination for the Medi-Cal LTC benefit, whether an undue hardship exists for eligibility for home and facility care under specified circumstances relating to the transfer of assets to a same sex-spouse or domestic registered partner. Chapter 729, Statutes of 2011.

AB 667 (Mitchell)

Medi-Cal: subacute care program.

Defines “pediatric subacute services” in the Medi-Cal Program as the health care services needed by a person under 21 years of age who uses medical technology that compensates for the loss of vital bodily functions, establishes medical necessity standards and deletes the requirement that subacute care be defined by the Department of Health Care Services based on a study established in 1980 and makes other technical and clarifying changes. Chapter 294, Statutes of 2011.

AB 678 (Pan)

Medi-Cal: supplemental provider reimbursement.

Establishes a supplemental payment program for governmental entity providers of Medi-Cal emergency medical transportation services using certified public expenditures to match federal funds. Chapter 397, Statutes of 2011.

AB 792 (Bonilla)

Health care coverage: California Health Benefit Exchange.

Requires notification about the availability of reduced-cost health coverage available through the California Health Benefit Exchange and no-cost coverage available through Medi-Cal to an individual filing a dissolution or nullity of marriage, divorce or separation, or petitioning for adoption or for an individual who ceases to be enrolled in health coverage through a health plan or health insurer. Chapter 851, Statutes of 2012.

AB 969 (Atkins)

Medi-Cal: clinical laboratory and laboratory services.

Prohibits the Department of Health Care Services from considering the cost of donated or discounted clinical laboratory tests or services provided to federally qualified health centers for the purpose of serving the uninsured as a basis for reducing the rates paid for laboratory services in the Medi-Cal Program. Chapter 738, Statutes of 2012.

AB 1066 (John A. Pérez)

Public health care: Medi-Cal: demonstration project waivers.

Enacts technical and conforming statutory changes necessary to implement the Special Terms and Conditions required by the federal Centers for Medicaid and Medicare Services in the approval of California's Section 1115(a) Medi-Cal Demonstration Project entitled “California’s Bridge to Reform,” approved on November 2, 2010. Chapter 86, Statutes of 2011.

AB 1296 (Bonilla)

Health Care Eligibility, Enrollment, and Retention Act.

Enacts the Health Care Eligibility Reform, Enrollment, and Retention Planning Act and requires the California Health and Human Services Agency, in consultation with the Department of Health Care Services, Managed Risk Medical Insurance Board, the California Health Benefit Exchange, the California Office of Systems Integration, counties, health care services plans, consumer advocates, and other stakeholders to undertake a planning and development process regarding the federal Patient Protection and Affordable Care Act, including regulations or guidance related to eligibility, enrollment, and retention in state health subsidy programs. Chapter 641, Statutes of 2011.

AB 1297 (Chesbro)

Medi-Cal: mental health.

Expedites, beginning on July 1, 2012, federal reimbursement to counties for their Medi-Cal specialty mental health claims by conforming the procedures and timeframes required by the Department of Mental Health to federal Medicaid requirements and the approved Medicaid state plan and waivers. Chapter 651, Statutes of 2011.

AB 1526 (Monning)

California Major Risk Medical Insurance Program.

Allows the Managed Risk Medical Insurance Board to further subsidize the premium contributions paid by individuals receiving coverage in the Major Risk Medical Insurance Program from January 1, 2013, to December 31, 2013, so that the amount paid by each subscriber is below 125% of the standard average individual risk rate for comparable coverage but no less than 100% of the standard average individual risk rate for comparable coverage. Chapter 855, Statutes of 2012.

AB 1580 (Bonilla)

Health care: eligibility: enrollment.

Makes technical and clarifying changes to provisions enacted in AB 1296 (Bonilla), Chapter 641, Statutes of 2011, relating to simplified applications for state health programs. Chapter 856, Statutes of 2012.

AB 1733 (Logue)

Health.

Updates several code sections to replace the term "telemedicine" with "telehealth" and expands the potential for the use of telehealth in additional health care programs administered by the Department of Health Care Services such as the Program of All-Inclusive Care for the Elderly. This bill also amends licensed professional clinical counselor licensing laws. Chapter 782, Statutes of 2012.

AB 1803 (Mitchell)

Medi-Cal: emergency medical conditions.

Provides that emergency services and care that are necessary for the treatment of an emergency medical condition are a covered benefit in the fee-for-service Medi-Cal program. Defines by reference “emergency services and care” and “emergency medical condition,” and specifies that it is not be construed to change the obligation of a Medi-Cal Managed Care plan to provide emergency services and care. Chapter 442, Statutes of 2012.

AB 1869 (John A. Pérez)

Office of Patient Advocate: federal veterans health benefits.

Adds federal veterans health benefits to the example of the type of information and assistance regarding public programs that the Office of Patient Advocate shall support in order to assist in implementing federal health reform in California commencing January 1, 2013. Chapter 167, Statutes of 2012.

AB 2608 (Bonilla)

Medi-Cal: local educational agency billing option.

Eliminates the January 1, 2013, sunset clause and revises existing provisions implementing the Medicaid local billing option that allows local educational agencies to obtain federal matching funds for health care services provided by schools to Medi-Cal eligible students. Revises the description of reimbursable medical transportation and the provisions relating to the distribution and accounting by the Department of Health Care Services. Chapter 755, Statutes of 2012.

AJR 12 (Solorio)

Strengthening Medicare and Repaying Taxpayers Act of 2011.

Makes specified legislative findings and declarations regarding H.R. 1063, (the federal Medicare Secondary Payer Enhancement Act of 2011) and requests that the Congress and the President of the United States enact the measure. Resolution Chapter 69, Statutes of 2011.

AJR 30 (Pan)

Medicare: dental care.

Urges the President and Congress to enact legislation to require Medicare to provide dental care coverage. Resolution Chapter 138, Statutes of 2012.

SB 36 (Simitian)

County Health Initiative Matching Fund.

Expands eligibility for children in families whose income is at or below 400% of the federal poverty level (FPL), from the current level of 300% of FPL, and allows enrollment in the County Health Initiative Matching Fund Program using local funds to match federal Children's Health Insurance Program funds, and authorizes eligibility of children who meet the requirements for the Healthy Families Program but are unable to enroll as a result of restricted enrollment by the Managed Risk Medical Insurance Board due to budget limitations, conditioned on obtaining federal approval. Chapter 416, Statutes of 2011.

SB 90 (Steinberg)

Health: hospitals: Medi-Cal.

Authorizes the Office of Statewide Health Planning and Development to grant hospitals an extension of up to seven years from hospital seismic safety requirements, contingent on enactment and implementation of a Medi-Cal hospital provider fee that includes \$320 million in fee revenue to pay for health care coverage for children for budget year 2011-12, enacts a Medi-Cal six-month hospital provider fee for the period of January 1, 2011 to July 1, 2011, an intergovernmental transfer program for public hospitals related to Medi-Cal managed care and makes other changes necessary to implement savings related to the 2010-11 Budget and the 2011-12 Budget Act. Provides that enactment is contingent upon enactment of AB 113 (Monning). Chapter 19, Statutes of 2011.

SB 335 (Ed Hernandez)

Medi-Cal: hospitals: quality assurance fee.

For the period from July 1, 2011, through December 31, 2013, enacts a Medi-Cal hospital provider fee, provides supplemental payments to private hospitals in the Medi-Cal Program, provides for grants to public hospitals, funds for children's health care coverage and for supplemental payments to hospitals for services provided through the Low Income Health Program Medicaid Expansion. Chapter 286, Statutes of 2011.

SB 695 (Hancock)

Medi-Cal: county juvenile detention facilities.

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

SB 728 (Negrete McLeod)

Medi-Cal: durable medical equipment reimbursement.

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

SB 920 (Ed Hernandez)

Medi-Cal: hospitals.

Revises provisions of the Medi-Cal Hospital Provider Rate Payment Act of 2011 and the Private Hospital Quality Assurance Fee Act of 2011, exchanges the source of reimbursement for out of network payments to district hospitals in the Low Income Health Plan program, makes technical revisions in fee payments, and specifies the methodology for distribution of the allocate the Private Hospital Supplemental Fund. Chapter 452, Statutes of 2012.

SB 945 (Committee on Health)

Medi-Cal: electronic records.

Requires the Department of Health Care Services to establish and administer the Medi-Cal Electronic Health Records Incentive Program to provide federally funded incentive payments to Medi-Cal providers to implement and use electronic health records systems. Chapter 433, Statutes of 2011.

SB 1081 (Fuller)

Public health care: Medi-Cal: demonstration projects.

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

SB 1462 (Leno)

County sheriffs: release of prisoners: medical release.

Provides authority for sheriffs, with specified limitations, to release persons from county jail who have a terminal illness with a life expectancy of less than six months and who do not pose a threat to the community. Provides authority for sheriffs to grant medical parole for inmates who are incapacitated. Requires the county to pay the nonfederal share of Medi-Cal costs. Chapter 837, Statutes of 2012.

SB 1529 (Alquist)

Medi-Cal: providers: fraud.

Revises various provisions related to the screening, enrollment, disenrollment, suspensions, and other sanctions against fee-for service providers and suppliers participating in the Medi-Cal Program to conform to requirements of the Patient Protection and Affordable Care Act (Public Law 111–148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152). Chapter 797, Statutes of 2012.

Vetoed

AB 540 (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 women of childbearing age, with county or local government entities paying the nonfederal share of expenditures through certified public expenditures.

Veto Message: I commend the author for his efforts to mitigate the risks of alcohol and drug use for pregnant women and women of childbearing age in the Medi-Cal program.

The federal Patient Protection and Affordable Care Act requires comprehensive health care coverage to be provided in the private market and through public programs. Rather than embarking on this piecemeal effort, my administration will consider whether a more comprehensive approach to screening - for all Medi-Cal beneficiaries, including pregnant women and women of childbearing age - is possible, as we implement the changes that are necessary to comply with the Affordable Care Act.

AB 1223 (Committee on Veterans Affairs)

Medi-Cal: Public Assistance Reporting Information System.

Would have required the Department of Health Care Services (DHCS) to utilize the federal Public Assistance and Reporting Information System (PARIS) to identify veterans and their dependents or survivors who are enrolled in the Medi-Cal Program and assist them in obtaining federal veterans' health care benefits statewide and would have repealed language making PARIS a two-year pilot program where DHCS selects three consenting counties that have in operation a United States Department of Veterans Affairs medical center to participate in the pilot.

Veto Message: I am returning Assembly Bill 1223 without my signature. While I support efforts to inform veterans about the health care options that best meet their needs, current law already requires screening of Medi-Cal beneficiaries for veteran status and allows for expansion of the Public Assistance Reporting Information System (PARIS) data match project beyond the current pilot counties.

Rather than requiring the PARIS pilot project to be implemented statewide, more effort should go into understanding which health care benefits work best for veterans, and how that outreach can be most effective before expending additional resources statewide.

AB 2034 (Fuentes)

Medical care: genetically handicapping conditions.

Would have required the Department of Health Care Services to prepare a report on the coverage needs of the population served by the Genetically Handicapped Persons Program after implementation of the federal Patient Protection and Affordable Care Act (Public Law 111-148). Would have specified issues to be addressed in the report including the extent to which persons with genetic Amyotrophic Lateral Sclerosis will continue to have unmet medical needs. Would have sunset the provisions of this bill on January 1, 2019.

Veto Message: The future of the Genetically Handicapped Persons Program and the health coverage of people with amyotrophic lateral sclerosis will be taken up as California implements the federal Patient Protection and Affordable Care Act.

A separate legislative report is unnecessary.

AB 2206 (Atkins)

Medi-Cal: dual eligibles: pilot projects.

Would have authorized disenrollment, regardless of any lock-in, from any demonstration project established by the Department of Health Care Services for persons who are dually eligible for Medi-Cal and Medicare, of any person who becomes eligible for the Program for the All-Inclusive Care for the Elderly (PACE) while enrolled in a managed care plan participating in the demonstration project and allows the person to enroll in a PACE plan. Would have required managed care plans to identify, through required assessments, enrollees who are 55 years of age and older who are at risk of being placed in a nursing home and further requires the plan to notify the person of their potential eligibility for PACE.

Veto Message: The Program of All-Inclusive Care for the Elderly (PACE) provides fully integrated care to people age 55 and older who need skilled nursing home type care, but can live in a community setting. California was the pioneer for PACE programs in the nation, having started the first one of its kind in the early 1970's.

Last year, I signed AB 574 to expand PACE, so that more providers could use this model and give aging Californians the benefits of fully integrated care. Since that time, my administration has embarked on a large scale effort to coordinate care for people who qualify for both the Medi-Cal and Medicare programs. The Coordinated Care Initiative, enacted through SB 1008 of 2012, will similarly build on the integrated care concept, using managed care plans to break down the silos that currently exist between medical and long-term care.

Within this effort, there will be ample opportunity for PACE to continue its mission and thrive as a model of care. I will direct my administration to involve PACE providers as the initiative rolls out. Enacting special provisions for PACE eligibility and referral is not necessary at this time.

SB 970 (De León)

Health Care Reform Eligibility, Enrollment, and Retention Planning Act: coordination with other programs.

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

Veto Message: This bill is well-intentioned but overly prescriptive in its requirements. Codifying another workgroup and requiring another report are not necessary.

My administration has worked and will continue to work with the Legislature and stakeholders in transparent and cooperative ways to implement the requirements of the federal Patient Protection and Affordable Care Act.

XX. PHARMACY AND PRESCRIPTION DRUGS & TREATMENTS

Chaptered

AB 377 (Solorio)

Pharmacy.

Authorizes a centralized hospital packaging pharmacy to prepare medications, by performing specified functions for administration only to inpatients within its own general acute care hospital, or one or more general acute care hospitals under the same ownership and located within 75 miles of each other. Imposes issuance and annual renewal fees for a specialty license from the State Board of Pharmacy. Chapter 687, Statutes of 2012.

AB 389 (Mitchell)

Bleeding disorders.

Prescribes requirements governing entities that provide blood clotting products for home use in the treatment of hemophilia and other bleeding disorders and charges the Board of Pharmacy with administering and enforcing these provisions. Chapter 75, Statutes of 2012.

AB 507 (Hayashi)

Controlled substances: pain management.

Makes technical and conforming changes to existing law related to severe chronic intractable pain and to the California Intractable Pain Treatment Act. Repeals provisions in existing law which permit the Department of Justice to employ a physician to interview and examine any patient in connection with the prescription possession or use of a controlled substance, requires the patient to submit to the interview and examination, and permits the physician to testify in prescribed administrative proceedings. Chapter 396, Statutes of 2011.

AB 1277 (Hill, Perea)

Sherman Food, Drug, and Cosmetic Law.

Eliminates licensing inspections by the Department of Public Health (DPH) for drug or medical device manufacturers that provide documentation of ownership and other information to DPH, and limits the ability of DPH to investigate or inspect licensed drug or device manufacturers to certain specified circumstances. Chapter 688, Statutes of 2012.

SB 431 (Emmerson)

Pharmacies: regulation.

Modifies existing reporting requirements to the Board of Pharmacy regarding employee theft of drugs and prohibits a pharmacist whose license has been revoked from dispensing medication via mail. Chapter 646, Statutes of 2011.

SB 866 (Ed Hernandez)

Health care coverage: prescription drugs.

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

SB 1095 (Rubio)

Pharmacy: clinics.

Establishes the California Outpatient Pharmacy Patient Safety and Improvement Act which expands existing authorization for surgical clinics licensed by the Department of Public Health to purchase drugs at wholesale to include outpatient settings that are accredited by an accreditation agency (outpatient setting) approved by the Medical Board of California, or an ambulatory surgical center certified to participate in the Medicare program. Chapter 454, Statutes of 2012.

SB 1195 (Price)

Audits of pharmacy benefits.

Requires a contract that is issued, amended, or renewed on or after January 1, 2013, between a pharmacy and a carrier or a pharmacy benefit manager to provide pharmacy services to beneficiaries of a health benefit plan to comply with standards and audit requirements as specified in this bill. Includes provisions relating to the following: commissions or financial incentives, recoupment of funds for clerical errors, confidentiality of information, scheduling of audits, permissible documents for purposes of audits, timeframes of audits, standards for submission of preliminary and final reports, validation of claims and orders, and, requirements for audit appeals. Chapter 706, Statutes of 2012.

SB 1301 (Ed Hernandez)

Prescription drugs: 90-day supply.

Permits pharmacists to dispense a 90-day supply of a dangerous drug, other than a controlled substance or psychotropic medication, pursuant to a prescription for a lesser amount if the patient has completed an initial 30-day supply of the medication and other specified conditions are met. Chapter 455, Statutes of 2012.

SB 1329 (Simitian)

Prescription drugs: collection and distribution program.

Revises existing law authorizing a voluntary, county-option drug repository and distribution program (program) to distribute surplus unused medications to medically indigent persons to expand the categories of facilities that can dispense and donate medications in the program; include these additional entities in the immunities from civil and criminal liability granted to entities participating in the program; and, modify the method by which a county may establish the program. Chapter 709, Statutes of 2012.

Vetoed

AB 369 (Huffman)

Health care coverage: prescription drugs.

Would have prohibited health plans and health insurers that restrict medications for the treatment of pain from requiring a patient to try and fail on more than two pain medications before allowing the patient access to the pain medication, or generically equivalent drug, prescribed by the provider.

Veto Message: This bill would prohibit a health plan or insurer from requiring a patient to try and "fail" more than two medications before allowing a patient to have the pain medication prescribed by his or her doctor.

While I sympathize with the author's good intentions, I am not convinced that this bill strikes the right balance between physician discretion and health plan or insurer oversight. A doctor's judgment and a health plan's clinical protocols both have a role in ensuring the prudent prescribing of pain medications. Independent medical reviews are available to resolve differences in clinical judgment when they occur, even on an expedited basis.

If current law does not suffice - and I am not certain that it doesn't, any limitations on the practice of "step-therapy" should better reflect a health plan or insurer's legitimate role in determining the allowable steps.

AB 1000 (Perea)

Health care coverage: cancer treatment.

Would have required a health plan contract or health insurance policy that provides coverage for prescription drugs and cancer chemotherapy treatment to limit enrollee out-of-pocket costs for prescribed, orally administered anticancer medications.

Veto Message: While I support the author's efforts to make oral chemotherapy treatments more affordable for the insured, this bill doesn't distinguish between health plans and insurers who make these drugs available at a reasonable cost and those who do not.

I am concerned about the high cost of these drugs, but I am also deeply sympathetic to the suffering of cancer patients.

I will direct the Department of Managed Health Care to work with the author and stakeholders to find alternative approaches to solve this problem.

XXI. PUBLIC HEALTH

Chaptered

AB 186 (Williams)

Reportable diseases and conditions.

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

AB 300 (Ma)

Safe Body Art Act.

Imposes minimum statewide standards for the regulation of practitioners engaged in the business of tattooing, body piercing, and the application of permanent cosmetics in California. Chapter 638, Statutes of 2011.

AB 581 (John A. Pérez)

Public health: food access.

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

AB 604 (Skinner)

Needle exchange programs.

Permits the Department of Public Health (DPH), until January 1, 2019, to authorize specified entities to provide hypodermic needle and syringe exchange services, as specified, 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 needles and syringes. Chapter 744, Statutes of 2011.

AB 762 (Smyth)

Public health: medical waste.

Deletes a provision in existing law that requires a specified extremely high heat technology (plasma arc technology) to be used on medical waste, biohazardous waste, and sharps waste in order for it to be consolidated into a common container, in effect permitting that waste to be incinerated in a common container. Permits that common container to be reusable. Chapter 222, Statutes of 2011.

AB 1277 (Hill, Perea)

Sherman Food, Drug, and Cosmetic Law.

Eliminates licensing inspections by the Department of Public Health (DPH) for drug or medical device manufacturers that provide documentation of ownership and other information to DPH, and limits the ability of DPH to investigate or inspect licensed drug or device manufacturers to certain specified circumstances. Chapter 688, Statutes of 2012.

AB 1319 (Butler)

Product safety: bisphenol A.

Enacts the Toxin-Free Infants and Toddlers Act and prohibits the sale, manufacture or distribution of a bottle or cup or a liquid, food or beverage in a can, jar or plastic bottle that contains bisphenol A if the item is primarily intended for children three years of age or younger. Chapter 467, Statutes of 2011.

AB 1427 (Solorio)

Food facilities: sanitization.

Adds a solution of ozone that meets specified federal regulations and that is generated by an on-site device that meets specified federal requirements to the list of chemical solutions authorized in existing law for use in the manual sanitization of utensils and equipment in food facilities. Chapter 629, Statutes of 2012.

AB 1616 (Gatto)

Food safety: cottage food operations.

Regulates the production and sale of certain non-potentially hazardous foods prepared in a home kitchen. Chapter 415, Statutes of 2012.

AB 1793 (Yamada)

Public health: federal funding: public health emergencies.

Adds long-term care facilities to the list of local health entities eligible to receive federal funding allocated for the prevention of, and response to, public health emergencies. Chapter 166, Statutes of 2012.

AB 2009 (Galgiani)

Communicable disease: vaccinations.

Deletes and recasts existing law requiring the Department of Public Health (DPH) to provide appropriate influenza (flu) vaccine to local governmental or private nonprofit agencies (agencies) at no charge in order that the agencies may provide the vaccine, at a minimal cost, at accessible locations in the order of priority, first for all persons 60 years of age or older and then to any other high-risk groups, as specified. Deletes the existing vaccination priority, and instead authorizes DPH to provide guidance to agencies as to whether one or more population groups are to have priority, as specified. Chapter 443, Statutes of 2012.

AB 2109 (Pan)

Communicable disease: immunization exemption.

Requires on and after January 1, 2014, a separate form prescribed by the Department of Public Health to accompany a letter or affidavit to exempt a child from immunization requirements under existing law on the basis that an immunization is contrary to beliefs of the child's parent or guardian. Provides that the form includes a signed attestation from a health care practitioner that information regarding the benefits and risks of immunization and the health risks of specified communicable diseases have been provided to the parent or guardian of a child, as specified. Chapter 821, Statutes of 2012.

AB 2246 (John A. Pérez)

Public health: food access.

Requires the California Healthy Food Financing Initiative (CHFFI) Council, by March 31, 2013, to establish and maintain an Internet Website with prescribed information, including information on actions that the CHFFI Council has taken and funding sources that are available to support access to healthy foods. Chapter 446, Statutes of 2012.

AB 2280 (Lara)

California Special Supplemental Food Program for Women, Infants, and Children.

Requires the Department of Public Health (DPH), in its role as administrator of the Special Supplemental Food Program for Women, Infants, and Children, to provide written notice, with specified information, to a vendor if DPH determines the vendor has committed an initial violation. Requires the notice to be delivered to the vendor within 30 days of the initial violation and before DPH conducts a second investigation for purposes of establishing a pattern of the violation to impose a sanction. Chapter 822, Statutes of 2012.

AB 2322 (Gatto)

California Special Supplemental Food Program for Women, Infants, and Children.

Requires the Department of Public Health (DPH) to adopt regulations to specify the criteria to be used and actions to be taken when initiating a moratorium on new retail food vendor location applications for the California Special Supplemental Food Program for Women, Infants, and Children. Allows DPH certain exemptions to the Administrative Procedures Act to timely respond to any changes to federal law and guidelines. Chapter 787, Statutes of 2012.

ACR 161 (Dickinson)

Food literacy awareness month.

Declares the month of September of each year as food literacy awareness month. Resolution Chapter 131, Statutes of 2012.

SB 38 (Padilla)

Radiation control: health facilities and clinics: records.

Makes July 1, 2012 the effective date by which health facilities, imaging centers and the California Department of Public Health must comply with reporting requirements in existing law for inappropriate or excessive radiation occurring during computed tomography examinations or radiation therapy. Chapter 139, Statutes of 2011.

SB 41 (Yee)

Hypodermic needles and syringes.

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

SB 614 (Kehoe)

Childhood immunization.

Permits a county office of education, the governing board of a school district of attendance, or the governing body of a charter school to allow a pupil, advancing to or enrolled in grades 7 through 12, to conditionally attend school for up to 30 calendar days, as specified, if that pupil has not been fully immunized with all pertussis boosters appropriate for the pupil's age and if certain conditions are met. Chapter 123, Statutes of 2011.

SB 659 (Negrete McLeod)

Immunizations: disclosure of information: tuberculosis screening.

Adds tuberculosis (TB) screening results to the information that may be disclosed from a patient's medical record to the Department of Public Health and local health departments operating countywide or regional immunization information and reminder systems. Defines TB screening as an approved intradermal tuberculin test or any other test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention and licensed by the federal Food and Drug Administration. Chapter 267, Statutes of 2012.

SB 1465 (Yee)

Food safety: Asian rice-based noodles.

Requires manufacturers of Asian rice-based noodles to place a date and time stamp on the packaging of the noodles indicating when the noodles first came out of hot holding, as specified, and the noodles are perishable. Exempts Asian rice-based noodles that meet specified conditions from these requirements. Chapter 658, Statutes of 2012.

SCR 47 (DeSaulnier)

Health in All Policies.

Requests that the Strategic Growth Council and the member agencies, departments, and offices of the Health in All Policies (HiAP) Task Force provide leadership on implementing the recommendations put forth in the HiAP Task Force Report and encourages interdepartmental collaboration with an emphasis on the complex environmental factors that contribute to poor health and inequities when developing policies across sectors. Resolution Chapter 56, Statutes of 2012.

Vetoed

AB 1513 (Allen)

Retail food facilities: playgrounds.

Would have revised the California Retail Food Code, which governs all aspects of retail food safety and sanitation in California, to include sanitation and safety requirements for indoor and outdoor playgrounds on the premises of retail food facilities.

Veto Message: Current law requires all premises of a food facility to be kept "clean, fully operative, and in good repair." Local health jurisdictions enforce this law, as they enforce myriad other requirements pertaining to restaurant food safety.

Until there's more evidence that the problem warrants new state law, let's maintain the principle of subsidiarity and let the locals enforce what can already be called a comprehensive mandate.

SB 977 (Yee)

Sherman Food, Drug, and Cosmetic Law: nail polish.

Would have subjected a manufacturer of nail polish that violates provisions of existing law governing misbranded cosmetics, if convicted, to a maximum fine of \$2,000 and/or imprisonment for one year in the county jail. Would have clarified that the provisions of this bill would not apply to nail salons or to distributors, retailers or wholesalers of nail polish.

Veto Message: I support the author's intent to deter businesses from breaking the law. In this instance, the bill takes aim at nail polish manufacturers that are improperly labeling their products "toxin-free" when they are not.

While bad actors should be punished, it makes no sense to increase penalties, one manufacturer at a time. The existing Sherman Food, Drug, and Cosmetic Law provides for a \$1,000 fine for a first offense, and a \$10,000 fine for subsequent offenses, for false labeling of this kind. This suffices.

SB 1318 (Wolk)

Health facilities: influenza vaccinations.

Would have required clinics and health facilities to annually offer influenza vaccinations to its employees and to require its onsite health care workers affiliated with the clinic and health facility, and persons with privileges on the medical staff to be vaccinated. Would have required, commencing January 1, 2015, each clinic and health facility, to have a 90% or higher vaccination rate, and requires the Department of Public Health by July 1, 2015, to develop a model mandatory vaccination policy, as specified. Would have applied these provisions to outpatient settings accredited by accrediting agencies approved by the Medical Board of California.

Veto Message: Encouraging health care workers to be vaccinated against influenza is good policy, and I support the national goal of achieving a 90 percent compliance rate by 2020. Indeed, several counties and many hospitals have already adopted strict mandatory vaccination policies for their employees, and others are moving voluntarily in this direction.

This bill would move the date up to 2015 and make compliance mandatory, which are requirements I do not believe are reasonable. I have confidence that local governments and health facilities are well equipped to make these decisions on their own.

XXIII. MISCELLANEOUS

Chaptered

AB 507 (Hayashi)

Controlled substances: pain management.

Makes technical and conforming changes to existing law related to severe chronic intractable pain and to the California Intractable Pain Treatment Act. Repeals provisions in existing law which permit the Department of Justice to employ a physician to interview and examine any patient in connection with the prescription possession or use of a controlled substance, requires the patient to submit to the interview and examination, and permits the physician to testify in prescribed administrative proceedings. Chapter 396, Statutes of 2011.

AB 1300 (Blumenfield)

Medical marijuana.

Allows local governments to adopt and enforce local ordinances that regulate the location, operation or establishment of a medical marijuana cooperative or collective. Chapter 196, Statutes of 2011.

ACR 69 (Hueso)

Synthetic cannabinoids and stimulants.

Urges law enforcement, first responders, schools, local elected officials, and parents to educate youth and raise awareness about the risks associated with synthetic drugs. Resolution Chapter 84, Statutes of 2011.

AB 2315 (Monning)

Governor's appointments: Senate confirmation.

Revises existing law relating to Senate confirmation of the head of the Office of Patient Advocate (OPA) to clarify that the OPA is located within the California Health and Human Services Agency. Chapter 681, Statutes of 2012.

AB 2356 (Skinner)

Tissue donation.

Authorizes a recipient of sperm donated by a sexually intimate partner (SIP) of the recipient for reproductive use to waive a second or repeat testing of that donor if the recipient is informed of the donor testing requirements, as specified, and signs a written waiver. Defines SIP to include a known or designated donor to whose sperm the recipient has previously been exposed in a nonmedical setting in an attempt to conceive. Excludes physicians and surgeons from liability and disciplinary action, as specified. Chapter 699, Statutes of 2012.

SB 484 (Rubio)

Public records: health care services contract records.

Authorizes the Legislative Analyst's Office (LAO) to have the same access to the California Department of Corrections and Rehabilitation (CDCR) health services contracts that the Joint Legislature Audit Committee and the Bureau of State Audits have under existing law. Allows CDCR records relating to health care services contracts to be open to inspection to the LAO and requires the LAO to maintain the confidentiality of any contract and amendment until the contract or amendment is fully open to inspection by the public. Chapter 336, Statutes of 2011.

SB 913 (Pavley)

Juvenile offenders: medical care.

Provides authority for a probation officer to consent to medical care for a minor who is taken into temporary custody under specified circumstances. Chapter 256, Statutes of 2011.

SJR 6 (Kehoe)

Survivors of torture.

Designates June 26, 2011, as a Day in Support of Victims of Torture in California and calls on the federal Office of Refugee Resettlement to appropriately distribute torture treatment funding through the federal Torture Victims Relief Act of 1998. Resolution Chapter 45, Statutes of 2011.

Vetoed

AB 1657 (Wieckowski)

Traffic offenses: additional penalty: spinal cord injury research.

Would have added an additional penalty assessment of \$1 for every violation of the Vehicle Code, except parking violations, to provide support to the Roman Reed Spinal Cord Injury Research Program at the University of California.

Veto Message: This bill adds a \$1 assessment to the cost of a moving violation ticket to fund the Roman Reed Program for spinal cord injury at the University of California.

Spinal cord injury research is certainly worthwhile, but the funding method chosen is not. Loading more and more costs on traffic tickets has been too easy a source of new revenue. Fines should be based on what is reasonable punishment, not on paying for more general fund activities.

SB 105 (Yee)

Public safety: snow sport helmets.

Would have required individuals under 18 years of age, when operating snow skis or a snowboard while downhill skiing or snowboarding, to wear a properly fitted and fastened snow sport helmet that meets specified standards. Would have imposed a fine of \$25 for a violation of the helmet requirement. Would have required ski resorts to post signs giving reasonable notice of this helmet requirement.

Veto Message: This measure would impose criminal penalties on a child under the age of 18 and his or her parents if the child skis or snowboards without a helmet.

While I appreciate the value of wearing a ski helmet, I am concerned about the continuing and seemingly inexorable transfer of authority from parents to the state. Not every human problem deserves a law.

I believe parents have the ability and responsibility to make good choices for their children.

SB 278 (Gaines)

Public safety: ski resorts.

Would have required ski resorts to prepare an annual safety plan, as specified, and make the plan available to the public upon request, the same day that the request is received.

Veto Message: This bill would make available to the general public a ski resort's annual safety plan as well as information about any fatal incidents. It would also require ski resorts to create their own signage policy regarding skier information.

I believe such a measure is unnecessary--yet another exercise of the State's regulatory power for objectives that, in the ordinary course, are handled by private business or the people themselves.

SB 847 (Correa)

Medical Marijuana Program: zoning restrictions: residential use.

Would have prohibited any medical marijuana (MM) entity that possesses, cultivates, or distributes MM from locating within 600 feet of a residential area unless a local ordinance has been adopted to specifically regulate the location of these entities in relation to residential use.

Veto Message: I have already signed AB 1300 that gave cities and counties authority to regulate medical marijuana dispensaries -- an authority I believe they already had.

This bill goes in the opposite direction by preempting local control and prescribing the precise locations where dispensaries may not be located. Decisions of this kind are best made in cities and counties, not the State Capitol.

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