2013 Legislative Summary

California Legislature

Assembly Committee on Health

Assembly Committee on Health
2013 LEGISLATIVE SUMMARY

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I. ACA: The Patient Protection and Affordable Care Act

Chaptered

AB 1 X1 (John A. Pérez)

Medi-Cal: eligibility.

Enacts statutory changes necessary to implement the coverage expansion, eligibility, simplified enrollment, benefits, and retention provisions of the federal Patient Protection and Affordable Care Act related to the Medicaid Program (Medi-Cal in California) and the California Children's Health Insurance Program. Makes the enactment of this bill contingent upon enactment of SB 1 X1 (Ed Hernandez). Chapter 3, Statutes of 2013-14 First Extraordinary Session.

AB 2 X1 (Pan)

Health care coverage.

Establishes health insurance market reforms contained in the Patient Protection and Affordable Care Act specific to individual purchasers, such as prohibiting insurers from denying coverage based on preexisting conditions; and updates small employer health insurance laws to respond to federal regulations. Chapter 1, Statutes of 2013-14 First Extraordinary Session.

AB 361 (Mitchell)

Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Authorizes the Department of Health Care Services (DHCS) to submit State Plan Amendments or Section 1115 waiver amendment to the federal Centers for Medicare and Medicaid Services for approval to implement a health home program for adults, children, or both, with chronic conditions pursuant to the federal Patient Protection and Affordable Care Act. Requires DHCS, if it creates a health home program, to determine if a SPA that targets adults that meet specified criteria is operationally viable. Chapter 642, Statutes of 2013.

AB 422 (Nazarian)

School lunch program applications: health care notice.

Adds information regarding 1) health care coverage available through the California Health Benefit Exchange (Exchange), known as Covered California, 2) contact information for the Exchange, and 3) coverage through Medi-Cal to notifications that may be included at the option of a school district or county superintendent on applications for the School Lunch Program, effective January 1, 2014. Requires the county to treat the School Lunch Program application as an application for a health insurance affordability program. Permits the school district to include the health care coverage notifications with other notifications made at the beginning of the first semester or quarter of the regular school term. Chapter 440, Statutes of 2013.

AB 1180 (Pan)

Health care coverage: federally eligible defined individuals: conversion or continuation of coverage.

Makes inoperative because of the federal Patient Protection and Affordable Care Act several provisions in existing state law that implement the health insurance laws of the federal Health Insurance Portability and Accountability Act of 1996 and additional provisions that provide former employees rights to convert their group health insurance coverage to individual market coverage without medical underwriting. Establishes notification requirements informing individuals affected by this bill and others of health insurance available in 2014. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 411, Statutes of 2013.

AB 1233 (Chesbro)

Medi-Cal: Administrative Claiming process.

Authorizes participating Native American Indian tribes, tribal organizations or subgroups to facilitate Medi-Cal applications, including but not limited to using the California Healthcare Eligibility, Enrollment, and Retention System, and allows reimbursement as a Medi-Cal Administrative Activities specific activity. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 306, Statutes of 2013.

AB 1428 (Conway)

California Health Benefit Exchange: employees and contractors.

Revises provisions that require the California Health Benefit Exchange (Exchange), known as Covered California, to require all employees, prospective employees, contractors, subcontractors, and vendors who facilitate enrollment in the Exchange and have access to the financial or medical information of enrollees or potential enrollees of the Exchange to be fingerprinted for the purpose of obtaining criminal history information by inserting a reference to Minimum Risk Standards for Exchanges, a specific federal document relating to health exchange privacy and security. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 561, Statutes of 2013.

SB 1 X1 (Ed Hernandez and Steinberg)

Medi-Cal: eligibility.

Enacts, along with AB 1 X1 (John A. Pérez), statutory changes necessary to implement the Medicaid (Medi-Cal in California) and the California Children's Health Insurance coverage expansion, eligibility, simplified enrollment, and retention provisions of the federal Patient Protection and Affordable Care Act (ACA). Contains the provisions of the ACA relating to benefits, Medi-Cal coverage for former foster care youth up to age 26, presumptive eligibility determinations made by qualified hospitals, and coverage for qualified immigrants. Makes the enactment of this bill contingent upon enactment of AB 1 X1 (John A. Pérez). Chapter 4, Statutes of 2013-14 First Extraordinary Session.

SB 2 X1 (Ed Hernandez)

Health care coverage.

Applies the individual insurance market reforms of the Affordable Care Act to health care service plans (health plans) regulated by the Department of Managed Health Care and updates the small group market laws for health plans to be consistent with federal regulations. Chapter 2, Statutes of 2013-14 First Extraordinary Session.

SB 3 X1 (Ed Hernandez)

Health care coverage: bridge plan.

Requires the California Health Benefit Exchange, known as Covered California, by means of selective contracting, to make a bridge plan product available to specified eligible individuals, as a qualified health plan (QHP). Exempts the bridge plan product from certain requirements that apply to QHPs relating to making the product available and marketing and selling to all individuals equally (guaranteed issue) outside the Exchange and selling products at other levels of coverage. Requires the Department of Health Care Services to include provisions relating to bridge plan products in its contracts with Medi-Cal managed care plans. Requires Covered California to evaluate three years of data from the bridge plan products, as specified. Repeals the authority for enrollment in a bridge plan product on the October 1 that falls five years after the date of federal approval. Chapter 5, Statutes of 2013-14 First Extraordinary Session.

SB 28(Ed Hernandez and Steinberg)

California Health Benefit Exchange.

Requires the Managed Risk Medical Insurance Board (MRMIB) to provide the California Health Benefit Exchange, known as Covered California, with the name, contact information, and spoken language of Major Risk Medical Insurance Program subscribers and applicants in order to assist Covered California in conducting outreach. Requires Covered California to use the information from MRMIB to provide a notice to these individuals informing them of their potential eligibility for coverage through Covered California or Medi-Cal. Permits the Department of Health Care Services (DHCS) to implement provisions of AB 1 X1 (John A. Pérez), Chapter 3, Statutes of 2013 First Extraordinary Session, and SB 1 X1 (Ed Hernandez and Steinberg), Chapter 4, Statutes of 2013 First Extraordinary Session, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Requires DHCS to adopt regulations by July 1, 2017, in accordance with the requirements of the rulemaking requirements of the Administrative Procedure Act. Requires DHCS to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. Makes technical and clarifying changes to provisions relating to a new budgeting methodology for Medi-Cal county administrative costs. Chapter 442, Statutes of 2013.

SB 161 (Ed Hernandez)

Stop-loss insurance coverage.

Establishes regulatory requirements for stop-loss insurance for small employers, including on or after January 1, 2016, setting an individual attachment point of $40,000 or greater and an aggregate attachment point of the greater of $5,000 times the total number of group members, 120% of expected claims, or $40,000. Exempts small employer stop-loss insurance issued prior to September 1, 2013, from these attachment point requirements. Chapter 443, Statutes of 2013.

SB 249 (Leno)

Public health: health records: confidentiality.

Authorizes the sharing of health records involving the diagnosis, care, and treatment of HIV or AIDS related to a beneficiary enrolled in federal Ryan White Act funded programs who may be eligible for health care under the federal Patient Protection and Affordable Care Act between the Department of Public Health and qualified entities, as specified. Chapter 445, Statutes of 2013.

SB 332 (Emmerson and DeSaulnier)

California Health Benefit Exchange: records.

Eliminates an exemption from the California Public Records Act (PRA) for contracts entered into by the California Health Benefit Exchange (Exchange, also known as Covered California); and instead requires contracts between health plans or insurers and Covered California to be open to inspection one year after the effective date and payment rates to be open three years after a contract or amendment is open to inspection. Also deletes a provision which exempts impressions, opinions, strategy, training, and other Covered California business from the PRA. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 446, Statutes of 2013.

SB 353 (Lieu)

Health care coverage: language assistance.

Requires the translation of specified documents by trained and qualified translators when a health care service plan, regulated by the Department of Managed Health Care, insurer, regulated by the California Department of Insurance, or any other person or business markets or advertises health insurance products in the individual or small group markets in a non-English language that is not a threshold language under existing law. Chapter 447, Statutes of 2013.

SB 509 (DeSaulnier and Emmerson)

California Health Benefit Exchange: background checks.

Requires the Executive Board of the California Health Benefit Exchange, known as Covered California, to require fingerprint images and related information of all employees, prospective employees, contractors, subcontractors, volunteers, or vendors whose duties include or would include access to confidential information, personal identifying information, personal health information, federal tax information, financial information, as required by federal law or guidance, for the purposes of obtaining information of the existence and content of a record of state or federal criminal history or the existence and content of pending state or federal arrests, as specified. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 10, Statutes of 2013.

SB 639 (Ed Hernandez)

Health care coverage.

Places in California law provisions of the Patient Protection and Affordable Care Act relating to out-of-pocket limits on health plan enrollee and insured cost-sharing, health plan and insurer actuarial value coverage levels and catastrophic coverage requirements, and requirements on health insurers with regard to coverage for out-of-network emergency services. Applies health plan enrollee and insured out-of-pocket limits to specialized products that offer essential health benefits. Allows carriers in the small group market to establish an index rate no more frequently than each calendar quarter. Chapter 316, Statutes of 2013.

SB 800 (Lara)

Health care coverage programs: transition.

Transfers specified employees of the Managed Risk Medical Insurance Board (MRMIB) to the Department of Health Care Services (DHCS) or the California Health Benefit Exchange (Exchange), now called Covered California, if any statute dissolves or terminates MRMIB. Requires DHCS to provide the Exchange, or its designee, information about parents or caretakers of children enrolled in the Healthy Families program or the targeted low-income Medi-Cal program in order to conduct outreach to potentially eligible individuals. Chapter 448, Statutes of 2013.

Vetoed

AB 50 (Pan)

Health care coverage: Medi-Cal: eligibility.

Would have expanded full-scope Medi-Cal to cover pregnant women with income from 60% to 100% of the federal poverty level.

Veto Message: Assembly Bill 50 would provide "full-scope" health care coverage for pregnant women between 60 and 100 percent of federal poverty level, during the first and second trimesters of pregnancy, if they otherwise meet Medi-Cal eligibility requirements. Currently, pregnant women in this and higher income groups (up to 200 percent of the federal poverty level), receive all medically necessary services related to their pregnancy.

While I support this policy, I can't support this bill.

Through the 2013 Budget Act and AB 1 and SB 1 in this year's special session, we enacted a historic expansion of our state's Medi-Cal program. Many trade-offs were made in determining our ultimate policy direction. Expanding coverage options for pregnant women, however, remained unresolved.

Rather than enacting a piecemeal change, further discussion should take place on the entire category of pregnancy-only coverage, not just women between 60-100 percent of the federal poverty level.

The development of the 2014-15 budget is underway. I am directing the Department of Health Care Services to work on a more complete proposal for January.

II. Emergency Medical Services: Trauma Care

Chaptered

AB 58 (Wieckowski)

Medical experiments: human subjects.

Makes permanent an exemption in current law that allows, until January 1, 2014, patients in life-threatening emergencies to receive medical experimental treatment without informed consent if specified conditions are met in accordance with federal law. Chapter 547, Statutes of 2013.

SB 191 (Padilla)

Emergency medical services.

Extends to January 1, 2017, existing law: 1) authorizing county Boards of Supervisors to elect to levy an additional $2 for every $10 fine, penalty, or forfeiture imposed or collected by the courts for all criminal offenses, including violations of the Alcoholic Beverage Control Act and Vehicle Code for purposes of the Maddy Emergency Medical Services Fund; 2) requiring 15% of the collected assessments to be utilized for all pediatric trauma centers throughout the county, as specified; and, 3) requiring costs of administering money deposited into the fund pursuant to such assessments to be reimbursed in an amount that does not exceed the actual administrative costs or 10% of the money collected, whichever amount is lower. Chapter 600, Statutes of 2013.

Vetoed

SB 535 (Nielsen)

Commission on Emergency Medical Services.

Would have revised the membership of the Commission on Emergency Medical Services by adding one representative from a public agency that provides air rescue and transport to be appointed by the Speaker of the Assembly and one air ambulance representative appointed by the Senate Rules Committee from a list of three names submitted by the California Association of Air Medical Services.

Veto Message: The bill seeks to increase the membership of the California Commission on Emergency Medical Services from 18 members to 20 members, adding representatives from air ambulance and air rescue and transport.

My administration proposed to eliminate this commission in 2011, as part of an overall effort to consolidate departments and streamline boards and commissions. For as long as the Commission continues to perform its work, there should be no shortage of expertise or willingness of an 18-member body to address all aspects of the system, including air ambulance and air rescue. Any lack of appropriate attention should be remedied by the commission and the public process that is used to address matters of import to the public and other system stakeholders.

III. Food Safety: Nutrition

Chaptered

AB 626 (Skinner and Lowenthal)

School nutrition.

Updates requirements for foods and drinks served in schools and makes additional changes to conform to the federal Healthy Hunger-Free Kids Act of 2010. Chapter 706, Statutes of 2013.

AB 1252 (Committee on Health)

Retail food safety.

Makes various technical, clarifying, and conforming changes to the California Retail Food Code, the state's principal law governing food safety and sanitation in retail food facilities, and makes changes necessary to implement California's cottage food operations law. Chapter 556, Statutes of 2013.

IV. Health Care Data Collection: Transparency

Chaptered

AB 1382 (Committee on Health)

Reporting.

Makes technical changes to terms used in the reporting of health data information by specified health facilities to the Office of Statewide Health Planning and Development. Deletes references to "principal language spoken" and "external cause of injury" and replaces these terms with "preferred language spoken" and "external causes of morbidity," and deletes the reporting requirement of "other external cause of injury." Makes other technical and conforming changes. Chapter 599, Statutes of 2013.

Vetoed

AB 411 (Pan)

Medi-Cal: performance measures.

Would have required that a new contract between the Department of Health Care Services and a Medi-Cal managed care external quality review organization include a requirement that patient-specific Healthcare Effectiveness Data and Information Set measures, or their External Accountability Set performance measure equivalent, be stratified by geographic region, primary language, race, ethnicity, gender, and, to the extent reliable data were available, by sexual orientation and gender identity, in order to assist with the identification of health care disparities in the care provided to Medi-Cal managed care enrollees. Would have conditioned implementation on the availability of appropriate funding.

Veto Message: Nothing in current law prevents the Department of Health Care Services from requiring its external quality review organization to provide more detailed data by geography, race, ethnicity, or other demographic attribute.

If the department sees a need or benefit that justifies the costs of procuring this additional data, I am confident that they will procure it.

AB 1208 (Pan)

Insurance affordability programs: application form.

Would have revised the questions that may be included, but are optional to be answered, on the California Healthcare Eligibility, Enrollment, and Retention System application form for Medi-Cal and Covered California coverage by adding sexual preference and gender identity. Effective January 1, 2015, would have made these questions, that include other demographic data categories, mandatory to be asked, but still optional to be answered.

Veto Message: AB 1208 would mandate that the single, standardized application for health insurance affordability programs include questions related to race, ethnicity, primary language, disability status, sexual orientation, gender identity and expression, so that applicants can voluntarily report this information beginning in 2015.

We don't need to mandate these requirements in law. The Department of Health Care Services and Covered California already have the authority to modify these types of questions on the form, and they can work constructively with stakeholders to decide what is necessary to change for 2015 and beyond.

SB 746 (Leno)

Health care coverage: premium rates.

Would have established new data reporting requirements on health plans and health insurers sold in the large group market and new specific data reporting requirements related to annual medical trend factors by service category, as well as claims data or deidentified patient-level data, as specified, for a health care service plan (health plan) or health insurer that exclusively contracts with no more than two medical groups in the state to provide or arrange for professional medical services for the enrollees of the health plan (referring to Kaiser Permanente).

Veto Message: This bill would require all health plans and insurers to disclose every year broad data relating to services used by large employer groups, including aggregate rate increases by benefit category. The bill also requires that one health plan additionally provide anonymous claims data or patient level data upon request and without charge to large purchasers.

I support efforts to make health care costs more transparent, and my administration is moving forward to establish transparency programs that will cover all health plans and systems.

I urge all parties to work together in this effort. If these voluntary efforts fail, I will seriously consider stronger actions.

V. Health Care Facilities

Chaptered

AB 297 (Chesbro)

Primary care clinics.

Authorizes a primary care clinic to submit verification of certification from the Accreditation Association for Ambulatory Health Care or any other accrediting organization recognized by the Department of Public Health (DPH) to the Licensing and Certification Division of the DPH for purposes of data collection and extraction for licensing and certification fee calculations. Chapter 583, Statutes of 2013.

AB 498 (Chávez)

Medi-Cal.

Requires the Department of Health Care Services to allocate payments for uncompensated care to Non-Designated Public Hospitals (known more commonly as district hospitals or NDPHs) from the federally funded Safety Net Care Pool (SNCP) under the state's Medicaid waiver, subject to specified conditions. Requires NDPHs, or governmental entities with which they are affiliated, to receive funding from the SNCP, minus 50% retained by the state. Requires supplemental reimbursement, under an existing Medi-Cal program that provides supplemental federal reimbursement to public distinct part nursing facilities, to be subject to a reconciliation process. Chapter 672, Statutes of 2013.

AB 620 (Buchanan)

Health and care facilities: missing patients and participants.

Requires intermediate care facilities, nursing facilities, congregate living facilities, and adult day centers to develop and comply with a patient or resident absentee notification plan for the purpose of addressing issues that arise when a resident is missing from the facility. Chapter 674, Statutes of 2013.

AB 974 (Hall)

Patient transfer: nonmedical reasons: notice to contact person or next of kin.

Establishes a requirement for hospitals seeking to transfer a person from one facility to another for nonmedical reasons to first ask for an emergency contact person who should be notified and informed about any proposed transfer. Chapter 711, Statutes of 2013.

AB 1054 (Chesbro)

Mental health: skilled nursing facility: reimbursement rate.

Replaces a current requirement for counties to provide a 4.7% annual increase to the reimbursement rates of institutions for mental disease licensed as skilled nursing facilities with a requirement for a 3.5% annual increase. Chapter 303, Statutes of 2013.

AB 1382 (Committee on Health)

Reporting.

Makes technical changes to terms used in the reporting of health data information by specified health facilities to the Office of Statewide Health Planning and Development. Deletes references to "principal language spoken" and "external cause of injury" and replaces these terms with "preferred language spoken" and "external causes of morbidity," and deletes the reporting requirement of "other external cause of injury." Makes other technical and conforming changes. Chapter 599, Statutes of 2013.

SB 239 (Ed Hernandez and Steinberg)

Medi-Cal: hospitals: quality assurance fees: distinct part skilled nursing facilities.

Enacts the Medi-Cal Hospital Reimbursement Improvement Act of 2013 to provide supplemental Medi-Cal payments to private hospitals; increased payments to Medi-Cal managed care plans for hospital services to Medi-Cal managed care enrollees; directs grants to designated public hospitals (hospitals owned or operated by counties or the University of California); directs grants to nondesignated public hospitals (hospitals owned or operated by hospital districts); and, provides funding for children's health care coverage. Requires private acute care hospitals to pay a quality assurance fee, as specified, until December 31, 2016, in order to provide funding for federal matching funds for supplemental payments, children's coverage, and direct grants. Establishes Intergovernmental Transfer programs. Eliminates a prospective Medi-Cal rate reduction that applies to distinct part nursing facilities. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 657, Statutes of 2013.

SB 357 (Correa)

Elective Percutaneous Coronary Intervention (PCI) Pilot Program.

Extends the January 1, 2014, sunset date for the Elective Percutaneous Coronary Intervention Pilot Program (PCI Pilot Program) to January 1, 2015, and requires the final report by the PCI Pilot Program oversight committee to be completed by July 31, 2013, rather than at the conclusion of the PCI Pilot Program. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 202, Statutes of 2013.

SB 402 (De León)

Breastfeeding.

Requires, by January 1, 2025, all general acute care hospitals and special hospitals that have a perinatal unit to adopt the "Ten Steps to Successful Breastfeeding," as adopted by Baby-Friendly USA, or an alternative process adopted by a health care service plan, or the Model Hospital Policy Recommendations approved by the Department of Public Health. Chapter 666, Statutes of 2013.

SB 534 (Ed Hernandez)

Health and care facilities.

Requires, until the California Departments of Public Health (DPH) and Developmental Services adopt regulations for licensure for Intermediate Care Facilities for the Developmentally Disabled - Nursing, these facilities comply with applicable federal certification standards. Requires chronic dialysis clinics, surgical clinics, and rehabilitation clinics to comply with federal certification standards until DPH has adopted regulations for those facilities. Creates a specific exemption to current law, which requires congregate living health facilities (CLHFs) to be freestanding, that allows for multiple CLHFs to exist in one multifloor building if certain requirements are met. Chapter 722, Statutes of 2013.

SB 563 (Galgiani)

Office of Statewide Health Planning and Development: hospital construction.

Requires the person or entity requesting a copy of a construction document maintained by the Office of State Health Planning and Development (OSHPD) to bear the actual cost of producing the copy of that document, including staff time spent retrieving, inspecting, and handling the documents, as well as copying and shipping costs. Requires OSHPD to provide the requestor with an estimate of the cost prior to making the copies. Chapter 470, Statutes of 2013.

SB 816 (Committee on Health)

Hospice facilities: developmental disabilities: intellectual disability.

Makes the State Fire Marshal, rather than the Office of Statewide Health Planning and Development, responsible for the development of building standards for hospice facilities, and makes other minor and technical corrections to law related to hospice facilities and intellectual disabilities. Chapter 289, Statutes of 2013.

VI. Health Care Professionals

Chaptered

AB 154 (Atkins)

Abortion.

Authorizes a nurse practitioner, certified nurse midwife, and physician assistant to perform abortion by medication or aspiration techniques in the first trimester of pregnancy upon completion of training, as specified. Chapter 662, Statutes of 2013.

AB 565 (Salas)

California Physician Corps Program.

Revises the definition of a practice setting for purposes of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) to include a physician owned and operated medical practice setting that provides primary care located in a medically underserved area (MUA), as specified. Revises the criteria of the STLRP to require that an applicant have three years providing health care services to medically underserved populations (MUPs) or in a MUA and to give priority consideration to applicants from rural communities who agree to practice in a physician owned and operated practice setting, as specified. Deletes the STLRP guideline that seeks to place the most qualified applicants in the areas with the greatest need and replaces it with the requirement that the STLRP gives preference to applicants who agree to practice in a federally designated health professional shortage area or MUA and who agree to serve a MUP. Chapter 378, Statutes of 2013.

ACR 1 (Medina)

University of California: UC Riverside School of Medicine.

Declares that the UC Riverside School of Medicine serves an important role in training a diverse workforce of physicians and providing healthcare to the underserved communities of the Inland Empire region of California. Resolution Chapter 54, Statutes of 2013.

SB 271 (Ed Hernandez)

Associate Degree Nursing Scholarship Program.

Deletes the January 1, 2014, sunset date, makes permanent the Associate Degree Nursing Scholarship Pilot Program (ADN Scholarship Program), and deletes references to the program as a pilot. Requires the Office of Statewide Health Planning and Development to post ADN Scholarship Program statistics and updates on its Internet Web site. Chapter 384, Statutes of 2013.

SB 493 (Ed Hernandez)

Pharmacy practice.

Establishes a new category of pharmacists referred to as advance practice pharmacists (APPs), authorizes the Board of Pharmacy to recognize APPs, and establishes functions for APPs; authorizes a pharmacist to independently initiate and administer vaccines, as specified; authorizes a pharmacist to perform additional functions including the furnishing of nicotine replacement products, as specified; and, the ordering and interpreting of tests, as specified. Chapter 469, Statutes of 2013.

SB 494 (Monning)

Health care providers.

Requires a health care service plan licensed by the Department of Managed Health Care to ensure one primary care physician (PCP) for every 2,000 enrollees and authorizes up to an additional 1,000 enrollees for each full-time equivalent nonphysician medical practitioner supervised by that PCP until January 1, 2019. Defines "nonphysician medical practitioner for purposes of this bill, health insurance regulated by the California Department of Insurance and the Medi-Cal program. Chapter 684, Statutes of 2013.

VII. Health Care Research

Vetoed

AB 714 (Wieckowski)

Roman Reed Spinal Cord Injury Research Fund.

Would have appropriated $1 million from the General Fund to the spinal cord injury research fund authorized by the Roman Reed Spinal Cord Injury Research Act of 1999.

Veto Message: While the measure strives to do only good - namely advance research and cures for spinal cord injury - appropriating yet more state General Fund dollars to the University of California for a select purpose is not the answer.

After several years of painful cuts, last January, I proposed substantial budget increases for the University of California ($511 million over four years) with maximum flexibility for their funding, so long as they did not increase tuition. The 2013 Budget Act provided the first portion of that increased investment.

Research is a core mission of the University of California. As such, it is entirely within the university system's discretion to fund the Spinal Cord Research Program, or any other project it deems of value. For that reason, I have consistently chosen not to support special earmarks in the University of California's budget and leave it to the university - as deeply steeped in innovation and research as it is - to make funding decisions like this.

AB 926 (Bonilla)

Reproductive health and research.

Would have required women who provide human oocytes (eggs) for research to be compensated for their time, trouble, and inconvenience in the same manner as other research subjects.

Veto Message: Not everything in life is for sale nor should it be.

This bill would legalize the payment of money in exchange for a woman submitting to invasive procedures to stimulate, extract and harvest her eggs for scientific research.

The questions raised here are not simple; they touch matters that are both personal and philosophical.

In medical procedures of this kind, genuinely informed consent is difficult because the long-term risks are not adequately known. Putting thousands of dollars on the table only compounds the problem.

Six years ago the Legislature, by near unanimity, enacted the prohibition that this bill now seeks to reverse. After careful review of the materials which both supporters and opponents submitted, I do not find sufficient reason to change course.

VIII. Health Care Service Plans & Health Insurance

Chaptered

AB 2 X1 (Pan)

Health care coverage.

Establishes health insurance market reforms contained in the Patient Protection and Affordable Care Act specific to individual purchasers, such as prohibiting insurers from denying coverage based on preexisting conditions; and updates small employer health insurance laws to respond to federal regulations. Chapter 1, Statutes of 2013-14 First Extraordinary Session.

AB 219 (Perea)

Health care coverage: cancer treatment.

Limits the total amount of copayments and coinsurance a health plan enrollee or insured is required to pay for orally administered anticancer medications to $200 for an individual prescription of up to a 30-day supply. Applies this limitation to health plans and health insurance policies available in the individual and group market and sunsets this limitation on January 1, 2019. Chapter 661, Statutes of 2013.

AB 460 (Ammiano)

Health care coverage: infertility.

Requires coverage for the treatment of infertility, and if purchased, to be offered and provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. Chapter 644, Statutes of 2013.

AB 1180 (Pan)

Health care coverage: federally eligible defined individuals: conversion or continuation of coverage.

Makes inoperative because of the federal Patient Protection and Affordable Care Act several provisions in existing state law that implement the health insurance laws of the federal Health Insurance Portability and Accountability Act of 1996 and additional provisions that provide former employees rights to convert their group health insurance coverage to individual market coverage without medical underwriting. Establishes notification requirements informing individuals affected by this bill and others of health insurance available in 2014. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 411, Statutes of 2013.

SB 2 X1 (Ed Hernandez)

Health care coverage.

Applies the individual insurance market reforms of the Affordable Care Act to health care service plans (health plans) regulated by the Department of Managed Health Care and updates the small group market laws for health plans to be consistent with federal regulations. Chapter 2, Statutes of 2013-14 First Extraordinary Session.

SB 126 (Steinberg)

Health care coverage: pervasive developmental disorder or autism.

Extends requirements on health plans and insurers to provide coverage for behavioral health treatment for pervasive developmental disorder or autism to July 1, 2019. Chapter 680, Statutes of 2013.

SB 138 (Ed Hernandez)

Confidentiality of medical information.

Requires health care service plans and health insurers to take specified steps to protect the confidentiality of an insured individual's medical information for purposes of sensitive services or if disclosure will endanger an individual, as specified. Chapter 444, Statutes of 2013.

SB 161 (Ed Hernandez)

Stop-loss insurance coverage.

Establishes regulatory requirements for stop-loss insurance for small employers, including on or after January 1, 2016, setting an individual attachment point of $40,000 or greater and an aggregate attachment point of the greater of $5,000 times the total number of group members, 120% of expected claims, or $40,000. Exempts small employer stop-loss insurance issued prior to September 1, 2013, from these attachment point requirements. Chapter 443, Statutes of 2013.

SB 332 (Emmerson and DeSaulnier)

California Health Benefit Exchange: records.

Eliminates an exemption from the California Public Records Act (PRA) for contracts entered into by the California Health Benefit Exchange (Exchange, also known as Covered California); and instead requires contracts between health plans or insurers and Covered California to be open to inspection one year after the effective date and payment rates to be open three years after a contract or amendment is open to inspection. Also deletes a provision which exempts impressions, opinions, strategy, training, and other Covered California business from the PRA. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 446, Statutes of 2013.

SB 353 (Lieu)

Health care coverage: language assistance.

Requires the translation of specified documents by trained and qualified translators when a health care service plan, regulated by the Department of Managed Health Care, insurer, regulated by the California Department of Insurance, or any other person or business markets or advertises health insurance products in the individual or small group markets in a non-English language that is not a threshold language under existing law. Chapter 447, Statutes of 2013.

SB 494 (Monning)

Health care providers.

Requires a health care service plan licensed by the Department of Managed Health Care to ensure one primary care physician (PCP) for every 2,000 enrollees and authorizes up to an additional 1,000 enrollees for each full-time equivalent nonphysician medical practitioner supervised by that PCP until January 1, 2019. Defines "nonphysician medical practitioner for purposes of this bill, health insurance regulated by the California Department of Insurance and the Medi-Cal program. Chapter 684, Statutes of 2013.

SB 639 (Ed Hernandez)

Health care coverage.

Places in California law provisions of the Patient Protection and Affordable Care Act relating to out-of-pocket limits on health plan enrollee and insured cost-sharing, health plan and insurer actuarial value coverage levels and catastrophic coverage requirements, and requirements on health insurers with regard to coverage for out-of-network emergency services. Applies health plan enrollee and insured out-of-pocket limits to specialized products that offer essential health benefits. Allows carriers in the small group market to establish an index rate no more frequently than each calendar quarter. Chapter 316, Statutes of 2013.

Vetoed

AB 912 (Quirk-Silva)

Health care coverage: fertility preservation.

Mandates that every large group health care service plan contract and health insurance policy that is issued, amended, or renewed, on and after January 1, 2014, provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee or insured.

Veto Message: The bill requires health plans and insurers to cover fertility preservation services when a medical treatment may cause infertility. This requirement would apply only to health coverage purchased by large employers.

Large group employers already have the ability to negotiate richer benefit packages that meet the needs of their employees. While I understand the desire to preserve fertility where possible, such coverage was not included in the essential health benefits that the Legislature passed just last year for individual and small group coverage.

Coverage that goes beyond the essential health benefits is no doubt useful and desirable for many, but we should not consider mandating additional benefits until we implement the comprehensive package of reforms that are required by the federal Affordable Care Act.

AB 1208 (Pan)

Insurance affordability programs: application form.

Would have revised the questions that may be included, but are optional to be answered, on the California Healthcare Eligibility, Enrollment, and Retention System application form for Medi-Cal and Covered California coverage by adding sexual preference and gender identity. Effective January 1, 2015, would have made these questions, that include other demographic data categories, mandatory to be asked, but still optional to be answered.

Veto Message: AB 1208 would mandate that the single, standardized application for health insurance affordability programs include questions related to race, ethnicity, primary language, disability status, sexual orientation, gender identity and expression, so that applicants can voluntarily report this information beginning in 2015.

We don't need to mandate these requirements in law. The Department of Health Care Services and Covered California already have the authority to modify these types of questions on the form, and they can work constructively with stakeholders to decide what is necessary to change for 2015 and beyond.

SB 746 (Leno)

Health care coverage: premium rates.

Would have established new data reporting requirements on health plans and health insurers sold in the large group market and new specific data reporting requirements related to annual medical trend factors by service category, as well as claims data or deidentified patient-level data, as specified, for a health care service plan (health plan) or health insurer that exclusively contracts with no more than two medical groups in the state to provide or arrange for professional medical services for the enrollees of the health plan (referring to Kaiser Permanente).

Veto Message: This bill would require all health plans and insurers to disclose every year broad data relating to services used by large employer groups, including aggregate rate increases by benefit category. The bill also requires that one health plan additionally provide anonymous claims data or patient level data upon request and without charge to large purchasers.

I support efforts to make health care costs more transparent, and my administration is moving forward to establish transparency programs that will cover all health plans and systems.

I urge all parties to work together in this effort. If these voluntary efforts fail, I will seriously consider stronger actions.

IX. Health Disparities

Chaptered

AB 565 (Salas)

California Physician Corps Program.

Revises the definition of a practice setting for purposes of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) to include a physician owned and operated medical practice setting that provides primary care located in a medically underserved area (MUA), as specified. Revises the criteria of the STLRP to require that an applicant have three years providing health care services to medically underserved populations (MUPs) or in a MUA and to give priority consideration to applicants from rural communities who agree to practice in a physician owned and operated practice setting, as specified. Deletes the STLRP guideline that seeks to place the most qualified applicants in the areas with the greatest need and replaces it with the requirement that the STLRP gives preference to applicants who agree to practice in a federally designated health professional shortage area or MUA and who agree to serve a MUP. Chapter 378, Statutes of 2013.

ACR 1 (Medina)

University of California: UC Riverside School of Medicine.

Declares that the UC Riverside School of Medicine serves an important role in training a diverse workforce of physicians and providing healthcare to the underserved communities of the Inland Empire region of California. Resolution Chapter 54, Statutes of 2013.

SB 353 (Lieu)

Health care coverage: language assistance.

Requires the translation of specified documents by trained and qualified translators when a health care service plan, regulated by the Department of Managed Health Care, insurer, regulated by the California Department of Insurance, or any other person or business markets or advertises health insurance products in the individual or small group markets in a non-English language that is not a threshold language under existing law. Chapter 447, Statutes of 2013.

Vetoed

AB 411 (Pan)

Medi-Cal: performance measures.

Would have required that a new contract between the Department of Health Care Services and a Medi-Cal managed care external quality review organization include a requirement that patient-specific Healthcare Effectiveness Data and Information Set measures, or their External Accountability Set performance measure equivalent, be stratified by geographic region, primary language, race, ethnicity, gender, and, to the extent reliable data were available, by sexual orientation and gender identity, in order to assist with the identification of health care disparities in the care provided to Medi-Cal managed care enrollees. Would have conditioned implementation on the availability of appropriate funding.

Veto Message: Nothing in current law prevents the Department of Health Care Services from requiring its external quality review organization to provide more detailed data by geography, race, ethnicity, or other demographic attribute.

If the department sees a need or benefit that justifies the costs of procuring this additional data, I am confident that they will procure it.

AB 1208 (Pan)

Insurance affordability programs: application form.

Would have revised the questions that may be included, but are optional to be answered, on the California Healthcare Eligibility, Enrollment, and Retention System application form for Medi-Cal and Covered California coverage by adding sexual preference and gender identity. Effective January 1, 2015, would have made these questions, that include other demographic data categories, mandatory to be asked, but still optional to be answered.

Veto Message: AB 1208 would mandate that the single, standardized application for health insurance affordability programs include questions related to race, ethnicity, primary language, disability status, sexual orientation, gender identity and expression, so that applicants can voluntarily report this information beginning in 2015.

We don't need to mandate these requirements in law. The Department of Health Care Services and Covered California already have the authority to modify these types of questions on the form, and they can work constructively with stakeholders to decide what is necessary to change for 2015 and beyond.

AB 1263 (John A. Pérez)

Medi-Cal: CommuniCal.

Would have established the Medi-Cal Patient Centered Communication program (CommuniCal), at the Department of Health Care Services (DHCS) to provide and reimburse for certified medical interpretation services to limited English proficient Medi-Cal enrollees. Would have established a certification process and registry of CommuniCal medical interpreters at DHCS and would have granted collective bargaining rights with the state.

Veto Message: The bill would require the Department of Health Care Services to establish the CommuniCal program to certify and restructure current interpreter services provided under Medi-Cal.

California has embarked on an unprecedented expansion to add more than a million people to our Medi-Cal program. Given the challenges and the many unknowns the state faces in this endeavor, I don't believe it would be wise to introduce yet another complex element.

X. Health Information Technology: Telemedicine

Vetoed

AB 1231 (V. Manuel Pérez)

Regional centers: telehealth.

Would have required the Department of Developmental Services to inform regional centers that any appropriate health care service and dentistry may be provided through telehealth and made other changes to promote the use of telehealth in the regional center system.

Veto Message: This bill would require the Department of Developmental Services to inform regional centers that any appropriate health care service, including dentistry, may be provided through telehealth. The bill would additionally require the department to ask regional centers to consider using telehealth in their parent training programs and provide technical assistance on telehealth.

Everything required by this bill either can be done, or is already being done, under existing law.

XI. HIV/AIDS

Chaptered

AB 446 (Mitchell)

HIV testing.

Requires each patient who has blood drawn at a primary care clinic and who has consented to the HIV test, as specified, to be offered an HIV test, unless otherwise specified. Deletes the requirement that a written statement be obtained from anyone who is administered a test for HIV infection and replaces this with informed consent, which may be provided orally or in writing. Authorizes the release of the result of an HIV antibody test on an Internet Web site, under certain conditions. Chapter 589, Statutes of 2013.

SB 249 (Leno)

Public health: health records: confidentiality.

Authorizes the sharing of health records involving the diagnosis, care, and treatment of HIV or AIDS related to a beneficiary enrolled in federal Ryan White Act funded programs who may be eligible for health care under the federal Patient Protection and Affordable Care Act between the Department of Public Health and qualified entities, as specified. Chapter 445, Statutes of 2013.

XII. Informed Consent

Chaptered

AB 58 (Wieckowski)

Medical experiments: human subjects.

Makes permanent an exemption in current law that allows, until January 1, 2014, patients in life-threatening emergencies to receive medical experimental treatment without informed consent if specified conditions are met in accordance with federal law. Chapter 547, Statutes of 2013.

AB 446 (Mitchell)

HIV testing.

Requires each patient who has blood drawn at a primary care clinic and who has consented to the HIV test, as specified, to be offered an HIV test, unless otherwise specified. Deletes the requirement that a written statement be obtained from anyone who is administered a test for HIV infection and replaces this with informed consent, which may be provided orally or in writing. Authorizes the release of the result of an HIV antibody test on an Internet Web site, under certain conditions. Chapter 589, Statutes of 2013.

XIII. Laboratory

Chaptered

AB 446 (Mitchell)

HIV testing.

Requires each patient who has blood drawn at a primary care clinic and who has consented to the HIV test, as specified, to be offered an HIV test, unless otherwise specified. Deletes the requirement that a written statement be obtained from anyone who is administered a test for HIV infection and replaces this with informed consent, which may be provided orally or in writing. Authorizes the release of the result of an HIV antibody test on an Internet Web site, under certain conditions. Chapter 589, Statutes of 2013.

AB 1215 (Hagman and Holden)

Clinical laboratories.

Expands the definition of laboratory director for purposes of a clinical laboratory test or examination classified as waived to include a licensed clinical laboratory scientist (CLS) and limited CLS. Authorizes a person licensed as a CLS, as specified, and qualified under the federal Clinical Laboratory Improvement Amendments to additionally perform the duties and responsibilities of a waived clinical laboratory director, as specified. Chapter 199, Statutes of 2013.

XIV. Long-Term Care

Chaptered

AB 620 (Buchanan)

Health and care facilities: missing patients and participants.

Requires intermediate care facilities, nursing facilities, congregate living facilities, and adult day centers to develop and comply with a patient or resident absentee notification plan for the purpose of addressing issues that arise when a resident is missing from the facility. Chapter 674, Statutes of 2013.

AB 776 (Yamada)

Medi-Cal.

Defines stakeholder for purposes of the Medi-Cal Coordinated Care Initiative and Long Term Services and Support Integration (LTSS) Demonstration Project as including, but not limited to, area agencies on aging (AAA) and independent living centers (ILCs). Adds AAAs and ILCs to the stakeholder group currently required to be established by June 1, 2013, to develop a uniform assessment tool for In-Home Support Services and other Home and Community Based Services. Adds AAAs and ILCs to the list of stakeholders that are to be notified and consulted by the Department of Health Care Services and the Department of Social Services prior to taking action by means of the all-county letters, plan or provider bulletins, or similar instructions in lieu of taking regulatory action when implementing the LTSS Demonstration Project. Chapter 298, Statutes of 2013.

SB 534 (Ed Hernandez)

Health and care facilities.

Requires, until the California Departments of Public Health (DPH) and Developmental Services adopt regulations for licensure for Intermediate Care Facilities for the Developmentally Disabled - Nursing, these facilities comply with applicable federal certification standards. Requires chronic dialysis clinics, surgical clinics, and rehabilitation clinics to comply with federal certification standards until DPH has adopted regulations for those facilities. Creates a specific exemption to current law, which requires congregate living health facilities (CLHFs) to be freestanding, that allows for multiple CLHFs to exist in one multifloor building if certain requirements are met. Chapter 722, Statutes of 2013.

SB 816 (Committee on Health)

Hospice facilities: developmental disabilities: intellectual disability.

Makes the State Fire Marshal, rather than the Office of Statewide Health Planning and Development, responsible for the development of building standards for hospice facilities, and makes other minor and technical corrections to law related to hospice facilities and intellectual disabilities. Chapter 289, Statutes of 2013.

XV. Maternal and Child Health

Chaptered

AB 154 (Atkins)

Abortion.

Authorizes a nurse practitioner, certified nurse midwife, and physician assistant to perform abortion by medication or aspiration techniques in the first trimester of pregnancy upon completion of training, as specified. Chapter 662, Statutes of 2013.

AB 460 (Ammiano)

Health care coverage: infertility.

Requires coverage for the treatment of infertility, and if purchased, to be offered and provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. Chapter 644, Statutes of 2013.

SB 402 (De León)

Breastfeeding.

Requires, by January 1, 2025, all general acute care hospitals and special hospitals that have a perinatal unit to adopt the "Ten Steps to Successful Breastfeeding," as adopted by Baby-Friendly USA, or an alternative process adopted by a health care service plan, or the Model Hospital Policy Recommendations approved by the Department of Public Health. Chapter 666, Statutes of 2013.

SB 460 (Pavley)

Prenatal testing program: education.

Requires the Department of Public Health (DPH) to include information regarding environmental health in the California Prenatal Screening Program patient educational information and to post that information on DPH's Internet Web site. Chapter 667, Statutes of 2013.

Vetoed

AB 50 (Pan)

Health care coverage: Medi-Cal: eligibility.

Would have expanded full-scope Medi-Cal to cover pregnant women with income from 60% to 100% of the federal poverty level.

Veto Message: Assembly Bill 50 would provide "full-scope" health care coverage for pregnant women between 60 and 100 percent of federal poverty level, during the first and second trimesters of pregnancy, if they otherwise meet Medi-Cal eligibility requirements. Currently, pregnant women in this and higher income groups (up to 200 percent of the federal poverty level), receive all medically necessary services related to their pregnancy.

While I support this policy, I can't support this bill.

Through the 2013 Budget Act and AB 1 and SB 1 in this year's special session, we enacted a historic expansion of our state's Medi-Cal program. Many trade-offs were made in determining our ultimate policy direction. Expanding coverage options for pregnant women, however, remained unresolved.

Rather than enacting a piecemeal change, further discussion should take place on the entire category of pregnancy-only coverage, not just women between 60-100 percent of the federal poverty level.

The development of the 2014-15 budget is underway. I am directing the Department of Health Care Services to work on a more complete proposal for January.

AB 912 (Quirk-Silva)

Health care coverage: fertility preservation.

Mandates that every large group health care service plan contract and health insurance policy that is issued, amended, or renewed, on and after January 1, 2014, provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee or insured.

Veto Message: The bill requires health plans and insurers to cover fertility preservation services when a medical treatment may cause infertility. This requirement would apply only to health coverage purchased by large employers.

Large group employers already have the ability to negotiate richer benefit packages that meet the needs of their employees. While I understand the desire to preserve fertility where possible, such coverage was not included in the essential health benefits that the Legislature passed just last year for individual and small group coverage.

Coverage that goes beyond the essential health benefits is no doubt useful and desirable for many, but we should not consider mandating additional benefits until we implement the comprehensive package of reforms that are required by the federal Affordable Care Act.

XVI. Mental Health

Chaptered

AB 753 (Lowenthal)

Cognitively impaired adults: caregiver resource centers.

Repeals and recasts existing law governing caregiver resource centers to reflect the transfer of their oversight from the former Department of Mental Health to the Department of Health Care Services. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 708, Statutes of 2013.

AB 1054 (Chesbro)

Mental health: skilled nursing facility: reimbursement rate.

Replaces a current requirement for counties to provide a 4.7% annual increase to the reimbursement rates of institutions for mental disease licensed as skilled nursing facilities with a requirement for a 3.5% annual increase. Chapter 303, Statutes of 2013.

SB 126 (Steinberg)

Health care coverage: pervasive developmental disorder or autism.

Extends requirements on health plans and insurers to provide coverage for behavioral health treatment for pervasive developmental disorder or autism to July 1, 2019. Chapter 680, Statutes of 2013.

SB 364 (Steinberg)

Mental health.

Revises the law related to 72-hour involuntary detention for mental health evaluation and treatment (referred to as 5150 in reference to Welfare and Institutions Code Section 5150) by adding to the types of facilities that a county is allowed to designate to provide services and allowing county mental health directors to develop procedures for the designation and training of professionals who can perform 5150 functions. Chapter 567, Statutes of 2013.

SB 585 (Steinberg and Correa)

Mental health: Mental Health Services Fund.

Clarifies that Mental Health Services Act funds and various County Realignment accounts may be used to provide mental health services under the Assisted Outpatient Treatment Demonstration Project Act of 2002, or Laura's Law, and allows counties to opt to implement Laura's Law through the county budget process. Chapter 288, Statutes of 2013.

SB 651 (Pavley and Leno)

Developmental centers and state hospitals.

Establishes requirements for sexual assault examinations of residents in state hospitals and developmental centers, and establishes a new penalty for failure of developmental centers to report specified incidents to local law enforcement. Chapter 724, Statutes of 2013.

Vetoed

AB 174 (Bonta)

Public school health centers.

Would have required the Department of Public Health to establish a pilot program in Alameda County, to the extent that funding was made available, to provide grants to eligible applicants for activities and services that directly address the mental health and related needs of students impacted by trauma.

Veto Message: Assembly Bill 174 aims to establish a pilot program in Alameda County, using non-state funds to provide school-based mental health services for students impacted by trauma.

I support the efforts of the bill but am returning it without my signature, as Alameda County can establish such a program without state intervention and may even be able to use Mental Health Services Act funding to do so.

Waiting for the state to act may cause unnecessary delays in delivering valuable mental health services to students. Counties should explore all potential funding options, including Mental Health Services Act funds, to tailor programs that best meet local needs.

AB 1231 (V. Manuel Pérez)

Regional centers: telehealth.

Would have required the Department of Developmental Services to inform regional centers that any appropriate health care service and dentistry may be provided through telehealth and made other changes to promote the use of telehealth in the regional center system.

Veto Message: This bill would require the Department of Developmental Services to inform regional centers that any appropriate health care service, including dentistry, may be provided through telehealth. The bill would additionally require the department to ask regional centers to consider using telehealth in their parent training programs and provide technical assistance on telehealth.

Everything required by this bill either can be done, or is already being done, under existing law.

XVII. Medical Records: Confidentiality

Chaptered

SB 138 (Ed Hernandez)

Confidentiality of medical information.

Requires health care service plans and health insurers to take specified steps to protect the confidentiality of an insured individual's medical information for purposes of sensitive services or if disclosure will endanger an individual, as specified. Chapter 444, Statutes of 2013.

SB 249 (Leno)

Public health: health records: confidentiality.

Authorizes the sharing of health records involving the diagnosis, care, and treatment of HIV or AIDS related to a beneficiary enrolled in federal Ryan White Act funded programs who may be eligible for health care under the federal Patient Protection and Affordable Care Act between the Department of Public Health and qualified entities, as specified. Chapter 445, Statutes of 2013.

SB 509 (DeSaulnier and Emmerson)

California Health Benefit Exchange: background checks.

Requires the Executive Board of the California Health Benefit Exchange, known as Covered California, to require fingerprint images and related information of all employees, prospective employees, contractors, subcontractors, volunteers, or vendors whose duties include or would include access to confidential information, personal identifying information, personal health information, federal tax information, financial information, as required by federal law or guidance, for the purposes of obtaining information of the existence and content of a record of state or federal criminal history or the existence and content of pending state or federal arrests, as specified. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 10, Statutes of 2013.

XVIII. Public Coverage Programs

Chaptered

AB 1 X1 (John A. Pérez)

Medi-Cal: eligibility.

Enacts statutory changes necessary to implement the coverage expansion, eligibility, simplified enrollment, benefits, and retention provisions of the federal Patient Protection and Affordable Care Act related to the Medicaid Program (Medi-Cal in California) and the California Children's Health Insurance Program. Makes the enactment of this bill contingent upon enactment of SB 1 X1 (Ed Hernandez). Chapter 3, Statutes of 2013-14 First Extraordinary Session.

AB 361 (Mitchell)

Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Authorizes the Department of Health Care Services (DHCS) to submit State Plan Amendments or Section 1115 waiver amendment to the federal Centers for Medicare and Medicaid Services for approval to implement a health home program for adults, children, or both, with chronic conditions pursuant to the federal Patient Protection and Affordable Care Act. Requires DHCS, if it creates a health home program, to determine if a SPA that targets adults that meet specified criteria is operationally viable. Chapter 642, Statutes of 2013.

AB 422 (Nazarian)

School lunch program applications: health care notice.

Adds information regarding 1) health care coverage available through the California Health Benefit Exchange (Exchange), known as Covered California, 2) contact information for the Exchange, and 3) coverage through Medi-Cal to notifications that may be included at the option of a school district or county superintendent on applications for the School Lunch Program, effective January 1, 2014. Requires the county to treat the School Lunch Program application as an application for a health insurance affordability program. Permits the school district to include the health care coverage notifications with other notifications made at the beginning of the first semester or quarter of the regular school term. Chapter 440, Statutes of 2013.

AB 498 (Chávez)

Medi-Cal.

Requires the Department of Health Care Services to allocate payments for uncompensated care to Non-Designated Public Hospitals (known more commonly as district hospitals or NDPHs) from the federally funded Safety Net Care Pool (SNCP) under the state's Medicaid waiver, subject to specified conditions. Requires NDPHs, or governmental entities with which they are affiliated, to receive funding from the SNCP, minus 50% retained by the state. Requires supplemental reimbursement, under an existing Medi-Cal program that provides supplemental federal reimbursement to public distinct part nursing facilities, to be subject to a reconciliation process. Chapter 672, Statutes of 2013.

AB 776 (Yamada)

Medi-Cal.

Defines stakeholder for purposes of the Medi-Cal Coordinated Care Initiative and Long Term Services and Support Integration (LTSS) Demonstration Project as including, but not limited to, area agencies on aging (AAA) and independent living centers (ILCs). Adds AAAs and ILCs to the stakeholder group currently required to be established by June 1, 2013, to develop a uniform assessment tool for In-Home Support Services and other Home and Community Based Services. Adds AAAs and ILCs to the list of stakeholders that are to be notified and consulted by the Department of Health Care Services and the Department of Social Services prior to taking action by means of the all-county letters, plan or provider bulletins, or similar instructions in lieu of taking regulatory action when implementing the LTSS Demonstration Project. Chapter 298, Statutes of 2013.

AB 1233 (Chesbro)

Medi-Cal: Administrative Claiming process.

Authorizes participating Native American Indian tribes, tribal organizations or subgroups to facilitate Medi-Cal applications, including but not limited to using the California Healthcare Eligibility, Enrollment, and Retention System, and allows reimbursement as a Medi-Cal Administrative Activities specific activity. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 306, Statutes of 2013.

SB 1 X1 (Ed Hernandez and Steinberg)

Medi-Cal: eligibility.

Enacts, along with AB 1 X1 (John A. Pérez), statutory changes necessary to implement the Medicaid (Medi-Cal in California) and the California Children's Health Insurance coverage expansion, eligibility, simplified enrollment, and retention provisions of the federal Patient Protection and Affordable Care Act (ACA). Contains the provisions of the ACA relating to benefits, Medi-Cal coverage for former foster care youth up to age 26, presumptive eligibility determinations made by qualified hospitals, and coverage for qualified immigrants. Makes the enactment of this bill contingent upon enactment of AB 1 X1 (John A. Pérez). Chapter 4, Statutes of 2013-14 First Extraordinary Session.

SB 3 X1 (Ed Hernandez)

Health care coverage: bridge plan.

Requires the California Health Benefit Exchange, known as Covered California, by means of selective contracting, to make a bridge plan product available to specified eligible individuals, as a qualified health plan (QHP). Exempts the bridge plan product from certain requirements that apply to QHPs relating to making the product available and marketing and selling to all individuals equally (guaranteed issue) outside the Exchange and selling products at other levels of coverage. Requires the Department of Health Care Services to include provisions relating to bridge plan products in its contracts with Medi-Cal managed care plans. Requires Covered California to evaluate three years of data from the bridge plan products, as specified. Repeals the authority for enrollment in a bridge plan product on the October 1 that falls five years after the date of federal approval. Chapter 5, Statutes of 2013-14 First Extraordinary Session.

SB 28 (Ed Hernandez and Steinberg)

California Health Benefit Exchange.

Requires the Managed Risk Medical Insurance Board (MRMIB) to provide the California Health Benefit Exchange, known as Covered California, with the name, contact information, and spoken language of Major Risk Medical Insurance Program subscribers and applicants in order to assist Covered California in conducting outreach. Requires Covered California to use the information from MRMIB to provide a notice to these individuals informing them of their potential eligibility for coverage through Covered California or Medi-Cal. Permits the Department of Health Care Services (DHCS) to implement provisions of AB 1 X1 (John A. Pérez), Chapter 3, Statutes of 2013 First Extraordinary Session, and SB 1 X1 (Ed Hernandez and Steinberg), Chapter 4, Statutes of 2013 First Extraordinary Session, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Requires DHCS to adopt regulations by July 1, 2017, in accordance with the requirements of the rulemaking requirements of the Administrative Procedure Act. Requires DHCS to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. Makes technical and clarifying changes to provisions relating to a new budgeting methodology for Medi-Cal county administrative costs. Chapter 442, Statutes of 2013.

SB 208 (Lara)

Public social services: contracting.

Deletes a prohibition on Medi-Cal prepaid health plans entering into any subcontract in which consideration is determined by a percentage of the primary contractor's payment from the Department of Health Care Services (DHCS), subject to objection from DHCS and instead authorizes these arrangements. Chapter 656, Statutes of 2013.

SB 239 (Ed Hernandez and Steinberg)

Medi-Cal: hospitals: quality assurance fees: distinct part skilled nursing facilities.

Enacts the Medi-Cal Hospital Reimbursement Improvement Act of 2013 to provide supplemental Medi-Cal payments to private hospitals; increased payments to Medi-Cal managed care plans for hospital services to Medi-Cal managed care enrollees; directs grants to designated public hospitals (hospitals owned or operated by counties or the University of California); directs grants to nondesignated public hospitals (hospitals owned or operated by hospital districts); and, provides funding for children's health care coverage. Requires private acute care hospitals to pay a quality assurance fee, as specified, until December 31, 2016, in order to provide funding for federal matching funds for supplemental payments, children's coverage, and direct grants. Establishes Intergovernmental Transfer programs. Eliminates a prospective Medi-Cal rate reduction that applies to distinct part nursing facilities. Contains an urgency clause to ensure that the provisions of this bill take effect immediately upon enactment. Chapter 657, Statutes of 2013.

SB 800 (Lara)

Health care coverage programs: transition.

Transfers specified employees of the Managed Risk Medical Insurance Board (MRMIB) to the Department of Health Care Services (DHCS) or the California Health Benefit Exchange (Exchange), now called Covered California, if any statute dissolves or terminates MRMIB. Requires DHCS to provide the Exchange, or its designee, information about parents or caretakers of children enrolled in the Healthy Families program or the targeted low-income Medi-Cal program in order to conduct outreach to potentially eligible individuals. Chapter 448, Statutes of 2013.

Vetoed

AB 50 (Pan)

Health care coverage: Medi-Cal: eligibility.

Would have expanded full-scope Medi-Cal to cover pregnant women with income from 60% to 100% of the federal poverty level.

Veto Message: Assembly Bill 50 would provide "full-scope" health care coverage for pregnant women between 60 and 100 percent of federal poverty level, during the first and second trimesters of pregnancy, if they otherwise meet Medi-Cal eligibility requirements. Currently, pregnant women in this and higher income groups (up to 200 percent of the federal poverty level), receive all medically necessary services related to their pregnancy.

While I support this policy, I can't support this bill.

Through the 2013 Budget Act and AB 1 and SB 1 in this year's special session, we enacted a historic expansion of our state's Medi-Cal program. Many trade-offs were made in determining our ultimate policy direction. Expanding coverage options for pregnant women, however, remained unresolved.

Rather than enacting a piecemeal change, further discussion should take place on the entire category of pregnancy-only coverage, not just women between 60-100 percent of the federal poverty level.

The development of the 2014-15 budget is underway. I am directing the Department of Health Care Services to work on a more complete proposal for January.

AB 411 (Pan)

Medi-Cal: performance measures.

Would have required that a new contract between the Department of Health Care Services and a Medi-Cal managed care external quality review organization include a requirement that patient-specific Healthcare Effectiveness Data and Information Set measures, or their External Accountability Set performance measure equivalent, be stratified by geographic region, primary language, race, ethnicity, gender, and, to the extent reliable data were available, by sexual orientation and gender identity, in order to assist with the identification of health care disparities in the care provided to Medi-Cal managed care enrollees. Would have conditioned implementation on the availability of appropriate funding.

Veto Message: Nothing in current law prevents the Department of Health Care Services from requiring its external quality review organization to provide more detailed data by geography, race, ethnicity, or other demographic attribute.

If the department sees a need or benefit that justifies the costs of procuring this additional data, I am confident that they will procure it.

AB 1208 (Pan)

Insurance affordability programs: application form.

Would have revised the questions that may be included, but are optional to be answered, on the California Healthcare Eligibility, Enrollment, and Retention System application form for Medi-Cal and Covered California coverage by adding sexual preference and gender identity. Effective January 1, 2015, would have made these questions, that include other demographic data categories, mandatory to be asked, but still optional to be answered.

Veto Message: AB 1208 would mandate that the single, standardized application for health insurance affordability programs include questions related to race, ethnicity, primary language, disability status, sexual orientation, gender identity and expression, so that applicants can voluntarily report this information beginning in 2015.

We don't need to mandate these requirements in law. The Department of Health Care Services and Covered California already have the authority to modify these types of questions on the form, and they can work constructively with stakeholders to decide what is necessary to change for 2015 and beyond.

AB 1263 (John A. Pérez)

Medi-Cal: CommuniCal.

Would have established the Medi-Cal Patient Centered Communication program (CommuniCal), at the Department of Health Care Services (DHCS) to provide and reimburse for certified medical interpretation services to limited English proficient Medi-Cal enrollees. Would have established a certification process and registry of CommuniCal medical interpreters at DHCS and would have granted collective bargaining rights with the state.

Veto Message: The bill would require the Department of Health Care Services to establish the CommuniCal program to certify and restructure current interpreter services provided under Medi-Cal.

California has embarked on an unprecedented expansion to add more than a million people to our Medi-Cal program. Given the challenges and the many unknowns the state faces in this endeavor, I don't believe it would be wise to introduce yet another complex element.

XIX. Prescription Drugs

Chaptered

AB 219 (Perea)

Health care coverage: cancer treatment.

Limits the total amount of copayments and coinsurance a health plan enrollee or insured is required to pay for orally administered anticancer medications to $200 for an individual prescription of up to a 30-day supply. Applies this limitation to health plans and health insurance policies available in the individual and group market and sunsets this limitation on January 1, 2019. Chapter 661, Statutes of 2013.

AB 1136 (Levine)

Pharmacists: drug disclosures.

Requires a pharmacist, on and after January 1, 2014, if a pharmacist exercising his or her professional judgment determines that a drug may impair a person's ability to operate a vehicle or vessel, to include a written label on the drug container indicating that the drug may impair a person's ability to operate a vehicle or vessel. Permits the label to be printed on an auxiliary label that is affixed to the prescription container. Makes other technical and clarifying changes. Chapter 304, Statutes of 2013.

Vetoed

SB 205 (Corbett)

Prescription drugs: labeling.

Would have deleted and recast existing law on labeling requirements for prescription containers; and, required, beginning January 1, 2016, the following information currently required to be included on the label of a prescription container, to be printed in 12-point sans serif typeface: 1) the manufacturer's trade or generic name of the drug and the name of the manufacturer, as specified; 2) directions for the use of the drug; 3) name of the patient or patients; 4) strength of the drug or drugs dispensed; and, 5) the condition or purpose for which the drug was prescribed if the condition or purpose was indicated on the prescription. Would have made other technical and clarifying changes.

Veto Message: The bill would require certain parts of a prescription drug's label to be printed in at least 12-point typeface.

The Board of Pharmacy is required to provide an update of its 2010 labeling guidelines to the Legislature next month. I prefer to wait for their findings before mandating such a change.

SB 294 (Emmerson)

Sterile drug products.

Repeals and recasts existing law relating to the licensure of a pharmacy that compounds sterile drug products by the Board of Pharmacy, and expands the types of sterile compounded drugs for which a license is required; deletes an existing licensure exemption for certain types of pharmacies; and, requires inspection of and imposes additional requirements for in-state and nonresident sterile compounding pharmacies. Chapter 565, Statutes of 2013.

SB 598 (Hill)

Biosimilars.

Would have authorized a pharmacist filling a prescription order for a prescribed biological product to substitute a biosimilar only if certain conditions are met, including notifying the prescriber within five business days of the selection.

Veto Message: Senate Bill 598 would effect two changes to our state's pharmacy law. First, it would allow interchangeable "biosimilar" drugs to be substituted for biologic drugs, once these interchangeable drugs are approved by the federal Food and Drug Administration (FDA). This is a policy I strongly support.

Second, it requires pharmacists to send notifications back to prescribers about which drug was dispensed. This requirement, which on its face looks reasonable, is for some reason highly controversial. Doctors with whom I have spoken would welcome this information. CalPERS and other large purchasers warn that the requirement itself would cast doubt on the safety and desirability of more cost-effective alternatives to biologics.

The FDA, which has jurisdiction for approving all drugs, has not yet determined what standards will be required for biosimilars to meet the higher threshold for "interchangeability." Given this fact, to require physician notification at this point strikes me as premature.

For these reasons, I am returning SB 598 without my signature.

XX. School/Pupil Health

Chaptered

AB 422 (Nazarian)

School lunch program applications: health care notice.

Adds information regarding 1) health care coverage available through the California Health Benefit Exchange (Exchange), known as Covered California, 2) contact information for the Exchange, and 3) coverage through Medi-Cal to notifications that may be included at the option of a school district or county superintendent on applications for the School Lunch Program, effective January 1, 2014. Requires the county to treat the School Lunch Program application as an application for a health insurance affordability program. Permits the school district to include the health care coverage notifications with other notifications made at the beginning of the first semester or quarter of the regular school term. Chapter 440, Statutes of 2013.

AB 626 (Skinner and Lowenthal)

School nutrition.

Updates requirements for foods and drinks served in schools and makes additional changes to conform to the federal Healthy Hunger-Free Kids Act of 2010. Chapter 706, Statutes of 2013.

Vetoed

AB 174 (Bonta)

Public school health centers.

Would have required the Department of Public Health to establish a pilot program in Alameda County, to the extent that funding was made available, to provide grants to eligible applicants for activities and services that directly address the mental health and related needs of students impacted by trauma.

Veto Message: Assembly Bill 174 aims to establish a pilot program in Alameda County, using non-state funds to provide school-based mental health services for students impacted by trauma.

I support the efforts of the bill but am returning it without my signature, as Alameda County can establish such a program without state intervention and may even be able to use Mental Health Services Act funding to do so.

Waiting for the state to act may cause unnecessary delays in delivering valuable mental health services to students. Counties should explore all potential funding options, including Mental Health Services Act funds, to tailor programs that best meet local needs.

XXI. Miscellaneous

Chaptered

AB 119 (Committee on Environmental Safety and Toxic Materials)

Water treatment devices.

Deletes existing law that requires water treatment devices to be certified by the Department of Public Health (DPH) and instead requires manufacturers, commencing January 1, 2014, to submit to DPH specified information for inclusion on DPH's Internet Web site. Prohibits a water treatment device for which a health or safety claim is made from being sold or distributed unless the device has a valid certificate issued on or before December 31, 2013, or the device has been certified by an independent certification organization that has been accredited by the American National Standards Institute, as specified and the device is included on the list of water treatment devices published on DPH's Web site. Chapter 403, Statutes of 2013.

AB 130 (Alejo)

Health care districts: chief executive officers: benefits.

Prohibits a contract between a health care district and its chief executive officer (CEO) from authorizing retirement benefits to be paid to the CEO before he or she retires. Chapter 92, Statutes of 2013.

AB 464 (Daly)

Vital records.

Updates existing law to allow for requests of birth, death, and marriage certificates using digitized images, requires the use of a specified form for the acknowledgement of an instrument, and allows an informational copy of a death certificate to be used to prove the death of a person for real property transfer purposes. Chapter 78, Statutes of 2013.

AB 1168 (Pan)

Safe body art.

Makes a number of changes to existing law governing the business of body art in California to improve safety and enforcement in permanent, temporary, and mobile facilities. Chapter 555, Statutes of 2013.

AB 1297 (John A. Pérez)

Coroners: organ donation.

Facilitates the sharing of information between coroners and organ procurement organizations regarding cases in which an anatomical gift may be available from a person whose demise is imminent and that person's body will be subject to a death investigation by the coroner post mortem. Chapter 341, Statutes of 2013.

Vetoed

AB 714 (Wieckowski)

Roman Reed Spinal Cord Injury Research Fund.

Would have appropriated $1 million from the General Fund to the spinal cord injury research fund authorized by the Roman Reed Spinal Cord Injury Research Act of 1999.

Veto Message: While the measure strives to do only good - namely advance research and cures for spinal cord injury - appropriating yet more state General Fund dollars to the University of California for a select purpose is not the answer.

After several years of painful cuts, last January, I proposed substantial budget increases for the University of California ($511 million over four years) with maximum flexibility for their funding, so long as they did not increase tuition. The 2013 Budget Act provided the first portion of that increased investment.

Research is a core mission of the University of California. As such, it is entirely within the university system's discretion to fund the Spinal Cord Research Program, or any other project it deems of value. For that reason, I have consistently chosen not to support special earmarks in the University of California's budget and leave it to the university - as deeply steeped in innovation and research as it is - to make funding decisions like this.

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