



**CALIFORNIA REPUBLIC**

★ **2 0 1 5** ★

**LEGISLATIVE SUMMARY**

**CALIFORNIA LEGISLATURE**  
**Assembly Committee on Health**



# Assembly Committee on Health

# 2 0 1 5

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## **I. PATIENT PROTECTION AND AFFORDABLE CARE ACT**

*Chaptered*

### **SB 43 Ed Hernandez**

Health care coverage: essential health benefits.

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

## II. ALCOHOL AND DRUG PROGRAMS

*Vetoed*

### **AB 193 Maienschein**

Mental health: conservatorship hearings.

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

### III. AGING AND LONG-TERM CARE

*Chaptered*

#### **AB 918 Mark Stone**

Seclusion and restraint: developmental services: health facilities.

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

#### **ABX2-15 Eggman, Alejo, Mark Stone**

End of life.

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

#### **SB 613 Allen**

State Department of Public Health: dementia guidelines: workgroup.

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

*Vetoed*

**AB 1261 Burke**

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

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



## IV. CHRONIC DISEASE

*Chaptered*

### **ABX2-15 Eggman, Alejo, Mark Stone**

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### **SCR 59 Galgiani**

Chronic obstructive pulmonary disease awareness.

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

*Vetoed*

### **AB 1060 Bonilla**

Cancer clinical trials.

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

## V. HEALTH CARE DATA COLLECTION/TRANSPARENCY

*Chaptered*

### **AB 461 Mullin**

Coordinated Care Initiative.

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

### **AB 918 Mark Stone**

Seclusion and restraint: developmental services: health facilities.

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

### **AB 1129 Burke**

Emergency medical services: data and information system.

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

### **SB 137 Ed Hernandez**

Health care coverage: provider directories.

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

*Vetoed*

**AB 176 Bonta**

Data collection

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

**AB 1526 Committee on Aging and Long-Term Care**

Behavioral Risk Factor Surveillance System survey: caregiver module.

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

## **VI. DENTAL/ORAL HEALTH**

*Chaptered*

### **AB 502 Chau**

Dental hygiene.

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

## VII. EMERGENCY MEDICAL SERVICES

*Chaptered*

### **AB 503 Rodriguez**

Emergency medical services.

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

### **AB 1129 Burke**

Emergency medical services: data and information system.

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

### **AB 1149 Wood**

Public health emergencies: funding.

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

## **AB 1223 O'Donnell**

Emergency medical services: ambulance transportation.

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

## **SB 19 Wolk**

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

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

## **SB 326 Beall**

Courts: penalties: emergency services funding.

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



*Vetoed*

**AB 521 Nazarian**

HIV testing.

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

*Vetoed*

## VIII. HEALTH CARE FACILITIES

### *Chaptered*

#### **AB 81 Wood**

Hospitals: seismic safety.

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

#### **AB 232 Obernolte**

Hospitals: seismic safety.

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

#### **AB 389 Chau**

Hospitals: language assistance services.

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

#### **AB 444 Gipson**

Health facilities: epidural and enteral feeding connectors.

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

**AB 486 Bonilla**

Centralized hospital packaging pharmacies: medication labels.

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

**AB 503 Rodriguez**

Emergency medical services.

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

**AB 658 Wilk**

County jails: inmate health care services: rates.

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

**AB 775 Chiu, Burke**

Reproductive FACT Act.

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

**AB 848 Mark Stone**

Alcoholism and drug abuse treatment facilities.

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

**AB 918 Mark Stone**

Seclusion and restraint: developmental services: health facilities.

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

**AB 941 Wood**

Clinics: licensure and regulation: exemption.

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

**AB 1130 Gray**

Clinics: licensing: hours of operation.

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

**AB 1147 Maienschein**

Health facilities: pediatric day health and respite care facilities.

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

**AB 1177 Gomez, Burke, Low**

Primary care clinics: written transfer agreements.

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

**AB 1211 Maienschein**

Health care facilities: congregate living health facility.

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

**SB 147 Ed Hernandez**

Federally qualified health centers.

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

**SB 361 Hill**

Antimicrobial stewardship: education and policies.

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

**SB 675    Liu**

Hospitals: family caregivers.

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

**SB 792    Mendoza**

Day care facilities: immunizations: exemptions.

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

**SJR 8      Ed Hernandez**

Medicare: observation status.

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

*Vetoed*

**AB 858    Wood**

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

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



**AB 1261 Burke**

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

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

**SB 610 Pan**

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

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

## **IX. FOOD SAFETY/NUTRITION**

*Chaptered*

### **AB 143 Wood**

Food facilities.

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

### **AB 226 Atkins**

Retail food safety: fishermen's markets.

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

### **AB 234 Gordon**

Food: sale.

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

### **AB 384 Perea**

Food safety.

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

## **X. HEALTH CARE ADMINISTRATION/ADMINISTRATORS**

*Chaptered*

### **AB 614 Brown**

Health care standards of practice.

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

## **XI. HEALTH CARE COVERAGE**

*Chaptered*

### **AB 374 Nazarian**

Health care coverage: prescription drugs.

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

## **XII. HEALTH CARE PROFESSIONALS**

*Chaptered*

### **AB 502 Chau**

Dental hygiene.

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

## **XIII. HEALTH DISPARITIES**

*Chaptered*

### **AB 389 Chau**

Hospitals: language assistance services.

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

### **AB 941 Wood**

Clinics: licensure and regulation: exemption.

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

### **SB 4 Lara**

Health care coverage: immigration status.

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

### **SB 388 Mitchell**

Health care coverage: solicitation and enrollment.

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

*Vetoed*

**AB 176 Bonta**

Data collection

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

**SB 291 Lara**

Public health: vulnerable communities.

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

## **XIV. HEALTH INFORMATION TECHNOLOGY/TELEMEDICINE**

### *Chaptered*

#### **AB 250 Obernolte**

Telehealth: marriage and family therapist interns and trainees.

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

#### **AB 294 Lackey, Steinorth**

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

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

#### **AB 1129 Burke**

Emergency medical services: data and information system.

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

#### **AB 1337 Linder**

Medical records: electronic delivery.

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



**SB 282 Ed Hernandez**

Health care coverage: prescription drugs.

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

**SB 546 Leno**

Health care coverage: rate review.

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

**SB 671 Hill**

Pharmacy: biological product.

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

## **XV. HIV/AIDS**

### *Chaptered*

#### **AB 339 Gordon**

Health care coverage: outpatient prescription drugs.

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

### *Vetoed*

#### **AB 521 Nazarian**

HIV testing.

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

## **XVI. HEALTH CARE SERVICE PLANS AND INSURANCE**

*Chaptered*

### **AB 248 Roger Hernández**

Health insurance: minimum value: large group market policies.

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

### **AB 627 Gomez**

Pharmacy benefit managers: contracting pharmacies.

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

### **AB 658 Wilk**

County jails: inmate health care services: rates.

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

### **AB 1163 Rodriguez**

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

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

## **AB 1305 Bonta**

Limitations on cost sharing: family coverage.

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

## **SB 43 Ed Hernandez**

Health care coverage: essential health benefits.

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

## **SB 125 Ed Hernandez**

Health care coverage.

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

## **SB 137 Ed Hernandez**

Health care coverage: provider directories.

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

## **SB 388 Mitchell**

Health care coverage: solicitation and enrollment.

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

**SB 407 Morrell**

Comprehensive Perinatal Services Program: licensed midwives.

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

**SB 546 Leno**

Health care coverage: rate review.

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

## **XVII. MATERNAL AND CHILDREN'S HEALTH**

### *Chaptered*

#### **AB 187 Bonta**

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

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

#### **AB 775 Chiu, Burke**

Reproductive FACT Act.

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

*Chapter 700, Statutes of 2015*

#### **SB 4 Lara**

Health care coverage: immigration status.

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

#### **SB 276 Wolk**

Medi-Cal: local educational agencies.

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

**SB 277 Pan, Allen**  
Public health: vaccinations.

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

**SB 319 Beall**  
Child welfare services: public health nursing.

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

**SB 792 Mendoza**  
Day care facilities: immunizations: exemptions.

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

*Vetoed*

**AB 50 Mullin**  
Medi-Cal: evidence-based home visiting programs.

Would have required the Department of Health Care Services to develop a plan, in consultation with stakeholders, on or before January 1, 2017, to ensure that evidence-based home visiting programs, as defined, are offered and provided to Medi-Cal eligible pregnant and parenting women. *Vetoed*

## **XVIII. MENTAL HEALTH**

### *Chaptered*

#### **AB 1194 Eggman**

Mental health: involuntary commitment.

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

#### **AB 1424 Mullin**

Mental health: community mental health board.

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

#### **SB 613 Allen**

State Department of Public Health: dementia guidelines: workgroup.

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

### *Vetoed*

#### **AB 193 Maienschein**

Mental health: conservatorship hearings.

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



**AB 745    Chau**

Mental Health Services Oversight and Accountability Commission.

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

**AB 861    Maienschein**

Mental health: community-based services.

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

**SB 291    Lara**

Public health: vulnerable communities.

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

## **XIX. MEDICAL MARIJUANA**

*Chaptered*

### **AB 258 Levine**

Organ transplants: medical marijuana: qualified patients.

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

### **SB 643 McGuire**

Medical marijuana.

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

## **XX. MEDICAL RECORDS/CONFIDENTIALITY**

*Chaptered*

### **AB 1337 Linder**

Medical records: electronic delivery.

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

### **SB 319 Beall**

Child welfare services: public health nursing.

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

## **XXI. ORGANS, BLOOD, AND TISSUE**

*Chaptered*

### **AB 258 Levine**

Organ transplants: medical marijuana: qualified patients.

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

## **XXII. PUBLIC COVERAGE PROGRAMS**

### *Chaptered*

#### **AB 187 Bonta**

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

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

#### **AB 294 Lackey, Steinorth**

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

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

#### **AB 461 Mullin**

Coordinated Care Initiative.

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

#### **AB 664 Dodd**

Medi-Cal: universal assessment tool report.

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

#### **AB 1423 Mark Stone**

Prisoners: medical treatment.

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

**AB 1424 Mullin**

Mental health: community mental health board.

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

**SB 4 Lara**

Health care coverage: immigration status.

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

**SB 36 Ed Hernandez, De León**

Medi-Cal: demonstration project.

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

**SB 145 Pan**

Robert F. Kennedy Farm Workers Medical Plan.

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

**SB 147 Ed Hernandez**

Federally qualified health centers.

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

**SB 276 Wolk**

Medi-Cal: local educational agencies.

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

**SB 299 Monning**

Medi-Cal: provider enrollment.

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

**SB 407 Morrell**

Comprehensive Perinatal Services Program: licensed midwives.

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

**SB 613 Allen**

State Department of Public Health: dementia guidelines: workgroup.

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

**SJR 7 Pan**

Medical residency programs.

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

**SJR 8 Ed Hernandez**

Medicare: observation status.

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

*Vetoed*

**AB 50 Mullin**

Medi-Cal: evidence-based home visiting programs.

Would have required the Department of Health Care Services to develop a plan, in consultation with stakeholders, on or before January 1, 2017, to ensure that evidence-based home visiting programs, as defined, are offered and provided to Medi-Cal eligible pregnant and parenting women. *Vetoed*

**AB 68 Waldron**

Medi-Cal.

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

**AB 521 Nazarian**

HIV testing.

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



**AB 858 Wood**

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

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

**AB 861 Maienschein**

Mental health: community-based services.

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

**AB 1162 Holden**

Medi-Cal: tobacco cessation.

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

**AB 1231 Wood**

Medi-Cal: nonmedical transportation.

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

**AB 1261 Burke**

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

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

**SB 610 Pan**

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

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

*Conference Committee*

**ABX2-1 Bonta**

Medi-Cal: developmental services: funding.

States it is the intent of the Legislature to enact legislation to establish funding sources and mechanisms to provide additional support and access to services for the state's Medi-Cal and developmental services programs. *Conference Committee*

**SBX2-2 Ed Hernandez**

Medi-Cal: developmental services: provider rate increases.

States it is the intent of the Legislature to enact legislation that would stabilize funding for the Medi-Cal program and provide rate increases for providers of Medi-Cal and developmental services. *Conference Committee*

## **XXIII. PUBLIC HEALTH**

### *Chaptered*

#### **AB 614 Brown**

Health care standards of practice.

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

#### **AB 918 Mark Stone**

Seclusion and restraint: developmental services: health facilities.

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

#### **AB 1149 Wood**

Public health emergencies: funding.

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

#### **AB 1177 Gomez, Burke, Low**

Primary care clinics: written transfer agreements.

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

**AB 1424 Mullin**

Mental health: community mental health board.

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

**SB 36 Ed Hernandez, De León**

Medi-Cal: demonstration project.

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

**SB 804 Committee on Health**

Public health.

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

*Vetoed*

**AB 521 Nazarian**

HIV testing.

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

*Vetoed*

**AB 858 Wood**

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

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

**AB 1060 Bonilla**

Cancer clinical trials.

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

**AB 1526 Committee on Aging and Long-Term Care**

Behavioral Risk Factor Surveillance System survey: caregiver module.

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

## XXIV. HEALTH CARE RESEARCH

*Chaptered*

### **SB 19 Wolk**

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

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

*Vetoed*

### **AB 159 Calderon**

Investigational drugs, biological products, and devices.

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

### **AB 1060 Bonilla**

Cancer clinical trials.

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

### **AB 1526 Committee on Aging and Long-Term Care**

Behavioral Risk Factor Surveillance System survey: caregiver module.

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

## **XXV. PRESCRIPTION DRUGS**

### *Chaptered*

#### **AB 339 Gordon**

Health care coverage: outpatient prescription drugs.

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

#### **AB 374 Nazarian**

Health care coverage: prescription drugs.

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

#### **AB 486 Bonilla**

Centralized hospital packaging pharmacies: medication labels.

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

**AB 627 Gomez**

Pharmacy benefit managers: contracting pharmacies.

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

**ABX2-15 Eggman, Alejo, Mark Stone**

End of life.

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

**SB 277 Pan, Allen**

Public health: vaccinations.

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

**SB 282 Ed Hernandez**

Health care coverage: prescription drugs.

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

**SB 319 Beall**

Child welfare services: public health nursing.

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



**SB 361 Hill**

Antimicrobial stewardship: education and policies.

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

**SB 671 Hill**

Pharmacy: biological product.

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

**SB 792 Mendoza**

Day care facilities: immunizations: exemptions.

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

*Vetoed*

**AB 68 Waldron**

Medi-Cal.

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

**AB 159 Calderon**

Investigational drugs, biological products, and devices.

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

**AB 1162 Holden**

Medi-Cal: tobacco cessation.

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

## **XXVI. SUBSTANCE ABUSE**

### *Chaptered*

#### **AB 848 Mark Stone**

Alcoholism and drug abuse treatment facilities.

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

#### **SB 277 Pan, Allen**

Public health: vaccinations.

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

### *Vetoed*

#### **AB 193 Maienschein**

Mental health: conservatorship hearings.

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

## **XXVII. SCOPE OF PRACTICE**

### *Chaptered*

#### **AB 250 Obernolte**

Telehealth: marriage and family therapist interns and trainees.

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

#### **AB 502 Chau**

Dental hygiene.

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

#### **AB 848 Mark Stone**

Alcoholism and drug abuse treatment facilities.

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

#### **SB 407 Morrell**

Comprehensive Perinatal Services Program: licensed midwives.

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

**SB 643 McGuire**

Medical marijuana.

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

*Vetoed*

**AB 858 Wood**

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

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