

2009

2009 Legislative Summary

Assembly Committee on Health

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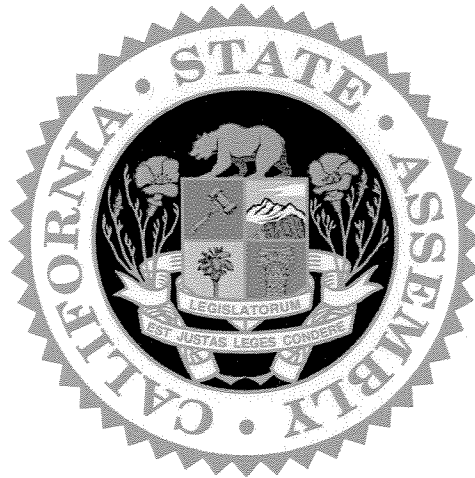
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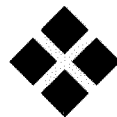
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CALIFORNIA LEGISLATURE
Assembly Committee on Health



2009
LEGISLATIVE SUMMARY



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I. ALCOHOL AND DRUG PROGRAMS (ADP)

Vetoed

AB 217 (Beall)

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

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

Veto Message

The author and I share the goal to improve alcohol, drug screening and brief intervention services in the Medi-Cal population. In fact, I proposed to include screening and brief intervention services in my 2008 May Revision. While this proposal was ultimately rejected, I appreciate the author's continued efforts to include this important service in our state's Medicaid program.

Clinical data shows that screening and brief interventions reduce avoidable health problems associated with alcohol and drug abuse, including emergency room utilization as well as reducing substance use-related arrests and traffic violations. Unfortunately, this bill contains several significant problems that prevent its implementation and put the state General Fund at risk.

I would urge the author to work with my Administration to secure a feasible proposal in next year's budget process.

II. AGING (AG)

Chaptered

AB 392 (Feuer)

Long-term health care facilities.

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

AB 577 (Bonnie Lowenthal)

Program of All-Inclusive Care for the Elderly.

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

AB 1543 (Jones)

Medicare supplemental coverage.

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

SB 117 (Corbett)

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

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

Vetoed

AB 369 (Yamada)
Adult day health care centers.

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

Veto Message

This measure is premature and would add new General Fund costs to the Medi-Cal program when significant reductions are currently being implemented.

Furthermore, the new facilities are still under construction and not scheduled to provide services until at least July 2011.

I encourage the author to examine ways to provide these services in the most cost-effective manner and propose them through the annual budget process.

III. CHRONIC DISEASE (CD)

Chaptered

SB 221 (Walters)

Home dialysis agencies.

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

ACR 62 (Galgiani)

Chronic obstructive pulmonary disease awareness.

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

IV. EMERGENCY MEDICAL SERVICES (EMS)

Chaptered

AB 235 (Hayashi)

Emergency services and care.

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

AB 1475 (Solorio)

Emergency medical services.

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

Vetoed

AB 911 (Lieu)

Emergency room crowding.

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

Veto Message

I agree with the author and sponsors that emergency room overcrowding is a significant crisis facing our healthcare delivery system in California. Although I support the intent behind this bill, statute is not necessary and I do not believe it will provide any significant improvement to the underlying problem.

Hospitals and emergency room physicians have a strong and compelling interest to reduce emergency room overcrowding. I would encourage them to use the crowding score outlined in this bill and work to develop full-capacity protocols that best address their individual hospital needs.

SB 196 (Corbett)
Emergency medical services.

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

Veto Message

While I share the author's concern about the significant strain being placed on our emergency room network in California, I cannot support a bill that would mandate a hospital to maintain specific services when those services are not a requirement of licensure. Forcing hospitals to keep an emergency room open, especially when they are closing because of financial circumstances, will only jeopardize patient care due to the rapid attrition of medical and nursing staff, as well as suppliers.

V. FOOD SAFETY (FS)

Chaptered

SB 241 (Runner)

Retail food facilities.

Makes a number of technical and clarifying changes to food safety laws governing retail food facilities regulated under the California Retail Food Code (CRFC) and establishes a new category of single operating site mobile food facilities subject to the CRFC.

Includes an urgency clause to make this bill effective immediately upon enactment.

Chapter 571, Statutes of 2009

Vetoed

AB 1512 (Lieu)

Food and drugs: sale.

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

Veto Message

This bill is unnecessary. Current law already has strong provisions and accompanying penalties for adulterated food and drug products.

SB 173 (Florez)

Food safety: testing and recalls.

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

Veto Message

This bill is unnecessary. The Department of Public Health already has broad statutory and administrative authority to ensure contaminated food product is removed from commerce. This bill does not provide any additional improvements to that authority.

VI. HEALTH CARE COVERAGE (HCC)

Chaptered

AB 23 (Jones)

Cal-COBRA: premium assistance.

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

AB 119 (Jones)

Health care coverage: pricing.

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

AB 108 (Hayashi)

Individual health care coverage.

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

AB 1541 (Committee on Health)

Health care coverage.

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

Vetoed

AB 2 (De La Torre) Individual health care coverage.

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

Veto Message

I have repeatedly indicated I would support a bill that provides strong statutory protections for consumers against inappropriate rescissions by health plans. However, this bill continues to have a provision that benefits trial lawyers rather than consumers. I remain comfortable sending this bill back for a second time without my signature because of the strong consumer protections the Department of Managed Health Care and Department of Insurance have successfully implemented over the past two years. The number of rescissions industry-wide has decreased significantly since 2005. Millions of dollars have been assessed against health plans and insurers; corrective action plans have been received and approved; revised consumer disclosures have been reviewed for literacy, consistency and compliance with the settlement agreements; and lastly, the two departments are working together to ensure that all health plans meet the same standards of fairness and full disclosure. The market has changed and it is because of my Administration's strong action in this area.

The precedent-setting 4th District Court of Appeals decision in Hailey v. Blue Shield relied heavily on the Department of Managed Health Care's amicus brief. The court's reliance on this brief speaks to the strong work of the Department and the balance required when enacting consumer protections and ensuring access to the individual health plan market. I have no interest in overturning that appellate decision and the definitive interpretation of the post-claims underwriting statute.

In addition, I have signed targeted measures that prohibit plans from financially incentivizing their employees to rescind or cancel policies; require plans to offer coverage to families when the individual on the contract has been rescinded or cancelled; and most recently, I have signed Assembly Bill 108 that will prohibit a health plan from rescinding or canceling a contract after 24 months.

I would request that the Legislature send me a bill that codifies the Hailey decision, as I have asked for since 2008. When that occurs, I will be happy to sign that bill.

AB 56 (Portantino)

Health care coverage: mammographies.

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

Veto Message

The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. This, like other mandates, only increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 98 (De La Torre)

Maternity services.

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

Veto Message

I have vetoed similar bills twice before. The addition of this mandate must be considered in the larger context of how it will increase the overall cost of health care. This, like other mandates, only increases premiums in an environment in which health coverage is increasingly expensive.

Maternity coverage is offered and available in today's individual insurance market. Consumers can choose whether they want to purchase this type of coverage, and the pricing is reflective of that choice. While the perfect world would allow for all health conditions to be covered, including maternity, I cannot allow the perfect to become the enemy of the good. There is a reason the individual insurance market regulated by the Department of Insurance is growing consumers are choosing policies they can afford.

Essentially, I am faced with choosing between covering fewer people, but with better coverage or allowing more people to buy a policy that offers reduced benefits at a lower cost. It is not an easy choice. However, because I continue to have serious concerns about the rising costs of healthcare and believe the potential benefits of a mandate of this magnitude will translate to fewer individuals being able to afford coverage, I cannot support this bill.

AB 115 (Beall)

Adult Health Coverage Expansion Program.

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

Veto Message

While I support providing more opportunities for uninsured individuals to obtain affordable health coverage, I vetoed a similar measure last year. The underlying program has never been implemented and my concerns from last year remain.

VII. HEALTH CARE FACILITY

Chaptered

AB 188 (Jones)

Medi-Cal: quality assurance fee revenue.

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

AB 215 (Feuer)

Long-term health care facilities: ratings.

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

AB 235 (Hayashi)

Emergency services and care.

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

AB 303 (Beall)

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

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

AB 523 (Huffman)

Hospitals: seismic safety.

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

AB 818 (Hernandez)

Health facilities: connection ports.

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

AB 896 (Galgiani)

Health care programs: provider reimbursement rates.

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

AB 931 (Fletcher)

Emergency supplies.

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

AB 1083 (John A. Perez)
Health facilities: security plans.

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

AB 1142 (Price)
Medi-Cal: proof of eligibility.

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

AB 1383 (Jones)
Medi-Cal: hospital payments: quality assurance fees.

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

AB 1544 (Committee on Health)
Health facilities: licensure.

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

SB 148 (Oropeza)

Mammogram machines: inspection: posting of results.

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

SB 221 (Walters)

Home dialysis agencies.

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

SB 499 (Ducheny)

Hospitals: seismic safety.

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

SB 743 (Committee on Health)

Health facilities: psychiatric patient release.

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

Vetoed

AB 57 (Price)

University of California hospitals: staffing.

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

Veto Message

I have vetoed similar bills in previous years. The reasons for my veto have not changed. For this reason, I am unable to sign this bill.

AB 574 (Hill)

Health facilities: smoking.

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

Veto Message

I support California's strong anti-smoking programs, as evidenced by my support for several anti-smoking bills over the last several years. I signed legislation that prohibited smoking in a vehicle with children; increased the fines and penalties for selling tobacco products to underage minors; and banned tobacco products in our state correctional facilities and state hospitals. I also support California's strong anti-smoking program and included funds for a stronger smoking cessation program in my 2007 health care reform proposal.

However, this bill is unnecessary. Current law already prohibits smoking in hospital patient care areas, waiting rooms and visiting rooms of a health facility. Hospitals also have the ability to further restrict smoking on their campuses to include open-air areas such as patios, parking lots and sidewalks.

AB 599 (Hall)

Forensic blood alcohol testing laboratories.

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

Veto Message

This bill is a premature delegation of regulatory oversight from a state department to a private entity. If there is a more efficient manner to provide oversight for forensic alcohol laboratories, I encourage the stakeholders to work with the Department of Public Health on a solution that does not eliminate important state functions.

AB 911 (Lieu)
Emergency room crowding.

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

Veto Message

I agree with the author and sponsors that emergency room overcrowding is a significant crisis facing our healthcare delivery system in California. Although I support the intent behind this bill, statute is not necessary and I do not believe it will provide any significant improvement to the underlying problem.

Hospitals and emergency room physicians have a strong and compelling interest to reduce emergency room overcrowding. I would encourage them to use the crowding score outlined in this bill and work to develop full-capacity protocols that best address their individual hospital needs.

AB 1462 (Feuer)
Medi-Cal: inpatient hospital services contracts.

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

Veto Message

While I understand the author's interest in securing additional resources for California hospitals, this bill is unnecessary. The California Medical Assistance Commission already takes a multitude of factors into consideration when negotiating hospital inpatient service contracts. In fact, it would be impossible to list all these various factors in statute. The broad approach already outlined in law allows the Commission administrative flexibility during negotiations in order to best serve the hospitals and the state's Medi-Cal program.

SB 196 (Corbett)
Emergency medical services.

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

Veto Message

While I share the author's concern about the significant strain being placed on our emergency room network in California, I cannot support a bill that would mandate a hospital to maintain specific services when those services are not a requirement of licensure. Forcing hospitals to keep an emergency room open, especially when they are closing because of financial circumstances, will only jeopardize patient care due to the rapid attrition of medical and nursing staff, as well as suppliers.

SB 674 (Negrete McLeod)

Healing arts.

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

Veto Message

While some provisions may provide marginal improvements to consumer protection, I cannot support this bill when it fails to address the need for stronger licensing and oversight of outpatient surgical centers. The continued reliance by the medical community on external accreditation agencies without enforcement capability is an insufficient solution for protecting patients. As outpatient surgeries continue to increase in number and complexity, surgical centers cannot continue to perform procedures in an unregulated and unenforced environment.

I would ask the medical community to work with my Administration next year to bring consistent and effective oversight to this growing industry in the shared interest of protecting patient safety.

VIII. HEALTH CARE PROFESSIONALS (HCP)

Chaptered

AB 221 (Portantino)

HIV testing: skin punctures.

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

AB 356 (Fletcher)

Radiologic technology: fluoroscopy.

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

AB 667 (Block)

Topical fluoride application.

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

AB 681 (Hernandez)

Confidentiality of medical information: psychotherapy.

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

AB 839 (Emmerson)
Medi-Cal: providers: remedies.

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

AB 995 (Block)
Tissue bank licensing.

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

AB 1142 (Price)
Medi-Cal: proof of eligibility.

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

ACR 75 (V. Manuel Perez)
Promotores and community health workers.

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

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

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

Vetoed

AB 57 (Price)

University of California hospitals: staffing.

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

Veto Message

I have vetoed similar bills in previous years. The reasons for my veto have not changed. For this reason, I am unable to sign this bill.

AB 517 (Ma)

Safe Body Art Act.

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

Veto Message

While I appreciate the author's attempt to provide minimum statewide standards for body piercing, tattooing and the application of permanent cosmetics, I do not see a compelling need at this time for additional legislation. Body art guidelines were developed several years ago, and local jurisdictions have the option to establish these requirements in their own county. Many counties have chosen to do so, and I am unaware of why the state must take further action to regulate these businesses.

AB 543 (Ma)

Perinatal care: The Nurse-Family Partnership.

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

Veto Message

Since the Nurse-Family Partnership program was signed into law in 2006, there have been no private or federal funds received by the state for this program. Since there are no funds to appropriate, there is no need to extend the sunset date for the program's fund account.

Furthermore, this bill removes the Director of Finance's discretion regarding the level of sufficient funding and triggers an arbitrary threshold of \$500,000 for the establishment of a statewide program without the necessary infrastructure.

AB 657 (Hernandez)

Health professions workforce: master plan.

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

Veto Message

While I support the intent of the author and recognize the importance in developing California's health professions workforce, this bill is unnecessary and duplicative of efforts already underway.

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

Chaptered

AB 23 (Jones)

Cal-COBRA: premium assistance.

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

AB 108 (Hayashi)

Individual health care coverage.

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

AB 119 (Jones)

Health care coverage: pricing.

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

AB 235 (Hayashi)

Emergency services and care.

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

AB 830 (Cook)

Drugs and devices.

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

AB 952 (Krekorian)

Health information: disclosure: Taft-Hartley plans.

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

AB 1422 (Bass)

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

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

AB 1543 (Jones)

Medicare supplemental coverage.

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

SB 296 (Lowenthal)
Mental health services.

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

SB 630 (Steinberg)
Health care coverage: cleft palate reconstructive surgery: dental and orthodontic services.

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

Vetoed

AB 2 (De La Torre)
Individual health care coverage.

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

Veto Message

I have repeatedly indicated I would support a bill that provides strong statutory protections for consumers against inappropriate rescissions by health plans. However, this bill continues to have a provision that benefits trial lawyers rather than consumers. I remain comfortable sending this bill back for a second time without my signature because of the strong consumer protections the Department of Managed Health Care and Department of Insurance have successfully implemented over the past two years. The number of rescissions industry-wide has decreased significantly since 2005. Millions of dollars have been assessed against health plans and insurers; corrective action plans have been received and approved; revised consumer disclosures have been reviewed for literacy, consistency and compliance with the settlement agreements; and lastly, the two departments are working together to ensure that all health plans meet the same standards of fairness and full disclosure. The market has changed and it is because of my Administration's strong action in this area.

The precedent-setting 4th District Court of Appeals decision in Hailey v. Blue Shield relied heavily on the Department of Managed Health Care's amicus brief. The court's reliance on this brief speaks to the strong work of the Department and the balance required when enacting consumer protections and ensuring access to the individual health plan market. I have no interest in overturning that appellate decision and the definitive interpretation of the post-claims underwriting statute.

In addition, I have signed targeted measures that prohibit plans from financially incentivizing their employees to rescind or cancel policies; require plans to offer coverage to families when the individual on the contract has been rescinded or cancelled; and most recently, I have signed Assembly Bill 108 that will prohibit a health plan from rescinding or canceling a contract after 24 months.

I would request that the Legislature send me a bill that codifies the Hailey decision, as I have asked for since 2008. When that occurs, I will be happy to sign that bill.

AB 56 (Portantino)

Health care coverage: mammographies.

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

Veto Message

The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. This, like other mandates, only increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 98 (De La Torre)
Maternity services.

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

Veto Message

I have vetoed similar bills twice before. The addition of this mandate must be considered in the larger context of how it will increase the overall cost of health care. This, like other mandates, only increases premiums in an environment in which health coverage is increasingly expensive.

Maternity coverage is offered and available in today's individual insurance market. Consumers can choose whether they want to purchase this type of coverage, and the pricing is reflective of that choice. While the perfect world would allow for all health conditions to be covered, including maternity, I cannot allow the perfect to become the enemy of the good. There is a reason the individual insurance market regulated by the Department of Insurance is growing: consumers are choosing policies they can afford.

Essentially, I am faced with choosing between covering fewer people, but with better coverage or allowing more people to buy a policy that offers reduced benefits at a lower cost. It is not an easy choice. However, because I continue to have serious concerns about the rising costs of healthcare and believe the potential benefits of a mandate of this magnitude will translate to fewer individuals being able to afford coverage, I cannot support this bill.

AB 244 (Beall)

Health care coverage: mental health services.

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

Veto Message

I have vetoed similar measures twice before. The addition of a new mandate, especially one of this magnitude, will only serve to significantly increase the overall cost of health care. This, like other mandates, also increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 513 (De Leon)

Health care coverage: breast-feeding.

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

Veto Message

I share the author's interest in promoting safer, healthier outcomes for mothers and their children. My Administration has several programs dedicated to promoting and encouraging mothers to breastfeed their infants for the multitude of health benefits it provides.

However, the addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. This, like other mandates, only increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 730 (De La Torre)

Health insurance: unlawful postclaims underwriting: penalties.

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

Veto Message

This bill attempts to align enforcement provisions between the Department of Managed Health Care and the California Department of Insurance. However, it does not create this much-needed consistency, but instead continues to subject regulated entities to differing standards.

In addition, while I believe the Managed Risk Medical Insurance Program to be a possible and appropriate location for some of the penalties associated with these fines, I cannot support provisions that further limit revenue to the General Fund and decrease the state's ability to direct resources to its highest priorities.

AB 745 (Coto)

Self-funded dental benefit plans: administrators.

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

Veto Message

This bill is unnecessary. The federal Department of Labor has already adopted requirements governing self-funded benefit plans and their disclosure statements. Appropriate complaint and contact information is already included in order for patients and providers to seek redress. For this reason, I am unable to sign this bill.

SB 158 (Wiggins)

Health care coverage: human papillomavirus vaccination.

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

Veto Message

I have vetoed similar bills twice before. The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

SB 161 (Wright)

Health care coverage: cancer treatment.

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

Veto Message

While I have historically supported greater access to necessary pharmaceutical treatments and appreciate the author and sponsors' intent, I cannot support this particular measure. For those patients fortunate enough to have health coverage in today's economic environment, health plans already provide coverage for oral anticancer medications. This bill limits a plan's ability to control both the appropriateness of the care and the cost by requiring them to immediately cover every medication as soon as it receives federal approval regardless of the provisions of the health plan's formulary placing them at a severe disadvantage when negotiating prices with drug manufacturers.

I do believe that oral anticancer medications can be more cost-effective and efficacious in some instances. If there is a way to provide greater access without increasing overall costs, I would be willing to reconsider such a measure next year. I would encourage a collaborative approach with my Administration, the health plans, and the pharmaceutical manufacturers next year on this topic.

X. HEALTH DISPARITIES (HD)

Chaptered

AJR 17 (Swanson)
HIV/AIDS health disparities.

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

ACR 29 (Jones)
Health disparities: racial and ethnic populations.

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

XI. HEALTH INFORMATION TECHNOLOGY/TELEMEDICINE (HIT)

Chaptered

AB 175 (Galgiani)

Medical telemedicine: optometrists.

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

SB 337 (Alquist)

Health information.

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

XII. HIV/AIDS (HIV)

Chaptered

AB 221 (Portantino)

HIV testing: skin punctures.

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

AB 830 (Cook)

Drugs and devices.

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

AB 1045 (John A. Perez)

HIV and AIDS reporting.

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

AJR 9 (John A. Perez)

Ryan White HIV/AIDS Treatment Modernization Act of 2006.

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

AJR 17 (Swanson)
HIV/AIDS health disparities.

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

XIII. INFORMED CONSENT (INCON)

Chaptered

AB 1116 (Carter)

Cosmetic surgery.

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

AB 1317 (Block)

Assisted oocyte production: advertisement: information.

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

Vetoed

AB 1397 (Hill)

Tissue donation.

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

Veto Message

While I support the intent of this bill, some provisions inappropriately restrict the administrative and regulatory authority of the Department of Public Health for adopting or modifying the American Society for Reproductive Medicine guidelines.

I would be willing to reconsider a bill that does not infringe on the Department's regulatory authority.

SB 303 (Alquist)

Nursing facility residents: informed consent.

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

Veto Message

My Administration is concerned about the inappropriate use of psychotherapeutic medications, especially antipsychotics, in skilled nursing facilities. One recent study concluded that over half of the residents receiving antipsychotic therapy were being treated outside the current Center for Medicare and Medicaid Service guidelines.

I have instructed my Department of Public Health to identify providers that may be inappropriately prescribing these medications and thereby posing a threat to the health and safety of residents in skilled nursing facilities. If the department's analysis indicates that such inappropriate prescribing behavior is occurring and recommends statutory changes in this area, I ask the Legislature to immediately seek changes to correct it.

I thank the author for bringing this issue to my Administration's attention and will continue to monitor this closely.

XIV. LABORATORIES (LAB)

Chaptered

SB 744 (Strickland)

Clinical Laboratories.

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

AB 1045 (John A. Perez)

HIV and AIDS reporting.

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

Vetoed

AB 599 (Hall)

Forensic blood alcohol testing laboratories.

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

Veto Message

This bill is a premature delegation of regulatory oversight from a state department to a private entity. If there is a more efficient manner to provide oversight for forensic alcohol laboratories, I encourage the stakeholders to work with the Department of Public Health on a solution that does not eliminate important state functions.

XV. LONG TERM CARE (LTC)

Chaptered

AB 215 (Feuer)

Long-term health care facilities: ratings.

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

AB 392 (Feuer)

Long-term health care facilities.

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

AB 577 (Bonnie Lowenthal)

Program of All-Inclusive Care for the Elderly.

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

AB 773 (Lieu)

Health facilities: citations: notifications.

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

AB 931 (Fletcher)
Emergency supplies.

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

AB 1457 (Davis)
Long-term health care facilities: admission contracts.

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

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

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

Vetoed

AB 249 (Carter)
Health facilities: marking patient devices.

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

Veto Message

I am returning Assembly Bill 249 without my signature. This bill is unnecessary and duplicative of requirements already required for long-term care facilities.

AB 369 (Yamada)

Adult day health care centers.

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

Veto Message

This measure is premature and would add new General Fund costs to the Medi-Cal program when significant reductions are currently being implemented.

Furthermore, the new facilities are still under construction and not scheduled to provide services until at least July 2011.

I encourage the author to examine ways to provide these services in the most cost-effective manner and propose them through the annual budget process.

SB 303 (Alquist)

Nursing facility residents: informed consent.

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

Veto Message

My Administration is concerned about the inappropriate use of psychotherapeutic medications, especially antipsychotics, in skilled nursing facilities. One recent study concluded that over half of the residents receiving antipsychotic therapy were being treated outside the current Center for Medicare and Medicaid Service guidelines.

I have instructed my Department of Public Health to identify providers that may be inappropriately prescribing these medications and thereby posing a threat to the health and safety of residents in skilled nursing facilities. If the department's analysis indicates that such inappropriate prescribing behavior is occurring and recommends statutory changes in this area, I ask the Legislature to immediately seek changes to correct it.

I thank the author for bringing this issue to my Administration's attention and will continue to monitor this closely.

XVI. MATERNAL AND CHILD HEALTH (MCH)

Chaptered

AB 896 (Galgiani)

Health care programs: provider reimbursement rates.

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

AB 1317 (Block)

Assisted oocyte production: advertisement: information.

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

SB 249 (Cox)

Vaccinations: meningococcal disease.

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

SCR 36 (Alquist)

Adolescent health.

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

Vetoed

AB 56 (Portantino)

Health care coverage: mammographies.

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

Veto Message

The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. This, like other mandates, only increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 98 (De La Torre)

Maternity services.

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

Veto Message

I have vetoed similar bills twice before. The addition of this mandate must be considered in the larger context of how it will increase the overall cost of health care. This, like other mandates, only increases premiums in an environment in which health coverage is increasingly expensive.

Maternity coverage is offered and available in today's individual insurance market. Consumers can choose whether they want to purchase this type of coverage, and the pricing is reflective of that choice. While the perfect world would allow for all health conditions to be covered, including maternity, I cannot allow the perfect to become the enemy of the good. There is a reason the individual insurance market regulated by the Department of Insurance is growing consumers are choosing policies they can afford.

Essentially, I am faced with choosing between covering fewer people, but with better coverage or allowing more people to buy a policy that offers reduced benefits at a lower cost. It is not an easy choice. However, because I continue to have serious concerns about the rising costs of healthcare and believe the potential benefits of a mandate of this magnitude will translate to fewer individuals being able to afford coverage, I cannot support this bill.

AB 217 (Beall)

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

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

Veto Message

The author and I share the goal to improve alcohol, drug screening and brief intervention services in the Medi-Cal population. In fact, I proposed to include screening and brief intervention services in my 2008 May Revision. While this proposal was ultimately rejected, I appreciate the author's continued efforts to include this important service in our state's Medicaid program.

Clinical data shows that screening and brief interventions reduce avoidable health problems associated with alcohol and drug abuse, including emergency room utilization as well as reducing substance use-related arrests and traffic violations. Unfortunately, this bill contains several significant problems that prevent its implementation and put the state General Fund at risk.

I would urge the author to work with my Administration to secure a feasible proposal in next year's budget process.

AB 513 (De Leon)

Health care coverage: breast-feeding.

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

Veto Message

I share the author's interest in promoting safer, healthier outcomes for mothers and their children. My Administration has several programs dedicated to promoting and encouraging mothers to breastfeed their infants for the multitude of health benefits it provides.

However, the addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. This, like other mandates, only increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 1397 (Hill)

Tissue donation.

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

Veto Message

While I support the intent of this bill, some provisions inappropriately restrict the administrative and regulatory authority of the Department of Public Health for adopting or modifying the American Society for Reproductive Medicine guidelines.

I would be willing to reconsider a bill that does not infringe on the Department's regulatory authority.

AB 1512 (Lieu)

Food and drugs: sale.

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

Veto Message

This bill is unnecessary. Current law already has strong provisions and accompanying penalties for adulterated food and drug products.

SB 158 (Wiggins)

Health care coverage: human papillomavirus vaccination.

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

Veto Message

I have vetoed similar bills twice before. The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

SB 257 (Pavley)

Lactation accommodation: state employees.

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

Veto Message

This bill would require every state agency and department, including local offices, when notified by a female employee that she is nearing maternity leave, to notify the employee of information regarding lactation accommodation on the Internet Web site of the Department of Public Health.

While I appreciate the author's intent, I believe that this bill is unnecessary. Current law already requires that accommodation be made for lactating employees. I do not believe it has been adequately demonstrated that employees are unaware of their options.

SB 674 (Negrete McLeod)
Healing arts.

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

Would have required MBC to post a fact sheet on its web site to educate the public about cosmetic surgery; would have required specified healing arts licensees to include professional designations behind their names in advertisements; and stated legislative intent that the Department of Public Health inspect the peer review process utilized by acute care hospitals during its periodic inspections.

Veto Message

While some provisions may provide marginal improvements to consumer protection, I cannot support this bill when it fails to address the need for stronger licensing and oversight of outpatient surgical centers. The continued reliance by the medical community on external accreditation agencies without enforcement capability is an insufficient solution for protecting patients. As outpatient surgeries continue to increase in number and complexity, surgical centers cannot continue to perform procedures in an unregulated and unenforced environment.

I would ask the medical community to work with my Administration next year to bring consistent and effective oversight to this growing industry in the shared interest of protecting patient safety.

XVII. MENTAL HEALTH (MH)

Chaptered

AB 235 (Hayashi)

Emergency services and care.

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

AB 398 (Monning)

Acquired brain trauma: administration.

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

AB 681 (Hernandez)

Confidentiality of medical information: psychotherapy.

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

AB 1571 (Committee on Veterans Affairs)

Mental health services: county plans: veterans.

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

SB 296 (Lowenthal)

Mental health services.

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

SB 743 (Committee on Health)

Health facilities: psychiatric patient release.

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

Vetoed

AB 244 (Beall)

Health care coverage: mental health services.

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

Veto Message

I have vetoed similar measures twice before. The addition of a new mandate, especially one of this magnitude, will only serve to significantly increase the overall cost of health care. This, like other mandates, also increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

XVIII. MEDICAL RECORDS/CONFIDENTIALITY (MRC)

Chaptered

AB 681 (Hernandez)

Confidentiality of medical information: psychotherapy.

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

AB 952 (Krekorian)

Health information: disclosure: Taft-Hartley plans.

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

SB 337 (Alquist)

Health information.

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

XIX. ORGANS, BLOOD & TISSUE (OBT)

Chaptered

AB 995 (Block)

Tissue bank licensing.

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

AB 1317 (Block)

Assisted oocyte production: advertisement: information.

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

Vetoed

AB 1397 (Hill)

Tissue donation.

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

Veto Message

While I support the intent of this bill, some provisions inappropriately restrict the administrative and regulatory authority of the Department of Public Health for adopting or modifying the American Society for Reproductive Medicine guidelines.

I would be willing to reconsider a bill that does not infringe on the Department's regulatory authority.

SB 674 (Negrete McLeod)
Healing arts.

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

Would have required MBC to post a fact sheet on its web site to educate the public about cosmetic surgery, would have required specified healing arts licensees to include professional designations behind their names in advertisements; and stated legislative intent that the Department of Public Health inspect the peer review process utilized by acute care hospitals during its periodic inspections.

Veto Message

While some provisions may provide marginal improvements to consumer protection, I cannot support this bill when it fails to address the need for stronger licensing and oversight of outpatient surgical centers. The continued reliance by the medical community on external accreditation agencies without enforcement capability is an insufficient solution for protecting patients. As outpatient surgeries continue to increase in number and complexity, surgical centers cannot continue to perform procedures in an unregulated and unenforced environment.

I would ask the medical community to work with my Administration next year to bring consistent and effective oversight to this growing industry in the shared interest of protecting patient safety.

XX. ORAL HEALTH/DENTAL (OH)

Chaptered

AB 667 (Block)

Topical fluoride application.

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

SB 630 (Steinberg)

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

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

Vetoed

AB 745 (Coto)

Self-funded dental benefit plans: administrators.

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

Veto Message

This bill is unnecessary. The federal Department of Labor has already adopted requirements governing self-funded benefit plans and their disclosure statements. Appropriate complaint and contact information is already included in order for patients and providers to seek redress. For this reason, I am unable to sign this bill.

XXI. PUBLIC COVERAGE PROGRAMS (PCP)

Chaptered

AB 175 (Galgiani)

Medical telemedicine: optometrists.

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

AB 188 (Jones)

Medi-Cal: quality assurance fee revenue.

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

AB 303 (Beall)

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

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

AB 359 (Nava)

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

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

AB 392 (Feuer)

Long-term health care facilities.

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

AB 830 (Cook)

Drugs and devices.

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

AB 839 (Emmerson)

Medi-Cal: providers: remedies.

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

AB 896 (Galgiani)

Health care programs: provider reimbursement rates.

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

AB 1142 (Price)

Medi-Cal: proof of eligibility.

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

AB 1269 (Brownley)

Medi-Cal: eligibility.

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

AB 1383 (Jones)

Medi-Cal: hospital payments: quality assurance fees.

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

AB 1422 (Bass)

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

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

AB 1475 (Solorio)

Emergency medical services.

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

AB 1541 (Committee on Health)

Health care coverage.

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

AB 1568 (Salas)

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

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

AB 1571 (Committee on Veterans Affairs)

Mental health services: county plans: veterans.

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

AJR 9 (John A. Perez)

Ryan White HIV/AIDS Treatment Modernization Act of 2006.

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

SB 117 (Corbett)

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

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

SCR 36 (Alquist)

Adolescent health.

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

Vetoed

AB 115 (Beall)

Adult Health Coverage Expansion Program.

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

Veto Message

While I support providing more opportunities for uninsured individuals to obtain affordable health coverage, I vetoed a similar measure last year. The underlying program has never been implemented and my concerns from last year remain.

AB 217 (Beall)

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

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

Veto Message

The author and I share the goal to improve alcohol, drug screening and brief intervention services in the Medi-Cal population. In fact, I proposed to include screening and brief intervention services in my 2008 May Revision. While this proposal was ultimately rejected, I appreciate the author's continued efforts to include this important service in our state's Medicaid program.

Clinical data shows that screening and brief interventions reduce avoidable health problems associated with alcohol and drug abuse, including emergency room utilization as well as reducing substance use-related arrests and traffic violations. Unfortunately, this bill contains several significant problems that prevent its implementation and put the state General Fund at risk.

I would urge the author to work with my Administration to secure a feasible proposal in next year's budget process.

AB 369 (Yamada)

Adult day health care centers.

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

Veto Message

This measure is premature and would add new General Fund costs to the Medi-Cal program when significant reductions are currently being implemented. Furthermore, the new facilities are still under construction and not scheduled to provide services until at least July 2011.

I encourage the author to examine ways to provide these services in the most cost-effective manner and propose them through the annual budget process.

AB 543 (Ma)

Perinatal care: The Nurse-Family Partnership.

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

Veto Message

Since the Nurse-Family Partnership program was signed into law in 2006, there have been no private or federal funds received by the state for this program. Since there are no funds to appropriate, there is no need to extend the sunset date for the program's fund account.

Furthermore, this bill removes the Director of Finance's discretion regarding the level of sufficient funding and triggers an arbitrary threshold of \$500,000 for the establishment of a statewide program without the necessary infrastructure.

AB 861 (Ruskin)

Public health services: consolidated contracts.

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

Veto Message

While I strongly support efforts to streamline government, the provisions of this bill are unnecessary and duplicative of efforts currently underway at the California Department of Public Health.

AB 1462 (Feuer)

Medi-Cal: inpatient hospital services contracts.

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

Veto Message

While I understand the author's interest in securing additional resources for California hospitals, this bill is unnecessary. The California Medical Assistance Commission already takes a multitude of factors into consideration when negotiating hospital inpatient service contracts. In fact, it would be impossible to list all these various factors in statute. The broad approach already outlined in law allows the Commission administrative flexibility during negotiations in order to best serve the hospitals and the state's Medi-Cal program.

XXII. PRESCRIPTION DRUGS (PD)

Chaptered

AB 830 (Cook)

Drugs and devices.

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

AB 931 (Fletcher)

Emergency supplies.

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

SB 470 (Corbett)

Prescriptions.

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

Vetoed

SB 161 (Wright)

Health care coverage: cancer treatment.

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

Veto Message

While I have historically supported greater access to necessary pharmaceutical treatments and appreciate the author and sponsors' intent, I cannot support this particular measure. For those patients fortunate enough to have health coverage in today's economic environment, health plans already provide coverage for oral anticancer medications. This bill limits a plan's ability to control both the appropriateness of the care and the cost by requiring them to immediately cover every medication as soon as it receives federal approval regardless of the provisions of the health plan's formulary placing them at a severe disadvantage when negotiating prices with drug manufacturers.

I do believe that oral anticancer medications can be more cost-effective and efficacious in some instances. If there is a way to provide greater access without increasing overall costs, I would be willing to reconsider such a measure next year. I would encourage a collaborative approach with my Administration, the health plans, and the pharmaceutical manufacturers next year on this topic.

XXIII. PUBLIC HEALTH (PH)

Chaptered

AB 359 (Nava)

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

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

AB 1020 (Emmerson)

Public swimming pools: anti-entrapment devices and systems.

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

AB 1045 (John A. Perez)

HIV and AIDS reporting.

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

AB 1540 (Committee on Health)

Health.

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

ACR 28 (Ma)

Eating Disorders Awareness Week.

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

ACR 29 (Jones)

Health disparities: racial and ethnic populations.

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

ACR 62 (Galgiani)

Chronic obstructive pulmonary disease awareness.

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

SB 249 (Cox)

Vaccinations: meningococcal disease.

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

SB 273 (Corbett)

Domestic violence.

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

SCR 36 (Alquist)

Adolescent health.

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

SJR 7 (Lowenthal)
Pancreatic cancer.

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

Vetoed

AB 503 (Furutani)
Battered women's shelters: grant program.

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

Veto Message

California's fiscal crisis required tough choices in our state budget. One of the most difficult choices was to eliminate funding for the Department of Public Health's domestic violence program. Since that Department no longer receives funding for this program, extending the sunset date for the advisory committee is also unnecessary.

I am, however, signing Senate Bill 273 to extend the advisory council to the California Emergency Management Agency because that program will continue to provide assistance to the victims of domestic violence.

While I regret returning this bill without my signature, our fiscal situation compels the elimination of this statutory provision.

AB 517 (Ma)
Safe Body Art Act.

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

Veto Message

While I appreciate the author's attempt to provide minimum statewide standards for body piercing, tattooing and the application of permanent cosmetics, I do not see a compelling need at this time for additional legislation. Body art guidelines were developed several years ago, and local jurisdictions have the option to establish these requirements in their own county. Many counties have chosen to do so, and I am unaware of why the state must take further action to regulate these businesses.

AB 543 (Ma)

Perinatal care: The Nurse-Family Partnership.

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

Veto Message

Since the Nurse-Family Partnership program was signed into law in 2006, there have been no private or federal funds received by the state for this program. Since there are no funds to appropriate, there is no need to extend the sunset date for the program's fund account.

Furthermore, this bill removes the Director of Finance's discretion regarding the level of sufficient funding and triggers an arbitrary threshold of \$500,000 for the establishment of a statewide program without the necessary infrastructure.

AB 574 (Hill)

Health facilities: smoking.

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

Veto Message

I support California's strong anti-smoking programs, as evidenced by my support for several anti-smoking bills over the last several years. I signed legislation that prohibited smoking in a vehicle with children; increased the fines and penalties for selling tobacco products to underage minors; and banned tobacco products in our state correctional facilities and state hospitals. I also support California's strong anti-smoking program and included funds for a stronger smoking cessation program in my 2007 health care reform proposal.

However, this bill is unnecessary. Current law already prohibits smoking in hospital patient care areas, waiting rooms and visiting rooms of a health facility. Hospitals also have the ability to further restrict smoking on their campuses to include open-air areas such as patios, parking lots and sidewalks.

AB 861 (Ruskin)

Public health services: consolidated contracts.

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

Veto Message

While I strongly support efforts to streamline government, the provisions of this bill are unnecessary and duplicative of efforts currently underway at the California Department of Public Health.

SB 173 (Florez)

Food safety: testing and recalls.

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

Veto Message

This bill is unnecessary. The Department of Public Health already has broad statutory and administrative authority to ensure contaminated food product is removed from commerce. This bill does not provide any additional improvements to that authority.

XXIV. MISCELLANEOUS (MISC)

Chaptered

AB 356 (Fletcher)

Radiologic technology: fluoroscopy.

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

AB 359 (Nava)

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

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

AB 398 (Monning)

Acquired brain trauma: administration.

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

AB 1020 (Emmerson)

Public swimming pools: anti-entrapment devices and systems.

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

AB 1116 (Carter)

Cosmetic surgery.

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

AB 1540 (Committee on Health)

Health.

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

AB 1571 (Committee on Veterans Affairs)

Mental health services: county plans: veterans.

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

Vetoed

AB 503 (Furutani)

Battered women's shelters: grant program.

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

Veto Message

California's fiscal crisis required tough choices in our state budget. One of the most difficult choices was to eliminate funding for the Department of Public Health's domestic violence program. Since that Department no longer receives funding for this program, extending the sunset date for the advisory committee is also unnecessary.

I am, however, signing Senate Bill 273 to extend the advisory council to the California Emergency Management Agency because that program will continue to provide assistance to the victims of domestic violence.

While I regret returning this bill without my signature, our fiscal situation compels the elimination of this statutory provision.

SB 257 (Pavley)

Lactation accommodation: state employees.

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

Veto Message

This bill would require every state agency and department, including local offices, when notified by a female employee that she is nearing maternity leave, to notify the employee of information regarding lactation accommodation on the Internet Web site of the Department of Public Health.

While I appreciate the author's intent, I believe that this bill is unnecessary. Current law already requires that accommodation be made for lactating employees. I do not believe it has been adequately demonstrated that employees are unaware of their options.

XXV. VETOES

AB 2 (De La Torre)

Individual health care coverage.

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

Veto Message

I have repeatedly indicated I would support a bill that provides strong statutory protections for consumers against inappropriate rescissions by health plans. However, this bill continues to have a provision that benefits trial lawyers rather than consumers. I remain comfortable sending this bill back for a second time without my signature because of the strong consumer protections the Department of Managed Health Care and Department of Insurance have successfully implemented over the past two years. The number of rescissions industry-wide has decreased significantly since 2005. Millions of dollars have been assessed against health plans and insurers; corrective action plans have been received and approved; revised consumer disclosures have been reviewed for literacy, consistency and compliance with the settlement agreements; and lastly, the two departments are working together to ensure that all health plans meet the same standards of fairness and full disclosure. The market has changed and it is because of my Administration's strong action in this area.

The precedent-setting 4th District Court of Appeals decision in Hailey v. Blue Shield relied heavily on the Department of Managed Health Care's amicus brief. The court's reliance on this brief speaks to the strong work of the Department and the balance required when enacting consumer protections and ensuring access to the individual health plan market. I have no interest in overturning that appellate decision and the definitive interpretation of the post-claims underwriting statute.

In addition, I have signed targeted measures that prohibit plans from financially incentivizing their employees to rescind or cancel policies; require plans to offer coverage to families when the individual on the contract has been rescinded or cancelled; and most recently, I have signed Assembly Bill 108 that will prohibit a health plan from rescinding or canceling a contract after 24 months.

I would request that the Legislature send me a bill that codifies the Hailey decision, as I have asked for since 2008. When that occurs, I will be happy to sign that bill.

AB 56 (Portantino)

Health care coverage: mammographies.

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

Veto Message

The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. This, like other mandates, only increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 57 (Price)

University of California hospitals: staffing.

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

Veto Message

I have vetoed similar bills in previous years. The reasons for my veto have not changed. For this reason, I am unable to sign this bill.

AB 98 (De La Torre)

Maternity services.

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

Veto Message

I have vetoed similar bills twice before. The addition of this mandate must be considered in the larger context of how it will increase the overall cost of health care. This, like other mandates, only increases premiums in an environment in which health coverage is increasingly expensive.

Maternity coverage is offered and available in today's individual insurance market. Consumers can choose whether they want to purchase this type of coverage, and the pricing is reflective of that choice. While the perfect world would allow for all health conditions to be covered, including maternity, I cannot allow the perfect to become the enemy of the good. There is a reason the individual insurance market regulated by the Department of Insurance is growing consumers are choosing policies they can afford.

Essentially, I am faced with choosing between covering fewer people, but with better coverage or allowing more people to buy a policy that offers reduced benefits at a lower cost. It is not an easy choice. However, because I continue to have serious concerns about the rising costs of healthcare and believe the potential benefits of a mandate of this magnitude will translate to fewer individuals being able to afford coverage, I cannot support this bill.

AB 115 (Beall)

Adult Health Coverage Expansion Program.

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

Veto Message

While I support providing more opportunities for uninsured individuals to obtain affordable health coverage, I vetoed a similar measure last year. The underlying program has never been implemented and my concerns from last year remain.

AB 217 (Beall)

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

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

Veto Message

The author and I share the goal to improve alcohol, drug screening and brief intervention services in the Medi-Cal population. In fact, I proposed to include screening and brief intervention services in my 2008 May Revision. While this proposal was ultimately rejected, I appreciate the author's continued efforts to include this important service in our state's Medicaid program.

Clinical data shows that screening and brief interventions reduce avoidable health problems associated with alcohol and drug abuse, including emergency room utilization as well as reducing substance use-related arrests and traffic violations. Unfortunately, this bill contains several significant problems that prevent its implementation and put the state General Fund at risk.

I would urge the author to work with my Administration to secure a feasible proposal in next year's budget process.

AB 244 (Beall)

Health care coverage: mental health services.

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

Veto Message

I have vetoed similar measures twice before. The addition of a new mandate, especially one of this magnitude, will only serve to significantly increase the overall cost of health care. This, like other mandates, also increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 249 (Carter)

Health facilities: marking patient devices.

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

Veto Message

I am returning Assembly Bill 249 without my signature. This bill is unnecessary and duplicative of requirements already required for long-term care facilities.

AB 369 (Yamada)

Adult day health care centers.

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

Veto Message

This measure is premature and would add new General Fund costs to the Medi-Cal program when significant reductions are currently being implemented. Furthermore, the new facilities are still under construction and not scheduled to provide services until at least July 2011.

I encourage the author to examine ways to provide these services in the most cost-effective manner and propose them through the annual budget process.

AB 503 (Furutani)

Battered women's shelters: grant program.

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

Veto Message

California's fiscal crisis required tough choices in our state budget. One of the most difficult choices was to eliminate funding for the Department of Public Health's domestic violence program. Since that Department no longer receives funding for this program, extending the sunset date for the advisory committee is also unnecessary.

I am, however, signing Senate Bill 273 to extend the advisory council to the California Emergency Management Agency because that program will continue to provide assistance to the victims of domestic violence.

While I regret returning this bill without my signature, our fiscal situation compels the elimination of this statutory provision.

AB 513 (De Leon)

Health care coverage: breast-feeding.

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

Veto Message

I share the author's interest in promoting safer, healthier outcomes for mothers and their children. My Administration has several programs dedicated to promoting and encouraging mothers to breastfeed their infants for the multitude of health benefits it provides.

However, the addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care. This, like other mandates, only increases cost in an environment in which health coverage is increasingly expensive.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

AB 517 (Ma)

Safe Body Art Act.

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

Veto Message

While I appreciate the author's attempt to provide minimum statewide standards for body piercing, tattooing and the application of permanent cosmetics, I do not see a compelling need at this time for additional legislation. Body art guidelines were developed several years ago, and local jurisdictions have the option to establish these requirements in their own county. Many counties have chosen to do so, and I am unaware of why the state must take further action to regulate these businesses.

AB 543 (Ma)

Perinatal care: The Nurse-Family Partnership.

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

Veto Message

Since the Nurse-Family Partnership program was signed into law in 2006, there have been no private or federal funds received by the state for this program. Since there are no funds to appropriate, there is no need to extend the sunset date for the program's fund account.

Furthermore, this bill removes the Director of Finance's discretion regarding the level of sufficient funding and triggers an arbitrary threshold of \$500,000 for the establishment of a statewide program without the necessary infrastructure.

AB 574 (Hill)

Health facilities: smoking.

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

Veto Message

I support California's strong anti-smoking programs, as evidenced by my support for several anti-smoking bills over the last several years. I signed legislation that prohibited smoking in a vehicle with children; increased the fines and penalties for selling tobacco products to underage minors; and banned tobacco products in our state correctional facilities and state hospitals. I also support California's strong anti-smoking program and included funds for a stronger smoking cessation program in my 2007 health care reform proposal.

However, this bill is unnecessary. Current law already prohibits smoking in hospital patient care areas, waiting rooms and visiting rooms of a health facility. Hospitals also have the ability to further restrict smoking on their campuses to include open-air areas such as patios, parking lots and sidewalks.

AB 599 (Hall)

Forensic blood alcohol testing laboratories.

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

Veto Message

This bill is a premature delegation of regulatory oversight from a state department to a private entity. If there is a more efficient manner to provide oversight for forensic alcohol laboratories, I encourage the stakeholders to work with the Department of Public Health on a solution that does not eliminate important state functions.

AB 657 (Hernandez)

Health professions workforce: master plan.

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

Veto Message

While I support the intent of the author and recognize the importance in developing California's health professions workforce, this bill is unnecessary and duplicative of efforts already underway.

AB 730 (De La Torre)

Health insurance: unlawful postclaims underwriting: penalties.

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

Veto Message

This bill attempts to align enforcement provisions between the Department of Managed Health Care and the California Department of Insurance. However, it does not create this much-needed consistency, but instead continues to subject regulated entities to differing standards.

In addition, while I believe the Managed Risk Medical Insurance Program to be a possible and appropriate location for some of the penalties associated with these fines, I cannot support provisions that further limit revenue to the General Fund and decrease the state's ability to direct resources to its highest priorities.

AB 745 (Coto)

Self-funded dental benefit plans: administrators.

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

Veto Message

This bill is unnecessary. The federal Department of Labor has already adopted requirements governing self-funded benefit plans and their disclosure statements. Appropriate complaint and contact information is already included in order for patients and providers to seek redress. For this reason, I am unable to sign this bill.

AB 861 (Ruskin)

Public health services: consolidated contracts.

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

Veto Message

While I strongly support efforts to streamline government, the provisions of this bill are unnecessary and duplicative of efforts currently underway at the California Department of Public Health.

AB 911 (Lieu)
Emergency room crowding.

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

Veto Message

I agree with the author and sponsors that emergency room overcrowding is a significant crisis facing our healthcare delivery system in California. Although I support the intent behind this bill, statute is not necessary and I do not believe it will provide any significant improvement to the underlying problem.

Hospitals and emergency room physicians have a strong and compelling interest to reduce emergency room overcrowding. I would encourage them to use the crowding score outlined in this bill and work to develop full-capacity protocols that best address their individual hospital needs.

AB 1397 (Hill)
Tissue donation.

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

Veto Message

While I support the intent of this bill, some provisions inappropriately restrict the administrative and regulatory authority of the Department of Public Health for adopting or modifying the American Society for Reproductive Medicine guidelines.

I would be willing to reconsider a bill that does not infringe on the Department's regulatory authority.

AB 1462 (Feuer)
Medi-Cal: inpatient hospital services cont

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

Veto Message

While I understand the author's interest in securing additional resources for California hospitals, this bill is unnecessary. The California Medical Assistance Commission already takes a multitude of factors into consideration when negotiating hospital inpatient service contracts. In fact, it would be impossible to list all these various factors in statute. The broad approach already outlined in law allows the Commission administrative flexibility during negotiations in order to best serve the hospitals and the state's Medi-Cal program.

AB 1512 (Lieu)

Food and drugs: sale.

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

Veto Message

This bill is unnecessary. Current law already has strong provisions and accompanying penalties for adulterated food and drug products.

SB 158 (Wiggins)

Health care coverage: human papillomavirus vaccination.

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

Veto Message

I have vetoed similar bills twice before. The addition of a new mandate, no matter how small, will only serve to increase the overall cost of health care.

California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer.

I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.

SB 161 (Wright)

Health care coverage: cancer treatment.

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

Veto Message

While I have historically supported greater access to necessary pharmaceutical treatments and appreciate the author and sponsors' intent, I cannot support this particular measure. For those patients fortunate enough to have health coverage in today's economic environment, health plans already provide coverage for oral anticancer medications. This bill limits a plan's ability to control both the appropriateness of the care and the cost by requiring them to immediately cover every medication as soon as it receives federal approval regardless of the provisions of the health plan's formulary placing them at a severe disadvantage when negotiating prices with drug manufacturers.

I do believe that oral anticancer medications can be more cost-effective and efficacious in some instances. If there is a way to provide greater access without increasing overall costs, I would be willing to reconsider such a measure next year. I would encourage a collaborative approach with my Administration, the health plans, and the pharmaceutical manufacturers next year on this topic.

SB 173 (Florez)

Food safety: testing and recalls.

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

Veto Message

This bill is unnecessary. The Department of Public Health already has broad statutory and administrative authority to ensure contaminated food product is removed from commerce. This bill does not provide any additional improvements to that authority.

SB 196 (Corbett)
Emergency medical services.

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

Veto Message

While I share the author's concern about the significant strain being placed on our emergency room network in California, I cannot support a bill that would mandate a hospital to maintain specific services when those services are not a requirement of licensure. Forcing hospitals to keep an emergency room open, especially when they are closing because of financial circumstances, will only jeopardize patient care due to the rapid attrition of medical and nursing staff, as well as suppliers.

SB 257 (Pavley)
Lactation accommodation: state employees.

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

Veto Message

This bill would require every state agency and department, including local offices, when notified by a female employee that she is nearing maternity leave, to notify the employee of information regarding lactation accommodation on the Internet Web site of the Department of Public Health.

While I appreciate the author's intent, I believe that this bill is unnecessary. Current law already requires that accommodation be made for lactating employees. I do not believe it has been adequately demonstrated that employees are unaware of their options.

SB 303 (Alquist)

Nursing facility residents: informed consent.

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

Veto Message

My Administration is concerned about the inappropriate use of psychotherapeutic medications, especially antipsychotics, in skilled nursing facilities. One recent study concluded that over half of the residents receiving antipsychotic therapy were being treated outside the current Center for Medicare and Medicaid Service guidelines.

I have instructed my Department of Public Health to identify providers that may be inappropriately prescribing these medications and thereby posing a threat to the health and safety of residents in skilled nursing facilities. If the department's analysis indicates that such inappropriate prescribing behavior is occurring and recommends statutory changes in this area, I ask the Legislature to immediately seek changes to correct it.

I thank the author for bringing this issue to my Administration's attention and will continue to monitor this closely.

SB 674 (Negrete McLeod)

Healing arts.

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

Would have required specified healing arts licensees to include professional designations behind their names in advertisements; and stated legislative intent that the Department of Public Health inspect the peer review process utilized by acute care hospitals during its periodic inspections.

Veto Message

While some provisions may provide marginal improvements to consumer protection, I cannot support this bill when it fails to address the need for stronger licensing and oversight of outpatient surgical centers. The continued reliance by the medical community on external accreditation agencies without enforcement capability is an insufficient solution for protecting patients. As outpatient surgeries continue to increase in number and complexity, surgical centers cannot continue to perform procedures in an unregulated and unenforced environment.

I would ask the medical community to work with my Administration next year to bring consistent and effective oversight to this growing industry in the shared interest of protecting patient safety.

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