

1996

1995-1996 Legislative Summary

Assembly Committee on Health

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1995 - 1996 LEGISLATIVE SUMMARY



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1995 - 1996 LEGISLATIVE SUMMARY

1. *Phragmites*

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HEALTH INSURANCE

AB 8 (Friedman) Chapter 359, Statutes of 1996

Health Insurance: Small Employer Coverage.

Expands the definition of small employers, for purposes of small group health insurance reform, to mean employers that employ at least two, but no more than 50, eligible employees. (Currently, small employers are employers that employ at least three, but no more than 50, eligible employees.)

AB 73 (Friedman) Chapter 787, Statutes of 1995

Health Care Coverage: Complaints: Employee Bonus Compensation.

Prohibits disability insurers and health care service plans from compensating claim reviewers based on claims or services denied or reduced. Requires the Commissioner of Corporations to establish and maintain a toll-free telephone number which will receive complaints against health plans. Requires health plans to publicize the number as specified.

AB 396 (Speier) Chapter 353, Statutes of 1995

Health Coverage: Primary Care Providers.

Requires that disability insurers that cover hospital, medical or surgical expenses include obstetrician-gynecologists as primary care physicians if they meet the insurers' written eligibility criteria for all specialists seeking primary care physician status.

AB 503 (Aguiar) Chapter 668, Statutes of 1995

Small Employer Health Coverage: Definitions.

Clarifies the definition of "members of a guaranteed association" for purposes of small group health care service plan contracts and disability insurance contracts. Requires that the "standard employee risk rate" applied to a small employer, instead of the premium, must remain in effect for no less than six months.

AB 1152 (Bordonaro)

Chapter 504, Statutes of 1995

Health Coverage: Reimbursement of Traditional or Terminated Provider.

Requires health care service plans that provide group coverage, certain group disability insurance policies, and certain nonprofit hospital service plans that provide group coverage to file a written policy with the Department of Corporations or the Department of Insurance regarding coverage during a current episode of care from a noncontracting provider, as specified. These policies are to be distributed to enrollees, insureds, and subscribers. Information to be contained in the policies is specified.

AB 1266 (Goldsmith)

Chapter 535, Statutes of 1995

Health Coverage: Required Disclosures.

Requires the Commissioner of Corporations to require health care service plans to disclose additional information. Requires the Department of Insurance to require disability insurers to disclose a summary of the process used to authorize or deny payments for covered services.

AB 1272 (V. Brown)

Chapter 756, Statutes of 1995

Public Entity Operation of Employee Health Plan.

Exempts from the Knox-Keene Act, any health care service plan, including a self-insured reimbursement plan, operated by a city, county, city and county, public entity, political subdivision, or public joint labor management trust that provides services only to employees of those governmental entities and their dependents, and retirees and their dependents, but not to the general public. Exempts the above mentioned plans from the applicable sections of the Insurance Code.

AB 1360 (Knowles)

Chapter 641, Statutes of 1996

Health Insurance.

Authorizes a health care service plan or insurance carrier to enter into contractual agreements with qualified associations, as defined, under which the associations or their third-party administrators may assume responsibility for performing specific administrative services, subject to various restrictions.

Requires the Department of Corporations to monitor compliance with the provisions of the bill relating to health care service plans and requires a report to legislative committees with respect to the impact of any noncompliance on January 1, 2002. The provisions are repealed January 1, 2003.

AB 1663 (Friedman)

Chapter 979, Statutes of 1996

Health Insurance.

Requires every health care service plan and disability insurer to establish a reasonable external, independent review process, which would be required on and after July 1, 1998, to examine coverage decisions regarding experimental or investigational therapies for individual enrollees or insureds who meet certain specified criteria. Requires the independent review entities to be accredited by a private, nonprofit accrediting organization under contract with the Commissioner of Corporations, in consultation with the Insurance Commissioner. Authorizes the accrediting organization to grant and revoke standards, as specified, that ensure the independence of the independent review entity, the confidentiality of medical records, and the qualifications and independence of health care professionals acting as medical experts.

AB 1840 (Figueroa)

Chapter 774, Statutes of 1995

Health Care Service Plans: Grievances: Termination of Providers: Denial of Services.

Requires health care service plan contracts with providers to contain provisions requiring a dispute resolution mechanism. Makes a plan, entity contracting with a plan, and providers responsible for their own acts or omissions and not liable for the acts or omissions of others, with certain exceptions. Requires enrollees to be notified 30 days prior to the termination of the contract with their individual provider and authorizes the plan to request the provider's group or association to notify the enrollees who are patients of the terminated provider.

AB 1973 (Figueroa)

Chapter 603, Statutes of 1995

Health Coverage: Domestic Violence: Insurance.

Prohibits health care service plans and disability insurers from discriminating against applicants, enrollees, insureds, or any covered individual because he or she is or was a victim of domestic violence.

AB 2343 (Richter)

Chapter 815, Statutes of 1996

Health Care Service Plans: Task Force.

Requires the Governor to convene a task force on health care service plans to research and report on certain aspects of the effect of health care service plans, by January 1, 1998. Provides that the task force be appointed by the Senate Committee on Rules, Speaker of the Assembly, and Governor, and be composed of equal representation from health care service plans and at least one disability insurer, employers who purchase health care, health care service plan enrollees, providers of health care, and representatives from consumer groups. Prohibits the members from receiving any expense reimbursement.

AB 2649 (Thompson)

Chapter 1014, Statutes of 1996

Health Care Coverage: Provider Incentives: Capitation.

Prohibits a contract between a health care service plan and a physician and surgeon, physician and surgeon group, or other licensed health care practitioner, and any disability insurance contract, from containing any incentive plan that includes specific payment made directly, in any type or form, to a physician and surgeon, physician and surgeon group, or other licensed health care practitioner as an inducement to deny, reduce, limit, or delay specific, medically necessary, and appropriate services. Requires health plans to disclose the basic method of reimbursement and whether financial bonuses or incentives are used.

AB 3142 (Granlund)

Chapter 544, Statutes of 1996

Insurance: Health Coverage.

Excludes from the definitions of "health benefit plan" for purposes of pre-existing conditions statutes and small group reform legislation, policies or certificates of specified disease and hospital confinement indemnity if the carrier offering those policies files a certificate with the Insurance Commissioner containing specified information. Rejection for policies or certificates of specified disease or hospital confinement indemnity is not deemed to be rejected for the purposes of determining eligibility for the Major Risk Medical Insurance Program.

AB 3251 (Gallegos)

Chapter 1091, Statutes of 1996

Health Care Service Plans: Independent Medical Opinions.

Requires every health care service plan, with specified exceptions, to file with the Department of Corporations a written policy describing the manner in which the plan determines if a second medical opinion is medically necessary and appropriate. Requires notice of the policy and related information to be provided to all enrollees. Imposes similar requirements on nonprofit hospital service plans and certain disability insurers.

SB 371 (Rosenthal)

Chapter 360, Statutes of 1996

Health Insurance: Small Employer Coverage.

Redefines "small employer" for purposes of small group health insurance to include employers of two to 50 employees, to be effective on and after July 1, 1997.

SB 454 (Russell)

Chapter 788, Statutes of 1995

Health Care Service Plans: Grievances.

Requires health care service plans to include a dispute resolution system in their contracts with providers and requires health plans to publicize the grievance process to enrollees. Requires the Commissioner of Corporations and health plans to each develop systems of aging of complaints, as specified, on or before January 1, 1997.

SB 661 (Maddy)

Chapter 792, Statutes of 1996

Health Insurance.

Authorizes the Managed Risk Medical Insurance Board to adjust premiums so that subscribers would pay additional subsidy amounts above the average program subsidy. Authorizes the Managed Risk Medical Insurance Board to increase maximum copayments and deductibles, to enable them to provide coverage to additional subscribers.

SB 686 (Thompson)

Chapter 556, Statutes of 1996

Health Care Coverage: Benefits: Children.

Requires health plans and insurers to cover immunizations for children consistent with the most current version of the

Recommended Childhood Immunization Schedule/United States, unless the Department of Health Services determines that the schedule is not consistent with the purposes of the provisions of law requiring the offering of benefits for the comprehensive preventive care of children.

SB 687 (Rosenthal)

Chapter 709, Statutes of 1995

Insurance: Medicare Supplement Coverage.

Makes certain provisions regarding pre-existing conditions and open enrollment for individuals enrolled in a Medicare supplement plan.

SB 689 (Rosenthal)

Chapter 789, Statutes of 1995

Health Care Service Plans: Grievances: Onsite Surveys.

Requires health care service plans to reimburse the Commissioner of Corporations for costs resulting from grievances, including maintaining a toll-free number for consumer inquiries. Makes other provisions regarding consumer grievances and requires certain action by the Commissioner and health care service plans, including requiring the Department of Corporations to conduct onsite surveys at least every three years.

SB 761 (Greene)

Chapter 489, Statutes of 1995

Health Coverage.

Requires insurers and plans providing coverage or replacement coverage under an employer-sponsored plan for an employer subject to COBRA to offer that continuation coverage to former employees, as specified. Requires employers to notify former employees about continuation of coverage, as specified.

SB 849 (Maddy)

Chapter 50, Statutes of 1996

Small Employer Health Coverage: Standard Employee Risk Rates.

Follow-up to small group health insurance reform. Requires that the risk adjustment factor effective on July 1, 1996, apply to "in force business" at the earlier of either the time of renewal or July 1, 1997. Exempts contracts entered into for the Managed Risk Medical Insurance Program subscribers from competitive bidding and review by the Department of General Services.

SB 957 (Watson)

Chapter 757, Statutes of 1995

Health Care Service Plans: Licensure Requirement: Exemptions.

Exempts from the Knox-Keene Act, health care service plans, including a self-insured reimbursement plan, operated by a city, county, city and county, public entity, political subdivision, or public joint labor management trust that provides services only to employees and retirees of those government entities and their dependents, provides funding for the program, and meets certain additional requirements as specified. Exempts these plans from the Insurance Code. Deletes the repeal date for the exemption and deletes the requirement for a related study and report by the Senate Office of Research.

SB 1020 (Johnston)

Chapter 695, Statutes of 1995

Insurance Discrimination: Genetic Characteristics.

Prohibits certain insurers and plans from offering or providing different terms, conditions, or benefits on the basis of a person's genetic characteristics and increases the penalty for a violation. Prohibits plans and insurers from disclosing results of genetic testing and establishes penalties for a violation.

SB 1151 (Rosenthal)

Chapter 515, Statutes of 1995

Health Care Service Plans: Service Areas: Primary Care Physicians: Restrictions.

Alters the definition of out-of-area coverage and requires that health care service plan enrollees be allowed to select any available primary care physician who contracts with the plan in the service area where the enrollee lives or works.

SB 1478 (Solis)

Chapter 711, Statutes of 1996

Health Coverage: Health Care Service Plans and Insurers.

Provides that the obligation of a health care service plan or health insurer to comply with the requirement of reimbursing claims as soon as practical, but no later than 30 working days after receipt of the claim, shall not be waived when the health plan or insurers requires its contracting entities to pay claims for covered services.

Health Insurance Counseling.

Makes changes regarding the support for and the responsibilities of the Health Insurance Counseling and Advocacy Program (HICAP), which is administered by the California Department of Aging (CDA). Requires CDA to assess a fee of not less than \$.70, but not more than \$1, for each person enrolled in a health care service plan under a prepaid Medicare program. These fees would be deposited into a State HICAP Fund to be established in the State Treasury. Specifies that CDA may use up to 7% of the fee collected for the administration, assessment, and collection of the fee. Specifies that CDA shall ensure that every region of the state is serviced by HICAP counselors.

Health Insurance.

Requires that for every health care service plan contract that provides or supplements Medicare benefits, a health plan shall include within its disclosure form a specified statement regarding the availability of additional information from agents or the Health Insurance Counseling and Advocacy Program (HICAP). Specifies the availability of HICAP, services provided by HICAP and a toll-free telephone number. Requires that for every health plan contract that provides or supplements Medicare benefits, a health plan shall modify its disclosure forms to comply with the provisions of this bill by January 1, 1998. Requires every health plan that provides or supplements Medicare benefits to notify current enrollees who enrolled prior to the modification of the disclosure forms. This notification, which must include the disclosure statement, may be by free standing document and must be made no later than January 1, 1998.

Health Care Coverage: Benefits: Pharmacists.

Authorizes health care service plans and certain disability insurers to reimburse pharmacists for providing covered services, within their scope of practice, for which other providers would be reimbursed.

SB 1665 (Thompson)

Chapter 864, Statutes of 1996

Medicine: Telemedicine.

Enacts the "Telemedicine Development Act of 1996," setting standards for the use of telemedicine by health care practitioners and insurers. Prohibits health plans and insurers, including Medi-Cal, from requiring face-to-face contact between a health care provider and patient for services appropriately provided through telemedicine, subject to the terms of the contract.

SB 1740 (Johnston)

Chapter 532, Statutes of 1996

Health Insurance.

Extends provisions prohibiting the use of genetic information for insurance purposes to multiple employer welfare arrangements. Prohibits health insurance entities from seeking information about genetic characteristics for nontherapeutic purposes. Revises the definition of genetic characteristics.

SB 1875 (Maddy)

Chapter 534, Statutes of 1996

Health Care Service Plans: Appeals and Grievances.

Authorizes a health care service plan to include in its quarterly report a prescribed statement related to the special nature of the appeals available to Medicare and Medi-Cal enrollees. Requires the Commissioner of Corporations, if requested by a health plan, to include the health plan's prescribed statement in any publicly available written report that describes or compares enrollee grievances that are pending and unresolved with health plans for 30 days or more. Requires the Commissioner, if requested by a health plan, to append to publicly available written reports that describe or compare enrollee grievances, a brief explanation of why the complaints are still pending. Provides that the Commissioner will not be required to append explanations to specified reports.

SB 1936 (Rosenthal)

Chapter 1095, Statutes of 1996

Health Care Service Plans.

Requires that the Commissioner of Corporations designate a health care service plan ombudsperson, whose duties would be determined by the Commissioner.

Health Care Coverage: Medicare Supplement Coverage.

Provides that an individual, currently covered by a Medicare supplement policy or contract, shall be entitled to an annual 30-day enrollment period in which the individual would have the opportunity to choose another supplement policy or contract that offers equal or lesser benefits than the previous coverage. Requires enrollee or policyholder notification of his or her open enrollment rights at least 30, and no more than 60, days before the beginning of the open enrollment by the Medicare supplement insurer of the health care service plan. Provides that a former spouse of an employee shall be offered the opportunity to continue benefits under the Consolidated Omnibus Budget Reconciliation Act of 1995. Urgency measure, effective September 30, 1996.

MEDI-CAL

AB 981 (Firestone) Chapter 538, Statutes of 1995
Medi-Cal.

Authorizes the California Medical Assistance Commission to negotiate exclusive pilot program contracts and rates, with the authority commencing January 1, 1996.

AB 1237 (Morrow) Chapter 523, Statutes of 1995
Medi-Cal Special Commissions.

Exempts from public disclosure, records of a special county commission relating to negotiations for payment rates and records relating to health care peer review. Specifies that under certain circumstances, members of the health authority established in the City and County of San Francisco, would not be deemed to be interested in the contract for purposes of conflict-of-interest restrictions contained in the county charter. Specifies that members of advisory boards to the commission, under certain circumstances, are not deemed to be interested in a contract for purposes of the law relating to conflicts of interest of public officers.

AB 2374 (Bates) Chapter 816, Statutes of 1996
Alameda County: Hospital Authority.

Authorizes the Alameda County Board of Supervisors to establish, by ordinance, a hospital authority to manage, administer, and control the Alameda County Medical Center. Authorizes the Alameda County Medical Center to submit revised construction/renovation plans at a maximum of 80% of the original estimated construction cost to modify and downsize their hospital construction project in respect to reimbursement available through the Department of Health Services' Construction/Renovation Reimbursement Program (SB 1732, 1988).

AB 2434 (Knight) Chapter 1009, Statutes of 1996
Medi-Cal Providers.

Provides that an orthotist or prosthetist who provides services to the Medi-Cal program may be certified by the Board for Orthotist Certification. Previously, only the American Board of

Certification in Orthotics and Prosthetics were authorized for certification of these health professionals. Certification by a professional organization recognized by the Department of Health Services (DHS) is a prerequisite for billing the Medi-Cal program.

Provides for repeal of these provisions on the date that the DHS Director executes a declaration stating that the Department has adopted regulations authorizing certification of orthotist or prosthetist by either the Board for Orthotist Certification or the American Board of Certification in Orthotics and Prosthetics.

AB 2513 (Speier)

Chapter 863, Statutes of 1996

Physicians and Surgeons: Assisted Reproduction: Consent.

Requires a physician and surgeon who removes sperm or ova from a patient to obtain a prescribed written consent from the patient before the sperm or ova are used for any purpose other than reimplantation in the same patient or implantation in the spouse of the patient. Establishes civil penalties for a physician and surgeon who fails to obtain the required consent a second time.

AB 2565 (Goldsmith)

Chapter 837, Statutes of 1996

Medi-Cal.

Makes any person who willfully and knowingly counsels or encourages any individual to make false statements or otherwise causes false statements to be made on an application in order to receive health care services to which the applicant is not entitled, liable for repayment for the cost of services rendered to the applicant. For the purpose of statutorily required maintenance of records of services provided, this bill also includes in the definition of "provider" any person or entity under contract with the provider of health care services to assist in the application process or eligibility determination.

AB 2568 (Woods)

Chapter 838, Statutes of 1996

Medi-Cal: Dental Providers.

Permits the Director of the Department of Health Services to authorize suspension of a provider of dental services for the provision of services which are below or less than the standard of acceptable quality as established by the California Dental Association Guidelines for the Assessment of Clinical Quality and Professional Performance.

AB 2861 (Villaraigosa) Chapter 96, Statutes of 1996

Anatomical Gifts: Disabilities: Discrimination.

Prohibits hospitals, physicians, procurement organizations, or others from determining the ultimate recipient of an anatomical gift on the basis of the potential recipient's physical or mental disabilities, except to the extent that the disability is medically significant to the provision of an anatomical gift.

AB 2916 (Friedman) Chapter 475, Statutes of 1996

Medi-Cal: Pilot Projects.

Changes the maximum allowable contract duration for Medi-Cal pilot program contracts for original (4 to 5 years) and renewal (3 to 5 years) pilot contracts. These provisions conform state pilot project authority relative to original contracts and renewals with specified federal requirements.

AB 3199 (Harvey) Chapter 1017, Statutes of 1996

Medi-Cal: Tulare County.

Requires the Department of Health Services (DHS) to approve, implement, and evaluate a pilot project in Tulare County, if requested by the County, in which children eligible for Medi-Cal benefits and benefits under the California Children's Services program shall be required to enroll as members of that County's local health initiative. Authorizes Tulare County to negotiate with DHS to provide for the provision of health care services in lieu of establishing a special commission which is authorized by current law. Requires Tulare County to establish and maintain an advisory commission.

SB 126 (Thompson) Chapter 446, Statutes of 1996

Medi-Cal: Administration: Benefits.

Designates pediatric day health care as a covered benefit under the Medi-Cal program only to the extent that no additional net program costs are incurred. Requires the Department of Health Services to specify circumstances under which requests shall be granted for authorization for services provided by specified intermediate care facilities by July 1, 1997.

SB 412 (Marks)

Chapter 548, Statutes of 1995

Medi-Cal: Liens.

Repeals the requirement that, under certain circumstances, the Department of Health Services impose a lien upon the equity interest in the home or other property of an institutionalized Medi-Cal beneficiary and repeals the requirement that a lien be placed on the decedent's interest in the real property of the surviving spouse.

SB 487 (Solis)

Chapter 514, Statutes of 1995

Medi-Cal.

Provides that interest accruing on moneys transferred in the Medi-Cal Inpatient Payment Adjustment Fund through June 30, 1995, be distributed to transferor entities in accordance with a specified formula. Requires that an amount determined as specified be retained in the fund.

SB 684 (Polanco)

Chapter 564, Statutes of 1996

Medi-Cal: Transitional Inpatient Care.

Adds licensed congregate living health facilities that are certified to participate as nursing facilities in the Medicare and Medicaid programs, to those facilities that are eligible to participate in the Medi-Cal transitional inpatient care program. Makes various conforming technical amendments.

SB 835 (Thompson)

Chapter 859, Statutes of 1995

Medi-Cal: Health Care Providers.

Requires, among other things, Medi-Cal beneficiaries or applicants selecting certain coverage to indicate his or her choice of primary care physician. Individuals not doing so will be assigned a primary care physician. Revises the commencement of the prohibition on door-to-door marketing to January 1, 1996, and includes direct marketing in the prohibition.

SB 1146 (Watson)

Chapter 11, Statutes of 1995

Medi-Cal: Disproportionate Share Providers.

Revises eligibility criteria for disproportionate share distributions and makes technical revisions. Urgency statute, effective May 24, 1995.

SB 1547 (Peace)

Chapter 1024, Statutes of 1996

Health Insurance: Disclosure of Substituted Care.

Requires health care service plans (HCSP) and disability insurers to fully disclose to enrollees, subscribers and insured persons the coverage and limitations of coverage for subacute care, transitional inpatient care or care provided in skilled nursing facilities (SNF). Requires a description of the limitations on the patient's choice for acute hospital care, subacute or transitional inpatient care, or SNF care and/or the process used to authorize or deny payment for such services. Further requires disclosure of basic reimbursement methods, financial bonuses, and in the event the HCSP or insurer provides a list of providers or facilities, provides that these lists must be provided to enrollees upon request.

SB 1555 (Hayden)

Chapter 865, Statutes of 1996

Sperm, Ova, or Embryos: Use and Implantation Without Authorization.

Makes it a felony for anyone to knowingly use sperm, ova, or embryos in assisted reproduction technology, for any purpose other than that indicated by the donor's signature on a written consent form, or to implant sperm, ova, or embryos, through the use of assisted reproduction technology, into a recipient who is not the donor, without the signed written consent of the donor and recipient.

SB 1664 (Thompson)

Chapter 1114, Statutes of 1996

Medi-Cal Providers.

Authorizes the Department of Health Services to provide for mandatory enrollment of Medi-Cal eligibles in a county-operated fee-for-service managed care program in the counties of Sonoma, Placer, and San Luis Obispo. Requires county boards of supervisors in participating counties to establish advisory committees to advise the counties on implementation and operation of the program, and specifies other requirements.

Medi-Cal: San Diego County Project.

Authorizes the County of San Diego to implement the Geographic Managed Care program in the County upon approval of the Board of Supervisors. Makes various technical changes regarding Geographic Managed Care implementation and regarding the establishment and composition of advisory committees.

COUNTY HEALTH SERVICES

AB 803 (Villaraigosa) Chapter 138, Statutes of 1995

County Medical Facilities: Records.

Excludes from public disclosure laws, certain county medical facility records that relate to payment rates.

AB 2577 (Bordonaro) Chapter 1012, Statutes of 1996

County Health Services.

Revises the circumstances in which a county hospital may surrender its emergency room permit without financial penalty by creating specific criteria which includes a county of the 24th class (San Luis Obispo).

Provides that San Luis Obispo County, in discontinuing acute inpatient services, may also surrender its emergency room permit without penalty as long as it meets all other existing provisions of law. With this legislation, statutes now provide that a county of the 24th class that comprises not more than 1/2% of the total state population and in which there is a county hospital and a noncounty hospital with emergency room permits located within two miles of each other may surrender its emergency room permit without penalty under certain conditions.

AB 3097 (Campbell) Chapter 148, Statutes of 1996

Health: Local Agency Joint Powers Agreements.

Authorizes a county of the ninth class (Contra Costa County) to enter into a joint powers agreement with a private, nonprofit hospital.

SB 127 (Thompson) Chapter 547, Statutes of 1995

Local Services.

Extends and revises certain provisions relating to the County Medical Services Program and the County Medical Services Program Governing Board. Changes the percentages allocated to certain counties from the Health Subaccount of the Sales Tax Account and the Vehicle License Fee Account of the Local Revenue Fund.

HOSPITAL FUNDING

AB 1184 (Friedman)

Chapter 1099, Statutes of 1996

Medi-Cal: Disproportionate Share Hospitals.

Increases payments in 1996-1997 to disproportionate share hospitals (DSH) under the Medi-Cal supplemental payments program. The increased payments are made as long as the total payments do not exceed the \$2.2 billion program cap after the initial round of payments which are based on 80% of each hospital's previous-year Medi-Cal days. Permits California to retain its full amount of federal funds that have been allowed for the state at the federal level to fund hospitals that treat large numbers of Medi-Cal and indigent patients. Allows hospitals to retain their full DSH allocation even with the enactment of federal welfare reform.

AB 2804 (Granlund)

Chapter 74, Statutes of 1996

Medi-Cal: Inpatient Adjustment Funding.

Establishes, for the current state fiscal year (FY), a special supplemental payment to hospitals that qualify under the disproportionate share hospital (DSH) program. Makes the necessary statutory adjustments for hospital eligibility, permitting any DSH open on June 30, 1996, to participate. Makes the necessary Omnibus Budget Reconciliation Act adjustments; makes implementation contingent upon federal approval; authorizes intergovernmental transfers; adjusts annual expenditure limits to accommodate the new revenue; and makes other necessary changes. This will generate approximately \$100 million in additional federal participation for hospitals this FY. The additional federal funding received by the hospitals will be as follows: University of California and district hospitals, \$30 million; county hospitals, \$36.19 million; private hospitals, \$20.3 million; and children's hospitals, \$13.51 million.

SB 1147 (Watson)

Chapter 55, Statutes of 1996

Medi-Cal: Disproportionate Share Providers.

Permits hospitals that have submitted capital plans under the disproportionate share program to submit revised plans no later than December 31, 1996, if the plans are necessary to comply with the current seismic safety standards, as specified. Prior statute specified that disproportionate share hospitals that have submitted final plans for an eligible capital project may substitute final plans and qualify for supplemental reimbursements if specified conditions, including submission of

revised final plans by June 30, 1995, are met. Several Los Angeles area hospitals were either damaged in the Northridge earthquake or require supplemental repairs and improvements. The additional time provided by this bill will allow qualifying hospitals to amend pending applications. Urgency measure, effective June 6, 1996.

SB 1636 (Mountjoy)

Chapter 529, Statutes of 1996

Medi-Cal: Disproportionate Share Providers.

Permits a hospital, which meets the existing disproportionate share hospital criteria, and is designated by the National Cancer Institute as a comprehensive or clinical cancer research center that primarily treats acutely ill cancer patients, to participate in the Emergency Services and Supplemental Payments fund.

MEDICAL CARE AND TREATMENT

AB 977 (McDonald)

Chapter 463, Statutes of 1995

Breast Feeding Infants.

Requires the Department of Health Services to include in its public service campaigns, the promotion of breast feeding. Requires hospitals to make a breast feeding consultant or information regarding where to receive breast feeding information available to the patient.

AB 1864 (Morrow)

Chapter 221, Statutes of 1995

Health Care Referrals.

Exempts from the Physician Ownership and Referral Act of 1993, referrals that are subject to the similar prohibitions on referrals for services covered pursuant to the law governing workers' compensation. Provides that the referral prohibition does not apply in certain instances involving pathological examination services, diagnostic radiology services, and radiation therapy.

AB 1974 (Friedman)

Chapter 644, Statutes of 1996

Medicine: Peer Review Procedures.

Requires peer review bodies to report to the Medical Board's diversion program regarding the initiation and completion of investigations concerning physicians who may be impaired by a mental or physical condition. Requires the Medical Board to investigate peer review reports under specified circumstances and within 30 days. Requires the diversion program administrator to monitor the peer review body's investigation and to notify the Medical Board's Chief of Enforcement of the investigation, in certain circumstances.

AB 2588 (Morrow)

Chapter 1035, Statutes of 1996

Clinical Laboratory Services.

Alters the statutes concerning disclosures for clinical laboratory services and the penalty for a first offense for violations under specified circumstances. Provides that the requirement for disclosure of service charges would be satisfied if the first such written charge, bill or other solicitation of payment is directed to a third-party payor of the patient, client

or customer, except when the patient is responsible for submitting the bill to the third party payor for payment. Specifies that the penalty for a first offense by a physician and surgeon of the billing disclosure and markup prohibition be subject to the exclusive remedy of reprimand by the Medical Board of California, if the amount charged by the licensed provider for a laboratory service is lower than the charge that would have been directly billed to the patient by the clinical laboratory, and if the provider's clinical laboratory charge is less than the charge listed in the clinical laboratory's fee schedule.

SB 422 (Thompson)

Chapter 239, Statutes of 1995

Emergency Medical Services: Small and Rural Hospitals.

Allows certain emergency care technicians to provide emergency medical care in small and rural hospital emergency rooms under certain circumstances and in accordance with specified requirements.

SB 486 (Solis)

Chapter 180, Statutes of 1995

Dietitians.

Permits, upon referral by a physician and surgeon, registered dietitians meeting specified requirements to be reimbursed for services in accordance with law. Revises qualification standards for registered dietitians.

SB 889 (Leslie)

Chapter 873, Statutes of 1995

Prenatal Care: HIV Related Services.

Requires prenatal care providers to offer HIV testing, counseling, and referrals to every pregnant woman patient during prenatal care. Requires prenatal care providers to keep records as specified.

DEVELOPMENT, LICENSING AND OPERATIONS OF HEALTH CARE FACILITIES

AB 245 (Battin) Chapter 223, Statutes of 1995

Community Care Facilities.

Establishes staffing requirements for 15-bed locked facilities participating in the Napa County and Riverside County pilot program.

AB 1154 (Bustamante) Chapter 35, Statutes of 1995

Hospital Districts: Health Care Facilities: Definitions.

Revises the definition of "health care facility" to delete an exclusion of any place or establishment owned or leased and operated by one or more health care practitioners as an office. Revised the definition to include health facilities defined in certain other provisions of law relating to health care financing.

AB 1291 (Alpert) Chapter 1100, Statutes of 1996

Mammography Equipment.

Requires the Department of Health Services to establish two different registration fees for mammography equipment, based on whether the equipment is accredited by an independent accrediting agency recognized under the federal Mammography Quality Standards Act. Independently accredited equipment would be subject to a lower registration fee. States legislative intent that duplication in regulations and fees for facilities using mammography equipment be reduced.

AB 2298 (Cunneen) Chapter 141, Statutes of 1996

Children's Hospitals.

Revises the definition of "children's hospital" to clarify that the Children's Hospital at Stanford, Palo Alto, has been renamed the Lucile Salter Packard Children's Hospital and Medical Center.

AB 2338 (Rainey)

Chapter 1141, Statutes of 1996

Health Facilities.

Authorizes the Director of the Department of Health Services to issue a single consolidated license for a general acute care hospital to Children's Hospital Oakland and San Ramon Medical Center.

AB 2488 (Alby)

Chapter 471, Statutes of 1996

Health Facilities.

Requires applicants for licensure as an intermediate care facility/developmentally disabled-habilitative or intermediate care facility/developmentally disabled-nursing to attend an orientation program as a condition of licensure.

AB 3101 (Isenberg)

Chapter 1105, Statutes of 1996

Public Benefit Corporations: Health Facilities: Sale of Assets.

Requires a public benefit corporation, that is a non-health maintenance organization health facility, to obtain the consent or conditional consent of the Attorney General (AG) before selling or transferring the control of a material portion of its charitable assets to a for-profit business or mutual benefit entity. Authorizes the AG to require certain information from the health facility, elicit public comment from interested parties, and contract with experts to assist in reviewing the proposed transaction, among other things, prior to giving consent.

AB 3141 (Gallegos)

Chapter 826, Statutes of 1996

Health Facilities: Clinical Psychologists.

Requires state-owned and operated health facilities offering psychological services to establish rules, regulations, and procedures for consideration of an application for medical staff membership and clinical privileges submitted by a clinical psychologists. Precludes the Public Employment Relations Board from creating any additional bargaining units for the purpose of exclusive representation of state psychologists.

ACR 76 (Frusetta)

Resolution Chapter 75,
Statutes of 1996

Billing Procedures of Health Facilities.

Requests every health facility, as defined, to provide a patient, if requested by the patient and to the extent permitted by law, with an itemized bill that is as understandable as possible, as quickly as possible after the patient's release from the health facility so that the patient may verify the accuracy of the charges.

SB 158 (Peace)

Chapter 5, Statutes of 1995

Dentists: Professional Reporting.

Revises reporting requirements for insurers who provide professional liability insurance to dentists to require reporting of judgments or settlements over \$10,000. Makes other conforming changes to professional reporting requirements.

SB 361 (Wright)

Chapter 546, Statutes of 1995

Human Services.

Requires that criminal background checks for persons providing family home services be obtained from the FBI, when applicable. Repeals provisions that would, on January 1, 1996, create the Patients' Rights Office, and continues the requirement that the Department of Mental Health contract for patient services. Continues the requirement that entities contracting with the state to provide protection and advocacy services, train county patients' rights advocates.

SB 469 (Kelley)

Chapter 302, Statutes of 1995

Clinical Laboratory Technology: Hemodialysis.

Revises provisions of the Hemodialysis Technician Training Act of 1987 to authorize facilities to operate training and testing programs, rather than require it. Deletes the requirement that all hemodialysis technicians complete the program and no longer requires trainees to meet certain prescribed criteria.

SB 521 (Maddy)

Chapter 511, Statutes of 1995

Health Facilities: Postsurgical Recovery Facilities.

Extends the postsurgical care pilot project for certain facilities until September 30, 2000. Requires participating facilities to pay fees equal to the amount of any increase in fiscal costs incurred by the state as a result of this extension. Prohibits precluding participants from receiving reimbursement from, or negotiating with, a third party payor because of their participation in the pilot program.

SB 1109 (Leslie)

Chapter 543, Statutes of 1995

Buildings: Hospital Buildings: Building Standards.

Requires the California Health Policy and Data Advisory Commission to establish a committee, with membership as specified, to evaluate specific health care data collection programs and report findings to the Office of Statewide Health Planning and Development. Extends the Health Data and Advisory Council Consolidation Act until January 1, 1999. Expands the definition of "hospital building" for purposes relating to seismic safety. Makes changes relating to repeal of amendments to the California Building Standards Code.

SB 1554 (Kelley)

Chapter 447, Statutes of 1996

Municipal Hospitals, County Hospitals, and Local Health Care Districts: Governing Boards: Conflicts of Interest.

Provides that no member of a county or municipal hospital's or health care district's staff, who is an officer of the hospital or health care district, would be deemed to be financially interested in designated contracts made by the hospital or health care district of which the officer is a member, if the officer abstains from any participation in the making of the contract, as specified.

SB 1608 (Wright)

Chapter 403, Statutes of 1996

Psychiatric Health Facilities.

Requires the Department of Mental Health to establish a system for imposing prompt and effective civil sanctions against psychiatric health facilities which are in violation of the laws and regulations of this state.

SB 1649 (Mello)

Chapter 567, Statutes of 1996

Health Facilities: Disclosure.

Requires the disclosure of specified information by owners and operators of skilled nursing facilities (SNF). Provides that SNF ownership information be made available to the public and that the Department of Health Services (DHS) must approve or disapprove a SNF's application for licensure within 30 days after receipt, unless DHS, with just cause, extends the application review period beyond 30 days.

SB 1848 (O'Connell)

Chapter 126, Statutes of 1996

Long-term Health Care Facilities: Informed Consent: Alternative Decisionmaking Process.

Permanently extends the authority for a physician to initiate medical intervention to a patient who is unable to provide informed consent. Deletes the repeal date which provides authority to an attending physician, after an interdisciplinary team review, to initiate medical intervention for a resident who lacks the capacity to provide informed consent and there is no other person legally able to consent for the patient. This pertains to patients in skilled nursing facilities and intermediate care facilities. The authority was scheduled to be repealed on January 1, 1997. Deletes the requirement that the Department of Health Services convene a committee, as specified, and make recommendations to the Legislature by July 1, 1995.

SB 1922 (Wright)

Chapter 411, Statutes of 1996

Health Care Facilities: Cal-Mortgage Loan Insurance Program.

Limits the Office of Statewide Health Planning and Development's (OSHDP) liability for debts of Cal Mortgage Loan Program borrowers (for debts other than the loan insured under the program) in cases where OSHDP must assume control or direction of the borrower's finances. Authorizes OSHDP to purchase through the State Treasurer, bonds which have been in default by a borrower, provides for judicial review after a fair hearing in regard to OSHDP assumption of control, and grants to OSHDP a vote on approval of a post-bankruptcy plan for an OSHDP-insured loan under certain conditions.

Hospice Pilot Project.

Deletes references to pilot project and "sunset" dates for the Special Hospital: Hospice Pilot Project program within the Department of Health Services, thereby eliminating the temporary and pilot project aspect of the program under the statute.

LICENSING AND CERTIFICATION OF HEALTH CARE PROFESSIONALS

AB 610 (Bustamante)

Chapter 327, Statutes of 1995

Marriage, Family, and Child Counselors: Licensure Requirements.

Requires those who supervise applicants for licensure to have been licensed for at least two years, to have a valid and current license, and to meet any regulatory requirements. Repeals authorization for internship extensions.

AB 753 (Morrow)

Chapter 454, Statutes of 1996

Physicians and Surgeons and Podiatrists: Podiatrist Assistants.

Authorizes a physician assistant performing medical services under the supervision of a physician and surgeon to assist a podiatrist who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. Requires the physician assistant to assist a doctor of podiatric medicine according to patient-specific orders from the supervising physician and surgeon, and requires the supervising physician and surgeon to be physically available to the physician assistant for consultation when assistance is provided. Restricts a physician assistant assisting a podiatrist to performing those duties included within the scope of practice of a podiatrist.

AB 1077 (Hannigan)

Chapter 455, Statutes of 1996

Nursing.

Authorizes certified nurse practitioners to furnish a broader range of drugs and devices, including specified controlled substances, pursuant to standardized procedures and protocols developed by the nurse practitioner and his or her supervising physician and surgeon, to a broader range of patients in additional practice settings. Clarifies that nurse practitioners in solo practice are not authorized to furnish drugs or devices.

AB 1107 (Campbell)

Chapter 719, Statutes of 1995

Pharmacists: Dispensing Contact Lenses.

Authorizes pharmacists and nonresident pharmacists to dispense replacement contact lenses. Pharmacies must adhere to certain requirements as specified.

AB 1409 (V. Brown)

Chapter 324, Statutes of 1995

Geriatric Technicians: Pilot Project.

Authorizes the Office of Statewide Health Planning and Development (OSHPD) to extend, for an additional four years, a health manpower pilot project involving the use of geriatric technicians in long-term care facilities, and increase the number of participating project sponsors to five. Required OSHPD to issue a report by December 1, 1996, and other reports as specified.

AB 1471 (Friedman)

Chapter 279, Statutes of 1995

Medicine.

Requires the Medical Board of California to charge applicants taking the oral examination as a condition of licensure as a physician or surgeon, a fee to recover the cost of the exam. Authorizes the Board's Division of Licensing to submit, to every licensee, a questionnaire designed to establish that the physician has no disabilities that would impair his or her ability to practice medicine. Revises requirements for foreign physicians seeking post-graduate study. Revises requirements for persons seeking a certificate to engage in the practice of medicine to the extent necessary as a full-time faculty member. Revises the curriculum requirements for licensure as a doctor of podiatric medicine to include certain subjects as specified. (Revises licensing and related requirements for physicians, surgeons, foreign physicians, full-time faculty members, and doctors of podiatric medicine as specified.)

AB 2443 (Speier)

Chapter 817, Statutes of 1996

Health Care Referrals.

Amends the Physician Ownership and Referral Act of 1993 which prohibits a medical licensee from referring a patient for specific health care services if the licensee has a financial interest, as defined, with the person, or entity that receives the referral, by specifying that "financial interest" shall not include capitation payments or other fixed prepaid amounts as found in managed care programs. Provides that "financial interest" shall not include the receipt of remuneration by a medical director of a hospice, under certain conditions. Provides an additional exemption for the prohibitions contained in the Act for referrals by a licensee to an organization that owns or leases a general acute care, acute psychiatric, or special hospitals under certain conditions.

AB 2771 (Alpert)

Chapter 328, Statutes of 1996

Optometry.

Realigns optometrist licensure with recent changes in optometric continuing education requirements by changing optometrist licensure renewal requirements from once a year to once every two years, by the last day of the optometrist's birth month.

AB 3073 (Granlund)

Chapter 739, Statutes of 1996

Marriage, Family, and Child Counselors.

Changes current licensing law relating to out-of-state applicants for marriage, family, and child counselor licensure by authorizing the Board of Behavioral Science Examiners to issue a California license to a person if the person has been licensed in another state for at least two years, provided that the education and supervised experience requirements in the other state are substantially the equivalent of California requirements. Requires the out-of-state applicant to successfully complete written and oral examinations administered in California and pay the fees specified.

AB 3111 (Margett)

Chapter 1030, Statutes of 1996

Physician Assistants.

Authorizes individuals who have completed training as orthopaedic physician assistants but who are not licensed, to be delegated tasks allowable under existing law while working under the supervision and direction of a physician.

AB 3171 (Martinez)

Chapter 382, Statutes of 1996

Medicine: Licensing: Continuing Education Requirements.

Requires the Medical Board of California, Division of Licensing to consider including a continuing education course in the special care needs of individuals and their families facing certain end-of-life issues, including pain and symptom management, the psycho-social and spiritual dynamics of death, dying and bereavement, and hospice care. (The division is currently required to consider, in setting its continuing education requirements, such courses as human sexuality and nutrition, child abuse detection and treatment, acupuncture, elder abuse detection, and early detection and treatment of substance abusing pregnant women, among other things.)

AB 3265 (Gallegos)

Chapter 149, Statutes of 1996

Osteopathic Physicians and Surgeons: Diversion Program.

Adds provisions to the Osteopathic Medical Board of California's diversion program regarding the methods by which a person may participate in the diversion program, and provides that neither acceptance nor participation in the diversion program precludes the Board from investigating or disciplining a participant for unprofessional conduct. Provides an exception to the requirement of confidentiality of records if a participant withdraws or is terminated from the diversion program at a time when the diversion evaluation committee determines that he or she presents a threat to the public health and safety.

SB 26 (Alquist)

Chapter 839, Statutes of 1995

Family Counselors, Educational Psychologists, and Social Workers: Licensure Fees and Continuing Education.

Increases the amount of various licensure related fees. Requires the fees to be reduced if certain moneys are redeposited in the Behavioral Science Examiners Fund. Establishes continuing education requirements for license renewal, as specified.

SB 113 (Maddy)

Chapter 510, Statutes of 1995

Clinical Laboratories.

Revises the law providing for the licensure and regulation of clinical laboratories and various clinical laboratory health care professionals to make it consistent with the federal Clinical Laboratory Improvement Amendments of 1988. Requires the Department of Health Services to conduct a study relating to the accuracy and reliability of tests performed in physician office laboratories, as defined.

SB 511 (Leslie)

Chapter 492, Statutes of 1996

Dentistry: Licensure: Probation.

Clarifies and strengthens the Dental Practice Act and brings the Act more into conformance with the Pharmacy Act and the Medical Practices. Changes involved denial of licensure, probationary license, use of fingerprint cards for identification, and discipline for "unprofessional conduct."

SB 609 (Rosenthal)

Chapter 708, Statutes of 1995

Healing Arts: Discipline: Reporting.

Adjusts the fine for fraudulent billing by healing arts professionals. Requires insurers and others as specified to report judgments against healing arts professionals, physicians and surgeons. Requires a physician and surgeon to report to the Medical Board of California an indictment or information charging a felony against him or her or a felony conviction.

SB 640 (Craven)

Chapter 853, Statutes of 1995

Prescription Lenses: Nonresident Contact Lens Sellers.

Requires nonresident contact lens sellers to register with the Division of Licensing of the Medical Board of California in order to distribute contact lenses to California residents. Allows for the distribution of replacement lenses only and requires that the prescription be less than one year old. Makes other related changes as specified.

SB 668 (Polanco)

Chapter 13, Statutes of 1996

Optometry.

Provides for the certification of optometrists by the State Board of Optometry to "diagnose and treat" specified conditions of the eye, to use specified types of "therapeutic pharmaceutical agents" (TPAs), and to use specified procedures. Excludes from the practice of optometry, the treatment of children under one year of age with TPAs and surgery, as defined, not specifically authorized by the bill. Requires specified education, training, and examination of optometrists in order to obtain the Board certification. Requires TPA-certified optometrists to complete additional continuing education requirements for a minimum total of 50 hours of continuing education every two years, as specified. Makes other related changes. Urgency measure, effective February 21, 1996.

SB 685 (Watson)

Chapter 444, Statutes of 1995

Healing Arts: Sexual Misconduct.

Applies existing law relating to sexual exploitation by a psychotherapist, physician or surgeon to alcohol and drug abuse counselors, as defined.

SB 779 (Lewis)

Chapter 252, Statutes of 1995

Physicians and Surgeons: Discipline: Diversion Programs.

Establishes additional procedures relating to the participation in a diversion program and the further investigation and discipline of a physician and surgeon who is in a diversion program.

SB 817 (O'Connell)

Chapter 516, Statutes of 1995

Health Services: Certified Home Health Aides and Nurse Assistants: Long-term or Health Facilities.

Establishes a certificate renewal process for home health aides, makes conforming changes, and revises certain fee provisions for certified home health aides and nurse assistants. Requires the Director of Health Services to, among other things, recommend action to be taken against a nursing facility or other long-term care facility for violations, as specified.

SB 1479 (Lewis)

Chapter 257, Statutes of 1996

Dentists: Licensure.

Authorizes the California Board of Dental Examiners to investigate or continue to investigate, and to take disciplinary action concerning, dentists who have been admitted into diversion treatment programs for alcohol and drug abusers under specified circumstances. Provides an exception to confidentiality requirements if a participant withdraws or is terminated from the diversion program at a time when the diversion evaluation committee determines that the program enrollee presents a threat to public health and safety.

SB 1536 (Lewis)

Chapter 312, Statutes of 1996

Optometry.

Provides that neither an optometrist nor an individual practice association shall be deemed to have an additional office solely by reason of the optometrist's participation in an individual practice association, as defined, or the individual practice association's creation or operation. Urgency measure, effective July 29, 1996.

SB 1553 (Kelley)

Chapter 798, Statutes of 1996

Pharmacy: Pharmacy Technicians.

Deletes the current exemption for registration with the California State Board of Pharmacy (Pharmacy Board) for specified pharmacy technicians. Previously, statute exempted pharmacy technicians from registration with the Pharmacy Board if they were assisting in the filling of prescriptions for a patient of a hospital or for an inmate of a correctional facility. Requires registration of such individuals. However, the exemption is maintained for persons utilized as a pharmacy technician to assist in the filling of prescriptions for an inmate of a correctional facility for the first year of employment with the correctional facility.

SB 1592 (Rosenthal)

Chapter 441, Statutes of 1996

Medicine.

Repeals the creation of the Committee on Affiliated Healing Arts Professions of the Medical Board of California (Board). Requires physicians and surgeons to report change of address and change of name to the Board within 30 days. Authorizes the Hearing Aid Dispensers Examining Committee to adopt, amend, or repeal, in accordance with the Administrative Procedure Act, regulations necessary to enable the committee to effect laws relating to the practice of fitting or selling hearing aids, subject to the review and approval of the Board.

SB 1738 (Wright)

Chapter 158, Statutes of 1996

Nursing: Nurse-Midwives.

Authorizes certified nurse-midwives to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum, in a licensed acute care hospital and a licensed alternate birth center, according to approved protocols, if certain conditions are met.

SB 1962 (O'Connell)

Chapter 830, Statutes of 1996

Physical and Respiratory Therapy.

Increases maximums for certain application, licensure and approval fees for physical therapists and physical therapist assistants. Establishes requirements for physical therapist patient records; limits access to physical therapist assistant applicant status; and protects the use of the title "Physical Therapist Assistant," among other things.

Medicine.

Authorizes the Medical Board of California to develop a proposed registration program that would, if implemented, permit an out-of-state physician or doctor of podiatric medicine to practice medicine in California via telemedicine. Adds "alleged" incidents of negligence, error, omission or unauthorized practice to the current malpractice reporting requirements for judgments or awards which are over \$30,000 and entered against or paid by a licensed physician's employer.

MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE

AB 2071 (Miller)

Chapter 1027, Statutes of 1996

Medi-Cal: Drug Abuse Services.

Restructures components of the Medi-Cal Drug Treatment Program, including fee structure and various administrative procedures, including requiring the Department of Alcohol and Drug Programs, in consultation with the Department of Health Services, to establish a per capita uniform statewide monthly reimbursement rate for narcotic replacement therapy dosing and ancillary services.

AB 2616 (Woods)

Chapter 245, Statutes of 1996

Mental Health Facilities.

Provides that a psychiatric health facility is eligible to participate in the Medicaid and Medicare programs and receive federal financial participation if it meets federal participation requirements and Department of Health Services' licensing requirements.

AB 2726 (Woods)

Chapter 654, Statutes of 1996

Pupils: Mental Health Services.

Establishes procedures governing referrals of pupils to community mental health services and the responsibilities of those entities. Beginning July 1, 1997, the fiscal and program responsibilities of community mental health services shall be the same regardless of location of placement. Requires the Superintendent of Public Instruction and the Secretary of Health and Welfare to ensure that the Department of Education and the Department of Mental Health enter into an interagency agreement which includes technical assistance for staff implementing provisions of this bill, among other things, by January 1, 1998.

AB 2801 (Granlund)

Chapter 515, Statutes of 1996

Local Mental Health Services.

Makes various administrative changes to the Bronzan-McCorquodale Act including, among other things: 1) changing the deadline for transfer of state matching funds for the remaining Medi-Cal

fee-for-service mental health services from July 1, 1998 to July 1, 1997; 2) establishing December 31 as the deadline for counties to submit cost reports to the Department of Mental Health (DMH); and, 3) establishing December 31 as the deadline for counties choosing to participate in negotiated rate setting for community mental health services, to submit their cost report and rate proposal to the DMH.

SB 472 (Petris)

Chapter 551, Statutes of 1995

Neurological Degenerative Disorders: Training.

Expands the function of certain facilities that educate health care professionals about Alzheimer's disease, to also address Huntington's disease and other brain impairments. This training, as specified, may satisfy up to four hours of in-service training requirements. Revises the duties of Statewide Resource Consultants.

SB 659 (Wright)

Chapter 153, Statutes of 1996

Mental Health.

Establishes the Adult and Older Adult Mental Health System of Care Act which promotes the expansion of integrated mental health services as currently provided through three pilot programs and maintains those programs at their current funding level, subject to appropriation through the Budget Act.

SB 1192 (Polanco)

Chapter 190, Statutes of 1996

Mental Health Plans.

Extends the deadline for the transfer of state matching funds for the remaining Medi-Cal fee-for-service mental health services to July 1, 1998: Alters current law regarding the small-county risk pool by authorizing the Department of Mental Health to provide funds directly to any management entity designated in writing by all counties participating in the self-insurance risk pool and limiting state obligations and liability with respect to funding and administration of funds for the self-insurance risk pool.

SB 1667 (Wright)

Chapter 1167, Statutes of 1996

Mental Health Care.

Requires the Department of Mental Health to issue a request for proposals from counties in each year that additional funds are

provided for expansion of the Children's Mental Health Services Program. Requires that the final selection of county proposals shall be subject to the amount of funding approved for expansion of services under the program without reference to the date on which final selection of counties shall be made. Requires the Department to enter into training and consultation contracts as necessary to fulfill its statutory obligations and reappropriates \$7,125,000 from funds appropriated in the 1996-97 Budget Act in augmentation of the Budget Acts of 1997 and 1998. Urgency measure, effective September 30, 1996.

SB 2003 (Costa)

Chapter 716, Statutes of 1996

Mental Health: Patient Transfers.

Provides that a general acute care hospital, its licensed professional staff, or any physician and surgeon providing emergency medical services to any person at the hospital shall not be civilly or criminally liable for detaining a person, or for the actions of the person following release from the hospital, if certain conditions exist. These conditions include: 1) the person cannot be safely released from the hospital because the person, as a result of a mental disorder, presents a danger to himself or herself, or others, or is gravely disabled; 2) the hospital staff or treating physician has made repeated attempts to find appropriate mental health treatment for the person; and 3) the person is not detained beyond eight hours.

SCR 61 (Thompson)

Resolution Chapter 27,
Statutes of 1996

Autism Treatment Awareness Week.

Proclaims the week of August 4 through August 10, 1996, as Autism Treatment Awareness Week; acknowledges contributions made in the area of autism by experts in the field and the families involved.

DRUGS AND TESTING

AB 819 (Cannella) Chapter 807, Statutes of 1995

Health: Municipal and County Laboratories.

Requires city and county local health departments to have public health laboratory services available for the examination of suspected cases of infectious and environmental diseases.

AB 2802 (Granlund) Chapter 890, Statutes of 1996

Pharmacy.

Revises and reorganizes existing pharmacy law.

AB 3109 (Margett) Chapter 1029, Statutes of 1996

Clinical Laboratories.

Defines "point-of-care laboratory testing device" and specifies performance criteria for the device. Adds certified Emergency Medical Technician IIs and paramedics to the list of health care classifications who may perform moderate complexity tests with point-of-care devices under specified conditions. Allows persons licensed in any of the specified health care personnel classifications to use point-of-care laboratory testing devices and to report the results of all tests that are within the capacity of the device, if the person has been found by the laboratory director to be competent to perform those tests and report those test results.

AJR 55 (Escutia) Resolution Chapter 29,
Statutes of 1996

Development and Approval of Drugs and Biologics.

Memorializes the Congress of the United States to enact comprehensive legislation to facilitate the rapid review and approval of innovative new drugs, biological products, and medical devices, and new uses of existing drugs, without compromising patient safety or product effectiveness.

SB 113 (Maddy)

Chapter 510, Statutes of 1995

Clinical Laboratories.

Revises the law providing for the licensure and regulation of clinical laboratories and various clinical laboratory health care professionals to make it consistent with the federal Clinical Laboratory Improvement Amendments of 1988. Requires the Department of Health Services to conduct a study relating to the accuracy and reliability of tests performed in physician office laboratories, as defined.

SB 227 (Watson)

Chapter 712, Statutes of 1995

Mental Health Services.

Requires mental health boards (board) in counties under 80,000 in population that elect to have the board exceed the five-member minimum, to comply with existing compositional requirements. Alters the definition of a community mental health center. Limits the responsibilities that the Director of Mental Health may delegate to counties. Authorizes the Director to delegate the responsibility for collecting charges for services provided to minor children in a state hospital, and for determining the ability of certain persons to pay for services provided to mentally disabled children in a state hospital. Authorizes counties to decline the delegation. Extends the time period certain professionals may be employed by or under contract with a local mental health program prior to obtaining the appropriate license. Extends the California Mental Health Planning Council until January 1, 1999, and requires the council to periodically assess and report on the effects of realigning mental health services and other changes in the mental health system.

AB 611 (Aguiar)

Chapter 350, Statutes of 1995

Pharmacy.

Applies licensure requirements to veterinary food-animal drug retailers and requires such retailers to comply with provisions of the Pharmacy Law governing pharmacies and medical device retailers. These provisions include payment of fees that will be deposited in the Pharmacy Board Contingent Fund.

SB 941 (Campbell)

Chapter 674, Statutes of 1995

Child Health: Botulism.

Requires the Department of Health Services to establish an Infant Botulism Treatment and Prevention Unit for the production and distribution of human Botulism Immune Globulin (BIG), as specified. Authorizes the Department to charge a fee for BIG and to deposit the fees into the Infant Botulism Treatment and Prevention Fund.

SB 988 (Polanco)

Chapter 442, Statutes of 1995

Pharmacy: Licensure: Discipline: Furnishing Dangerous Drugs.

Exempts the furnishing of dangerous drugs and devices to recognized nursing schools and allows a wholesaler or pharmacy to furnish dangerous drugs to officers of an ocean vessel, as specified. Revises requirements for licensing graduates of foreign pharmacy schools and requirements relating to disciplining and reinstating pharmacists.

SB 1537 (Kelley)

Chapter 113, Statutes of 1996

Pharmacist: Performing Tests.

Permits a pharmacist, when ordering drug therapy-related laboratory tests, to perform a clinical laboratory test or examination, when the test is classified as waived or as moderate complexity according to the federal Clinical Laboratory Improvement Amendments of 1988.

FOOD

AB 465 (Kaloogian)

Chapter 329, Statutes of 1995

Food Facilities: E-Coli.

States the intent of the Legislature that uniform state standards be established for certain cooking temperatures that are sufficient to kill the E-Coli bacteria in ground beef.

AB 2349 (Harvey)

Chapter 1048, Statutes of 1996

Food Facilities.

Makes numerous clarifying changes to the California Uniform Retail Food Facilities Law (CURFFL) to reflect current technology and food service practices.

SB 396 (Maddy)

Chapter 852, Statutes of 1995

Food Facilities.

Revises the California Uniform Retail Food Facilities Law to, among other things, authorize food facilities to operate pursuant to a plan employing Hazard Analysis Critical Control Point principles and authorize the Department of Health Services (DHS) to assess hourly charges of \$55 to cover costs. Requires DHS to work with specified groups and individuals and report to the Legislature on or before July 1, 1996, regarding the need for developing a more comprehensive system of regulating mobile food service mechanisms and the commissaries that service them.

PUBLIC HEALTH

AB 254 (Alpert)

Chapter 314, Statutes of 1995

Immunization: Disclosure of Information.

Authorizes local health officers to operate immunization information systems and provides that certain health care providers and immunization systems may disclose or share certain immunization-related information maintained by these systems, unless the patient withholds consent. Requires local health departments and the Department of Health Services to maintain the confidentiality of the shared information. States legislative findings regarding the need for immunizations and legislative intent that more infants and children receive immunizations in a timely manner through the utilization of immunization information and reminder systems.

AB 686 (Tucker)

Chapter 823, Statutes of 1995

Tobacco: Vending Machines.

Prohibits the sale or distribution of tobacco products from vending machines, with one exception. Authorizes the Department of Health Services to assess civil penalties against those violating this restriction. This bill does not pre-empt more restrictive local standards.

AB 1194 (Takasugi)

Chapter 291, Statutes of 1995

Communicable Disease: Immunizations.

Adds hepatitis B to the list of diseases for which children must be immunized against prior to entering institutions at or below the kindergarten level on or after August 1, 1997. If the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

AB 2125 (Figueroa)

Chapter 790, Statutes of 1996

Female Genital Mutilation.

Requires the Department of Health Services, in consultation with the Department of Social Services and the appropriate federal agency or department, to establish and implement appropriate education, preventative, and outreach activities, focusing on new

immigrant populations that traditionally practice female genital mutilation for the purpose of informing members of those communities of the health risks and emotional trauma inflicted by this practice and informing those communities and the medical community of the prohibition and ramifications of committing female genital mutilation. Defines female genital mutilation. For felony child abuse by the act of female genital mutilation, enhances the punishment by an additional term of imprisonment for one year.

SB 493 (Maddy)

Chapter 194, Statutes of 1995

Health Education and Services.

Reallocates funds from the Cigarette and Tobacco Products Surtax Fund, established by the Tobacco Tax and Health Protection Act of 1988 (Proposition 99), as specified, until July 1, 1996. Changes the moneys distributed to the Health Education Account from 20% of available revenues to 10%, to the Physician Services Account from 10% to 22.5%, to the Research Account from 5% to 1%, and to the Unallocated Account from 25% to 26.5%. Makes reappropriations of surtax revenues from the Physician Services Account and the Unallocated Account to fund programs previously funded by the Health Education Account and the Research Account, among other things. Urgency measure, effective July 27, 1995.

SB 1360 (Health & Human Services) Chapter 415, Statutes of 1995

Reorganization of the Health and Safety Code: Public Health.

Repeals existing provisions of the Health and Safety Code relating to public health and re-enacts those provisions into seven new divisions in the Health and Safety Code. Makes other technical changes.

SB 1497 (Health and Human Services) Chapter 1023, Statutes of 1996

Reorganization of the Health and Safety Code: Public Health.

Makes technical, nonsubstantive changes to the Public Health sections of the Health and Safety Code. Follow-up legislation to the recodification efforts of last year, SB 1360, Chapter 415, Statutes of 1995. Urgency measure, effective September 29, 1996.

SB 1966 (Wright)

Chapter 536, Statutes of 1966

Medical Waste.

Modifies the definition of biohazardous waste (a subcategory of medical waste) to include waste pharmaceuticals (pharmaceutical agents which in sufficient quantity, or in combination with other agents, could cause illness or mortality) and, as a result, moves jurisdiction for the regulation of these waste pharmaceuticals from the Department of Toxic Substances Control to the Department of Health Services (DHS). Re-enacts authority for DHS to require an annual regulatory fee of \$25 for small quantity medical waste generators and authorizes DHS to enter into contract with medical waste companies to collect such fees.

SB 2005 (Thompson)

Chapter 683, Statutes of 1996

Communicable Disease.

Adds to the sharps injury documentation required of certain health facilities, the type and brand of device involved in the incident. Requires the Department of Health Services to conduct a three-year voluntary pilot project to assess the feasibility of a statewide sharps injury surveillance system and appropriates \$145,000 from the General Fund for that purpose.

SB 2082 (Leslie)

Chapter 111, Statutes of 1996

AIDS: HIV.

Allows for disclosure of HIV tests, to the extent necessary to comply with federal law, in cases where an emergency response employee has been exposed to HIV or AIDS.

SJR 52 (Watson)

Resolution Chapter 50,
Statutes of 1996

Cure Breast Cancer Postal Stamp Donation Program.

Memorializes the Congress and the President of the United States to enact legislation to enable the implementation of the Cure Breast Cancer postal stamp donation program and memorializes the Board of Governors of the United States Postal Service to implement this program to allow voluntary collection of supplemental breast cancer research funds.

MISCELLANEOUS

AB 1040 (Bates)

Chapter 875, Statutes of 1995

Long-term Care.

Authorizes up to five local pilot projects to be established in a single county, in a multi-county area, or in a portion of a county. Establishes a framework for demonstration projects to test methods for integrating the financing and administration of long term care services. The goal is to develop service delivery models, appropriate to differing geographic areas, that provide a continuum of acute, home and community and institutional long term care services.

AB 1418 (Bordonaro)

Chapter 11, Statutes of 1996

Family Day Care Homes: Pilot Project.

Re-enacts (for one year) a pilot project which was repealed on January 1, 1996. The provisions authorize the Counties of Placer, Fresno, San Diego, San Luis Obispo, and Ventura, to operate a pilot project not to extend beyond January 1, 1997, for the purpose of testing the feasibility of permitting two additional schoolage children to be cared for in a family day care home. Urgency measure, effective February 14, 1996.

AB 2056 (Alby)

Chapter 137, Statutes of 1996

Adult Day Health Care.

Eliminates the restrictions on an Adult Day Health Care (ADHC) center's governing board's authority to delegate primary responsibility for supervision of its adult day health program to a special board. Deletes the requirement that a board that is a substitute for an ADHC governing board be either a governing board which operates licensed health facilities, clinics, or community care facilities. The substitute board or special board would still be required to meet existing compositional requirements.

AB 2138 (Campbell)

Chapter 139, Statutes of 1996

Health Care Service Plans: Financial Statements: Governmental Entities.

Requires submission of health plan financial statements 180 days, instead of 120 days, after the close of the fiscal year for public entities or political subdivisions of the state whose audits are conducted by a county grand jury.

AB 2448 (Alpert)

Chapter 375, Statutes of 1996

Domestic Violence: San Diego County.

Authorizes the San Diego Association of Governments to serve as a clearinghouse for criminal justice data involving domestic violence in San Diego County for the purpose of collecting, analyzing and compiling standardized data including victim sociodemographic characteristics, descriptions of domestic violence incidents and services needed by domestic violence shelter clients. Establishes other specific requirements for collecting and developing the data, including the creation of an advisory committee.

AB 2800 (Granlund)

Chapter 1097, Statutes of 1996

Aging.

Makes numerous changes to the Older Californians Act. Deletes inoperative language and obsolete provisions that are no longer in use. Transfers the program management of the Alzheimer's Day Care Resource Center (ADCRC) Program, the Linkages Program, the Brown Bag Program, the Respite Program, the Senior Companion Program, and the Foster Grandparent Program from the California Department of Aging (CDA) to the local Area Agencies on Aging. Requires that any new administrative costs incurred by the Area Agencies on Aging shall come from CDA's administrative funding, not from service dollars. Guarantees that existing funding for programs such as ADCRC currently going to a specific area in the state, will continue to go to that area. Establishes a public planning and hearing process involving consumers, providers, caregivers, and senior citizens. Ensures that the new provisions complement, and do not affect or interfere, with the Long-Term Care Integration Project operated out of the Department of Health Services.

AB 2894 (Aguiar)

Chapter 824, Statutes of 1996

Children's Hospitals.

Defines, except as otherwise specified by law, the term "children's hospital," after June 1, 1996, for purposes of both the Health and Safety Code and the Welfare and Institutions Code, as referring to specified hospitals.

AB 3145 (Granlund)

Chapter 827, Statutes of 1996

Coroner's Inquests: Anatomical Gifts.

Requires organ procurement organizations to adopt protocols, subject to the coroner's approval, for organ recovery in coroners' cases, among other things. Authorizes a coroner to enter into agreements with one or more procurement organization to coordinate organ recovery procedures and to contract with, or receive assistance of any kind from any public or private entity to provide education and training for staff regarding the timely determination of the cause of death.

SB 296 (Maddy)

Chapter 703, Statutes of 1995

Human Blood: Collection.

Authorizes blood donor phlebotomists to collect human blood under certain conditions as specified. Prohibits the creation of staff positions for blood donor phlebotomists that would be the sole cause of displacing currently employed personnel.

SB 372 (Wright)

Chapter 877, Statutes of 1995

Medical Waste: Management.

Makes numerous changes to the Medical Waste Management Act.

SB 445 (Rosenthal)

Chapter 792, Statutes of 1995

Nonprofit Health Care Service Plans: Public Benefit Activities: Restructuring.

Requires nonprofit health care service plans applying to restructure or convert its activities, to submit information regarding its public benefit activities to the Department of Corporations. Requires plans converting from nonprofit to

for-profit to set aside the fair market value of the plan for charitable purposes and places requirements on organizations receiving the set-aside. Authorizes the Commissioner to disapprove applications not meeting the requirements. Requires the Department to make specific information available to the public.

SB 547 (Mello)

Chapter 874, Statutes of 1995

Long-term Care.

Will not become operative since AB 1040 (Bates), Chapter 875, Statutes of 1995, has been chaptered.

SB 675 (Craven)

Chapter 559, Statutes of 1995

Marriage, Family, and Child Counselors: Group Advertising and Referral Services.

Authorizes the participation in or operation of a group advertising and referral service for marriage, family, and child counselors and authorizes the Board of Behavioral Science Examiners to adopt regulations to enforce and administer these provisions as specified.

SB 890 (Leslie)

Chapter 40, Statutes of 1996

Healing Arts: Medicine and Optometry.

Follow-up to this session's optometry bill, SB 668 (Polanco), Chapter 13, Statutes of 1996, which authorized certified optometrists to use therapeutic pharmaceutical agents. That bill required the optometrists to ensure that their patients who receive therapeutic pharmaceutical agent services have access to emergency care 24-hours per day, seven days per week. That bill also required physicians and surgeons to make those same assurances. This bill repeals those provisions. Urgency measure, effective May 6, 1996.

BILLS VETOED

AB 590 (Knox)

Medi-Cal Bottled Water.

Would have added bottled water and water filters as a Medi-Cal benefit. The benefit would have become available only when a county health department made a recommendation that all tap water be boiled due to the health risk associated with cryptosporidiosis.

The same measure was introduced in 1996 as AB 2851 (Knox), and failed in the Assembly Health Committee.

AB 767 (Bates)

Real Property: University of California: State Department of Health Services.

Would have required that property owned by the Department of Health Services, as specified, be offered for conveyance to University California (UC), Berkeley, and gave UC two years to decide if it desired to obtain the property before it could be disposed of as surplus property.

AB 1101 (Speier)

Health Care Coverage: Contraceptive Drugs: Family Planning: Reproductive Health.

Would have required health care service plan contracts which provide outpatient prescription drug benefits to include coverage for a variety of federal Food and Drug Administration-approved prescription contraceptive methods. Would have required that the drug benefit be extended to the beneficiary, covered spouse and covered dependents. Would have prohibited any health care service plan contract that provides coverage for pregnancy services from containing any exclusion, reduction, or other limitation for those services that are more restrictive than other benefits covered by the plan.

AB 1436 (Burton)

Health Coverage: Emergency Medical Services: First Responder Services.

Would have required health care service plans and disability insurance policies, beginning January 1, 1997, to reimburse fire departments for emergency first responder services (these services are currently funded through local government). Would also have required the Medi-Cal program to reimburse fire departments for these same services and to increase rates for ambulance transportation services.

AB 1570 (Kuehl)

Health Care Service Plan Advisory Committee: Membership.

Would have increased the membership of the Health Care Service Plan Advisory Committee from 20 to 22 members. Both new members would be required to be employed by a health care service plan as providers of direct patient care. One would have been required to be a registered nurse, and the other new member would have been required to be a health care worker, other than a registered nurse, physician, or surgeon.

AB 1912 (Friedman)

Healthcare: Reporting of Breast and Prostate Cancer Cases.

Would have required the Director of the Department of Health Services to convene a technical advisory committee to make recommendations on using data collected by the Cancer Registry to publish an annual report providing risk adjusted five-year survival rates for breast and prostate cancer based on the patient's source of health care coverage.

AB 2184 (Margett)

Medi-Cal: Prepaid Health Plans.

Would have prohibited the Department of Health Services from approving and/or renewing contracts with prepaid health plans on or after January 1, 1998, unless the plan is required to accept, at the discretion of emergency care services providers, electronically prepared claims for Medi-Cal covered out-of plan emergency care services. Would also have allowed the Department to exempt those plans from this requirement if it found good cause to do so.

AB 2862 (Sweeney)

Medi-Cal.

Would have required the provision of in-home medical care services as a Medi-Cal program benefit without a share of cost for technology-dependent children regardless of the parent's income or resources. To the extent required by federal law, the bill would have allowed the Department of Health Services to establish a parental contribution fee schedule based on premium costs and the parent's ability to pay.

AB 3138 (Aguiar)

Medi-Cal: Capitation Rate.

Would have required the Director of the Department of Health Services (DHS) to appoint an unpaid advisory committee to be selected from a pool of nongovernmental actuaries nominated by physicians, hospitals, health care plans, and consumer representatives to review the methodology used by DHS to develop all Medi-Cal capitation rates. As part of its review, the advisory committee would have been required to examine the distribution of high cost beneficiaries within counties to determine if certain managed care plans have a maldistribution of costly cases.

SB 30 (Watson)

Prostate Cancer Act of 1995.

Would have created the Prostate Cancer Research Program to research the cause, cure, and treatment of prostate cancer and designated the California Public Health Foundation to develop and administer the program.

SB 370 (Wright)

Medi-Cal Audits.

Would have required the Department of Health Services to contract with external review organizations for Medi-Cal Managed Care quality assurance and utilization review audits for the Medi-Cal program.

SB 990 (Polanco)

Medi-Cal Managed Care.

Would have required that each Medi-Cal Managed Care health care service plan, except local initiatives, contracting with the Department of Health Services (DHS) under the two-plan model to include Medi-Cal traditional primary care providers and specialty care providers as a specified percentage of the plan's primary care network. Would have also required health plans contracting with DHS to provide specified data to the state. These provisions would have sunsetted January 1, 1999, unless extended.

