AMERICA'S PHYSICIAN GROUPS
Taking Responsibility for America's Health

Provider Related Laws

1998 – Present

Contents:
Balanced Budget Act, California Legislative Assembly Bills and Senate Bills, and any other legislation that affects managed care patients

Notes:

- Bills are listed by the year in which they were enacted. Without specific references to operational dates, bills are effective January 1 of the year following enactment.
- Most code sections are referenced for chaptered bills. You can access a full version of the Knox Keene Act at www.dmhc.ca.gov/lawsregulations.aspx.
- Most bill numbers include blue hyperlinks to the bill's text in California Legislative Information's Bill Search function at leginfo.legislature.ca.gov.

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State Laws 1998

A. Mastectomy LOS (AB 7) – The treating physician will determine length of stay in consultation with the patient, consistent with good medical practice and clinical research; devices and surgeries to achieve symmetry for a mastectomy patient are covered along with services for complications from a mastectomy including lymphedema; denials for health care services can only be made by a licensed physician and surgeon competent to evaluate the specific clinical issues involved in the care presented.

B. OB/GYN Direct Access (AB 12) – Patients will have direct access visits to the client's contract OB/GYN or Family Practice Physicians on an unlimited basis.

C. Emergency Room Claims (AB 682/SB 277) – Prior authorization is not required for the provision of emergency care necessary to stabilize a patient's condition; prior authorization is required for care once the patient is stable; services will be deemed authorized if the request for authorization is not responded to within thirty (30) minutes.

D. Skilled Nursing Facilities (AB 742) – A Medicare member who resides for at least sixty (60) days prior to hospitalization will be allowed to return to the "home" facility (i.e., skilled nursing unit of a continuing care retirement community or multi-level facility) upon discharge from an acute care hospital when that facility is equipped to care for them.

E. Ambulance Services (AB 964) – Services for ambulance transport will be covered if the patient reasonably believed their medical condition was an emergency and reasonably believed his/her condition required ambulance transportation services.

F. Standing Referral to Specialist (AB 1181) – When appropriate and consistent with AB 1181, a patient may receive a standing referral to a specialist if the Primary Care Physician determines he/she needs continuing care; a patient, with a condition or disease that requires specialized medical care over a prolonged period of time and is life threatening, degenerative or disabling, may receive a referral to a specialist or specialty care center for the purpose of having the specialist coordinate the patient's health care.

G. Pharmacy Formulary Disclosure (SB 625) – Physicians may request authorization for non-formulary drugs through Health Plan's "exceptions" processes.

H. Continuity of Care (SB 1129 and BBA 422.112a) – Patients will continue to receive care from a terminated provider when the patient requests such continuity until a safe transfer to another provider can be made which is consistent with good professional practice; providers must agree to same contractual terms and conditions as before termination; these requirements apply to patients who are currently being treated for an acute or serious chronic condition for up to ninety (90) days or for high risk pregnancy, or second and third pregnancy, until postpartum services related to the delivery are completed.

I. Maternity Care (AB 38 and AB 1553) – Inpatient services for a mother and newborn are covered for a minimum of forty-eight (48) hours following normal vaginal delivery or ninety-six (96) hours following delivery by caesarian section unless the treating physician, in consultation with the mother, determines a shorter period is sufficient and a post discharge follow-up visit to occur within forty-eight (48) hours of discharge is prescribed.

J. Reconstructive Surgery (AB 1621) – Surgery will be covered to correct or repair abnormal structures of the body that are caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function and create a normal appearance to the extent possible; denials for surgery may be made under certain circumstances.

K. Experimental/Investigational Procedures (AB 1663) – Prior to denial, the MG/IPA will consult with health plans regarding requests from physicians and/or patients to provide experimental or investigational therapies for terminal illness. UPDATE: Referral Authorization Process P&P

L. Dental Anesthesia (AB 2003) – By January 1, 2000, for patients under seven (7) years of age, patients who are developmentally disabled, or whose health is compromised and for whom general anesthesia is medically in a hospital setting if the clinical status or underlying medical condition of the patient requires the procedures be given in a hospital or surgery center.

M. Prostate Screen Coverage (SB 2020) – Coverage will be provided for prostate cancer screening and diagnosis including, but not limited to, PSA/digital rectal exams. Physicians should follow recommendations by U.S. Preventive Services Task Force.

N. Pain Medication (AB 2305) – Coverage will be provided for appropriately prescribed pain medications for terminally ill patients when medically necessary; Health Plan approval/denials for coverage, if required, must be made within seventy-two (72) hours of receipt of information. Plans may request additional information but, if applicable deadlines are not met, the request is deemed authorized.

O. AFP Coverage (AB 2438) – Coverage will be provided for participation in the Expanded Alpha Feto Protein (AFP) program administered by the Department of Health Care Services.

Balanced Budget Act (Effective January 1, 1998)

A. Access to mammogram screening – Annual screening is covered for Seniors without prior authorization; members may self-refer within the Medical Group/Independent Practice Agency (MG/IPA); a list of facilities will be provided annually; a denial for screening will not be made to an affiliated provider within the MG/IPA's network because it was not prior authorized.

B. Senior rights to flu vaccine – Patients may self-refer; no co-pay applies if patients are seen only for vaccine; there will be patient outreach programs provided.

C. Routine dialysis for Seniors temporarily out of area – Services for routine dialysis will be covered whenever the patient is out of area; temporarily is defined as up to twelve (12) months; claims will not be denied for "no prior authorization" until reviewed for appropriate benefit application and financial responsibility.

D. Continuity of Care – A good faith effort will be made to provide written notice within fifteen (15) working days of termination of a contracted provider to all patients seen on a regular basis by the provider; when a contract termination involves a primary care physician, all of the physician's patient must be notified.

State Laws 1999

A. Second Opinions (AB 12) – Must be provided to patients if requested under certain conditions (See separate individual policy: Second Opinions).

Laws: An act to

- ***add** Section 1383.15 to the Health and Safety Code and*
- ***add** Section 10123.68 to the Insurance Code, relating to health care coverage.*

B. Contraceptive Drugs (AB 39) – Patients will be covered for other federal Food and Drug Administration approved, medically appropriate prescription contraceptive methods prescribed by the patient's provider when he/she determines that none of the methods designated by the Health Management Organization (HMO) are medically appropriate for the patient's medical or personal history.

*Laws: An act to **add** Section 1367.25 to the Health and Safety Code, relating to health care coverage.*

C. External Independent Review (AB 55) – Patients have the right to seek an independent medical review, in cases where the member believes that health care services have been improperly denied, modified, or delayed. The Medical Group/Independent Practice Agency (MG/IPA) must include template language disclosing a patient's right to request an independent medical review in any letter which denies, modifies, or delays a requested health care service based upon a determination that the services are not medically necessary. This applies to all prospective, concurrent, and retrospective reviews related to medical necessity.

Laws: An act to

- ***add** Article 5.55 (commencing with Section 1374.30) to Chapter 2.2 of Division 2 of the Health and Safety Code; and*
- ***add** Article 3.5 (commencing with Section 10169) to Chapter 1 of Part 2 of Division 2 of the Insurance Code, relating to health.*

D. Mental Illnesses (AB 88) – Coverage will be provided for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age, and of serious emotional disturbances of a child, under the same terms and conditions applied to other medical conditions. Severe mental illness is defined as:

1. Schizophrenia

2. Schizoaffective disorder
3. Bi-polar disorder
4. Major depressive disorder
5. Obsessive compulsive disorder
6. Panic disorder
7. Autism or pervasive development disorder
8. Anorexia nervosa
9. Bulimia nervosa
10. Severe emotional disturbances of a child defined as serious emotionally disturbed children or adolescents and means minors under the age of 18 who have a mental disorder as identified in the most recent edition of the Diagnostic Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria: As a result of the mental disorder that child has substantial impairment in at least two of the following areas, self-care, school functioning, family relationships, or ability to function in the community and either of the following occur:
    a. The child is at risk for remove from the home or has already been removed from the home
    b. The mental disorder and impairments have been present for more than six (6) months or are likely to continue for more than one year without treatment.

Laws: An act to

- ***add*** *Section 1374.72 to the Health and Safety Code and*
- ***add*** *Section 10144.5 to the Insurance Code, relating to health care coverage.*

E. Cosmetic and Outpatient Surgery Patient Protection Act (AB 271)

1. Any physician or surgeon who performs a scheduled medical procedure outside of a general acute care hospital that results in the death or transfer to a hospital or emergency center for medical treatment must report, in writing, that occurrence to the Medical Board of California with fifteen (15) days.
2. Effective July 1, 2000, it is unprofessional conduct for a physician and surgeon to perform procedures in any outpatient setting using anesthesia, except local anesthesia, minor blocks, or minimal oral tranquilization, unless the setting has a minimum of two staff persons on the premises, one of whom is a licensed health care professional with current certification in basic life support, as long as a patient is present who has not been discharged from supervised care.
3. It is unprofessional conduct for a physician and surgeon to fail to provide adequate security by liability insurance for claims by patients arising out of surgical procedures performed outside of a general acute care hospital.
4. Requires outpatient setting facilities to post certificates of accreditation in a location readily visible to patients and staff and to post the name and telephone number of the accrediting agency with instructions on the submission of complaints in a location readily visible to patients and staff.
5. Requires outpatient-setting facilities to have written discharge criteria.

Laws: An act to

- ***add** Sections 2216.1, 2216.2, and 2240 to the Business and Professions Code; and*
- ***amend** Section 1248.15 of the Health and Safety Code, relating to medical care.*

F. Telephone Medical Advice (AB 285) – If telephone medical advice services are offered, the staff employed to provide the medical advice services must hold a valid license, registration, or certification in any of the specified health professions. The service must be registered with the Department of Consumer Affairs. A physician must be available to the telephone medical advice service on an on-call basis at all times the service is advertised to be available.

Laws: An act to

- ***add** Chapter 15 (commencing with Section 4999) to Division 2 of the Business and Professions Code,*
- ***add** Section 1348.8 to the Health and Safety Code, and*
- ***add** Section 10279 to the Insurance Code, relating to health care services.*

G. Personal Information Disclosure (AB 416) – Disclosure of specified personally identified information by psychotherapists without the patient's prior authorization, except to the specified persons or in specified circumstances, is prohibited.

*Laws: An act to **amend** Section 56.35 of, and to **add** Section 56.104 to the Civil Code, relating to personal information.*

H. Hospice Regulations (AB 892) – The Department of Managed Health Care has issued regulations indicating that hospice care is a covered benefit for members diagnosed ill for twelve (12) months or less

1. Providers responsible for covering hospice care must ensure that assigned members diagnosed as terminally ill for twelve (12) months or less have access to a wide range of hospice services, including respite care and bereavement care for their families

*Laws: An act to **amend** Section 1345 of and **add** Section 1368.2 to, the Health and Safety Code, relating to health care.*

I. Breast Cancer Services (SB 5) – Provides for coverage for screening for, diagnosis of, and treatment for, breast cancer. Provides coverage of prosthetic devices and reconstructive surgery due to breast cancer, and for mammography for screening or diagnostic purposes upon referral by a participating nurse practitioner, certified nurse midwife, or physician.

Laws: An act to

- ***amend** Section 1367.65 of, and **repeal and add** Section 1367.6 of the Health and Safety Code; and*
- ***amend** Section 10123.81 of, and **repeal and add** Section 10123.8 of the Insurance Code, relating to health.*

J. Medical Records Confidentiality (SB 19) – Prohibits disclosure of medical information applicable to contractors of health care providers; prohibits intentional sharing, sale, or use of medical information for commercial purposes without prior specific authorization; prohibits a health care service plan and its contractors from requesting an authorization from a patient to disclose medical information for any purpose not directly related to provision of health services to the patient or requesting that the patient, as a condition to securing care, to sign an authorization, waiver, or consent waiving (Also see Confidentiality of Medical Information Act P&P).

Laws: An act to

- ***amend** Sections 56.05, 56.10, 56.11, 56.12, 56.14, 56.30, 56.36, and 56.37; **add** Section 56.101 to the Civil Code;*
- ***amend** Section 1386 of and **add** Section 1364.5 to the Health and Safety Code; and*
- ***amend** Section 791.02 of the Insurance Code, relating to medical records.*

K. Health Care Coverage (SB 59) – Utilization Procedures (details of law have also been incorporated in 2000 Utilization Management Plan requires that pre-service decisions be made within five (5) business days from receipt of information reasonably necessary to make a determination, seventy-two (72) hours for urgent requests; retrospective decisions must be resolved within thirty (30) working days for all renders on or after January 1, 2000; communication to providers must be resolved within twenty-hour (24) hours and shall include telephone number and name of Utilization Review (UR) physician reviewer making a denial; if decisions cannot be made because additional information is required, patient/physician must be notified in writing; requires written policies and procedures forum and to have UR guidelines available to providers, patients, or public upon request.

Laws: An act to

- ***add** Section 1367.01 to, and **repeal and add** Section 1363.5 of the Health and Safety Code;*
- ***add** Section 10123.135 to the Insurance Code; and*
- ***add** Section 14087.41 to the Welfare and Institutions Code, relating to health care coverage.*

L. Management and Treatment of Diabetes (SB 64) – Provides for coverage for specified prescription/non-prescription equipment/supplies for the management and treatment of diabetes if they are determined to be medically necessary; also requires policies and plans to provide self-management training, education, and medical nutrition therapy in this regard.

Laws: An act to

- ***add** Section 1367.51 to the Health and Safety Code and*
- ***add** Section 10176.61 to the Insurance Code, relating to health insurance.*

M. Phenylketonuria (PKU) (SB 148) – Provides for coverage for testing and treating of PKU.

Laws: An act to

- ***add** Section 1374.56 to the Health and Safety Code and*
- ***add** Section 10123.89 to the Insurance Code, relating to health care coverage.*

N. Independent Medical Review (SB 189) – Health Plans must provide an external review for denials of experimental treatments for members with life-threatening or debilitating medical conditions, patients must be provided with written responses to grievances in clear, concise explanations that identify clinical criteria or plan contract provisions that formed the basis for a denial, delay, or modification of a requested service. Grievance must be processed within thirty (30) days; gives the Department of Managed Health Care specific new direction to assess administrative penalties for certain violations.

Laws: An act to

- ***amend** Section 1368.01 of; **amend, repeal, and add** Sections 1368, 1368.03, 1368.04, and 1370.4 of; **add** Sections 1374.34 and 1374.36 to the Health and Safety Code; and*
- ***amend, repeal, and add** Section 10145.3 of the Insurance Code, relating to health care coverage.*

O. Cancer Screening Tests (SB 205) – Requires coverage to include hospital, medical, or surgical expenses for all generally medically accepted cancer screening tests.

Laws: An act to

- ***add** Section 1367.665 to the Health and Safety Code and*
- ***add** Section 10123.20 to the Insurance Code, relating to health coverage.*

P. Emergency Care (SB 349) – Defines emergency services and care to include additional screening, exam, and evaluation by a physician or to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician at a licensed general acute care hospital or acute psychiatric hospital to determine if a psychiatric emergency medical condition exists.

*Laws: An act to **amend** Section 1317.1 of the Health and Safety Code, relating to emergency services.*

State Laws 2000

A. Family Planning Services Disclosure (AB 525) – Health Plans must include an advisory in their provider directories that alerts members that some hospitals and health care providers do not offer a full range of reproductive services, such as family planning, contraception, sterilization, infertility treatments, and abortions. The Medical Group/Independent Practice Agency may receive calls from patients and potential patients concerning specific family planning services provided and should be prepared to identify any services that are not available.

Laws: An act to

- ***add** Section 1363.02 to; **add** Chapter 2.15 (commencing with Section 1339.80) to Division 2 of, the Health and Safety Code;*
- ***add** Section 10604.1 to the Insurance Code; and*
- ***add** Section 14016.8 to the Welfare and Institutions Code, relating to health care coverage.*

B. Antipsychotic Medication (AB 894) – Physicians should ensure patient consent when prescribing an antipsychotic medication to a resident of a skilled nursing facility. Medical records should include notes from the physician or surgeon that patient consent was obtained and family notification occurred.

*Laws: An act to **add** Section 1418.9 to the Health and Safety Code, relating to physicians and surgeons.*

C. Prompt Payment-Provider Dispute (AB 1455) – Increase in an interest payment must be made on an uncontested provider claim paid by the Group from 10% to 15% per annum and a $10 charge is to be added if the interest is not included in the payment to the provider.

*Laws: An act to **amend** Sections 1367, 1371, and 1371.35 of; and **add** Sections 1371.36, 1371.37, 1371.38, and 1371.39 to the Health and Safety Code, relating to health care service plans.*

D. Coroner's Disclosure (AB 1836) – Confidential medical information must be released to a county coroner in the course of an investigation by the coroner's office in specified circumstances; disclosure to others in certain circumstances is authorized.

Laws: An act to

- ***amend, repeal, and add** Section 56.10 of the Civil Code;*
- ***amend** Section 27491.1 of; and **amend, repeal, and add** Section 27491.8 of, the Government Code, relating to coroners.*

E. Family Health Insurance Coverage (AB 2130) – Adds more requirements for dependent eligibility, as well as authorizes sharing information about a child who is in custody of a parent or caregiver beyond insured member.

*Laws: An act to **amend** Section 3751.5 of the Family Code, relating to family health coverage.*

F. Standing Referrals: HIV/AIDS (AB 2168) – HIV or AIDS must be interpreted as a condition or disease that requires specialized medical care over a prolonged period of time and is life threatening, degenerative, or disabling. Done in order to maximize a patient's access to a standing referral to a provider with demonstrated expertise in treating a condition or disease involving a complicated treatment regimen that requires ongoing monitoring. **Update information:** determinations for such requests must be made within two (2) business days of the date of receipt of all medically necessary information and once the determination is made, the referral shall be made with four (4) business days. If Medical Group/Independent Practice Agency

does not have an HIV/AIDS specialist on their panel, mechanism must be in place to arrange and pay for such a specialty referral.

*Laws: An act to **amend, add, and repeal** Section 1374.16 of the Health and Safety Code, relating to health care.*

G. Disease Management (AB 2414) – Specifies that disease management program services must contain certain specified elements. Disease Management Organizations (DMOs) must obtain physician authorization prior to providing home health services utilized in the treatment of s patient or dispensing, administering, or prescribing medication. DMO programs may not use medical information to solicit, offer products, or services for sale to a member unless the member has requested the information.

Laws: An act to

- ***amend** Section 56.10 of the Civil Code; and to*
- ***add** Chapter 2.25 (commencing with Section 1399.900) to Division 2 of the Health and Safety Code, relating to disease management organizations.*

H. Newborn Screening for Metabolic Disorders and Expanded AFP (alpha-fetoprotein program) (AB 2427/SB 1364) – Health plans are required to pay in full any fees charged for AFP and Newborn Metabolic Screening Programs directly to the Department of Health Care Services Genetic Disease Branch.

*Laws: An act to **amend** Section 125001 of; **add** Sections 124976 and 124977 to; and **repeal** Section 125005 of the Health and Safety Code, relating to genetic testing and making an appropriation therefor.*

I. Children's Immunizations (SB 168) – Prohibits a health plan from including financial risk for the acquisition costs of newly recommended children's immunizations beginning January 1, 2001, unless the Medical Group/Independent Practice Agency (MG/IPA) and plan mutually agree to such terms. If a new children's vaccine is recommended for coverage that is not part of the current contract between a health plan and the MG/IPA, the health plan must reimburse the MG/IPA for the acquisition cost using a defined payment or alternative reimbursement method agreed to by the MG/IPA.

*Laws: An act to **add** Section 1367.36 to the Health and Safety Code, relating to health care service plans.*

J. Third Party Liens: Medical Settlements (SB 1471) – Limits the amount of a lien a health plan or Medical Group/Independent Practice Agency can have to recover costs paid for care provided in third party liability cases. Collection is limited to reasonable costs plus one of the following:

1. in capitated cases, reimbursement is limited to an amount equal to 80% of the geographic regional fee-for-service as usual and customary charges for the same services
2. in non-capitated cases, reimbursement is limited to the actual amount paid to the treating provider

3. if services were provided on both a capitated and non-capitated basis, the amount collectable is determined by applying the above reimbursement limits to the services received

*Laws: An act to **add** Chapter 3.5 (commencing with Section 3040) to Title 14 of Part 4 of Division 3 of the Civil Code, relating to health care liens.*

K. Provider Contracts; Termination of Primary Care Physician (PCP) (SB 1746) – Established criteria for patient notifications related to PCP termination. The Medical Group/Independent Practice Agency must perform the following when a PCP is terminated unless the health plan elects to do:

1. By U.S. mail send a notice alerting effected patients that a PCP is being terminated; this notice must be sent thirty (30) days prior to the termination.
2. By U.S. mail send a notice within thirty (30) days alerting affected patients when a PCP is terminated without prior notice. This occurs when a PCP is endangering the health and safety of their patients, committing criminal or fraudulent acts or engaging in grossly unprofessional conduct.
3. All notices must provide instructions on selecting a new PCP and must automatically assign an affected patient to a new PCP, otherwise the patient has the right to self-refer to specialists within their health plan for up to sixty (60) days, or until a PCP is assigned or chosen, whichever comes first.

*Laws: An act to **amend** Section 1373.65 of the Health and Safety Code, relating to health care service plans.*

L. Medical Information Confidentiality (SB 1903) – Unless specifically authorized by the patient or as provided by Civil Code, no corporation or its subsidiaries and affiliates shall intentionally share, sell or otherwise use any medical information for any purpose not necessary to provide health care services to the patient; no corporation or its subsidiaries and affiliates shall further disclose medical information regarding a patient or the provider of health care or an enrollee of a health care service plan; shall allow adult patients who inspect their medical records to provide a written addendum to the records if the patient believes the records are incomplete or inaccurate. This addendum is limited to two hundred and fifty (250) words per incomplete or incorrect item and must be attached to the patient records and included when disclosed to other parties. Health care providers are not subjected to liability for the receipt and inclusion of these addenda in patient records.

Laws: An act to

- ***amend** Sections 56.10 and 56.11 of, and **add** Section 56.07 to the Civil Code and*
- ***add** Section 123111 to the Health and Safety Code, relating to medical information.*

M. Off-Label Prescription Drug Use (SB 2046) – Modifies existing law for coverage of a drug for other than its specified purpose when certain specific conditions are met, including the treatment of a life-threatening condition to include a drug prescribed for a chronic and seriously debilitating condition; also defines condition and outlines a process for reviewing drugs.

Laws: An act to

- ***amend** Section 1367.21 of the Health and Safety Code,*
- ***amend** Section 10123.195 of the Insurance Code, and*
- ***amend** Section 14105.26 of the Welfare and Institutions Code, relating to health care.*

N. Medical Information Confidentiality (SB 2094) – Amends the definition of medical information in the Confidentiality of Medical Information Act to include medical information in the possession of contractors (i.e., medical groups, IPAs, or pharmaceutical benefits managers) as well as health care service plans and providers of health care.

Laws: An act to

- ***amend** Sections 56.05, 56.10, 56.30, and 56.101 of the Civil Code;*
- ***amend** Sections 1347.15, 1363.5, 1364.5, 1367.01, 1367.51, 1368, 1368.04, 1370.4, 1375.4, 1386, and 1395.6 of; **amend and renumber** Section 13933 of; and **repeal** Section 1367.5 of the Health and Safety Code;*
- ***amend** Sections 10123.135 and 10145.3 of the Insurance Code; and*
- ***amend** Section 25002 of the Welfare and Institutions Code, relating to health care.*

State Law 2001

A. Disclosure of Provider Choice (AB 938) – Health Care Service Plans will be required to include any limitations on the patient's choice of a non-physician health care practitioner, a primary care or specialty physician and general authorization requirements for referral by a PCP to a non-physician health care practitioner in the Disclosure Form.

1. In order to be in compliance, the Medical Group/Independent Practice Agency will be required to maintain and make available lists of their contracted physicians, psychologists, acupuncturists, optometrists, podiatrists, chiropractors, licensed clinical social workers, marriage and family therapists and nurse midwives.
2. The list must include each provider's professional degree, board certification, specialty, and subspecialty. It must also identify whether the provider is open or closed to new patients.
3. The list MUST be updated at least quarterly with a disclaimer that states that the list is subject to change without notice, and it must be provider to health plans.

*Laws: An act to **amend** Section 1363 of; and **add** Section 1367.26 to, the Health and Safety Code, relating to health care service plans.*

B. Mental Health Involuntary Holds (AB 1424) – Agencies or Facilities are now required to acquire relevant medication history, if possible, when a person is subject to detention for seventy-two (72) hours on the basis that the patient is a danger to him or herself, is gravely disabled, or has suicidal tendencies. The Agency or Facility is required to consider relevant information, including information provided by the

patient's family or the patient about historical course of a patient's mental disorder when determining whether probable cause exits to involuntarily detain a person for a seventy-two (72) hours treatment and evaluation. The Medical Group/Independent Practice Agency may not utilize any information regarding whether a patient's psychiatric inpatient admission was made on a voluntary or involuntary basis for the purposes of determining eligibility for claim reimbursement.

Laws: An act to

- ***add** Section 1374.51 to the Health and Safety Code;*
- ***add** Section 10144.6 to the Insurance Code;*
- ***amend** Sections 5008.2, 5328, and 5332 of; and **add** Sections 5012, 5150.05, and 14021.8 to the Welfare and Institutions Code, relating to mental health.*

C. Health Results: Lab tests (AB 1490) – Providers may submit lab test results to be delivered in electronic form if requested by the patient and deemed appropriate by the ordering physician. The patient must consent to receive the results by Internet posting or other electronic form. Health care professionals should:

1. Obtain a consent/authorization form completed by the patient for test results to be sent via Internet or in other electronic form
2. Use a secure personal identification number (PIN) when the results are delivered to a patient by Internet posting or other electronic form
3. May charge the specified plan office visit or lab co-payment only
4. Electronic provisions of test results shall be in accordance with any applicable federal law, if federal law permits
5. Patient identifiable test results and health information provided under this section shall not be used for any commercial purpose without the consent of the patient
6. Patient and/or their physician may revoke any consent, at any time without penalty, except to the extent that action has been taken in reliance on that consent
7. Test results that **CAN** **NOT** be sent via Internet or other electronic form include
   a. HIV antibody results
   b. Test results showing presence of antigens indicating a hepatitis infection
   c. Tests that are potentially indicative of drug use
   d. Test results related to routinely processed tissues, including skin biopsies, Pap smear tests, products of conception, and bone marrow aspirations for Morphological evaluation
8. The subject line of test results sent via Internet or other electronic form should not contain the patient's name, social security number, or other personally identifiable information, or identify the test.

*Laws: An act to **amend** Section 123148 of the Health and Safety Code, relating to health records.*

D. Mental Health: Continuity of Care (AB 1503) – New legislation expands the current Continuity of Care (SB 1129 and BBA 422.112a) requirements to allow patients

receiving acute, serious or chronic services from a non-participating psychiatrist, licensed psychologist, licensed marriage and family therapist, or licensed clinical social worker to continue a course of treatment for a reasonable time period while transferring to another participating provider in order to result in a safe transfer, when the employer has changed health care plan or specialized health plan.

Laws: An act to

- ***amend** Section 1373.95 of the Health and Safety Code and*
- ***amend** Section 10133.55 of the Insurance Code, relating to health care.*

E. Peer Review (SB 16) - This bill modifies existing legislation regarding peer review. It requires that the peer review body report in an 805 report a licentiate's withdrawal of an initial or renewal application for staff privileges or membership after notice of impending investigation or denial of the application for a medical disciplinary cause or reason. There are additional requirements around 805 reporting and it increases the applicable fine for failure to file the 805 report to not more than $50,000 per violation except for willful failure to file 805, in which case the fine can be up to $100,000.

*Laws: An act to **amend** Sections 805, 805.1, 805.5, 806, and 2313 of; and **add** Sections 805.2, 805.6, and 805.7 to the Business and Professions Code, relating to peer review.*

F. Clinical Trials (SB 37) – Will cover routine patient care costs related to a clinical trial IF member is:

- Diagnosed with cancer;
- Accepted into any phase clinical trial for cancer *approved by one of 4 agencies*- National Institute of Health, the Food and Drug Administration (new drug application, the US Department of Defense, or the US Veteran's Administration;
- The treating physician recommends participation in the clinical trial and that
- Participation has a meaningful potential benefit to the member;

Coverage must be provided outside California if the Clinical Trial is unavailable within the state.

Routine care includes:

- Health Care Services required solely for the provision of the investigational drug, item, device or service;
- Health Care Services required for the monitoring of the investigational drug, item, device, or service;
- The prevention of complications arising from investigational drugs, items, devices and services;
- Services of a non-contracting provider shall be at the negotiated rate the insurer would otherwise pay to a contracting provider for the same services, less co-payments and deductibles.

The Medical Group/Independent Practice Agency must notify the appropriate health plan of any request for coverage of services that are part of a clinical trial.

Laws: An act to

- ***add** Section 1370.6 to the Health and Safety Code;*
- ***add** Section 10145.4 to the Insurance Code; and*
- ***add** Sections 14087.11, 14132.98, and 14132.99 to the Welfare and Institutions Code, relating to health insurance.*

G. Personal Identity Protection (SB 168) – Prohibits any person or entity, excluding a state or local agency, from doing any of the following:

1. Publicly post or display an individual's social security number
2. Print an individual's social security number on any care required for the individual to access products of services
3. Require an individual to use his or her social security number over the Internet unless the connection is secure or the social security number is encrypted
4. Require an individual to use his or her social security number to access an Internet Website
5. Print an individual's social security number on any materials that are mailed to the individual, unless required by state or federal law

*Laws: An act to **amend** Section 1785.15 of; **add** Sections 1785.11.1, 1785.11.2, 1785.11.3, 1785.11.4, and 1785.11.6 to; and **add** Title 1.81.1 (commencing with Section 1798.85) to Part 4 of Division 3 of, the Civil Code, relating to personal information.*

H. Pharmacy Substitutions (SB 340) – Authorizes a pharmacist to substitute a different form of the prescribed medication when it will improve the patient's ability to comply with the drug therapy. It does not permit substitution between long-acting and short-acting forms of medication or between one drug product and two or more drug products that contain the same chemical ingredients. It does permit a substitution if the prescriber indicates that a substitution may be made. The patient must be notified of the substitution.

*Laws: An act to **amend** Section 4301 of and **add** Sections 4052.5 and 4126 to the Business and Professions Code, relating to pharmacies.*

I. Cervical Cancer Screening (SB 1219) – Health plans must provide coverage for an annual cervical cancer screening test in accordance with deductible or co-payment provisions contained in the plan contract or policy that includes a conventional Pap test, or the option of any cervical cancer screening test approved by the Food and Drug Administration, upon the referral of the patient's health care provider.

Laws: An act to

- ***amend** Section 1367.66 of the Health and Safety Code, and*
- ***amend** Section 10123.18 of the Insurance Code, relating to health care.*

State Laws 2002

A. Personal Information: Privacy (AB 700, effective July 1, 2003) – Requires businesses that own or license computerized data that includes personal information

to disclose any breach of the security of the data to any resident of California whose encrypted personal information was or is reasonably believed to have been acquired by an unauthorized person. Notification must be sent if there is a breach in security of any of the following: social security number; drivers' license number; California identification card; account number, credit or debit card number, or any number in any combination with any required security code, access code, or password that would permit access to an individual's financial account. Notification could be delayed if law enforcement felt that it would impede a criminal investigation (See also Separate Systems Security Reporting and Response P&P).

*Laws: An act to **amend, renumber, and add** Section 1798.82 of; and **add** Section 1798.29 to the Civil Code, relating to personal information.*

B. Internet Grievances (AB 2085, effective July 1, 2003) – Amends section 1368 of the Knox Keene Act, that pertains to the handling of grievances by health care service plans. Legislation will require health plans to provide written acknowledgement of oral complaints that are not resolved within one (1) business day. Additionally section 1368.2 requires that all member materials related to the grievance process reflect the new mandated Department of Managed Health Care language.

*Laws: An act to **amend** Sections 1368, 1368.01, and 1368.02 of; and **add** Section 1368.015 to the Health and Safety Code, relating to health care.*

C. Prostate Cancer Notice (AB 2459) – Health Care facilities where prostate cancer screening is performed are required to post a notice as to the availability of alternative efficacious methods of prostate cancer treatment.

Laws: An act to

- ***add** Section 2248.5 to the Business and Professions Code and*
- ***amend** Sections 109280 and 109282 of the Health and Safety Code, relating to physicians and surgeons.*

D. Delivery of Laboratory Test Results by Internet Posting (AB 2831) – This bill further clarifies AB 1490. Clinical laboratory test results related to routinely processed tissues may not be conveyed to the patient by Internet or other electronic means if they reveal a malignancy, but can still convey, via electronic means, the results to the treating health care professional. Other test results included in this category are: HIV antibody test, presence of antigens indicating a hepatitis infection and drug abuse.

*Laws: An act to **amend** Section 123148 of the Health and Safety Code, relating to health records.*

E. Provider Bill of Rights (AB 2907) – This bill prohibits provisions in a contract between a health care service plan or health insurer and a health care provider that allows the plan or insurer to unilaterally change a material term of the contract without meeting specified requirements or that requires the provider to accept additional patients beyond the contract terms if, in the provider's professional judgment, doing so would endanger patient care.

Laws: An act to

- ***amend** Section 1386 of; **add** Section 1375.7 to the Health and Safety Code; and*
- ***add** Section 10133.65 to the Insurance Code, relating to health care coverage.*

F. Personal Information (SB 1730) – This law revises SB 168 to permit the use of social security numbers in applications and forms sent by mail, including documents sent as part of an application or enrollment process to establish, amend or terminate an account, contract or policy, or to confirm the accuracy of the social security number.

*Laws: An act to **amend** Sections 1785.11.2, 1785.11.6, and 1798.85 of the Civil Code, relating to personal information.*

State Laws 2003

A. Continuity of Care (AB 1286) – This law revises SB 1746 to require the provider group have an established procedure for notifying HMO patients when a specialist contract is terminated. This was designed to promote continuity of care for HMO enrollees. The process must include:

1. Identification of and notification to these patients by U.S. mail at least sixty (60) calendar days prior to the provider's participatory status change or termination effective date
2. Written notification must include the specialist or specialty group, termination effective date, continued access conditions, procedures for selecting an alternate provider, and in at least 8-point type, the following verbatim, "If you have been receiving care from a health provider, you may have a right to keep your provider for a designated time period. Please contact your HMO's customer service department, and if you have further questions, you are encouraged to contact the DMHC, which protects HMO consumers, by telephone at its toll-free number 1-888-688-9891, or online at http://www.hmohelp.ca.gov."
    a. In instances where provider re-contracts or decides not to terminate, notification to member of same
    b. Provision of alternate provider selection assistance to affected patients
    c. Pregnancy, all trimesters and the immediate postpartum period
    d. Terminal illness for the duration of a terminal illness
    e. Care of a newborn child between birth and age thirty-six (36) months for twelve (12) months from the contract termination date
    f. A serious chronic condition, for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, in consultation with the member and the terminated provider
    g. A surgery or other procedure that is authorized as part of a documented course of treatment and has been recommended and documented by the provider to occur within one hundred and eighty (180) days of the contract's termination

Laws: An act to

- ***repeal and add** Sections 1373.65, 1373.95, and 1373.96 of the Health and Safety Code and*
- ***amend** Section 10133.56 of the Insurance Code, relating to health care coverage.*

State Laws 2004

A. Hospices (AB 1299) – This bill authorizes the provisions of additional preliminary services to persons who have not elected to become a hospice patient if those services are determined to be needed. The law was clarified to provide that hospice care need not include "preliminary" services, including preliminary palliative care consultations, counseling, and care planning and grief and bereavement services. However, a patient who receives those preliminary services must remain eligible for coverage of curative treatment during the course of the preliminary services and prior to the election of hospice services.

*Laws: An act to **amend** Sections 1368.2, 1746, and 1749 of the Health and Safety Code, relating to health facilities.*

B. Pediatric Asthma (AB 2185) – Requires a plan that covers outpatient prescription drug and/or Durable Medical Equipment benefits to provide coverage for inhaler spacers, nebulizers (including face masks and tubing), and peak flow meters when medically necessary for the management and treatment of pediatric asthma.

1. Education for pediatric asthma, including education to enable a patient to use properly these asthma related devices, must be consistent with current professional medical practice.

*Laws: An act to **add** Section 1367.06 to the Health and Safety Code, relating to health care coverage.*

C. Terminal Illness (AB 1596) – The law was clarified to provide that even though a "terminal illness" is defined as a condition that has a high probability of causing death within one (1) year or less, plans/insurers are still obligated under the law provide completion of services coverage, even if the duration of the terminal illness exceeds twelve (12) months from the contract termination date or the effective date of coverage for a new patient.

Laws: An act to

- ***amend** Sections 1363.07, 1373.65, and 1373.96 of the Health and Safety Code and*
- ***amend** Sections 10113.8 and 10133.56 of the Insurance Code, relating to health care coverage.*

D. Confidentiality of Medical Records (SB 598) – Modifies patient medical privacy laws to allow health care providers to release certain psychotherapy information related

to a patient to another health care provider for the purpose of diagnosis or treatment, without consent by the patient.

*Laws: An act to **amend** Section 56.104 of the Civil Code, relating to confidentiality of medical information.*

E. Worker's Compensation (SB 899) – To prohibit a physician from referring a person for outpatient surgery purposes if the physician or his or her immediate family has a financial interest with the person or the entity that receives the referral.

Laws: An act to

- ***amend** Sections 62.5, 139.2, 139.48, 2699, 3201.5, 3201.7, 3201.9, 3202.5, 3207, 3823, 4060, 4061, 4062, 4062.1, 4062.5, 4600, 4603.2, 4604.5, 4650, 4656, 4658, 4660, 4706.5, 4903.05, 5402, 5703, and 6401.7 of the Labor Code;*
- ***amend, repeal, and add** Section 5814 of the Labor Code;*
- ***add** Sections 138.65, 4062.3, 4062.8, 4658.1, 4664, and 5814.6 to the Labor Code;*
- ***add** Article 2.3 (commencing with Section 4616) to Chapter 2 of Part 2 of Division 4 of the Labor Code;*
- ***repeal** Sections 4062.01, 4062.9, 4750, and 4750.5 of the Labor Code;*
- ***repeal and add** Sections 4062.2 and 4663 of the Labor Code; and*
- ***repeal, add, and repeal** Section 139.5 of the Labor Code, relating to workers' compensation, and declaring the urgency thereof, to take effect immediately.*

State Laws 2005

A. Medical Records – Patient's spoken language (AB 800) – Existing law provides for access by a patient to his or her health records and requires that a patient's clinical laboratory test results be conveyed in plain language and in oral, written, or electronic form. The bill would require all health facilities and all primary care clinics, except long-term care facilities meeting certain criteria, include a patient's principal spoke language on the patient's health records.

*Laws: An act to **add** Section 123147 to the Health and Safety Code, relating to health care.*

B. Revision of Birth Certificate Requirements (AB 1278)– Birth certificates will require additional medical and social information including:

1. date of last prenatal care visit
2. obstetric estimate of completed weeks of gestation at delivery
3. description of procedures related to pregnancy, labor and delivery (to be completed by the attending physician or that physician's designee)
4. hearing screen results

*Laws: An act to **amend** Sections 102425, 102426, 102430, 102440, 103025, 103526, and 103526.5 of the Health and Safety Code, relating to vital records.*

State Laws 2006

A. Terminal Illness (SB 1366) – Controlled substances prescribed for terminally ill patients, regardless of their schedule, do not require use of the security prescription form. “Section 11159.2” must be written on the prescription.

*Laws: An act to **amend** Sections 11159.2, 11161, 11162.6, 11164, 11164.1, 11165, 11167, and 11167.5 of the Health and Safety Code, relating to controlled substances.*

State Laws 2007

A. Treatment Authorization Legislation for Capitated Providers (AB 1324) – Establishes requirements for health care service plans and insurers with regard to rescinding or modifying an authorization for services, effective January 1, 2008. When a health plan or its delegated Participating Provider Group has authorized a specific type of treatment by a provider, it cannot rescind or modify the authorization, or deny applicable reimbursement for the specific treatment authorized, after the provider renders the service in good faith pursuant to the authorization, based solely on, as applicable, the plan’s subsequent rescission, retroactive cancellation or retroactive modification of the member’s contract or subsequent determination that it did not make an accurate determination on the member’s eligibility for treatment.

Laws: An act to

- ***amend** Section 1371.8 of the Health and Safety Code and*
- ***amend** Section 796.04 of the Insurance Code, relating to health care coverage.*

State Laws 2008

A. Health care coverage: (AB 1150) – This bill prohibits compensation of underwriting staff by a health plan for reviews leading to rescission or cancellation. This bill arises out of the Health Net incident.

Laws: An act to

- ***add** Section 1389.6 to the Health and Safety Code and to*
- ***add** Section 10385 to the Insurance Code, relating to health care.*

B. Health care service plans: non-contracting hospitals: post-stabilization care. (AB 1203) – This bill establishes uniform requirements governing communications between health plans and non-contracting hospitals related to post-stabilization care following an emergency, and prohibits a non-contracting hospital from billing a patient who is a health plan enrollee for post-stabilization services.

*Laws: An act to **amend** Sections 1317.1, 1371.4, and 1386 of; and to **repeal and add** Section 1262.8 of, the Health and Safety Code, relating to health care.*

C. Health care coverage: HIV testing. (AB 1894) – This bill would require health care service plans and health insurers, on or after January 1, 2009, to provide human immunodeficiency virus (HIV) testing, regardless of whether the testing is related to a primary diagnosis.

Laws: An act to
- ***add** Section 1367.46 to the Health and Safety Code and to*
- ***add** Section 10123.91 to the Insurance Code, relating to HIV testing.*

D. Medical Board of California (MBC): disciplinary procedures: applicants (AB 2445) – This bill permits the MBC to issue a public letter of reprimand concurrently with a physicians and surgeon's certificate for minor violations and to disclose the public letter of reprimand to the public and post it on its Web site. The public letter of reprimand shall be purged three years from the date of issuance.

*Laws: An act to **amend** Section 2221 of, and to **add** Section 2221.05 to, the Business and Professions Code, relating to medicine.*

E. Health care coverage: rescission (AB 2569) – This bill was gut and amended from a cervical cancer screening bill to a rescission topic. The bill would also require an agent, broker, or solicitor assisting an applicant with an application to make a specified attestation on the written application and the bill would specify that a declarant willfully making a false attestation may be subject to a civil penalty up to $10,000.

Laws: An act to
- ***add** Section 1389.7 and 1389.8 to the Health and Safety Code and to*
- ***add** Sections 10119.2 and 10119.3 to the Insurance Code, relating to health care coverage.*

F. Medi-Cal: outpatient prescription drugs (SB 400) – This bill requires that written prescriptions for drugs under the Medi-Cal program be written on tamper resistant prescriptions forms.

*Laws: An act to **amend** Section 14132 of the Welfare and Institutions Code, relating to Medi-Cal, and declaring the urgency thereof, to take effect immediately.*

G. Health care coverage: provider charges (SB 697) – A bill that bans balance billing of Healthy Families patients by non-contracted providers. This bill conforms to the practice that already exists in Medi-Cal and Medicare.

*Laws: An act to **add** Sections 12693.55 and 12698.26 to the Insurance Code, relating to health care coverage.*

H. Pharmacy: pedigree (SB 1307) – This bill establishes a graduated implementation schedule for compliance with the electronic drug pedigree law beginning on January 1, 2015, and ending on July 1, 2017.

*Laws: An act to **amend** Sections 4033, 4034, 4162, 4162.5, and 4163 of; **add** Sections 4034.1, 4044, 4045, 4163.1, 4163.2, 4163.3, and 4163.4 to; and to **repeal***

and add *Section 4163.5 of, the Business and Professions Code, relating to pharmacy.*

I. Health care service plans: mental health services (SB 1553) – This bill imposes additional requirements on health plans subject to oversight by the Department of Managed Health Care, including additional requirements related to health plan utilization review, enrollee and provider complaints and grievances, and communication and disclosures to enrollees.

Laws: An act to ***amend*** *Section 1368.015 of, and to* ***add*** *Section 1367.015 to, the Health and Safety Code, relating to health care service plans.*

State Laws 2009

A. Cal-COBRA: premium assistance (AB 23) – This bill eliminates the provisions limiting continuous coverage eligibility to six (6) months (subject to federal financial availability) for children nineteen (19) years of age and younger.

Laws: An act to

- ***amend*** *Sections 1366.20, 1366.21, 1366.22, and 1366.25 of the Health and Safety Code and*
- ***amend*** *Sections 10128.50, 10128.51, 10128.52, and 10128.55 of the Insurance Code, relating to health care coverage, and declaring the urgency thereof, to take effect immediately.*

B. Individual health care coverage (AB 108) – This bill prohibits a health care service plan or health insurer from rescinding an individual health care service plan contract or individual health insurance policy for any reason, or from cancelling, limiting, or raising the premiums of the plan contract or policy due to any omission, misrepresentation, or inaccuracy in the application form, after twenty-four (24) months following the issuance of the plan contract or policy.

Laws: An act to

- ***add*** *Section 1389.21 to the Health and Safety Code and*
- ***add*** *Section 10384.17 to the Insurance Code, relating to health care coverage.*

C. Breast and cervical cancer: early detection screening: digital mammography: reimbursement rates. (AB 359) – This bill, until January 1, 2014, authorizes, to the extent permitted by federal law, digital mammography screening to be covered when film or analog mammography services are not available from the provider, to be reimbursed at the Medi-Cal film or analog rate.

Laws: An act to ***amend*** *Section 30461.6 of the Revenue and Taxation Code, relating to cancer.*

D. Physicians and surgeons (AB 501) – This bill authorizes an applicant for a license through the Medical Board of California who is otherwise eligible for a license but is unable to practice some aspects of medicine safely due to a disability to receive a

limited license if the applicant pays the license fee and signs an agreement, under penalty of perjury, agreeing to limit his or her practice in the manner prescribed by the reviewing physician and agreed by the board.

*Laws: An act to **amend** Sections 2054 and 2435 of, and **add** Section 2088 to the Business and Professions Code, relating to medicine.*

E. Disposal of personal information (AB 1094) – Requires all businesses that maintain customer records (including health records) to meet new, tougher requirements concerning destruction of the information. This bill recognizes the problems encountered with the storage and destruction of KPC/Medpartners at Iron Mountain.

*Laws: An act to **amend** Sections 1798.80, 1798.81, 1798.84, 1980, 1983, 1993, and 1993.03 of the Civil Code, relating to personal information.*

F. Worker's compensation: medical treatment: pre-designation of physician (SB 186) – This bill deletes the repeal date of December 31, 2009 for a worker's compensation provision that permits an employee the right to be treated by his or her personal physician from the date of injury if specified requirements are met, including a requirement that the physician agrees to be pre-designated.

*Laws: An act to **amend** Section 4600 of the Labor Code and **add** Section 4600 to the Labor Code, relating to workers' compensation.*

G. Mental health services (SB 296) – This bill requires every health plan that offers professional mental health services to direct those services to be provided in a manner that ensures coordination of benefits between all mental health care providers and general physical health care providers. The bill requires these plans to establish an Internet Web site conforming to minimum standards and guidelines established by the department by an unspecified date, and to issue a benefit card to enrollees with specified information. The language of this bill is sometimes generalized and could apply to medical administration as well as mental health.

Laws: An act to

- ***add** Sections 1367.29 and 1368.016 to the Health and Safety Code; **amend** Section 1368.015 of the Health and Safety Code; and*
- ***add** Sections 10123.198 and 10123.199 to the Insurance Code, relating to health care.*

H. Health care coverage: cleft palate reconstructive surgery: dental and orthodontic services (SB 630) – This bill provides that the requirement to cover reconstructive surgery includes dental or orthodontic services that are medically necessary and related to the reconstructive surgery.

Laws: An act to

- ***amend** Section 1367.63 of the Health and Safety Code and*
- ***amend** Section 10123.88 of the Insurance Code, relating to health care coverage.*

State Laws 2010

A. California Health Benefit Exchange (AB 1602) – Enacts the California Patient Protection and Affordable Care Act, and in conjunction with SB 900, which creates the California Health Benefit Exchange (the Exchange), specifies the powers and duties of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and requires the board to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and qualified small employers by January 1, 2014. The bill creates the California Health Trust Fund as a continuously appropriated fund and makes the implementation of these provisions contingent on a determination by the board that sufficient financial resources exist or will exist in the fund, as specified.

Laws: An act to

- ***amend*** *Sections 15438 and 15439 of the Government Code;* ***add*** *Sections 100501, 100502, 100503, 100504, 100505, 100506, 100507, 100508, 100520, and 100521 to the Government Code;*
- ***add*** *Section 1366.6 to the Health and Safety Code; and*
- ***add*** *Section 10112.3 to the Insurance Code, relating to health care coverage, and making an appropriation therefor.*

B. Medi-Cal: hospitals: managed health care plans: mental health plans: quality assurance fee (AB 1653) – Current law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. This bill makes various changes to the formulas used to determine the amount of supplemental payments made to private and designated public hospitals. This bill expands the definition of a non-designated public hospital.

Laws: An act to

- ***amend*** *Sections 14166.20, 14166.221, 14166.24, 14166.75, 14167.1, 14167.2, 14167.3, 14167.4, 14167.5, 14167.6, 14167.10, 14167.11, 14167.12, 14167.14, 14167.15, 14167.31, 14167.32, 14167.35, and 14167.36 of the Welfare and Institutions Code;*
- ***add*** *Sections 14158.1, 14167.18, 14167.352, 14167.353, 14167.354, and 14167.355 to the Welfare and Institutions Code;*
- ***repeal*** *Article 5.21 (commencing with Section 14167.1) and Article 5.22 (commencing with Section 14167.31) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code; and*
- ***repeal and add*** *Section 14167.9 of the Welfare and Institutions Code, relating to Medi-Cal, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.*

C. Health care coverage: (AB 2244) – Prohibits the exclusion or limitation of coverage for children due to any preexisting condition, except as specified. The bill further requires plans and insurers offering coverage in the individual market to offer coverage for a child subject to specified requirements. The bill prescribes limits on

the rates that may be imposed for coverage of a child depending on, among other things, whether the child applies for coverage during an open enrollment period, as defined, or is a late enrollee, as defined, and effective January 1, 2014, require plans and insurers to apply standard risk rates to child coverage, except as specified. The bill prohibits a plan or carrier that does not or ceases to write new plan contracts or policies for children from offering new individual plan contracts or policies in this state for 5 years. The bill authorizes the Department of Managed Health Care and the Department of Insurance to issue guidance for purposes of implementing these provisions.

Laws: An act to

- ***amend** Sections 1357.06 and 1357.51 of the Health and Safety Code; **add** Article 11.7 (commencing with Section 1399.825) to Chapter 2.2 of Division 2 of the Health and Safety Code;*
- ***amend** Sections 10198.7 and 10708 of the Insurance Code; and **add** Chapter 9.7 (commencing with Section 10950) to Part 2 of Division 2 of, the Insurance Code, relating to health care coverage.*

D. Health care coverage: preventive services (AB 2345) – Requires health care service plan contracts and health insurance policies issued, amended, renewed, or delivered on or after September 23, 2010, to comply with the provisions of Patient Protection and Affordable Care Act regarding coverage of, and cost-sharing for, preventive services and any rules or regulations issued pursuant to those provisions to the extent required under federal law. Because a willful violation of this requirement by a health care service plan would be a crime, the bill imposes a state-mandated local program.

Laws: An act to

- ***add** Section 1367.002 to the Health and Safety Code; and*
- ***add** Section 10112.2 to the Insurance Code, relating to health care coverage.*

E. Health care coverage: (AB 2470) – Makes the 24-month limit apply to all health care service plan contracts and health insurance policies and consolidates various cancellation and nonrenewal provisions with respect to health care service plans. The bill also prohibits a plan or insurer from rescinding a health care service plan contract or health insurance policy, or limiting any of the provisions of the contract or policy, once an enrollee or insured is covered under the contract or policy unless the plan or insurer can demonstrate that the enrollee or insured has performed an act or practice constituting fraud or made an intentional misrepresentation of material fact as prohibited by the terms of the contract or policy. The bill requires a plan or insurer to send a notice to the enrollee or subscriber or policyholder or insured at least 30 days prior to the effective date of the rescission containing specified information. The bill modifies the cancellation and nonrenewal appeal rights that apply to health care service plans and makes those appeal rights apply to health insurers and rescissions, as specified. The bill requires that coverage under the plan or policy shall continue pending the appeal. The bill makes other related changes and authorizes the Director of the Department of Managed Health Care and the Insurance Commissioner to issue guidance to health care service plans and health insurers on compliance, as specified.

Laws: An act to

- ***amend*** *Sections 1365, 1367.01, 1367.15, 1368, 1389.21, and 1389.3 of;* ***repeal*** *Sections 1357.11, 1357.53, and 1357.54 of the Health and Safety Code;*
- ***amend*** *Sections 10123.135, 10273.4, 10273.6, 10384.17, and 10713 of; and* ***add*** *Section 10273.7 to the Insurance Code, relating to health care coverage.*

F. Medi-Cal: (SB 208) – Except under specified circumstances, permits the advisory committee to request in writing and receive final reports submitted to the department by any managed care health plan operating in Sacramento County.

Laws: An act to

- ***amend*** *Sections 14105.24, 14167.1, 14167.2, 14167.3, 14167.4, 14167.5, 14167.6, 14167.8, 14167.9, 14167.10, 14167.11, 14167.12, 14167.14, 14167.31, 14167.32, 14167.35, and 14167.354 of the Welfare and Institutions Code;*
- ***amend and renumber and add*** *Section 14182 of the Welfare and Institutions Code; and*
- ***add*** *Sections 14089.07, 14132.275, 14166.252, 14182.1, 14182.15, 14182.2, 14182.3, and 14182.4 to the Welfare and Institutions Code, relating to Medi-Cal, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.*

G. Health care providers: medical information (SB 270) – Applies the provision requiring a delay in compliance with the reporting requirement only to a statement that compliance with that requirement would impede the law enforcement agency's investigations, rather than activities. By expanding circumstances to which a crime would apply, the bill creates a state-mandated local program.

Laws: An act to ***amend*** *Sections 1280.15, 130251, 130316, and 130317 of the Health and Safety Code, relating to public health, and declaring the urgency thereof, to take effect immediately.*

H. Cal-COBRA: premium assistance (SB 838) – With respect to a qualified beneficiary eligible for Department of Defense Appropriations Act of 2010 (DODA) additional premium assistance who failed to pay the applicable premium or premiums following exhaustion of the original 9 months of assistance, the bill would authorize the beneficiary to maintain coverage by retroactively paying that premium or premiums. The bill requires plans and insurers to notify those beneficiaries of this retroactive payment option and to also notify beneficiaries who pay the applicable premium or premiums following exhaustion of the original 9 months of assistance of the availability of a reimbursement or credit under DODA.

Laws: An act to

- ***amend*** *Sections 1366.21, 1366.22, 1366.25, and 1366.27, of the Health and Safety Code;*
- ***add*** *Chapter 1.1 (commencing with Section 24100) to Division 20 of the Health and Safety Code; and*

- ***amend*** *Sections 10128.51, 10128.52, 10128.55, and 10128.57 of the Insurance Code, relating to health care coverage, and declaring the urgency thereof, to take effect immediately.*

I. Health: (SB 853) – Renames the Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program as the Family PACT Program. The bill provides that in addition to being operated in accordance with the waiver, the program may be operated in accordance with a state plan amendment adopted pursuant to federal law, as specified, known as the Family PACT successor state plan amendment and makes conforming changes. The bill expands the definition of comprehensive clinical family planning services to include services, drugs, devices, and supplies deemed by the federal Centers for Medicare and Medicaid Services to be appropriate for the Family PACT Program. The bill permits the Director of Health Care Services to implement the state plan amendment retroactively to July 1, 2010.

Laws: An act to

- ***amend*** *Section 56.30 of the Civil Code;*
- ***amend*** *Section 854.1 of the Government Code;*
- ***amend*** *Sections 1324.20, 1324.21, 1324.22, 1324.23, 1324.27, 1324.28, 1324.30, 1567.50, 120917, 130251, 130500, 130507, 130509, and 130543 of the Health and Safety Code;*
- ***amend and repeal*** *Section 1324.29 of the Health and Safety Code;*
- ***add*** *Sections 1356.2, 1417.5, 120971, 130250.1, 130251.15, 130252, 130253, and 130254 to the Health and Safety Code;*
- ***amend*** *Sections 12693.21 and 12693.26 of the Insurance Code;*
- ***add*** *Section 12693.23 to the Insurance Code;*
- ***amend*** *Sections 12009, 12204, 12207, 12242, 12251, 12253, 12254, 12257, 12258, 12260, 12301, 12302, 12303, 12304, 12305, 12307, 12412, 12413, 12421, 12422, 12423, 12427, 12428, 12429, 12431, 12433, 12434, 12491, 12493, 12494, 12601, 12602, 12631, 12632, 12636, 12636.5, 12679, 12681, 12801, 12951, 12977, 12983, 12984, and 13108 of the Revenue and Taxation Code;*
- ***amend, add, and repeal*** *Section 12201 of the Revenue and Taxation Code;*
- ***amend*** *Sections 4474.2, 4474.3, 4474.4, 4474.5, 4474.8, 4684.50, 4684.53, 4684.55, 4684.58, 4684.60, 4684.63, 4684.65, 4684.70, 4684.75, 5370.2, 10022, 14005.11, 14089, 14089.05, 14089.4, 14091.3, 14126.023, 14126.027, 14126.033, 14132, 14154, 14165.4, 14301.1, and 14301.11 of the Welfare and Institutions Code;*
- ***amend*** *the heading of Article 3.5 (commencing with Section 4684.50) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code;*
- ***add*** *Sections 4101.5, 4646.55, 4701.1, 4791, 5813.6, 14105.08, 14105.28, 14105.281, 14105.456, 14126.022, 14132.925, 14167.351, and 14183.6 to the Welfare and Institutions Code;*
- ***repeal*** *Article 3.8 (commencing with Section 14126) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code;*
- ***repeal and amend*** *Section 14005.25 of the Welfare and Institutions Code;*
- ***repeal and add*** *Section 4684.74 of, the Welfare and Institutions Code; and*

- ***amend*** *Section 10 of Chapter 13 of the Third Extraordinary Session of the Statutes of 2009, relating to health, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.*

J. California Health Benefit Exchange (SB 900) – Establishes the California Health Benefit Exchange (the Exchange) within state government. The bill requires the Exchange to be governed by a board composed of the Secretary of California Health and Human Services, or his or her designee, and 4 other members appointed by the Governor and the Legislature in a specified manner and enacts other related provisions with respect to the governance of the Exchange. The bill also requires the board of the Exchange, or the California Health and Human Services Agency, if a majority of the board has not been appointed, to apply for and receive federal funds for purposes of establishing the Exchange. Related to AB 1602.

Laws: An act to

- ***add*** *Title 22 (commencing with Section 100500) to the Government Code;*
- ***add*** *Section 1346.2 to the Health and Safety Code; and*
- ***add*** *Section 10112.4 to the Insurance Code, relating to health care coverage.*

K. Health care coverage: dependents (SB 1088) – Prohibits the limiting age for dependent children covered by health care service plan contracts and health insurance policies from being less than 26 years of age with respect to plan or policy years beginning on or after September 23, 2010, except for certain group contracts and policies for plan or policy years beginning before January 1, 2014, as specified. The bill requires plans and insurers to provide certain dependents who have lost or been denied coverage an opportunity to enroll, as specified.

Laws: An act to

- ***amend*** *Section 1373 of the Health and Safety Code; and*
- ***amend*** *Section 10277 of the Insurance Code, relating to health care.*

L. Health care coverage: denials: premium rates (SB 1163) – Requires a health care service plan that offers coverage in the group market and a health insurer that offers health care coverage in the individual or group market to provide an applicant to whom it denies coverage or enrollment, as specified, or offers coverage at a rate higher than the standard rate or standard employee risk rate with the specific reason or reasons for that decision in writing. With respect to both health insurers and health care service plans issuing individual or group policies or contracts, the bill requires that the reasons for a denial or a higher than standard rate be stated in clear, easily understandable language. The bill requires notice of a change to the premium rate of coverage to be provided at least 60 days prior to the effective date of the change.

Laws: An act to

- ***amend*** *Sections 1357.03, 1374.21, 1374.22, and 1389.25 of the Health and Safety Code;*
- ***add*** *Article 6.2 (commencing with Section 1385.01) to Chapter 2.2 of Division 2 of, the Health and Safety Code;*
- ***amend*** *Sections 10113.9, 10199.1, 10199.2, and 10705 of the Insurance Code; and*

- ***add*** *Article 4.5 (commencing with Section 10181) to Chapter 1 of Part 2 of Division 2 of, the Insurance Code, relating to health care coverage.*

State Laws 2011

A. Medicare supplement coverage (AB 151) – Updates existing state law under the KKA and the Insurance Code to drop outdated references to Medicare Supplement plans H, I, and J.

Laws: An act to
- ***amend*** *Sections 1358.11 and 1358.12 of the Health and Safety Code and to*
- ***amend*** *Sections 10192.11 and 10192.12 of the Insurance Code, relating to health care coverage.*

B. Health care coverage: Maternity services (AB 210) – Requires all PPO plans regulated under the Insurance Code to include coverage for maternity services. Establishes parity with the long-standing coverage requirement for HMO under the KKA.

Laws: An act to ***add*** *Section 10123.866 to the Insurance Code, relating to maternity services.*

C. Healing arts: telehealth (AB 415) – CAPG-supported bill that redefines "telemedicine" under statute to "telehealth" enabling proliferation and commercialization of these services by our members.

Laws: An act to
- ***repeal and add*** *Section 2290.5 of the Business and Professions Code,*
- ***repeal and add*** *Section 1374.13 of the Health and Safety Code,*
- ***repeal and add*** *Section 10123.85 of the Insurance Code, and*
- ***amend*** *Sections 14132.72 and 14132.725 of the Welfare and Institutions Code, relating to telehealth.*

D. Minors: medical care: consent (AB 499) – Allows a minor who is twelve (12) years of age or older to consent to medical care related to the prevention of a sexually transmitted disease.

Laws: An act to ***amend*** *Section 6926 of the Family Code, relating to minors.*

E. Maternity services (SB 222) – Current law provides for the regulation of health insurers by the Department of Insurance. Under current law, a health insurer that provides maternity coverage may not restrict inpatient hospital benefits, as specified, and is required to provide notice of the maternity services coverage. This bill, commencing July 1, 2012, would require every individual health insurance policy to provide coverage for maternity services for all insureds covered under the policy. This bill contains other related provisions.

Laws: An act to ***add*** *Section 10123.865 to the Insurance Code, relating to health care coverage.*

F. Pharmacies: regulation (SB 431) – This bill would require a pharmacy to conduct an audit of the theft, diversion, or self-use of dangerous drugs by a licensed individual employed by or with the pharmacy and provide, as specified, the board with a certified copy of the audit and its results.

*Laws: An act to **amend** Sections 4104, 4105, and 4112 of the Business and Professions Code, relating to pharmacies.*

G. Health care coverage: provider contracts (SB 751) – Invalidates confidentiality provisions in plan-provider contracts that prohibit disclosure of cost of procedure information to patients of hospital providers.

Laws: An act to

- ***add** Section 1367.49 to the Health and Safety Code, and*
- ***add** Section 10133.64 to the Insurance Code, relating to health care coverage.*

H. Health care coverage: Discrimination (SB 757) – Requires that a plan or policy may not discriminate in coverage between spouses or domestic partners of a different sex and spouses or domestic partners of the same sex.

Laws: An act to

- ***amend** Section 1374.58 of, and to **add** Section 1367.30 to, the Health and Safety Code; and to*
- ***amend** Sections 10112.5 and 10121.7 of the Insurance Code, relating to discrimination.*

I. Health care coverage: prescription drugs (SB 866) – Requires the Department of Managed Health Care and the Department of Insurance to, on or before July 1, 2012, develop a prior authorization form for use by every health care service plan and health insurer that provides prescription drug benefits. The bill requires every physician, when requesting prior authorization for prescription drug benefits, to submit the prior authorization form to the health care service plan or health insurer, and requires those plans and insurers to utilize and accept those prior authorization forms for prescription drug benefits. Delegated physician groups that do not use prior authorization processes are exempted from the bill.

Laws: An act to

- ***add** Section 1367.241 to the Health and Safety Code and to*
- ***add** Section 10123.191 to the Insurance Code, relating to health care coverage.*

J. Health care coverage: Mental illness - pervasive developmental disorder or autism (SB 946) – Requires all HMO and PPO plans to provide coverage by July 1, 2012 for Applied Behavioral Analysis Therapy, but only to the extent that the Federal rule subsequently adopted on minimum essential benefit standards so requires. Creates a task force to determine quality standards for therapists.

Laws: An act to

- ***amend** Section 121022 of; **add** Section 1374.74 to; **add and repeal** Section 1374.73 of the Health and Safety Code;*
- ***add and repeal** Sections 10144.51 and 10144.52 of the Insurance Code; and*
- ***amend** Sections 5705, 5708, 5710, 5716, 5724, and 5750.1 of the Welfare and Institutions Code, relating to health.*

State Laws 2012

A. Health care coverage: mammographies (AB 137) – Expands current coverage requirements for mammographies by syncing in the Insurance Code with the Knox Keene Act by removing an age band for women and basing the mandate on need and risk factor rather than age. California Health Benefits Review Program analysis indicates that all California health plans already provide this level of coverage, so no fiscal impacts.

Laws: An act to

- ***amend** Section 1367.65 of the Health and Safety Code and*
- ***amend** Section 10123.81 of the Insurance Code, relating to health care coverage.*

B. Health care information (AB 439) – Modifies an existing provision in the Civil Code that imposes a strict liability penalty of $1,000 per patient upon inadvertent disclosure of confidential medical information.

*Laws: An act to **amend** Section 56.36 of the Civil Code, relating to health care information.*

C. California Health Benefit Exchange (the Exchange): notice requirements (AB 792) – This bill requires a court, upon the filing of a petition for dissolution of marriage, nullity of marriage, or legal separation, to provide a notice informing the petitioner and respondent that they may be eligible for reduced-cost coverage through the Exchange or no-cost coverage through Medi-Cal. The bill also requires a court to provide such a notice to a petition for adoption. The notice will include information regarding obtaining coverage through those programs and would require the notice to be developed by the Exchange.

This bill also requires specified health plans and insurers to provide to individuals who cease to be enrolled in individual coverage and to individuals who lose coverage under an employer-sponsored group plan and notice information those individuals that they may be eligible for reduced-cost coverage through the Exchange or no-cost coverage through Medi-Cal. The bill requires the notice to include information regarding obtaining coverage through those programs, and be developed by the Department of Managed Health Care and the Department of Insurance.

Laws: An act to

- ***add** Sections 2024.7 and 8613.7 to the Family Code,*
- ***add** Section 1366.50 to the Health and Safety Code, and*
- ***add** Section 10786 to the Insurance Code, relating to health care coverage.*

D. Health care coverage (AB 1083) – Sets standards for the sale of insurance products in the Exchange – specifically requires no premium adjustment for twelve (12) months. Initially prohibited broker compensation, but now amended to prohibit variance in payment based on factors – health status, claims experience, industry, occupation, or geography. Repeals the existing small group coverage law in preparation for the January 1, 2014 roll-out of the small group coverage exchange (SHOP). Conforms state law under the Insurance Code and the Knox Keene Act to be compatible with the PPACA – guaranteed issuance, waiting periods, pre-existing conditions. Imposes new health plan reporting requirements. Establishes nineteen (19) geographic rating regions.

Laws: An act to

- ***add** Sections 1348.95, 1357.19, and 1357.55 to the Health and Safety Code;*
- ***add** Article 3.16 (commencing with Section 1357.500) to Chapter 2.2 of Division 2 of the Health and Safety Code;*
- ***add** Article 3.15 (commencing with Section 1357.50) to Chapter 2.2 of Division 2 of the Health and Safety Code;*
- ***add** Article 3.17 (commencing with Section 1357.600) to Chapter 2.2 of Division 2 of the Health and Safety Code;*
- ***amend** Sections 1385.01 and 1393.6 of the Health and Safety Code;*
- ***add** Sections 10127.19, 10198, and 10750 to the Insurance Code;*
- ***amend** Section 10181 to the Insurance Code;*
- ***add** Article 7 (commencing with Section 10198.6) to Chapter 1 of Part 2 of Division 2 to the Insurance Code;*
- ***add** Chapter 8.01 (commencing with Section 10753) to Part 2 of Division 2 of the Insurance Code; and*
- ***add** Chapter 8.02 (commencing with Section 10755) to Part 2 of Division 2 of the Insurance Code, relating to health care coverage.*

E. Essential health benefits: coverage (AB 1453) – This bill requires an individual or small group health plan or health insurance policy issued and amended, or renewed on or after January 1, 2014, to cover essential health benefits, which is defined to include the health benefits covered by particular benchmark plans. The bill would authorize a plan or insurer to place scope and duration limits on those benefits, except as specified, provided that the limits are not greater than the limits imposed by the benchmark plans and generally prohibits a plan or insurer from making substitutions of the benefits required to be covered. The bill specifies that these provisions apply regardless of whether the contract or policy is offered inside or outside the Exchange but provides that they do not apply to grandfathered plans or plans that cover only excepted benefits, as specified.

The bill prohibits a health plan or health insurer, when offering, selling, or marketing a plan contract or policy, from indicating or implying that the contract or policy covers essential health benefits unless the contract or policy covers essential health benefits as provided in the bill. This bill is related to SB 951 (Hernandez).

*Laws: An act to **add** Section 1367.005 to the Health and Safety Code, relating to health care coverage.*

F. California Major Risk Medical Insurance Program (MRMIP) (AB 1526) – Expands eligibility for the high risk pool program (MIP) enrollment through easier documentation requirements to establish a pre-existing condition, rather than a carrier's denial letter.

*Laws: An act to **amend** Section 12737 of the Insurance Code, relating to health care coverage, and making an appropriation therefor.*

G. Health care: eligibility: enrollment (AB 1580) – This bill makes technical and clarifying changes to provisions enacted in AB 1296 (Bonilla-2011), relating to revised and simplified applications for state health subsidy programs. The bill clarifies that a requirement granting an applicant benefits during the time the application for eligibility is being reviewed, also known as presumptive eligibility or PE, is not intended to grant a right to PE beyond what is currently required. The bill also clarifies that when the applicant appears to be eligible for Medi-Cal under the aged, blind, or disabled category, but is determined to be ineligible after a screening for the new Modified Adjusted Gross Income category, the application will be forwarded to the Medi-Cal program for further determination.

*Laws: An act to **amend** Section 15926 of the Welfare and Institutions Code, relating to public health.*

H. California Health Benefit Exchange (AB 1761) – Amends existing Government Code and Health and Safety Code, and adds new provisions to the Insurance Code to prohibit any individual or business from representing themselves to be connected with the Exchange unless they have met specified conditions under law, including execution of a contractual relationship with Exchange.

Laws: An act to

- ***add** Section 100510 to the Government Code,*
- ***add** Section 1360.5 to the Health and Safety Code, and*
- ***amend** Section 790.03 of the Insurance Code.*

I. Consumer operated and oriented plans (COOPs) (AB 1846) – Codifies federal provisions under the Patient Protection and Affordable Care Act for Consumer Operated and Oriented Plans, to be mandatorily offered in the Exchange, as an alternative to traditional health insurance coverage.

Laws: An act to

- ***add** Article 11.1 (commencing with Section 1399.80) to Chapter 2.2 of Division 2 of the Health and Safety Code; and*
- ***add** Chapter 9.6 (commencing with Section 10930) to Part 2 of Division 2 of the Insurance Code, relating to health care coverage.*

J. Health care coverage: breast cancer (SB 255) – This bill revises and recasts the definition of mastectomy and specifies that the partial removal of a breast includes, but is not limited to, lumpectomy, which includes surgical removal of the tumor with clear margins. The bill requires the consultation regarding the length of any hospital stay to be conducted post-surgery.

Laws: An act to

- ***amend** Sections 1367.6 and 1367.635 of the Health and Safety Code and*
- ***amend** Sections 10123.8 and 10123.86 of the Insurance Code, relating to health care coverage.*

K. Health plans: accident and health agents: licensure (SB 615) – This bill prohibits a Multiple Employer Welfare Arrangement (MEWA) from offering, issuing, selling, or renewing health care coverage benefits unless the MEWA discloses whether the benefits constitute minimum essential coverage in its marketing materials.

*Laws: An act to **amend** Section 742.40 of the Insurance Code, relating to insurance.*

L. Provider cost and quality transparency (SB 751) – Prohibits contracts that prevent health plans from disclosing provider information to enrollees.

Laws: An act to

- ***add** Section 1367.49 to the Health and Safety Code and*
- ***add** Section 10133.64 to the Insurance Code, relating to health care coverage.*

M. Health care coverage: essential health benefits: benchmark plan, Kaiser (SB 951) – Requires an individual or small group health plan or insurance policy issued, amended to cover essential health benefits, which is defined to include the health benefits covered by particular benchmark plans. The bill authorizes a plan or insurer to place scope and duration limits on those benefits, except as specified, provided that the limits are not greater than the limits imposed by the benchmark plans and generally prohibits a plan or insurer from making substitutions of the benefits required to be covered. The bill specifies that these provisions apply regardless of whether the contract or policy is offered inside or outside the Exchange but provides that they do not apply to grandfathered plans or plans that cover only excepted benefits, as specified.

The bill prohibits a health plan or health insurer, when offering, selling, or marketing a plan contract or policy, from indicating or implying that the contract or policy covers essential health benefits unless the contract or policy covers essential health benefits as provided in the bill. Clarifies that these provisions would only be implemented to the extent essential health benefits are required pursuant to Patient Protection and Affordable Care Act. This bill is related to AB 1453 (Monning).

*Laws: An act to **add** Section 10112.27 to the Insurance Code, relating to health care coverage.*

N. Medi-Cal: hospitals (SB 920) – Extends the quality assurance fee program for private hospitals, raising $7 billion in funds.

Laws: An act to

- ***add** Section 14166.125 to the Welfare and Institutions Code;*

- ***amend*** *Sections 14169.3, 14169.5, 14169.11, 14169.16, 14169.17, 14169.18, 14169.32, 14169.41, and 14169.42 of the Welfare and Institutions Code;*
- ***amend*** *Section 14169.7 of the Welfare and Institutions Code, as amended by Section 99 of Chapter 23 of the Statutes of 2012;*
- ***amend*** *Section 14169.7.5 of the Welfare and Institutions Code, as amended by Section 100 of Chapter 23 of the Statutes of 2012;*
- ***amend*** *Section 14169.31 of the Welfare and Institutions Code, as amended by Section 102 of Chapter 23 of the Statutes of 2012; and*
- ***amend*** *Section 14169.33 of the Welfare and Institutions Code, as amended by Section 104 of Chapter 23 of the Statutes of 2012, relating to Medi-Cal, and declaring the urgency thereof, to take effect immediately.*

O. Public social services: in-home supportive services (SB 1036) – Establishes the California In-Home Supportive Services Authority (Statewide Authority) and deems the authority a joint powers authority and a public entity separate and apart from the parties that have appointing power to the authority, as specified, or the employers of those individuals so appointed. This bill requires the authority to be the entity authorized to meet and confer in good faith regarding wages, benefits, and other terms and conditions of employment with representatives of recognized employee organizations for any individual provider who is employed by a recipient of supportive services. This bill contains other related provisions and other current laws.

Laws: An act to

- ***amend*** *Sections 6253.2 of;* ***add*** *Section 6531.5 to the Government Code;* ***add*** *Title 23 (commencing with Section 110000) to the Government Code;*
- ***amend*** *Sections 10101.1, 12306, and 12306.1 of; and* ***add*** *Sections 12300.5, 12300.6, 12300.7, 12302.6, 12306.15, 12330, 14186.35, and 14186.36 to the Welfare and Institutions Code, relating to public social services, and making an appropriation therefor, to take effect immediately, bill related to the budget.*

P. Public health care: Medi-Cal: demonstration projects (SB 1081) – Enables certain public hospitals to apply to operate a low income health plan in counties where there is no existing public hospital, and the county does not wish to operate a Low Income Health Plan on its own.

Laws: An act to

- ***amend*** *Section 15909.1 of, and* ***add*** *Section 15910.5 to the Welfare and Institutions Code, relating to Medi-Cal, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.*

Q. Provider cost and quality transparency: Claims data disclosure (SB 1196) – Prohibits contracts that prevent provider information from being disclosed to CMS qualified data aggregators. Adds Section 1367.50 to the Health and Safety Code, concerning the inspection requirement of all books and records of a health care service plan and any of its contracted providers. Conforms disclosure of data to the Patient Protection and Affordable Care Act federal standard, when that is adopted. Will allow for increased cost and quality transparency reporting about providers using health plan data.

Laws: An act to

- ***add** Part 2.7 (commencing with Section 57) to Division 1 of the Civil Code,*
- ***add** Section 1367.50 to the Health and Safety Code, and*
- ***add** Section 10117.52 to the Insurance Code, relating to health care coverage.*

R. Medi-Cal: providers: fraud (SB 1529) – Implements several amendments to existing state anti-fraud provisions under the Medi-Cal program under federal directives established in the Patient Protection and Affordable Care Act . The chief issue of the suspension of payments to a provider "upon receipt of a credible allegation" of abuse/fraud. The secondary issue if disqualification of a Medi-Cal provider if previously terminated by Medicare, California Health Insurance Program or another state's Medicaid program.

Laws: An act to

- ***amend** Section 100185.5 of the Health and Safety Code;*
- ***amend** Sections 14043.1, 14043.15, 14043.2, 14043.25, 14043.26, 14043.28, 14043.36, 14043.4, 14043.55, 14043.65, 14043.7, 14043.75, 14107.11, 14123.05, 14409 of the Welfare and Institutions Code; and*
- ***add** Sections 14043.1, 14043.15, 14043.25, 14043.28, 14043.36, 14043.38, 14043.4, 14043.55, 14043.7, 14170.12 to the Welfare and Institutions Code, relating to Medi-Cal.*

S. Health care: mammograms (SB 1538) – Mandates special written notices be sent to female patients with dense breast tissue to inform them that their condition may benefit from additional testing.

*Laws: An act to **add** Section 12322.3 to the Health and Safety Code, relating to mammograms.*

State Laws 2013

A. Health care coverage: cancer treatment (AB 219) – Adds new sections to the Health and Safety Code and Insurance Code that prohibit any patient cost-sharing amount greater than $200 per prescription for any oral anticancer medication.

Laws: An act to

- ***add** Section 1367.656 to the Health and Safety Code and*
- ***add** Section 10123.206 to the Insurance Code, relating to health care coverage.*

B. Health care coverage: infertility (AB 460) – Requires health plans and health insurers to offer coverage under group contracts, for the treatment of infertility, except in vitro fertilization, as agreed upon between the group subscriber and the plan.

Laws: An act to

- ***amend** Section 1374.55 of the Health and Safety Code and*
- ***amend** Section 10119.6 of the Insurance Code, relating to health care coverage.*

C. Inmates: health care enrollment (AB 776) – Permits individuals currently eligible and enrolled in Medi-Cal to keep their enrollment even if they become incarcerated in a County jail for a period of time.

*Laws: An act to **amend** Section 14186.1, 14186.36, and 14186.4 of the Welfare and Institutions Code, relating to Medi-Cal.*

D. Physical therapists: direct access to services: professional corporations (AB 1000) – Amended to provide patient's direct access to physical therapists. Amends Section 2620 and 2660 of, and to add Section 2620.1 to the Business and Professions Code. This bill specifies that patients may access physical therapy treatment directly and, in those circumstances, requires a physical therapist to refer his or her patient to another specified healing arts practitioner if the physical therapist has reason to believe the patient has a condition requiring treatment or services beyond that scope of practice or if the patient is not progressing, to disclose to the patient any financial interest he or she has in treating the patient, and, with the patient's written authorization, to notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient. The bill prohibits a physical therapist from treating a patient who initiated services directly for the lesser of more than 45 calendar days or twelve (12) visits, except as specified, and prohibits a physical therapist from performing services on that patient before obtaining the patient's signature on a specified notice regarding these limitations on treatment. The bill provides that failure to comply with these provisions constitutes unprofessional conduct subject to disciplinary action by the board.

Laws: An act to

- ***amend** Sections 2406, 2660, of; **add** Sections 2406.5, 2620.1 to the Business and Professions Code; and*
- ***amend** Section 13401.5 of the Corporations Code, relating to healing arts.*

E. Health care coverage: federally eligible defined individuals: conversion or continuation of coverage (AB 1180) – Current law requires a health care service plan or a health insurer offering individual plan contracts or individual insurance policies to fairly and affirmatively offer, market, and sell certain individual contracts and policies to all federally eligible defined individuals, in each service area in which the plan or insurer provides or arranges for the provision of health care services. This bill makes these provisions of law applicable only to individual grandfathered health plans, previously issued to federally eligible defined individuals, unless and until specified provisions of the Patient Protection and Affordable Care Act are amended or repealed, as specified.

Laws: An act to

- ***amend** Sections 1363.06, 1363.07, 1366.3, 1366.35, 1373.6, 1373.621, 1373.622, 1399.805, 1399.810, 1399.811, and 1399.815 of the Health and Safety Code;*
- ***add** Section 1373.620 to the Health and Safety Code;*
- ***amend** Sections 10116.5, 10127.14, 10127.16, 10127.18, 10785, 10901.3, 10901.8, 10901.9, 10902.3, 12672, and 12682.1 of the Insurance Code;*
- ***add** Section 12682.2 to the Insurance Code; and*

- ***repeal*** *Section 10902.6 of the Insurance Code, relating to health care coverage, and declaring the urgency thereof, to take effect immediately.*

F. Health care coverage: Medi-Cal Expansion and Simplification (ABX1 2) – Modified Adjusted Gross Income – Roughly equivalent to AGI on tax forms (line 21 on a 1040A form, line 4 on 1040 EZ form). Applies to childless adults under sixty-five (65), pregnant women and children, but not Aged, Blind, and Disabled population. Used for both Medi-Cal and Exchange subsidies eligibility determination.

Laws: An act to

- ***amend*** *Sections 10113.95, 10119.1, 10119.2, 10198.7, 10603, 10753, 10753.05, 10753.06.5, 10753.11, 10753.12, 10753.14, 10954 of the Insurance Code;*
- ***add*** *Sections 10113.95, 10119.2, 10127.21, 10960.5 to the Insurance Code;*
- ***add*** *Chapter 9.9 (commencing with Section 10965) to Part 2 of Division 2 of the Insurance Code;*
- ***repeal*** *Section 10902.4 of the Insurance Code; and*
- ***amend*** *the heading of Chapter 9.7 (commencing with Section 10950) of Part 2 of Division 2 of the Insurance Code, relating to health care coverage.*

G. California Health Benefit Exchange (SB 26) – Expands Medicaid eligibility to a new "adult group" including all non-pregnant individuals ages nineteen (19) to sixty-five (65) with household incomes at or below the effective rate of 138% Federal Poverty Level. It also collapses and simplifies most existing eligibility categories into three broad groups: parents, pregnant women, and children under age nineteen (19).

H. Health care coverage: pervasive developmental disorder or autism (SB 126) – Amends the prior enacted provisions requiring expanded coverage for autism spectrum disorder therapies under PPO and HMO coverage.

Laws: An act to

- ***amend*** *Section 1374.73 of the Health and Safety Code and*
- ***amend*** *Sections 10144.51 and 10144.52 of the Insurance Code, relating to health care coverage.*

I. Stop-loss insurance coverage (SB 161) – Sets minimum standards for stop-loss insurance related to self-funded employer coverage market.

Laws: An act to ***add*** *Article 5 (commencing with Section 10752) to Chapter 8 of Part 2 of the Insurance Code, relating to insurance.*

J. Health care coverage: language assistance (SB 353) – Expands current language assistance standards beyond the thresholds established by regulation for both HMO and PPO plans in California. This bill requires a health care service plan, as specified, that advertises or markets products in the individual or small group health care service plan markets, or that allows others to market or advertise on its behalf in those markets, in a non-English language, as provided, and that does not meet certain requirements, to translate into that language specified documents. The bill also requires an insurer that markets, advertises, or allows others to market or

advertise on its behalf, or produces educational materials for health insurance policies, in the individual or small group health insurance markets, in a non-English language and that does not meet certain requirements, to translate specified documents into that language. The bill requires both those health care service plans and insurers to use trained and qualified translators.

Laws: An act to

- ***add** Section 1367.041 to the Health and Safety Code and*
- ***add** Section 10133.10 to the Insurance Code, relating to health care coverage.*

K. Pharmacy practice (SB 493) – Authorizes a pharmacist to administer drugs and biological products that have been ordered by a prescriber. The bill authorizes pharmacists to perform other functions, including, among other things, to furnish self-administered hormonal contraceptives, nicotine replacement products, and prescription medications not requiring a diagnosis that are recommended for international travelers, as specified. Additionally, the bill authorizes pharmacists to order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies, and to independently initiate and administer routine vaccinations, as specified.

Laws: An act to

- ***amend** Sections 733, 4040, 4050, 4051, 4052, 4052.3, 4060, 4076, 4111, and 4174 of the Business and Professions Code and*
- ***add** Sections 4016.5, 4052.6, 4052.8, 4052.9, 4076, 4174, 4210, and 4233 to the Business and Professions Code, relating to pharmacy.*

L. Health care providers (SB 494) – Allows empanelment of enrollees to Physician Assistants, and authorizes the assignment of an additional 1,750 enrollees to a primary care physician if that physician supervises one or more non-physician medical practitioners.

Laws: An act to

- ***add** Section 1375.9 to the Health and Safety Code;*
- ***add** Section 10133.4 to the Insurance Code; and*
- ***amend** Sections 14087.48, 14088, and 14254 of the Welfare and Institutions Code, relating to health care providers.*

M. Health care coverage (SB 639) – The Patient Protection and Affordable Care Act establishes annual limits on deductibles for employer-sponsored plans and defines bronze, silver, gold, and platinum levels of coverage for the non-grandfathered individual and small group markets. This bill prohibits the deductible under a small employer health care service plan contract or health insurance policy offered, sold, or renewed on or after January 1, 2014, from exceeding $2,000 in the case of a plan contract or policy covering a single individual, or $4,000 in all other cases. That provision does not apply to Multiple Employer Welfare Arrangement.

Laws: An act to

- ***amend*** *Section 1357.503 of the Health and Safety Code, as amended by Chapter 2 of the First Extraordinary Session of the Statutes of 2013;*
- ***amend*** *Section 1367 of the Health and Safety Code;*
- ***add*** *Sections 1367.006, 1367.0065, 1367.007, 1367.008, and 1367.009 to the Health and Safety Code;*
- ***amend*** *Section 10753.05 of the Insurance Code, as amended by Chapter 1 of the First Extraordinary Session of the Statutes of 2013; and*
- ***add*** *Sections 10112.28, 10112.285, 10112.29, 10112.295, 10112.297, and 10112.7 to the Insurance Code, relating to health care coverage.*

N. Medi-Cal: eligibility (SBX 1) – Declares the Medi-Cal benefit package standard for all covered under the Patient Protection and Affordable Care Act expansion – allows for alternative benefit plan. Adds Kaiser Small Group Electronic Health Benefit to the Medi-Cal benefit package and includes expanded outpatient behavioral health services and substance abuse disorder services. Implementation is subject to federal funding.

Laws: An act to

- ***amend*** *Sections 11026, 14005.28, 14005.31, 14005.32, 14005.39, 14007.1, 14007.6, 14008.85, and 14132 of the Welfare and Institutions Code;*
- ***add*** *Sections 14000.7, 14005.28, 14005.31, 14005.32, 14005.63, 14005.65, 14005.66, 14005.67, 14005.68, 14007.1, 14007.15, 14007.6, 14011.66, 14014.5, 14057, 14102, 14103, 14132.02, and 14132.03 to the Welfare and Institutions Code; and*
- ***add*** *Article 5.9 (commencing with Section 14189) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to health.*

O. Health care coverage (SBX 2) – Conforms individual market to new Patient Protection and Affordable Care Act rules.

Laws: An act to

- ***add*** *Sections 1348.96, 1389.4, 1389.7, and 1399.836 to the Health and Safety Code;*
- ***amend*** *Section 1357.51 of the Health and Safety Code, as added by Chapter 852 of the Statutes of 2012;*
- ***amend*** *Sections 1357.500, 1357.503, 1357.504, 1357.509, 1357.512, 1363, 1389.4, 1389.5, 1389.7, and 1399.829 of the Health and Safety Code;*
- ***repeal*** *Section 1399.816 of the Health and Safety Code;*
- ***amend*** *the heading of Article 11.7 (commencing with Section 1399.825) of Chapter 2.2 of Division 2 of the Health and Safety Code; and*
- ***add*** *Article 11.8 (commencing with Section 1399.845) to Chapter 2.2 of Division 2 of the Health and Safety Code, relating to health care coverage.*

P. Health care coverage: bridge plan (SBX 3) – Creates a continuity of care coverage plan for individuals and families that move above the 138% Federal Poverty Level (FPL) and were previously Medi-Cal managed care beneficiaries. Eligibility limit up to 250% FPL, uses Medicaid Managed Care plans as limited Qualified Health Plans,

provided in silver tier of Covered California. Runs from January 1, 2015 for 5 years then sunsets.

Laws: An act to

- ***amend** Sections 100501, 100503 of; **add** Sections 100501, 100503, 100504.5, 100504.6 to the Government Code;*
- ***amend** Section 1366.6 of; **add** Sections 1366.6, 1399.864 to the Health and Safety Code;*
- ***amend** Section 10112.3 of; **add** Sections 10112.3, 10961 to the Insurance Code; and*
- ***add** Section 14005.70 to the Welfare and Institutions Code, relating to health care coverage.*

State Laws 2014

A. Continuity of Care (COC) (AB 369) – Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or a health insurer to provide for the completion of covered services by a terminated provider for enrollees or insureds who were receiving services from the provider for a specified condition at the time of the contract or policy termination. Existing law also requires a health care service plan to provide for the completion of covered services by a nonparticipating provider to a newly covered enrollee who, at the time his or her coverage became effective, was receiving services from that provider for a specified condition. Existing law specifies that this provision does not apply to a newly covered enrollee under an individual subscriber agreement. This bill requires a health care service plan and a health insurer to arrange for the completion of covered services by a nonparticipating provider for a newly covered enrollee and a newly covered insured under an individual health care service plan contract or an individual health insurance policy whose prior coverage was withdrawn from the market between December 1, 2013, and March 31, 2014, inclusive, as specified. This bill contains other related provisions and other existing laws.

Laws: An act to

- ***amend** Section 1373.96 of the Health and Safety Code and*
- ***amend** Section 10133.56 of the Insurance Code, relating to health care coverage, and declaring the urgency thereof, to take effect immediately.*

B. Healing arts: telehealth (AB 809) – Amends the prior Telehealth Act to allow for obtaining consent at the time of the initial telehealth visit by confirmation in the patient's medical record. Consent can be obtained one time for all follow-on telehealth activities.

*Laws: An act to **amend** Section 2290.5 of the Business and Professions Code, relating to telehealth, and declaring the urgency thereof, to take effect immediately.*

C. Pharmacists: naloxone hydrochloride (AB 1535) – Expands a pharmacist's scope of practice to furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed by the pharmacist and an authorized prescriber or developed and approved by both the board and Medical Board of California. This bill requires a pharmacist to complete a training program on the use of opioid antagonists prior to performing this procedure.

*Laws: An act to **add** Section 4052.01 to the Business and Professions Code, relating to pharmacists.*

D. Medical information (AB 1755) – Amends privacy rules concerning personal health information. This bill requires a clinic, health facility, home health agency, or hospice to report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the Department of Public Health and to the affected patient or the patient's representative no later than fifteen (15) business days after the unlawful or unauthorized access, use, or disclosure has been detected and would authorize the report made to the patient or the patient's representative to be made by alternative means, including email, as specified. The bill also requires a delayed report for law enforcement purposes to be made within fifteen (15) business days of the end of the delay. The bill gives the department full discretion to consider all factors when determining whether to investigate under these provisions.

*Laws: An act to **amend** Section 1280.15 of the Health and Safety Code, relating to public health.*

E. End-of-life care: patient notification (AB 2139) – Requires a health care provider to notify the patient, when the health care provider makes a diagnosis that a patient has a terminal illness, of the patient's right to comprehensive information and counseling regarding legal end-of-life care options.

*Laws: An act to **amend** Sections 442.5 and 442.7 of the Health and Safety Code, relating to terminal illness.*

F. Pharmacy: third-party logistics providers (AB 2605) – Non-resident pharmacy compounding This bill revises the definition of the terms "third-party logistics provider" and "reverse third-party logistics provider" to conform to federal law, as specified, and requires a third-party logistics provider of a dangerous drug or dangerous device to be separately licensed by the board as a third-party logistics provider. The bill requires a third-party logistics provider to be supervised and managed by a responsible manager who needs to be licensed by the board as a designated representative-3PL. Under the bill, a designated representative-3PL and a responsible manager are subject to similar requirements as those imposed on a designated representative and a designated representative-in-charge, respectively. The bill limits a place of business to a single board-issued license, except for entities under common ownership that meet specified requirements, and requires that at least one designated representative, in the case of a wholesaler, or designated representative-3PL, in the case of a third-party logistics provider, be present during business hours for each licensed place of business. The bill requires a third-party logistics provider to submit a surety bond of $90,000 payable to a specified fund of

the board to secure payment of any administrative fine imposed by the board. The bill enacts parallel requirements with respect to nonresident third-party logistics providers and makes related conforming changes and delete obsolete provisions. After specified federal regulations under the federal Drug Supply Chain Security Act are promulgated, the bill requires the board to act to identify any California laws governing interstate commerce in conflict with those regulations and act to remove the conflict.

Laws: An act to

- ***amend** Sections 208, 4040.5, 4043, 4060, 4081, 4101, 4105, 4120, 4149, 4160, 4161, 4162, 4162.5, 4164, 4165, 4166, 4167, 4169, 4201, 4305.5, 4312, 4331 of the Business and Professions Code;*
- ***add** Sections 4022.7, 4044.5, 4045, 4053.1, 4107.5, 4161.5 to the Business and Professions Code;*
- ***repeal** Section 4045; amend the heading of Article 11 (commencing with Section 4160) of Chapter 9 of Division 2 of the Business and Professions Code; and*
- ***amend** Section 4400 the Business and Professions Code, as added by Section 9 of Chapter 565 of the Statutes of 2013, relating to pharmacy.*

G. Individual health care coverage: enrollment periods (SB 20) – Changes the annual open enrollment in Covered California to November 15 through February 15. Effective January 1, 2015.

Laws: An act to

- ***amend** Section 1399.849 of the Health and Safety Code and*
- ***amend** Section 10965.3 of the Insurance Code, relating to health care coverage, and declaring the urgency thereof, to take effect immediately.*

H. Health care coverage (SB 964) – Expands requirements for medical surveys of health plans by the Department of Managed Health Care. The bill requires a plan that provides services to Medi-Cal beneficiaries, except for a plan that serves Medi-Cal beneficiaries exclusively, and a plan that provides services to enrollees in the Exchange to be surveyed separately with respect to those products. The bill also requires a plan that provides services to Medi-Cal beneficiaries through specified programs to be surveyed annually with respect to those products until five (5) years after completion of initial enrollment in those products.

Laws: An act to

- ***amend** Section 1367.03 of; **add** Sections 1367.035 and 1380.3 to; **repeal** Section 1380.3 of the Health and Safety Code;*
- ***amend** Section 14456 of; and **add** Section 14456.3 to the Welfare and Institutions Code, relating to health care coverage.*

I. Health care coverage: waiting periods (SB 1034) – Removes any waiting period under a group health insurance plan or policy. Applies to both the Knox Keene Act and the Insurance Code.

Laws: An act to

- ***amend*** *Sections 1357.51, 1357.514, 1357.600, and 1357.614 of the Health and Safety Code;*
- ***repeal*** *Sections 1357.506 and 1357.607 of the Health and Safety Code;*
- ***add*** *Sections 1357.506 and 1357.607 to the Health and Safety Code;*
- ***amend*** *Sections 10198.7, 10753.05, 10755, and 10755.05 of the Insurance Code;*
- ***repeal*** *Sections 10753.08 and 10755.08 of the Insurance Code;*
- ***add*** *Sections 10753.08 and 10755.08 to the Insurance Code, relating to health care coverage.*

J. Pharmacy (SB 1039) – Existing law, the Pharmacy Law, the violation of which is a crime, provides for the licensure and regulation of pharmacies, pharmacists, intern pharmacists, and pharmacy technicians by the California State Board of Pharmacy. The Pharmacy Law authorizes an intern pharmacist to perform all functions of a pharmacist, and authorizes a pharmacy technician to perform packaging, manipulative, repetitive, or other nondiscretionary tasks, in each case under supervision of a pharmacist, as specified. This bill authorizes a pharmacy technician to perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting and while under the direct supervision and control of a pharmacist, as specified. This bill also authorizes a pharmacy technician's duties in a licensed general acute care hospital to include, among other things, sealing emergency containers for use in the hospital. This bill contains other related provisions and other existing laws.

Laws: An act to

- ***amend*** *Section 4115 of; and* ***add*** *Sections 4119.6, 4119.7 to the Business and Professions Code;*
- ***add*** *Section 1250.06 to the Health and Safety Code; and* ***amend*** *Sections 11150 and 11210 of the Health and Safety Code, relating to pharmacy.*

K. Health care coverage (SB 1052) – Requires a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to post those formularies on its Internet Web site and update that posting with changes on a monthly basis. The bill requires the Department of Managed Health Care and the Department of Insurance to jointly develop a standard formulary template by January 1, 2017, and requires plans and insurers to use that template to display formularies.

Laws: An act to

- ***add*** *Section 100503.1 to the Government Code;*
- ***amend*** *Sections 1363.01 and 1368.016 of; and* ***add*** *Section 1367.205 to the Health and Safety Code;*
- ***add*** *Section 10123.192 to; and* ***amend*** *Section 10123.199 of the Insurance Code, relating to health care coverage.*

L. Health care coverage: contraceptives (SB 1053) – Requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, to provide coverage for all Food and Drug Administration (FDA)

approved contraceptive drugs, devices, and products in each contraceptive category outlined by the FDA, as well as sterilization procedures and contraceptive education and counseling, and prohibits a plan or insurer from engaging in unreasonable medical management, as defined, in providing that coverage.

Laws: An act to

- ***amend** Section 1367.25 of the Health and Safety Code;*
- ***amend** Section 10123.196 of the Insurance Code; and*
- ***amend** Section 14132 of the Welfare and Institutions Code, relating to health care coverage.*

M. Physician assistants: disability certifications (SB 1083) – Amends the Physician Assistant Practice Act to authorize a physician assistant to certify disability, after performance of a physical examination by the physician assistant under the supervision of a physician and surgeon consistent with the act. The bill correspondingly expands the definition of practitioner to include a physician assistant. This bill requires the Employment Development Department to implement these provisions on or before January 1, 2017.

Laws: An act to

- ***amend** Section 3502.3 of the Business and Professions Code and*
- ***amend** Section 2708 of the Unemployment Insurance Code, as added by Section 2 of Chapter 350 of the Statutes of 2013.*

N. Controlled substances (SB 1283) – Beginning January 1, 2016, makes the use or possession of specified synthetic stimulant compounds or synthetic stimulant derivatives, or any synthetic cannabinoid compound or any synthetic cannabinoid derivative an infraction, punishable by a fine not exceeding $250.

*Laws: An act to **amend** Sections 11357.5 and 11375.5 of, and **add** Sections 11357.5 and 11375.5 to the Health and Safety Code, relating to controlled substances.*

O. Health care coverage: provider contracts (SB 1340) – Requires full cost of services transparency between plans and providers in all HMO and PPO networks.

Laws: An act to

- ***amend** Section 1367.49 of the Health and Safety Code and*
- ***amend** Section 10133.64 of the Insurance Code, relating to health care coverage.*

P. Controlled substances: opioid antagonists (SB 1438) – Requires Emergency Medical Services Authority (EMSA) to develop and adopt training and standards, and promulgate regulations, for all prehospital emergency medical care personnel, as defined, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. The bill authorizes the EMSA to adopt existing training and standards for prehospital emergency medical care personnel regarding the statewide use and administration of naloxone hydrochloride or another opioid antagonist to satisfy the requirements of the bill's provisions.

*Laws: An act to **amend** Sections 1797.170, 1797.197, and 11601 of the Health and Safety Code, relating to controlled substances.*

State Laws 2015

A. Medi-Cal: managed care: California Children's Services (CCS) program (AB 187) - Current law prohibits services covered by CCS from being incorporated into a Medi-Cal managed care contract entered into after August 1, 1994, until January 1, 2016, except with respect to contracts entered into for county organized health systems in specified counties. This bill extends the termination of the prohibition against CCS covered services being incorporated into a Medi-Cal managed care contract entered into after August 1, 1994, until January 1, 2017.

*Laws: An act to **amend** Section 14094.3 of the Welfare and Institutions Code, relating to children's services.*

B. Health insurance: minimum value: large group market (AB 248) - Current law defines a health benefit plan for the purpose of health benefit plans issued by health insurers to exclude a policy or certificate of specified disease or hospital confinement indemnity if the insurer certifies to the Insurance Commissioner that the policy is being offered as supplemental health insurance and not as a substitute for essential health benefits. Current law requires an insurer issuing these policies in the small group market or the individual market to require that the persons to be covered are covered by coverage that is not designed to serve as supplemental coverage. This bill extends that requirement to a non-grandfathered health care service plan that offers, amends, or renews a group health plan contract and an insurer issuing a policy, except a health care service plan or insurer issuing a specialized health care service plan or policy, that provides less than 60% minimum value in the large group market and requires that the persons to be covered are also covered by a contract or plan that provides at least 60% minimum value.

Laws: An act to

- ***add** Section 1367.010 to the Health and Safety Code and*
- ***add** Section 10112.9 to the Insurance Code, relating to health care coverage.*

C. Telehealth: marriage and family therapist interns and trainees: (AB 250): Expands the definition of health care provider to include a marriage and family therapist intern or trainee. The bill also authorizes a marriage and family therapist intern and trainee to provide services via telehealth if he or she is supervised as required by the Licensed Marriage and Family Therapist Act, and is acting within the scope authorized by the Act and in accordance with any regulations governing the use of telehealth promulgated by the Board of Behavioral Sciences.

*Laws: An act to **amend** Sections 2290.5 and 4980.43 of the Business and Professions Code, relating to healing arts.*

D. Health and human services (HHS): state plans: federal waivers: public notice (AB 294) - Requires a department within the HHS that has received approval of an operational state plan by a federal agency, or that has applied and has been approved for a waiver from a federal law or federal regulation, to make any and all approved plans and waivers available to the public by publishing a hyperlink to that information on the homepage of the department's Internet Web site.

Laws: An act to

- ***add** Part 0.5 (commencing with Section 135) to Division 1 of the Health and Safety Code and*
- ***add** Division 3.5 (commencing with Section 3500) to the Welfare and Institutions Code relating to health and human services.*

E. Health care coverage: outpatient prescription drugs (AB 339) - Prohibits the formulary or formularies for outpatient prescription drugs maintained by a health care service plan or health insurer from discouraging the enrollment of individuals with health conditions and from reducing the generosity of the benefit for enrollees or insureds with a particular condition. The bill, until January 1, 2020, provides that the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription shall not exceed $250 for a supply of up to thirty (30) days, except as specified.

Laws: An act to

- ***add** Sections 1342.71 and 1367.42 to the Health and Safety Code;*
- ***add** Section 1367.41 to the Health and Safety Code, immediately following Section 1367.4;*
- ***amend** Section 1367.205 of the Health and Safety Code;*
- ***amend** Section 10123.192 of the Insurance Code; and*
- ***add** Sections 10123.193 and 10123.201 to the Insurance Code, relating to health care coverage.*

F. Health care coverage: prescription drugs (AB 374) - Requires the Department of Managed Health Care and the Department of Insurance to develop a step therapy override determination request form by July 2016, and requires a prescribing provider to use the form to make a step therapy override determination request. The bill requires a health care service plan or health insurer to respond to a step therapy override determination request within seventy-two (72) hours for non-urgent requests, or within twenty-four (24) hours if exigent circumstances exist, as specified.

Laws: An act to

- ***add** Section 1367.244 to the Health and Safety Code and*
- ***add** Section 10123.197 to the Insurance Code, relating to health care coverage.*

G. Hospitals: language assistance services (AB 389) - Current law requires hospitals to adopt and review annually a policy for providing language assistance services to patients with language or communication barriers. This bill requires a general

acute care hospital and the Department of Public Health to make the hospital's updated policy available to the public on their respective Internet Web sites.

*Laws: An act to **amend** Section 1259 of the Health and Safety Code, relating to health facilities.*

H. Coordinated Care Initiative (AB 461) - Current law excludes a dual eligible beneficiary from enrollment in the Medicaid demonstration project if, among other reasons, the beneficiary is receiving services through a regional center or state developmental center. This bill authorizes a beneficiary receiving services through a regional center who resides in the County of San Mateo to participate voluntarily in the demonstration project if certain requirements are met.

*Laws: An act to **amend** Section 14132.275 of the Welfare and Institutions Code, as amended by Section 51 of Chapter 31 of the Statutes of 2014, relating to Medi-Cal.*

I. Centralized hospital packaging pharmacies: medication (AB 486) - Current law authorizes a centralized hospital packaging pharmacy to prepare medications for administration to inpatients within its own general acute care hospital or certain other commonly owned hospitals. Current law requires that these medications be barcoded to be readable at the inpatient's bedside in order to retrieve certain information, including, but not limited to, the date that the medication was prepared and the components used in the drug product. This bill requires that this information be displayed on a human-readable unit-dose label, and that the information be retrievable by the pharmacist using the medication lot number or control number.

*Laws: An act to **amend** Sections 4128, 4128.4, and 4128.5 of the Business and Professions Code, relating to pharmacy, and declaring the urgency thereof, to take effect immediately.*

J. Emergency medical services (EMS) (AB 503) - Authorizes a health facility, as defined, to release patient-identifiable medical information to a defined EMS provider, a local EMS agency, and the EMSA, to the extent specific data elements are requested for quality assessment and improvement purposes. The bill would also authorize the authority to develop minimum standards for the implementation of this data collection.

*Laws: An act to **add** Section 1797.122 to the Health and Safety Code, relating to emergency medical services.*

K. Health care standards of practice (AB 614) - Authorizes the Department of Public Health to use a streamlined administrative process to update regulatory references to health care standards of practice adopted by a state or national association when outdated standards are already referenced in the California Code of Regulations. The procedure created by this bill, among other things, requires the department to post the update on the department's Internet Web site, notify stakeholders of the proposed change, submit notice of the proposed change to the Office of Administrative Law for publication in the California Regulatory Notice

Register, accept comments, and consider those comments prior to the adoption of the new standards.

*Laws: An act to **amend** Sections 1254.5 and 1275 of the Health and Safety Code, relating to health facilities.*

L. Medi-Cal: universal assessment tool report (AB 664) - Current law, until July 1, 2017, requires the Department of Health Care Services, the Department of Social Services, and the Department of Aging to establish a stakeholder workgroup, as prescribed, to develop a universal assessment process, including a universal assessment tool, to be used for home- and community-based services. No sooner than January 1, 2015, upon completion of the design and development of that universal assessment tool, existing law authorizes managed care health plans, counties, and other home- and community-based services providers to test the use of the tool for certain beneficiaries in no fewer than two (2), and no more than four (4), specified counties if certain conditions have been met. This bill extends the operation of these provisions until December 31, 2017.

*Laws: An act to **amend** Section 14186.36 of the Welfare and Institutions Code, relating to Medi-Cal.*

M. State Board of Optometry: optometrists: nonresident contact lens sellers: registered dispensing opticians (AB 684) - Prohibits a licensed optometrist from having any membership, proprietary interest, coownership, or any profit-sharing arrangement, either by stock ownership, interlocking directors, trusteeship, mortgage, or trust deed, with any registered dispensing optician or any optical company, as defined, except as otherwise authorized.

Laws: An act to

- ***repeal** Section 655 of the Business and Professions Code;*
- ***add** Sections 655, 2556.1, 2556.2, 3020, 3021, and 3023.1 to the Business and Professions Code; and*
- ***amend** Sections 2546.2, 2546.9, 2550.1, 2554, 2556, 2567, 3010.5, 3011, and 3013 of the Business and Professions Code, relating to healing arts.*

N. Licenses: Medical Board of California: Board of Psychology (AB 773) - Under the Medical Practice Act, physician and surgeon's certificates, certificates to practice podiatric medicine, registrations of spectacle lens dispensers and contact lens dispensers, and certificates to practice midwifery expire on the last day of the birth month of the licensee during the second year of a 2-year term. Under that act, registrations of dispensing opticians expire on the last day of the month in which the license was issued during the second year of a 2-year term. This bill would have the above licenses, with the exception of certificates to practice podiatric medicine, expire at the end, as provided, of a 2-year period from the date the license was issued.

*Laws: An act to **amend** Section 2982 of the Business and Professions Code, relating to business and professions.*

O. Alcoholism and drug abuse treatment facilities (AB 848) - Current law requires the Department of Health Care Services to license adult alcoholism or drug abuse recovery or treatment facilities, as defined. This bill authorizes an adult alcoholism or drug abuse recovery or treatment facility licensed under those provisions to allow a licensed physician and surgeon or other health care practitioner, as defined, to provide incidental medical services to a resident of the facility at the facility premises under specified limited circumstances.

*Laws: An act to **add** Sections 11834.0925 and 11834.026 to and **amend** Sections 11834.03 and 11834.36 of the Health and Safety Code, relating to alcohol and drug treatment programs.*

P. Pharmacy: prescription drug labels (AB 1073) - Requires a pharmacy dispenser, excluding a veterinarian, upon the request of a patient or patient's representative, to provide translated directions for use as prescribed. The bill authorizes a dispenser to use translations made available by the California State Board of Pharmacy pursuant to existing regulations. The bill makes a dispenser responsible for the accuracy of English-language directions for use provided to the patient.

*Laws: An act to **amend** Sections 4076 and 4199 of, and **add** Section 4076.6 to the Business and Professions Code, relating to pharmacy.*

Q. Clinics: licensing: hours of operation (AB 1130) - The Department of Public Health licenses and regulates clinics, as defined. Under current law, specified types of clinics are exempted from these licensing provisions, including a clinic operated by a licensed primary care community or free clinic that is operated on separate premises from the licensed clinic, and that is open for limited services of no more than twenty (20) hours a week. Current law makes it a misdemeanor to violate any provision related to the licensure and regulation of clinics. This bill increases the number of hours that a clinic may be open under this licensure exemption provision to thirty (30) hours a week.

*Laws: An act to **amend** Section 1206 of and **add** Section 1218.4 to the Health and Safety Code, relating to clinics.*

R. Health facilities: pediatric day health and respite care facilities (AB 1147) - Authorizes an individual who is twenty-two (22) years of age or older to continue to receive care in a pediatric day health and respite care facility, if the facility receives approval from the Department of Public Health for a Transitional Health Care Needs Optional Service Unit. The bill also authorizes a patient who previously received services from a pediatric day health and respite care facility and who is twenty-two (22) years of age or older to receive care in an optional service unit, as provided.

Laws: An act to

- ***amend** Sections 1760.2 and 1760.4 of the Health and Safety Code and*
- ***add** Sections 1760.7, 1760.9, 1761.85, 1762, 1762.2, 1762.4, 1762.6, 1762.8, 1763, 1763.2, and 1763.4 to the Health and Safety Code, relating*

to health facilities, and declaring the urgency thereof, to take effect immediately.

S. Public health emergencies: funding (AB 1149) - Current law establishes procedures and requirements to govern the allocation to, and expenditure by, local health jurisdictions, hospitals, long-term health care facilities, clinics, emergency medical systems, and poison control centers of federal funding received for the prevention of, and response to, public health emergencies. This bill expands these provisions to apply to public health emergency preparedness and response by trade associations of those entities or facilities.

*Laws: An act to **amend** Section 101315 of the Health and Safety Code, relating to public health emergencies, and declaring the urgency thereof, to take effect immediately.*

T. Health care service plans and health insurers: solicitors, agents and brokers: notice of contract changes (AB 1163) - Prohibits a material change, as defined, made to the terms and conditions of a contract between a health care service plan and a solicitor, or a health insurer and an agent or broker, from becoming effective until the plan or insurer has delivered to the solicitor, agent, or broker written or electronic notice of the change or changes to the contract, within a specified time period. These provisions would not apply if the material change is agreed to by the plan or insurer and the solicitor, agent, or broker, or if the change at issue is required pursuant to state or federal law. This bill contains other related provisions and other existing laws.

Laws: An act to

- ***add** Section 1399.3 to the Health and Safety Code and*
- ***add** Section 769.56 to the Insurance Code, relating to health care coverage.*

U. Primary care clinics: written transfer agreements (AB 1177) - Current regulations require primary care clinics to maintain a written transfer agreement with one or more nearby hospitals and other facilities as appropriate to meet medical emergencies. Current law authorizes certain clinics to request that the Department of Public Health waive this requirement. This bill provides that a licensed primary care clinic is not required to enter into a written transfer agreement pursuant to those provisions as a condition of licensure, except as provided for a primary care clinic where anesthesia is used in compliance with the community standard of practice, in doses that, when administered, have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes.

*Laws: An act to **add** Section 1204.2 to the Health and Safety Code, relating to primary care clinics.*

V. Emergency medical services (EMS): ambulance transportation (AB 1223) - Authorizes a local EMS agency to adopt policies and procedures relating to ambulance patient offload time, as defined. The bill would require the authority to develop a statewide standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.

*Laws: An act to **add** Sections 1797.120 and 1797.225 to the Health and Safety Code, relating to emergency medical services.*

W. Limitations on cost sharing: family coverage (AB 1305) - Current law requires, for non-grandfathered products in the individual or small group markets, a health care service plan contract or health insurance policy, except a specialized health care service plan or health insurance policy, that is issued, amended, or renewed on or after January 1, 2015, to provide for a limit on annual out-of-pocket expenses for all covered benefits that meet the definition of essential health benefits. This bill requires, for family coverage, the specified-described limit on annual out-of-pocket expenses to include a maximum out-of-pocket limit for each individual covered by the plan contract or policy that is less than or equal to the maximum out-of-pocket limit for individual coverage under the plan contract or policy.

Laws: An act to

- ***amend** Sections 1367.006 and 1367.007 of the Health and Safety Code and*
- ***amend** Sections 10112.28 and 10112.29 of the Insurance Code, relating to health care coverage.*

X. Medical records: electronic delivery (AB 1337) - Current law requires certain enumerated medical providers and medical employers to make a patient's records available for inspection and copying by an attorney, or his or her representative, who presents a written authorization therefor, as specified. This bill requires a medical provider or attorney, as defined, to provide an electronic copy of a medical record that is maintained electronically, upon request. The bill also requires a medical provider to accept a prescribed authorization form once completed and signed by the patient if the medical provider determines that the form is valid.

*Laws: An act to **amend** Section 1158 of the Evidence Code, relating to evidence.*

Y. Optometry: therapeutic pharmaceutical agents certification (AB 1359) Changes all references to a certificate to use therapeutic pharmaceutical agents to instead refer to a therapeutic pharmaceutical agents (TPA) certification. The bill deletes certain requirements for an applicant for a therapeutic pharmaceutical agents certification who graduated from a California accredited school of optometry, prior to January 1, 1996, and is licensed as an optometrist in the state, including, but not limited to, completing a didactic course of at least eighty (80) classroom hours, as specified.

*Laws: An act to **amend** Section 3041.3 of the Business and Professions Code, relating to optometry.*

Z. Mental health: community mental health board (AB 1424) - Current law prohibits a member of a community health board, or his or her spouse, from being a full-time or part-time county employee of a county mental health service, an employee of the Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency. This bill exempts from this prohibition a consumer of mental health services who obtained employment with an employer described above and who holds a position in which he or she has no

interest, influence, or authority over any financial or contractual matter concerning the employer, and would require that member to abstain from voting on any financial or contractual issue concerning his or her employer that may come before the board.

*Laws: An act to **amend** Section 5604 of the Welfare and Institutions Code, relating to mental health.*

AA. In-home supportive services (IHSS): authorized representative (AB 1436) - authorize an applicant for, or recipient of, in-home supportive services (IHSS to designate an individual to act as his or her authorized representative for purposes of the IHSS program. The bill would define "authorized representative" to mean an individual who is designated in writing, on a form developed by the Department of Social Services, by an applicant or recipient to accompany, assist, and represent the applicant or recipient for specified purposes related to the program.

*Laws: An act to **add** Section 12300.3 to the Welfare and Institutions Code, relating to public social services.*

BB. End of life: (ABX2 15) – Enacts the End of Life Option Act authorizing an adult who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease, as defined, to make a request for a drug prescribed pursuant to these provisions for the purpose of ending his or her life. The bill establishes the procedures for making these requests. The bill also establishes the forms to request an aid-in-dying drug and, under specified circumstances, an interpreter declaration to be signed subject to penalty of perjury, thereby creating a crime and imposing a state-mandated local program.

*Laws: An act to **add** Part 1.85 (commencing with Section 443) to Division 1 of the Health and Safety Code, relating to end of life.*

CC. Health care coverage: immigration status (SB 4) - Requires the Secretary of the California Health and Human Services to apply to the United States Department of Health and Human Services for a waiver to allow individuals who are not eligible to obtain health coverage because of their immigration status to obtain coverage from the Exchange.

*Laws: An act to **amend** Section 14007.8 of the Welfare and Institutions Code, relating to health care coverage.*

DD. Physician Orders for Life Sustaining Treatment (POLST) form: statewide registry (SB 19) - Enacts the California POLST Registry Act. The bill requires the California HHS to establish and operate a statewide registry system, to be known as the California POLST Registry, for the purpose of collecting POLST forms received from a physician or physician's designee. The bill requires the agency to implement these provisions only after it determines that sufficient non-state funds have been received for development of the registry and any related startup costs.

*Laws: An act to **add** Section 4788 to the Probate Code, relating to resuscitative measures.*

EE. Medi-Cal: demonstration project (SB 36) - Current law provides for a demonstration project under the Medi-Cal program until October 31, 2015, to implement specified objectives, including better care coordination for seniors and persons with disabilities and maximization of opportunities to reduce the number of uninsured individuals. This bill requires the Department of Health Care Services to submit an application to the Centers for Medicare and Medicaid Services for a waiver to implement a demonstration project that, among other things, continues the state's momentum and successes in innovation achieved under the demonstration project described above. This bill contains other related provisions.

*Laws: An act to **add** Section 14166.253 to the Welfare and Institutions Code, relating to Medi-Cal, and declaring the urgency thereof, to take effect immediately.*

FF. Health care coverage: essential health benefits (SB 43) – For an individual or small group health care service plan contract or an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, prohibit limits on habilitative and rehabilitative services from being combined, revise the definition of "habilitative services" to conform to federal regulations, and defines essential health benefits to include the health benefits covered by particular benchmark plans as of the first quarter of 2014, as specified.

Laws: An act to

- ***amend** Section 1367.005 of the Health and Safety Code, as amended by Section 7 of Chapter 572 of the Statutes of 2014;*
- ***add** Section 1367.005 to the Health and Safety Code;*
- ***amend** Section 10112.27 of the Insurance Code, as amended by Section 14 of Chapter 572 of the Statutes of 2014;*
- ***add** Section 10112.27 to the Insurance Code, relating to health care coverage.*

GG. Health (SB 75) - Current law requires a clinical laboratory that performs tests or examinations that are not classified as waived under Clinical Laboratory Improvement Amendments (CLIA) to establish and maintain a quality control program that meets specified CLIA standards. This bill provides that the quality control program may include the clinical laboratory's use of an alternative quality testing procedure recognized by the CMS, including equivalent quality control procedures or an Individual Quality Control Plan, as specified.

Laws: An Act to

- ***amend** Section 1220 of the Business and Professions Code;*
- ***amend** Sections 100504 and 100505 of the Government Code;*
- ***amend** Sections 1266, 1279.2, 1367.54,1373.622, 1420, 1423, 104150, 104322, 110050, 120960, 120962, 124040, and 124977 of the Health and Safety Code;*
- ***add** Sections 120780.2, 121348.4, 122425, 122430, and 122435 to the Health and Safety Code;*
- ***amend** the heading of Chapter 17 (commencing with Section 121348) of Part 4 of Division 105 of the Health and Safety Code;*
- ***amend** Sections 10123.184 and 10127.16 of the Insurance Code;*

- ***amend*** *Section 19548.2 of the Revenue and Taxation Code;*
- ***amend*** *Sections 4369, 4369.1, 4369.2, 4369.3, 4369.4, 4369.5, 14007.2, 14007.5, 14015.5, 14105.94, 14105.192, 14154, 14186, 14186.1, 14186.3, 15894, and 24005 of the Welfare and Institutions Code;*
- ***add*** *Sections 14007.8 and 14127.7 to the Welfare and Institutions Code;*
- ***amend*** *Section 14134 of the Welfare and Institutions Code, as amended by Section 65 of Chapter 23 of the Statutes of 2013;*
- ***repeal*** *Section 14134 of the Welfare and Institutions Code, as amended by Section 66 of Chapter 23 of the Statutes of 2013;*
- ***amend*** *Section 70 of Chapter 23 of the Statutes of 2013;*
- ***amend*** *Section 71 of Chapter 23 of the Statutes of 2013, as amended by Section 4 of Chapter 361 of the Statutes of 2013;*
- ***amend*** *Section 5 of Chapter 361 of the Statutes of 2013; and*
- ***amend*** *Section 1 of Chapter 551 of the Statutes of 2014, relating to health, and making an appropriation therefor, to take effect immediately, bill related to the budget.*

HH. Health care coverage (SB 125) - Current law requires a health care plan or insurer to provide annual enrollment periods for policy years on or after January 1, 2016, from October 15 to December 7, inclusive, of the preceding calendar year. This bill instead requires that those annual enrollment periods extend from November 1, of the preceding calendar year, to January 31 of the benefit year, inclusive. Because a willful violation of that requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Laws: An act to

- ***amend*** *Sections 1357.500, 1399.849, 127660, 127662, and 127664 of the Health and Safety Code;*
- ***add*** *Section 127665 to the Health and Safety Code; and*
- ***amend*** *Sections 10753 and 10965.3 of the Insurance Code, relating to health care coverage, and declaring the urgency thereof, to take effect immediately.*

II. Health care coverage: provider directories (SB 137) - Commencing July 1, 2016, requires a health care service plan, and a health insurer that contracts with providers for alternative rates of payment, to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services to the plan's enrollees or the health insurer's insureds, and requires the plan or health insurer to make an online provider directory or directories available on the plan or health insurer's Internet Web site, as specified. This bill contains other related provisions and other existing laws.

Laws: An act to

- ***repeal*** *Section 1367.26 of, and* ***add*** *Section 1367.27 to the Health and Safety Code; and*
- ***add*** *Section 10133.15 to the Insurance Code, relating to health care coverage.*

JJ. Robert F. Kennedy Farm Workers Medical Plan (SB 145) - Requires, until January 1, 2021, the Department of Health Care Services to annually reimburse the Robert F. Kennedy Farm Workers Medical Plan up to $3,000,000 per year for claim payments that exceed $70,000 made by the plan on behalf of an eligible employee or dependent for a single episode of care on or after September 1, 2016. The bill requires the department to make the reimbursement payment within 60 days after it receives specified claims data from the plan.

*Laws: An act to **add** Section 100235 to the Health and Safety Code, relating to health care.*

KK. Federally qualified health centers (FQHC) (SB 147) - Current federal law authorizes a state plan to provide for payment in any fiscal year to an FQHC for specified services in an amount that is determined under an Alternative Payment Methodology (APM) if it is agreed to by the state and the FQHC and results in a payment to the FQHC of an amount that is at least equal to the amount otherwise required to be paid to the FQHC. This bill requires the Department of Health Care Services to authorize an APM pilot project, to commence no sooner than July 1, 2016, for FQHCs that agree to participate. The bill requires the department to authorize implementation of an APM pilot project with respect to a county for a period of up to 3 years.

*Laws: An act to **add** Article 4.1 (commencing with Section 14138.1) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.*

LL. Foster care: psychotropic medication (SB 238) - Current law requires court authorization for the administration of psychotropic medication to be based on a request from a physician, indicating the reasons for the request, a description of the child's or ward's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. Current law requires the Judicial Council to adopt rules of court and develop appropriate forms for the implementation of these provisions. This bill requires the Judicial Council, on or before July 1, 2016, to amend and adopt rules of court and develop appropriate forms for the implementation of these provisions, in consultation with the DSS the DHCS, and specified stakeholders.

Laws: An act to

- ***amend** Sections 1522.41 and 1529.2 of the Health and Safety Code;*
- ***amend** Sections 304.7, 317, 369.5, 739.5, 16003, 16206, and 16501.3 of the Welfare and Institutions Code; and*
- ***add** Section 16501.4 to the Welfare and Institutions Code, relating to foster care.*

MM. Public health: vaccinations (SB 277) - Eliminates the exemption from current specified immunization requirements based upon personal beliefs, but would allow exemption from future immunization requirements deemed appropriate by the Department of Public Health for either medical reasons or personal beliefs.

Laws: An act to

- ***amend** Sections 120325, 120335, 120370, and 120375 of the Health and Safety Code;*
- ***add** Section 120338 to the Health and Safety Code; and*
- ***repeal** Section 120365 of the Health and Safety Code, relating to public health.*

NN. Health care coverage: prescription drugs (SB 282) - Current law requires the Department of Managed Health Care and the Department of Insurance to jointly develop a uniform prior authorization form for prescription drug benefits on or before July 1, 2012, and requires, six (6) months after the form is developed, every prescribing provider to submit the request to the health care service plan or health insurer using the uniform form, and requires those plans and insurers to accept only the uniform form. This bill authorizes the prescribing provider to additionally use an electronic process developed specifically for transmitting prior authorization information that meets the National Council for Prescription Drug Programs' SCRIPT standard for electronic prior authorization transactions, and provides a three-part exemption for capitated-delegated model groups its application.

Laws: An act to

- ***amend** Sections 1367.24, 1367.241, 1368, and 1368.01 of the Health and Safety Code and*
- ***amend** Section 10123.191 of the Insurance Code, relating to health care coverage.*

OO. Medi-Cal: provider enrollment (SB 299) - Current law, under the Medi-Cal program, requires an applicant or provider, as defined, to submit a complete application package for enrollment, continued enrollment, or enrollment at a new location or a change in location, and generally requires the application package for enrollment, the provider agreement, and all attachments or changes to either that are submitted by specified applicants or providers to be notarized. This bill exempts from these notarization requirements any provider that chooses to enroll electronically. This bill contains other related provisions and other existing laws.

*Laws: An act to **amend** Sections 14043.1, 14043.15, 14043.25, 14043.28, 14043.36, 14043.38, 14043.4, and 14043.55 of the Welfare and Institutions Code, relating to Medi-Cal, and declaring the urgency thereof, to take effect immediately.*

PP. Physician assistants (SB 337) - The Physician Assistant Practice Act requires the supervising physician and surgeon to review, countersign, and date a sample consisting of, at a minimum, 5% of the medical records of patients treated by the physician assistant functioning under adopted protocols within thirty (30) days of the date of treatment by the physician assistant. This bill requires that the medical record for each episode of care for a patient identify the physician and surgeon who is responsible for the supervision of the physician assistant, and provides two alternate compliance methods to the 5% countersignature requirement.

*Laws: An act to **amend** Sections 3501, 3502, and 3502.1 of the Business and Professions Code, relating to healing arts.*

QQ. Health care coverage: solicitation and enrollment (SB 388) - Current law, the federal Patient Protection and Affordable Care Act, requires a group health plan and a health insurance issuer offering group or individual health insurance coverage to provide a written summary of benefits and coverage (SBC) and requires that the SBC be provided in a culturally and linguistically appropriate manner, as specified. Commencing October 1, 2016, this bill provides that the SBC constitutes a vital document and would require a plan or insurer to comply with requirements applicable to those documents.

Laws: An act to

- ***amend** Section 1363 of the Health and Safety Code and*
- ***amend** Section 10603 of the Insurance Code, relating to health care coverage.*

RR. Health care: outpatient settings and surgical clinics: facilities: licensure and enforcement (SB 396) - Current law prohibits an association, corporation, firm, partnership, or person from operating, managing, conducting, or maintaining an outpatient setting in the state unless the setting is one of the specified settings, which include , among others, an ambulatory surgical clinic that is certified to participate in the Medicare program, a surgical clinic licensed by the Department of Public Health, or an outpatient setting accredited by an accreditation agency approved by the Division of Licensing of the Medical Board of California. This bill authorizes the accrediting agency to conduct unannounced inspections subsequent to the initial inspection for accreditation, if the accreditation agency provides specified notice of the unannounced routine inspection to the outpatient setting.

*Laws: An act to **amend** Section 805.5 of the Business and Professions Code; **amend** Section 12529.7 of the Government Code; and **amend** Sections 1248.15 and 1248.35 of the Health and Safety Code, relating to health care.*

SS. Midwife assistants (SB 408) - Authorizes a midwife assistant to perform certain assistive activities under the supervision of a licensed midwife or certified nurse-midwife, including the administration of medicine, the withdrawing of blood, and midwife technical support services. The bill defines terms for these purposes. The bill prohibits a midwife assistant from being employed for inpatient care in a licensed general acute care hospital. By adding new requirements and prohibitions to the Licensed Midwifery Practice Act of 1993, the violation of which would be a crime, the bill would impose a state-mandated local program.

*Laws: An act to **add** Section 2516.5 to the Business and Professions Code, relating to healing arts.*

TT. Healing arts: self-reporting tools (SB 464) - Authorizes a physician and surgeon, a registered nurse acting in accordance with the authority of the Nursing Practice Act, a certified nurse-midwife acting within the scope of specified current law relating to nurse-midwives, a nurse practitioner acting within the scope of specified law relating to nurse practitioners, a physician assistant acting within the scope of specified law relating to physician assistants, or a pharmacist acting within the

scope of a specified law relating to pharmacists to use a self-screening tool that will identify patient risk factors for the use of self-administered hormonal contraceptives by a patient, and, after an appropriate prior examination, prescribe, furnish, or dispense, as applicable, self-administered hormonal contraceptives to the patient.

*Laws: An act to **add** Section 2242.2 to the Business and Professions Code, relating to healing arts.*

UU. Nursing: Board of Registered Nursing (SB 466) - Requires the Director of the Department of Consumer Affairs to appoint a board enforcement program monitor no later than March 31, 2016, as specified. The bill requires the enforcement program monitor to monitor and evaluate the nursing disciplinary system and procedures and specifically concentrate recommendations on improving the enforcement program, including, but not limited to, ensuring consistency in the application of board sanctions or discipline imposed on licensees.

*Laws: An act to **amend** Sections 2701, 2708, and 2786 of; **add** Sections 2718 and 2786.1 to; and **repeal** Section 2736.5 of the Business and Professions Code, relating to nursing.*

VV. Health care coverage: rate review (SB 546) - Current law requires a health care service plan or health insurer in the individual, small group, or large group markets to file rate information with the Department of Managed Health Care or the Department of Insurance. This bill adds a requirement to file the weighted average rate increase for all large group benefit designs.

Laws: An act to

- ***amend** Section 1374.21 of; **add** Section 1385.045 to the Health and Safety Code;*
- ***add** Section 10181.45 to; and **amend** Section 10199.1 of the Insurance Code, relating to health care coverage.*

WW. Pharmacy: intern pharmacists (SB 590) - Current Law requires an intern pharmacist to complete 1,500 hours of pharmacy practice or intern experience before applying for the pharmacist licensure examination. Current law authorizes an applicant for examination who has been licensed as a pharmacist in any state for at least one year to submit certification to satisfy the required 1,500 hours of intern experience if that applicant has obtained a minimum of 900 hours of pharmacy practice experience in a pharmacy as a pharmacist. This bill instead requires, for all applicants, that 900 hours of the 1,500 required pharmacy practice experience include experience in a pharmacy, including experience in both a community and institutional pharmacy practice setting.

*Laws: An act to **amend** Section 4209 of the Business and Professions Code, relating to pharmacy.*

XX. State Department of Public Health (DPH): dementia guidelines: workgroup (SB 613) - Current law establishes the DPH, which oversees various public health

programs, including programs relating to genetic diseases such as Alzheimer's disease. This bill requires the department to convene a workgroup to update the Guidelines for Alzheimer's Disease Management in California to address changes in the health care system, including changes in the federal Patient Protection and Affordable Care Act, Medicaid, and Medicare.

*Laws: An act to **add** Section 125285.5 to the Health and Safety Code, relating to dementia.*

YY. Pharmacy: biological product (SB 671) - Requires a pharmacist or a designee, within a specified period following the dispensing of a biological product, to make an electronically accessible entry in a described entry system of the specific biological product provided to the patient. The bill provides an alternate means of communicating the name of the biological product dispensed to the prescriber if the pharmacy does not have access to one or more of the described entry systems.

*Laws: An act to **add** Section 4073.5 to the Business and Professions Code, relating to pharmacy.*

ZZ. Hospitals: family caregivers (SB 675) - Requires a hospital to take specified actions relating to family caregivers, including, among others, notifying the family caregiver of the patient's discharge or transfer to another facility and providing information and counseling regarding the post-hospital care needs of the patient, if the patient has consented to the disclosure of this information.

*Laws: An act to **amend** Section 1262.5 of the Health and Safety Code, relating to health facilities.*

AAA. Pupil health: epinephrine auto-injectors: liability limitation (SB 738) - Current law requires a qualified supervisor of health or administrator at a school district, county office of education, or charter school to obtain the prescription for epinephrine auto-injectors from an authorizing physician and surgeon, as defined, and authorizes the prescription to be filled by local or mail order pharmacies or epinephrine auto-injector manufacturers. This bill prohibits an authorizing physician and surgeon from being subject to professional review, being liable in a civil action, or being subject to criminal prosecution for the issuance of a prescription or order, pursuant to these provisions, unless the physician and surgeon's issuance of the prescription or order constitutes gross negligence or willful or malicious conduct.

*Laws: An act to **amend** Section 49414 of the Education Code, relating to pupil health.*

BBB. Day care facilities: immunizations: exemptions (SB 792) - Commencing September 1, 2016, this bill prohibits a day care center or a family day care home from employing any person who has not been immunized against influenza, pertussis, and measles. The bill specifies circumstances under which a person would be exempt from the immunization requirement, based on medical safety, current immunity, declining the influenza vaccination, or the date upon which he or she was hired, as specified.

*Laws: An act to **add** Sections 1596.7995 and 1597.622 to; and **amend** Sections 1597.055 and 1597.54 of the Health and Safety Code, relating to day care facilities.*

CCC. Health (SB 804) - Current law regulates provision of programs and services relating to mental health and alcohol and drug abuse at the state and local levels and serving various populations. These provisions contain various obsolete references to the California Mental Health Directors Association, the County Alcohol and Drug Program Administrators' Association of California, and similar entities. This bill deletes those obsolete references and would refer instead to the County Behavioral Health Directors Association of California, and would make additional conforming changes.

Laws: An act to

- ***amend** Sections 11801, 11811.6, 11830.1, 11835, 103577, 104151, 128456, 130302, and 130304, of the Health and Safety Code;*
- ***repeal** Section 130316 of the Health and Safety Code;*
- ***amend** Sections 729.12, 4033, 4040, 4095, 5121, 5150, 5152, 5152.2, 5250.1, 5305, 5306.5, 5307, 5308, 5326.95, 5328, 5328.2, 5346, 5400, 5585.22, 5601, 5611,5664, 5694.7, 5701.1, 5701.2, 5717, 5750, 5814.5, 5847, 5848, 5848.5, 5892, 5899,5902, 6002.25, 8103, 11467, 11469, 14021.4, 14124.24, 14251, 14499.71, 14682.1, 14707, 14711, 14717, 14718, 14725, 15204.8, and 15847.7 of the Welfare and Institutions Code;*
- ***amend** Section 4117 of the Welfare and Institutions Code, relating to public health.*

State Laws 2016

A. Health care coverage: autism and pervasive developmental disorders (AB 796) – This bill deletes the January 1, 2017 sunset date of the Lanterman Developmental Disabilities Services Act, thereby extending the operation of its provisions indefinitely. By extending the operation of the Act's provisions, the violation of which by a health care service plan is a crime, the bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill provides that no reimbursement is required by this act for a specified reason.

Laws: An act to

- ***amend** Section 1374.73 of the Health and Safety Code;*
- *and to **amend** Section 10144.51 of the Insurance Code relating to health care coverage.*

B. Health care coverage: reproductive health care services (AB 1954) – This bill prohibits every health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2017, with exceptions, from

requiring an enrollee or insured to receive a referral in order to receive reproductive or sexual health care services, as provided. Because a willful violation of these provisions by a health care service plan is a crime, the bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill provides that no reimbursement is required by this act for a specified reason.

Laws: An act to

- ***add** Section 1367.31 to the Health and Safety Code;*
- *and to **add** Section 10123.202 to the Insurance Code, relating to health care coverage.*

C. Critical access hospitals: employment (AB 2024) – Existing law, the Medical Practice Act, restricts the employment of physicians and surgeons or doctors of podiatric medicine by a corporation or other artificial legal entity to entities that do not charge for professional services rendered to patients and are approved by the Medical Board of California, subject to specified exemptions.

This bill, until January 1, 2024, authorizes a federally certified critical access hospital to employ those medical professionals and charge for professional services rendered by those medical professionals if the medical staff concur by an affirmative vote that the professional's employment is in the best interest of the communities served by the hospital and the hospital does not direct or interfere with the professional judgment of a physician and surgeon, as specified. The bill requires the office, on or before July 1, 2023, to provide a report to the Legislature containing data on the impact of this authorization on federally certified critical access hospitals and their ability to recruit and retain physicians and surgeons, as specified. The bill, on and after July 1, 2017, and until July 1, 2023, requires a federally critical access hospital employing those medical professionals under this authorization to submit a report, on or before July 1 of each year, to the office as specified.

*Laws: An act to **amend** Section 2401 of the Business and Professions* Code, relating to healing arts.

D. Medi-Cal: nonmedical transportation (AB 2394) –Existing law provides for a schedule of benefits under the Medi-Cal program, which includes medical transportation services, subject to utilization controls.

This bill, commencing July 1, 2017, adds to the schedule of benefits nonmedical transportation, as defined, subject to utilization controls and permissible time and distance standards, for a beneficiary to obtain covered Medi-Cal services. The bill requires these provisions to be implemented only to the extent that federal financial participation is available, and not otherwise jeopardized, and any necessary federal approvals are obtained. The bill specifies that these provisions shall not be interpreted to add a new benefit to the Medi-Cal program, except as provided. The

bill requires the department to adopt regulations by July 1, 2018. Commencing January 1, 2018, the bill requires the department to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

*Laws: An act to **amend** Section 14132 of the Welfare and Institutions Code, relating to Medi-Cal.*

E. Medi-Cal: managed care organization tax (SB 2) – (1) Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans. Existing law, until July 1, 2016, imposes a sales tax on sellers of Medi-Cal managed care plans.

This bill, on July 1, 2016, and until July 1, 2019, establishes a new managed care organization provider tax, to be administered by the State Department of Health Care Services. The tax will be assessed by the department on licensed health care service plans, managed care plans contracted with the department to provide Medi-Cal services, and alternate health care service plans (AHCSP), as defined, except as excluded by the bill. The bill requires the department to determine for each health plan using the base data source, as defined, specified enrollment information for the base year. By October 14, 2016, or within 10 business days following the date upon which the department receives approval for federal financial participation, whichever is later, the bill requires the department to commence notification to the health plans of the assessed tax amount due for each fiscal year and the dates on which the installment tax payments are due for each fiscal year.

This bill establishes applicable taxing tiers and per enrollee amounts for the 2016–17, 2017–18, and 2018–19 fiscal years, respectively, for Medi-Cal enrollees, AHCSP enrollees, and all other enrollees, as defined. The bill requires the department to request approval from the federal Centers for Medicare and Medicaid Services as necessary to implement this bill. The bill authorizes the department to implement its provisions by means of provider bulletins, all-plan letters, or similar instructions, and to notify the Legislature of this action.

This bill establishes the Health and Human Services Special Fund in the State Treasury, into which all revenues, less refunds, derived from the taxes imposed by the bill will be deposited into the State Treasury to the credit of the fund. Interest and dividends earned on moneys in the fund will be retained in the fund, as specified. The bill continuously appropriates the moneys in the fund to the State Department of Health Care Services for purposes of funding the nonfederal share of Medi-Cal managed care rates for health care services furnished to specified persons, thereby making an appropriation.

(2) Existing law imposes a gross premiums tax of 2.35% on all insurers, as defined, doing business in this state, as set forth in the California Constitution. For purposes of the Corporation Tax Law, existing law sets forth items specifically excluded from gross income.

This bill provides that the qualified health care service plan income, as defined, of health plans that are subject to the managed care organization provider tax be excluded from the definition of gross income for purposes of taxation under the above provisions, as specified. The bill reduces the gross premiums tax rate from 2.35% to 0% for those premiums received on or after July 1, 2016, and on or before June 30, 2019, for the provision of health insurance paid by health insurers providing health insurance that has a corporate affiliate, as defined, that is a health care service plan or health plan that is subject to the managed care organization provider tax imposed under the bill, as specified. The bill requires the State Department of Health Care Services to annually report specified information to the Franchise Tax Board with regard to these provisions. The bill authorizes the board to implement these provisions and exempts the board from the administrative rulemaking process.

Existing law provides that when the laws of another state or foreign county impose certain taxes or other amounts on California insurers, or their agents or representatives, the same taxes or other amounts are imposed in this state upon the insurers, or their agents or representatives, of the other state or country doing business in this state.

The bill prohibits the Insurance Commissioner from considering the reduction of the gross premiums tax rate under this bill in any determination to impose or enforce a tax under those retaliatory tax provisions.

The bill provides that these provisions become operative on the later of July 1, 2016, or on the date the Director of Health Care Services certifies in writing that federal approval necessary for receipt of federal financial participation has been obtained.

(3) This bill includes a change in state statute that would result in a taxpayer paying a higher tax within the meaning of Section 3 of Article XIII A of the California Constitution, and thus requires for passage the approval of $^2/_3$ of the membership of each house of the Legislature.

Laws: An act to

- ***add** Section 685.5 to the Insurance Code;*
- *to **add and repeal** Sections 12202.2 and 24330 of the Revenue and Taxation Code;*
- *and to **add and repeal** Article 6.7 (commencing with Section 14199.50) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal, and making an appropriation therefor.*

F. Children's services (SB 586) – This bill exempts contracts entered into under the Whole Child Model program, described below, from the prohibition against services covered by the California Children's Services (CCS) program being incorporated into a Medi-Cal managed care contract and extends to January 1, 2022, and until the evaluation required under the Whole Child Model program has been completed, the termination of the prohibition against CCS-covered services

being incorporated in a Medi-Cal managed care contract entered into after August 1, 1994.

The bill authorizes the department, no sooner than July 1, 2017, to establish a Whole Child Model program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties would provide CCS services to Medi-Cal eligible CCS children and youth. The bill limits the number of managed care plans under a county organized health system or Regional Health Authority that are eligible to participate in the program. The bill requires the department to implement the program, as specified, and requires a managed care plan to obtain written approval from the department and establish a local stakeholder process, as prescribed. The bill prohibits the department from approving the application of a managed care plan until the Director of Health Care Services has verified the readiness of the managed care plan to address the unique needs of CCS-eligible beneficiaries, including, among other things, that the managed care contractor demonstrates the availability of an appropriate provider network to serve the needs of children and youth with CCS conditions and complies with all CCS program guidelines.

The bill prohibits the department from implementing the program in any county until it has developed specific CCS monitoring and oversight standards for managed care plans. The bill requires the department to establish, through December 31, 2021, a statewide Whole Child Model program stakeholder advisory group comprised of specified stakeholders, including representatives from health plans and family resource centers, or modify an existing stakeholder advisory group and requires the department to consult with the Whole Child Model program stakeholder advisory group on the implementation of the program, as specified. The bill imposes various requirements on a Medi-Cal managed care plan serving children and youth with CCS-eligible conditions under the CCS program, including, but not limited to, coordinating services, as specified; providing appropriate access to care, services, and information, including continuity of care requirements; and providing for case management, care coordination, provider referral, and service authorization services. The bill requires a Medi-Cal managed care plan participating in the Whole Child Model program to ensure provision of case management, care coordination, provider referral, and service authorization services to children and youth, as prescribed, but authorizes the department to waive this requirement if the plan demonstrates that it cannot meet the requirement because it would result in substantially increased program costs, as specified. This bill requires a managed care plan to provide a timely process for accepting and acting upon complaints and grievances of CCS-eligible children and youth. The bill requires a specified stakeholder process to address proposed changes to CCS medical eligibility requirements. The bill requires the department to contract with an independent entity to conduct an evaluation to assess health plan performance and the outcomes and the experience of CCS-eligible children and youth participating in the program and requires the department to provide a report on the results of this evaluation to the Legislature no later than January 1, 2021.

This bill provides that its provisions are not intended to permit any reduction in benefits or eligibility levels under the existing CCS program. The bill requires the

department, by July 1, 2020, to adopt regulations and, commencing July 1, 2018, requires the department to provide a status report to the Legislature until regulations have been adopted. The bill authorizes the Director of Health Care Services to enter into exclusive or nonexclusive contracts on a bid, non-bid, or negotiated basis and amend existing managed care contracts to provide or arrange for services provided under the bill.

By imposing new duties on counties with respect to the transition and implementation of CCS program services, this bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill provides that, 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.

Laws: An act to

- ***amend** Sections 123835 and 123850 of the Health and Safety Code;*
- *and to **amend** Sections 14093.06, 14094.2, and 14094.3 of and to add Article 2.985 (commencing with Section 14094.4) to Chapter 7 of Part 3 of Division 9 of, the Welfare and Institutions Code, relating to children's services.*

G. Health care coverage: premium rate change: notice: other health coverage (SB 908) – This bill requires, if the Department of Managed Health Care (DMHC) or the Department of Insurance (DOI) determines that a small group rate is unreasonable or not justified, the contract holder or policyholder of a small group health care service plan contract or health insurance policy to be notified by the health care service plan or health insurer in writing of that determination. The bill requires the notification to be developed by the DMHC and the DOI, as specified.

This bill requires, if the Department of Managed Health Care or the Department of Insurance determines that an individual rate is unreasonable or not justified, the contract holder or policyholder to be notified by the health care service plan or health insurer in writing of that determination. The bill requires the notification to be developed by the DMHC and the DOI, as specified. The bill instead prohibits a change in premium rates for individual health care service plan contracts and individual health insurance policies from becoming effective unless a written notice is provided at least 10 days prior to the start of the annual enrollment period applicable to the contract or 60 days prior to the effective date of the contract renewal, whichever occurs earlier in the calendar year.

(2) Existing law requires a health care service plan or health insurer in the individual or small group market to file rate information with the DMHC and the DOI, as applicable, at least 60 days prior to implementing any rate change and requires that the information include a certification by an independent actuary that

the rate increase is reasonable or unreasonable. Existing law authorizes the DMHC and the DOI to review these filings to, among other things, make a determination that an unreasonable rate increase is not justified.

This bill instead requires, for grandfathered individual and grandfathered and non-grandfathered small group health care service plan contracts or health insurance policies, a health care service plan or health insurer to file rate information at least 120 days prior to implementing any rate change. The bill requires, for non-grandfathered individual health care service plan contracts or health insurance policies, a health care service plan or health insurer to file rate information either 100 days before the first day of the applicable open enrollment period for the preceding policy year, as defined, or on the date specified in federal guidance issued pursuant to a specified federal regulation, whichever date is earlier. The bill requires a health care service plan or health insurer to respond to any request for additional rate information necessary for the DMHC and the DOI to complete its review of the rate filing for products in the individual or small group market within 5 business days of the request and requires, except as provided, the DMHC and the DOI to review these filings and make its determination no later than 60 days following receipt of the rate information. The bill requires, for non-grandfathered individual health care service plan contracts and health insurance policies, the respective department to make its determination no later than the 15 days before the first day of the applicable open enrollment period for the preceding policy year, as defined, and authorizes the DMHC and the DOI, respectively, to determine that a plan's or health insurer's rate increase is unreasonable or not justified if the plan or health insurer fails to provide all the information necessary for the respective department to complete its review.

The bill requires, if the respective department determines that a plan's or health insurer's rate increase for an individual or small group market product is unreasonable or not justified, the health care service plan or health insurer to provide notice of that determination to any individual or small group applicant, as specified.

(3) This bill also revises obsolete references and makes other conforming and technical, non-substantive changes.

(4) Because a willful violation of the bill's requirements with respect to health care service plans is a crime, the bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill provides that no reimbursement is required by this act for a specified reason.

Laws: An act to

- ***amend*** *Sections 1374.21, 1385.03, 1385.07, 1385.11, and 1389.25 of the Health and Safety Code;*

- *and to **amend** Sections 10113.9, 10181.3, 10181.7, 10181.11, and 10199.1 of the Insurance Code, relating to health care coverage.*

H. Health care coverage: cost-sharing changes (SB 923) – This bill prohibits, for grandfathered plan contracts and policies and non-grandfathered plan contracts and policies in the individual and small group markets, a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2017, from changing the cost-sharing design, as defined, during the plan year or policy year, except when required by state or federal law. Because a willful violation of this prohibition by a health care service plan is a crime, the bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill provides that no reimbursement is required by this act for a specified reason.

Laws: An act to

- ***add** Section 1374.255 to the Health and Safety Code,*
- *and to **add** Section 10199.49 to the Insurance Code, relating to health care coverage.*

I. Dismissal or denial of permissions to compel arbitration: appeals: Elder and Adult Civil Protection Act (SB 1065) – This bill requires the court of appeal, in an appeal of an order dismissing or denying a petition to compel arbitration involving a claim under the Elder and Dependent Adult Civil Protection Act in which a party has been granted a court preference, to issue its decision no later than 100 days after the notice of appeal is filed, except as specified. This bill requires the Judicial Council, no later than July 1, 2017, to adopt rules implementing this provision and shortening the time within which a party may file a notice of appeal in these cases.

*Laws: An act to **add** Section 1294.4 to the Code of Civil Procedure, relating to arbitration.*

J. Health care coverage: notice of timely access to care (SB 1135) – This bill requires a health care service plan contract or a health insurance policy that provides benefits through contracts with providers for alternative rates that is issued, renewed, or amended on or after July 1, 2017, to provide information to enrollees and insureds regarding the standards for timely access to health care services and other specified health care access information, including information related to receipt of interpreter services in a timely manner, no less than annually, and makes these provisions applicable to Medi-Cal managed care plans. The bill also requires a health care service plan or a health insurer that contracts with providers for alternative rates of payment to provide a contracting health care provider with specified information relating to the provision of referrals or health care services in a timely manner.

Because a willful violation of the bill's provisions by a health care service plan is a crime, the bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill provides that no reimbursement is required by this act for a specified reason.

Laws: An act to

- ***add** Section 1367.031 to the Health and* Safety *Code;*
- *and to **add** Section 10133.53 to the Insurance Code, relating to health care coverage.*

K. California Health Care Cost, Quality, and Equity Data Atlas (SB 1159) – This bill requires the California Health and Human Services Agency to research the options for developing a cost, quality, and equity data atlas. The bill requires the research to include certain topics, including, among others, identification of key data submitters and a comparative analysis of potential models used in other states. The bill authorizes the agency to enter into contracts or agreements to conduct the research and requires the agency to make the results of the research available to the public no later than March 1, 2017, by submitting a report to the Assembly and Senate Committees on Health.

Laws: An act to

- ***add** Chapter 8 (commencing with Section 127670) to Part 2 of Division 107 of; and*
- ***repeal** the heading of Chapter 8 (formerly commencing with Section 127670) of Part 2 of Division 107 of, the Health and Safety Code, relating to health care.*

L. Hospitals (SB 1365) – This bill requires a general acute care hospital, except as specified, to provide a delineated notice to each patient scheduled for a service in a hospital-based outpatient clinic, as defined, when that service is available in a nonhospital-based location. By expanding the application of an existing crime, the bill creates a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill provides that no reimbursement is required by this act for a specified reason.

*Laws: An act to **add** Section 1323.1 to the Health and Safety Code, relating to health facilities.*

State Laws 2017

A. Controlled Substances Utilization Review and Evaluation System (CURES) database: health information technology system (AB 40) – This bill requires, no later than October 1, 2018, the Department of Justice to make the electronic history of controlled substances dispensed to an individual under a health care practitioner's or pharmacist's care, based on data contained in the CURES database, available to the practitioner or pharmacist, as specified. The bill authorizes a health care practitioner or pharmacist to submit a query to the CURES database through the department's online portal or through a health information technology system if the entity operating the system has entered into a memorandum of understanding with the department addressing the technical specifications of the system and can certify, among other requirements, that the system meets applicable patient privacy and information security requirements of state and federal law. The bill also requires an entity operating a health information technology system that is requesting to establish an integration with the CURES database to pay a reasonable system maintenance fee. The bill prohibits the department from accessing patient-identifiable information in an entity's health information technology system. The bill authorizes the department to prohibit integration or terminate a health information technology system's ability to retrieve information in the CURES database if the health information technology system or the entity operating the health information technology system does not comply with specified provisions of the bill.

   This bill declares that it is to take effect immediately as an urgency statute.

   *Laws: An act to **amend** Section 11165.1 of the Health and Safety Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.*

B. Psychologists: suicide prevention training (AB 89) – This bill, effective January 1, 2020, requires an applicant for licensure as a psychologist to complete a minimum of 6 hours of coursework or applied experience under supervision in suicide risk assessment and intervention. The bill also requires, effective January 1, 2020, as a one-time requirement, a licensed psychologist to have completed this suicide risk assessment and intervention training requirement prior to the time of his or her first renewal. The bill also requires, effective January 1, 2020, a person applying for reactivation or for reinstatement to have completed this suicide risk assessment and intervention training requirement. The bill requires that proof of compliance with this provision be certified under penalty of perjury that he or she is in compliance with this provision and be retained for submission to the board upon request. By expanding the crime of perjury, the bill would impose a state-mandated local program.

   *Laws: An act to **add** Section 2915.4 to the Business and Professions Code, relating to psychologists.*

C. Committee Public health (AB 114) – Current law requests the University of California to establish and administer the Umbilical Cord Blood Collection

Program, until January 1, 2018, for the purposes of collecting units of umbilical cord blood for public use, as defined, in transplantation and providing nonclinical units for specified research. This bill extends the provisions of the program until January 1, 2023.

Laws: An act to

- ***amend** Sections 1627, 1630, 102247, 103605, 103625, and 127662 of the Health and Safety Code;*
- ***add** Section 1629.5 to the Health and Safety Code;*
- ***repeal and add** Section 127665 of the Health and Safety Code;*
- ***amend** Sections 5892 and 5899 of the Welfare and Institutions Code; and*
- ***add** Sections 5892.1 and 5899.1 to the Welfare and Institutions Code, relating to health, and making an appropriation therefor, to take effect immediately, related to the budget.*

D. Health and human services (AB 126) – A budget bill that extends the repeal date of AB 107 to January 1, 2018. AB 107 would repeal existing spending restrictions for services authorized in the alternative service delivery model of the State Department of Developmental Services "Individual Choice Budget." This gives the Legislature and Administration more time to work out the detail government spending provisions for developmental services beneficiaries.

*Laws: An act to **amend** Section 14132.99 of; and **add and repeal** Section 4686.5of, the Welfare and Institutions Code, relating to health and human services, and making an appropriation therefor, to take effect immediately, bill related to the budget.*

E. Individual market: enrollment periods (AB 156) – Conforms state law to recognize that the federal transitional reinsurance payments program of 2014-2016 under the Patient Protection and Affordable Care Act has expired and to delete any reference within state statute.

Laws: An act to

- ***amend** Sections 1357.503, 1385.03, 1399.849, and 1399.859 of the Health and Safety Code; and*
- ***amend** Sections 10181.3, 10753.05, 10965.3, and 10965.13 of the Insurance Code, relating to health care coverage.*

F. Mental health: involuntary treatment (AB 191) – Under existing law, the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Existing law authorizes a person who has been detained for 72 hours and who has received an evaluation to be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism under specified conditions. Existing law further authorizes the person to be certified for an additional period not to exceed 14 days if that person was suicidal during the 14-day period or the 72-hour

evaluation period, or an additional period not to exceed more than 30 days under specified conditions. Existing law requires, for a person to be certified under any of these provisions, a notice of certification to be signed by 2 people, and, in specified circumstances, authorizes the 2nd signature to be from a licensed clinical social worker or a registered nurse who participated in the evaluation.

This bill includes a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign the notice under specified circumstances.

*Laws: An act to **amend** Sections 5251, 5261, and 5270.20 of the Welfare and Institutions Code, relating to mental health.*

G. Medi-Cal: Medi-Cal managed care plans (AB 205) – The Assembly companion bill to SB 171, this bill also implements the Final MMC Rule in California. Requires Medi-Cal managed care (MCMC) plans, including county mental health plans (MHPs) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) to maintain a network of providers within specified time and distance standards, with differing requirements by provider type and county. Requires, if a MCMC plan cannot meet the time and distance standards, the MCMC plan to submit a request for alternative access standards. Requires MCMC plans, MHPs, and DMC-ODS to comply with the appointment time standards in existing Knox Keene Act regulation standards. Sunsets these requirements on January 1, 2022. Implements changes required by the federal Medicaid managed care rule for state fair hearings involving MCMC beneficiaries and appeals to MCMC plans.

*Laws: An act to **amend** Sections 10950, 10951, 10952, and 10959 of; **add** Section 10951.5 to; **add** Article 6.3 (commencing with Section 14197) to Chapter 7 of Part 3 of Division 9 of; and **repeal** Section 14197 of, the Welfare and Institutions Code, relating to Medi-Cal.*

H. Homeless multidisciplinary personnel team (AB 210) – This bill authorizes counties to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information, as specified, for the purpose of coordinating housing and supportive services to ensure continuity of care. The bill requires the sharing of information permitted under these provisions to be governed by protocols developed in each county, as specified, and requires each county to provide a copy of its protocols to the State Department of Social Services.

This bill authorizes the homeless adult and family multidisciplinary personnel team to designate qualified persons to be a member of the team for a particular case and requires every member who receives information or records regarding adults and families in his or her capacity as a member of the team to be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. The bill

also requires the information or records to be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

*Laws: An act to **add** Chapter 18 (commencing with Section 18999.8) to Part 6 of Division 9 of the Welfare and Institutions Code, relating to public social services.*

I. Prescription drugs: prohibition on price discount (AB 265) – This bill generally prohibits a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with his or her health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved. The bill specifies exceptions to these prohibitions, including, among other things, if the individual has completed any applicable step therapy or prior authorization for the prescription drug as mandated by the individual's health insurer, health care service plan, or other health coverage, or if a rebate is received by a state agency. The bill also clarifies that it does not prohibit an entity, including a manufacturer of prescription drugs, from offering a pharmaceutical product free of any cost, if the product is free of cost to both the patient and his or her health insurer, health care service plan, or other health coverage, that it does not affect a pharmacist's ability to substitute a prescription drug, and that it does not prohibit or limit assistance to a patient provided by an independent charity patient assistance program, as defined.

*Laws: An act to **add** Division 114 (commencing with Section 132000) to the Health and Safety Code, relating to public health.*

J. Long-term care facilities: requirements for changes resulting in the inability of the facility to care for its residents (AB 275) – Existing law imposes various notice and planning requirements upon a long-term health care facility before allowing a change in the status of the license or operation of the facility that results in the inability of the facility to care for its patients or residents, including a requirement for written notification to the affected patients or their guardians at least 30 days prior to the change. Under existing law, these requirements also include taking reasonable steps to medically, socially, and physically assess each affected patient or resident prior to a transfer due to the change, and, when 10 or more residents are likely to be transferred due to a change, the preparation and submission of a proposed relocation plan to the department for approval. A violation of these requirements is a misdemeanor and also may be enforced by the issuance of citations and the imposition of civil penalties.

This bill expands the notice and planning requirements that a long-term health care facility provides before any change in the status of the license or in the operation

of the facility that results in its inability to care for its residents. The bill requires a facility to provide 60 days' notice to the affected residents or their guardians and 60-day written notice to the State Long-Term Care Ombudsman. The bill also requires the facility to give written notification to the State Department of Health Care Services and any health plan of an affected resident of the change in the status of the license or the operation of the facility at least 60 days prior to any change in the status of the license or the operation of the facility. The bill modifies who may perform the required assessments of the affected residents. The bill authorizes the State Department of Public Health to require the facility, as part of the proposed relocation plan required when 10 or more residents are likely to be transferred, to provide additional information, including information on the number of residents affected by the proposed closure and an attestation that each resident will undergo a medical assessment, as specified, before being relocated. By expanding the notice and reporting requirements under these provisions, the bill expands the definition of a crime, thereby imposing a state-mandated local program.

*Laws: An act to **amend** Sections 1336, 1336.1, 1336.2, and 1336.3 of* the *Health and Safety Code, relating to care facilities.*

K. Substance use treatment providers (AB 395) – This bill adds the use of medication-assisted treatment as an authorized service by narcotic treatment programs licensed by the department, and, in that regard, makes legislative findings and declarations that it is in the best interest of the health and welfare of the people of this state to also coordinate medication-assisted treatments for substance use disorders. The bill modifies the specific controlled substances authorized for use by licensed narcotic treatment programs for narcotic replacement therapy and medication-assisted treatment to instead allow medication approved by the federal Food and Drug Administration for the purpose of narcotic replacement treatment or medication-assisted treatment for substance use disorders, and refer to medications, rather than controlled substances, and authorizes the department to implement, interpret, or make specific this provision by means of plan or provider bulletins, or similar instructions and require the department to adopt regulations no later than January 1, 2021. The bill modifies the conditions for the department to authorize an office-based narcotic treatment program in a remote site to authorize a physician to treat a number of patients specified under the United States Drug Enforcement Administration registration and modify the types of authorized pharmacological treatments for narcotic addiction and substance use disorder. The bill makes other conforming changes to related provisions.

This bill requires bills for services under Drug Medi-Cal to be submitted no later than 6 months from the date of service.

Laws: An act to

- ***amend** Sections 11220, 11839.1, 11839.2, 11839.3, 11839.5, and 11839.6 of the Health and Safety Code, and to*
- ***amend** Section 14021.6 of the Welfare and Institutions Code, relating to substance use treatment providers.*

L. Pharmacy: remote dispensing site pharmacy: telepharmacy: shared clinic office space (AB 401) – The Pharmacy Law requires the California State Board of Pharmacy, which is within the Department of Consumer Affairs, to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. This bill requires the board to issue a remote dispensing site pharmacy license to a supervising pharmacy, as defined, of a remote dispensing site pharmacy, as defined, if all the requirements for licensure are met for the purpose of increasing access to dispensing or pharmaceutical care services in the geographic area in which the remote dispensing site pharmacy is located.

Laws: An act to

- ***amend** Sections 4059.5 and 4107 of, to **add** Sections 4044.3, 4044.6, 4044.7, and 4169.1 to, to **add** Article 8 (commencing with Section 4130) to Chapter 9 of Division 2 of, and to **add and repeal** Section 4180.5 of, the Business and Professions Code, and to*
- ***add** Section 1211 to the Health and Safety Code, relating to healing arts.*

M. California State University (CSU): Doctor of Nursing Practice Degree Program (AB 422) – Existing law, until July 1, 2018, establishes the Doctor of Nursing Practice Degree Pilot Program, under which the CSU is authorized to establish a Doctor of Nursing Practice degree pilot program at 3 campuses to award Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements.

This bill repeals those provisions and authorizes the CSU to establish Doctor of Nursing Practice degree programs that offer Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements. The bill requires the CSU to provide initial funding from within existing budgets, as specified, and expresses the Legislature's intent that the CSU seek private donations or other nonstate funds to fund startup costs for the programs.

*Laws: An act to **repeal and add** Article 9 (commencing with Section 89280) of Chapter 2 of Part 55 of Division 8 of Title 3 of the Education Code, relating to nursing degrees.*

N. State Web accessibility: standard and reports (AB 434) – Existing law establishes, within the Government Operations Agency, the Department of Technology under the supervision of the Director of Technology, who also serves as the State Chief Information Officer. Existing law provides that the department is generally responsible for the approval and oversight of information technology projects. Existing law requires the heads of state agencies and entities to appoint chief information officers, requires state agencies and entities to report certain information to the department, and further requires state agencies to take all necessary steps to achieve the targets set forth by the department in its information technology performance management framework and report their progress to the department on a quarterly basis.

This bill, before July 1, 2019, and before July 1 biennially thereafter, requires the director of each state agency or entity and the chief information officer of that state

agency or entity to post on the home page of the agency's or entity's Internet Web site a signed certification that the agency's or entity's Internet Web site is in compliance with specified accessibility standards. The bill requires the director to create a standard form that each state agency's or state entity's chief information officer is required to use to determine whether the state agency's or state entity's Internet Web site is in compliance with the specified accessibility standards.

*Laws: An act to **add** Section 11546.7 to the Government Code, relating to state government.*

O. Optometry: scope of practice (AB 443) – This bill makes a number of changes to the Optometry Practice Act including broadening the scope of practice for optometrists by permitting an optometrist to conduct additional procedures on their patients. The Senate amendments authorize an optometrist who is certified to use therapeutic pharmaceutical agents to perform skin testing to diagnose ocular allergies, and to perform intravenous injection for the purpose of performing ocular angiography under specified circumstances.

*Laws: An act to **amend** Sections 1209, 3041, 3041.1, 3041.2, 3041.3, 3056, 3057, 3110, and 3152 of the Business and Professions Code, relating to healing arts, and making an appropriation therefor.*

P. Medi-Cal: specialty mental health services: performance outcome reports (AB 470) – Current law requires the State Department of Health Care Services to develop a performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill requires the department, commencing no later than January 15, 2018, and as needed thereafter, in consultation with specified stakeholders, to inform the updates to, and build upon, the performance outcomes system reports developed for EPSDT mental health services provided to eligible Medi-Cal beneficiaries under 21 years of age and under the Special Terms and Conditions of the Medi-Cal Specialty Mental Health Services Waiver in order to provided data to inform strategies to reduce mental health disparities for specialty mental health services provided to all eligible Medi-Cal beneficiaries.

*Laws: An act to **add** Section 14707.7 to the Welfare and Institutions Code, relating to Medi-Cal.*

Q. Mental health: community care facilities (AB 501) – This bill authorizes the State Department of Social Services to, no later than January 1, 2019, and contingent upon an appropriation in the annual Budget Act for these purposes, license a short-term residential therapeutic program operating as a children's crisis residential program, as defined, and requires the department to regulate those programs, as specified.

Laws: An act to

- ***amend** Section 1502 of, and to **add** Sections 1562.02 and 1562.03 to, the Health and Safety Code, and*
- *to **amend** Sections 5848.5 and 11462.01 of, and to **add** Section 11462.011*

to, the Welfare and Institutions Code, relating to mental health.

R. Health care practitioners: student loans (AB 508) – This bill repeals provisions in existing law that authorize a board, defined as a licensing board or agency having jurisdiction over a licensee, as specified, to cite and fine a licensed health care practitioner who is in default on a United States Department of Health and Human Services education loan, including a Health Education Assistance Loan. It also repeals provisions that authorize the board to deny a license to an applicant to become a health care practitioner or deny renewal of a license if he or she is in default on a loan until the default is cleared or until the applicant or licensee makes satisfactory repayment arrangements. It further repeals provisions in existing law that require a board, prior to taking these actions, to take into consideration the population served by the health care practitioner and his or her economic status. Finally, it repeals provisions requiring each board that issues citations and imposes fines retain the money from these fines for deposit into its appropriate fund.

*Laws: An act to **repeal** Section 685 of the Business and Professions Code, relating to healing arts.*

S. Pharmacy: nonprescription diabetes test devices (AB 602) – The Pharmacy Law authorizes the California State Board of Pharmacy to take disciplinary action against any holder of a license who is guilty of unprofessional conduct, as described, or whose license has been issued by mistake. That law also requires the records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices to be open for inspection during business hours and preserved for at least 3 years, as specified. This bill makes it unprofessional conduct for a licensee to acquire a nonprescription diabetes test device from a person that the licensee knew or should have known was not the nonprescription diabetes test device's manufacturer or manufacturer's authorized distributor or to submit to specified persons a claim for reimbursement for a nonprescription diabetes test device when the licensee knew or should have known that the diabetes test device was not purchased directly from the manufacturer or from a manufacturer's authorized distributor.

*Laws: An act to **amend** Sections 4057, 4081, and 4301 of, and to add Sections 4025.2, 4084.1, and 4160.5 to, the Business and Professions Code, relating to pharmacy, and declaring the urgency thereof, to take effect immediately.*

T. Nonprofit health facilities: sale of assets: Attorney General approval (AB 651) – Current law requires a nonprofit corporation, as defined, that operates or controls a health facility, as defined, or operates or controls a facility that provides similar health care to provide written notice to, and obtain the written consent of, the Attorney General prior to selling or otherwise disposing of a material amount of its assets to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to another nonprofit corporation or entity. This bill requires the notice to the Attorney General to include a list of the primary languages spoken at the facility and the threshold languages for Medi-Cal beneficiaries, as determined by the State Department of Health Care Services for the county in which the facility is located.

*Laws: An act to **amend** Sections 5914, 5915, 5916, 5917, 5920, 5921, 5922, and 5923 of, and to **add** Section 5926 to, the Corporations Code, relating to health facilities.*

U. Clinical laboratories (AB 658) – Existing federal law, the Clinical Laboratory Improvement Amendments of 1988 (CLIA), requires the federal Centers for Medicare and Medicaid Services to certify and regulate clinical laboratories that perform testing on humans. Existing law also provides for the licensure and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Under existing law, the department inspects clinical laboratories and assesses a fee for licensure of those facilities.

This bill temporarily suspends the annual renewal fee for clinical laboratory licenses until January 1, 2020.

*Laws: An act to **amend, repeal, and add** Section 1300.1 of the Business and Professions Code, relating to clinical laboratories.*

V. Medi-Cal: reimbursement rates (AB 659) – Existing law restricts the Medi-Cal reimbursement rate for clinical laboratory or laboratory services, as specified. Existing law requires that laboratory service providers submit annual data reports to the department, as specified, for the purpose of establishing rates for clinical or laboratory services based on the lowest amounts other payers are paying providers for similar services.

This bill changes the frequency for submitting those reports to every 3 years beginning in 2019 and requires the data in those reports to be based on the previous calendar year. The bill provides that the reimbursement rates developed pursuant to these provisions shall become effective on July 1, 2020, and July 1 of every 3rd year thereafter.

*Laws: An act to **amend** Section 14105.22 of the Welfare and Institutions Code, relating to Medi-Cal.*

W. Mental Health Services Act: housing assistance (AB 727) – The Mental Health Services Act (MHSA), an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, imposes a 1% tax on that portion of a taxpayer's taxable annual income that exceeds $1,000,000 and requires that the revenue from that tax be deposited in the Mental Health Services Fund. Existing law specifies the manner in which counties are to use the funds distributed from the Mental Health Services Fund, including using the majority of the funds for services provided by county mental health programs. Existing law specifies a target population for these programs, including seriously emotionally disturbed children or adolescents and adults or older adults who have a serious mental disorder.

This bill clarifies that counties may spend MHSA moneys on housing assistance, as defined, for people in the target population.

*Laws: An act to **amend** Section 5892 of the Welfare and Institutions Code, relating*

to mental health.

X. Hospitals: seismic safety (AB 908) – Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes, under the jurisdiction of the Office of Statewide Health Planning and Development, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973.

Existing law provides that, after January 1, 2008, a general acute care hospital building that is determined to be a potential risk of collapse or to pose significant loss of life in the event of seismic activity be used only for nonacute care hospital purposes, except that the office may grant a 5-year extension under prescribed circumstances. Existing law allows the office to grant a hospital that has received extensions under specified provisions an additional extension of up to 7 years for a hospital building that it owns or operates if the hospital meets specified milestones.

This bill authorizes a hospital in the Tarzana neighborhood in the City of Los Angeles that has received specified extensions to request an additional extension, as specified, until October 1, 2022, in order to obtain a certificate of occupancy from the office for a replacement building.

This bill makes legislative findings and declarations as to the necessity of a special statute for the Tarzana neighborhood in the City of Los Angeles.

*Laws: An act to **amend** Section 130060 of the Health and Safety Code, relating to hospitals.*

Y. Long-term health care facilities: notice (AB 940) – Existing law provides for the licensure and regulation of long-term health care facilities by the State Department of Public Health. Existing law authorizes the department to issue citations for violations of those provisions that are classified according to the nature of the violation. Existing law authorizes a licensee to contest a citation or proposed assessment of a civil penalty under specified provisions.

This bill requires a long-term health care facility to notify the local long-term care ombudsman if a resident is notified in writing of a facility-initiated transfer or discharge from the facility, as specified. The bill provides that a failure to timely provide a copy of that notice would constitute a class B violation for purposes of a department-issued citation.

*Laws: An act to **add** Section 1439.6 to the Health and Safety Code, relating to long-term health care facilities.*

Z. Mental Health Services Act: reporting veterans spending (AB 974) – Existing law, the Mental Health Services Act (MHSA), establishes the Mental Health Services Oversight and Accountability Commission. Existing law requires the State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which

gathers specified information on mental health spending as a result of the MHSA, including the expenditures of funds distributed to each county. Existing law requires the counties to submit the required data and to certify the accuracy of the report.

This bill requires counties to report spending on mental health services for veterans from MHSA funds. By requiring a county to report additional information regarding the use of MHSA funds, this bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill provides that, 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 the statutory provisions noted above.

*Laws: An act to **amend** Section 5899 of the Welfare and Institutions Code, relating to mental health.*

AA. Health care districts: design-build (AB 994) – This bill authorizes, until January 1, 2023, the Beach Cities Health District to use the design-build process for the construction of facilities or other buildings in that district.

*Laws: An act to **add and repeal** Section 32132.9 of the Health and Safety Code, relating to health care districts.*

BB. Health care: pain management and Schedule II drug prescriptions (AB 1048) – (1) The Pharmacy Law provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. The law specifies the functions pharmacists are authorized to perform, including to administer, orally or topically, drugs and biologicals pursuant to a prescriber's order, and to administer immunizations pursuant to a protocol with a prescriber.

This bill, beginning July 1, 2018, authorizes a pharmacist to dispense a Schedule II controlled substance as a partial fill if requested by the patient or the prescriber. The bill requires the pharmacy to retain the original prescription, with a notation of how much of the prescription has been filled, the date and amount of each partial fill, and the initials of the pharmacist dispensing each partial fill, until the prescription has been fully dispensed. The bill authorizes a pharmacist to charge a professional dispensing fee to cover the actual supply and labor costs associated with dispensing each partial fill associated with the original prescription. By creating a new crime, this bill imposes a state-mandated local program.

(2) Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. Existing law requires a health facility, as a condition of licensure, to include pain as an item to be assessed at the same time vital signs are taken and to ensure that pain assessment is performed in a consistent manner that is appropriate to the patient.

This bill removes the requirement that pain be assessed at the same time as vital signs.

(3) Existing law, the Knox-Keene Act, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plan contracts issued by health care service plans and health insurance policies issued by health insurers, including those that cover prescription drug benefits, as specified.

This bill, commencing January 1, 2019, requires a health care service plan and an insurer to prorate an enrollee's or insured's cost sharing for a partial fill of a prescription of an oral, solid dosage form prescription drug. The bill also prohibits a health care service plan or an insurer from considering a prorated cost-sharing payment made to a pharmacist for dispensing a partial fill as an overpayment. By creating a new crime under the Knox Keene Act, this bill imposes a state-mandated local program.

Laws: An act to

- ***add** Section 4052.10 to the Business and Professions Code,*
- ***amend** Sections 1254.7 and 1371.1 of, and to **add** Section 1367.43 to, the Health and Safety Code, and*
- ***amend** Section 10123.145 of, and to **add** Section 10123.203 to, the Insurance Code, relating to health care.*

CC. Health care coverage: pervasive developmental disorder or autism (AB 1074) – This bill amends the Knox Keene Act and the Insurance Code provisions that require coverage for treatment of autism spectrum disorders to specifically require that a qualified autism service professional or a qualified autism service paraprofessional shall be supervised by a qualified autism service provider for purposes of providing behavioral health treatment.

Laws: An act to

- ***amend** Section 1374.73 of the Health and Safety Code,*
- ***amend** Section 10144.51 of the Insurance Code, and*
- ***amend** Section 14132.56 of the Welfare and Institutions Code, relating to health care coverage.*

DD. Health facilities: whistleblower protections (AB 1102) – Existing law provides for the licensure and regulation of health facilities, as defined, by the department. Existing law prohibits a health facility from discriminating or retaliating against a patient, employee, member of the medical staff, or any other health care worker of the health facility because that person has presented a grievance, complaint, or report to the facility, as specified, or has initiated, participated, or cooperated in an investigation or administrative proceeding related to the quality of care, services, or conditions at the facility, as specified. Existing law makes a person who willfully violates those provisions guilty of a misdemeanor punishable by a fine of not more than $20,000 and makes a violation of those provisions subject to a civil penalty.

This bill increases the maximum fine for a misdemeanor violation of these provisions to $75,000.

*Laws: An act to **amend** Section 1278.5 of the Health and Safety Code, relating to health facilities.*

EE. Developmental and mental health services: information and records: confidentiality (AB 1119) – Existing law requires all information and records obtained in the course of providing specified developmental services and mental services to either voluntary or involuntary recipients of services to be confidential, and authorizes disclosure only in specified cases, including in communications between qualified professional persons in the provision of services or appropriate referrals, and to the designated officer of an emergency response employee, and from that designated officer to an emergency response employee regarding possible exposure to the human immunodeficiency virus or the acquired immune deficiency syndrome.

This bill additionally authorizes, during the provision of emergency services and care, the communication of patient information and records between specified individuals, including, among others, a social worker with a masters' degree in social work. The bill also makes technical, nonsubstantive changes.

*Laws: An act to **amend** Section 5328 of the Welfare and Institutions Code, relating to public social services.*

FF. Podiatry (AB 1153) – Existing law provides for the certification and regulation of podiatrists by the California Board of Podiatric Medicine within the jurisdiction of the Medical Board of California. Under existing law, the certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine and defines "podiatric medicine" to mean the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot. Existing law imposes certain limitations on the surgical treatment that a doctor of podiatric medicine may perform, including restricting surgical treatment to specific types of medical facilities.

This bill authorizes a doctor of podiatric medicine with training or experience in wound care to treat ulcers resulting from local and systemic etiologies on the leg no further proximal than the tibial tubercle.

*Laws: An act to **amend** Section 2472 of the Business and Professions Code, relating to healing arts.*

GG. Health professions development: loan repayment (AB 1188) – (1) Existing law authorizes any licensed mental health service provider, as defined, and who provides direct patient care in a publicly funded facility or a mental health professional shortage area, to apply for grants under the Licensed Mental Health Service Provider Education Program to reimburse his or her educational loans related to a career as a licensed mental health service provider, as specified.

Existing law establishes the Mental Health Practitioner Education Fund and provides that moneys in that fund are available, upon appropriation, for purposes of the Licensed Mental Health Service Provider Education Program.

This bill, on and after July 1, 2018, adds licensed professional clinical counselors and associate professional clinical counselors to those licensed mental health service providers eligible for grants to reimburse educational loans.

(2) The Psychology Licensing Law establishes a biennial license renewal fee and also requires the board to collect an additional fee of $10 at the time of renewal and directs the deposit of that fee into the Mental Health Practitioner Education Fund.

This bill, on or after July 1, 2018, increases that additional fee to $20.

(3) The Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act require the Board of Behavioral Sciences to establish and assess biennial license renewal fees, as specified. The Licensed Marriage and Family Therapist Act and the Clinical Social Worker Practice Act also require the board to collect an additional fee of $10 at the time of license renewal and directs the deposit of these additional fees into the Mental Health Practitioner Education Fund.

This bill, on and after July 1, 2018, increases those existing additional fees under the Licensed Marriage and Family Therapist Act and the Clinical Social Worker Practice Act from $10 to $20, and amends the Licensed Professional Clinical Counselor Act to require the Board of Behavioral Sciences to collect an additional $20 fee at the time of renewal of a license for a professional clinical counselor for deposit in the Mental Health Practitioner Education Fund.

Laws: An act to

- ***amend, repeal, and add*** *Sections 2987.2, 4984.75, and 4996.65 of, and to* ***add*** *Section 4999.121 to, the Business and Professions Code, and*
- ***amend, repeal, and add*** *Section 128454 of the Health and Safety Code, relating to health professions development, and declaring the urgency thereof, to take effect immediately.*

HH. Mental health: early psychosis and mood disorder detection and intervention (AB 1315) – Existing law, the Mental Health Services Act, establishes the Mental Health Services Oversight and Accountability Commission to oversee various mental health programs. Proposition 63 requires the State Department of Health Care Services, in coordination with counties, to establish a program designed to prevent mental illnesses from becoming severe and disabling.

This bill establishes an advisory committee to the commission for purposes of creating an early psychosis and mood disorder detection and intervention competitive selection process to, among other things, expand the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services in this state by providing funding to the counties for this

purpose. The bill requires a county that receives an award of funds to contribute local funds, as specified.

This bill prescribes the membership of the advisory committee, including the chair of the commission, or his or her designee. The committee will, among other duties, provide advice and guidance on approaches to early psychosis and mood disorder detection and intervention programs.

This bill also establishes the Early Psychosis and Mood Disorder Detection and Intervention Fund within the State Treasury and provides that moneys in the fund shall be available, upon appropriation by the Legislature, to the commission for the purposes of the bill. The fund will consist of private donations and federal, state, and private grants. The bill authorizes the commission to elect not to make awards if available funds are insufficient for that purpose. The bill authorizes the advisory committee to coordinate and recommend an allocation of funding to the commission for clinical research studies, as specified. The bill requires the results of those studies to be made available annually to the public. The bill also states that funds shall not be appropriated from the General Fund for the purposes of the bill and that implementation of the grant program shall be contingent upon the deposit into the fund of at least $500,000 in nonstate funds for the purpose of funding grants and administrative costs for the commission.

*Laws: An act to **add** Part 3.4 (commencing with Section 5835) to Division 5 of the Welfare and Institutions Code, relating to mental health.*

II. Continuing medical education: mental and physical health care integration (AB 1340) – The Medical Practice Act requires the Medical Board of California to adopt and administer standards for the continuing education of licensed physicians and surgeons and requires the board to require each licensed physician and surgeon to demonstrate satisfaction of the continuing education requirements at specified intervals. The act requires the board, in determining its continuing education requirements, to consider including courses on specified matters.

This bill requires the board to consider including in its continuing education requirements a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues and exposure to trauma in children and young adults and their appropriate care and treatment.

*Laws: An act to **add** Section 2191.5 to the Business and Professions Code, relating to healing arts.*

JJ. Genomic cancer testing information (AB 1386) – Existing law requires a physician and surgeon, as defined, to give a patient diagnosed with breast cancer a standardized written summary, made available to physicians and surgeons by the Medical Board of California, containing recommendations of the Cancer Advisory Council, to inform the patient of the advantages, disadvantages, risks, and descriptions of the procedures with regard to medically viable and efficacious

alternative methods of breast cancer treatment. The summary is required to be revised every 3 years and include any new or revised information, as specified.

This bill requires the State Department of Health Care Services, in the first revision of the summary made following the effective date of the bill, to include information relating to breast cancer susceptibility gene (BRCA) mutations, in order to achieve increased genetic counseling and screening rates of individuals for whom BRCA test results can inform treatment decisions, as specified. The bill also makes related findings and declarations.

*Laws: An act to **add** Section 109276 to the Health and Safety Code, relating to public health.*

KK. Home medical device retail facility business: licensing: inspections (AB 1387) – The Sherman Food, Drug, and Cosmetic Law, among other things, prohibits a person from conducting a home medical device retail facility business in the state without a valid license from the State Department of Public Health. Existing law requires the department to inspect each place of business prior to issuing a license, and further requires the department to inspect each licensee at least annually.

This bill modifies, until January 1, 2023, the requirement for the department to inspect a licensed home medical device retail facility business if it is accredited, as specified, by an accreditation organization approved by the federal Centers for Medicare and Medicaid Services. If so accredited, the bill authorizes the department to conduct an inspection only upon a complaint made to the department regarding the licensee. For a licensee that is not so accredited, the bill continues to require the department to conduct an inspection at least annually.

*Laws: An act to **amend, repeal, and add** Section 111656.1 of the Health and Safety Code, relating to public health.*

LL. Health care facilities: rehabilitation innovation centers (AB 1411) – Existing law provides for the licensure and regulation of specialty clinics, including rehabilitation clinics. Existing law defines a “rehabilitation clinic” as a clinic that, in addition to providing medical services directly, also provides physical rehabilitation services for patients who remain less than 24 hours. Existing law requires a rehabilitation clinic to provide at least 2 of certain specified rehabilitation services, including, among others, physical therapy and occupational therapy.

This bill defines a “rehabilitation innovation center” as a not-for-profit or government-owned rehabilitation facility that meets specified criteria.

*Laws: An act to **add** Chapter 14 (commencing with Section 1797.8) to Division 2 of the Health and Safety Code, relating to health care facilities.*

MM. Alarm companies: liability: false alarm (AB 1616) – The Alarm Company Act provides for the regulation, by the Bureau of Security and Investigative Services within the Department of Consumer Affairs, of alarm company operators and alarm agents. The act provides that it does not prevent the local authorities of any city,

county, or city and county from, among other things, enacting ordinances governing false alarm activations and responses.

This bill prohibits an alarm company operator or an alarm agent from being liable for civil penalties and fines assessed by a city, county, or city and county for false alarms not attributed to alarm company operator error, improper installation of the alarm system by an alarm agent or an alarm company operator, defective equipment provided or installed by an alarm agent or an alarm company operator, or defective equipment leased by an alarm company operator.

*Laws: An act to **amend** Section 7592.8 of the Business and Professions Code, relating to professions and vocations.*

NN. Community health services: California Mental Health Planning Council, California Children's Services program Alameda County pilot program, and Medi-Cal managed care (AB 1688) – This bill renames the California Mental Health Planning Council as the California Behavioral Health Planning Council and makes conforming changes. The bill requires the membership of the planning council to also include adults with serious mental illness, including persons who are dually diagnosed with serious mental illness and substance use disorders, and families of, those persons, families of children with emotional disturbance, and representatives from organizations advocating on behalf of persons with mental illness.

Laws: An act to

- ***amend** Section 128456 of the Health and Safety Code, and*
- ***amend** Sections 4033, 5400, 5514, 5604.2, 5610, 5614.5, 5664, 5701.1, 5750, 5771, 5771.1, 5771.3, 5771.5, 5772, 5814, 5820, 5821, 5845, 5848, 5892, 5897, 14094.18, 14102.5, 14124.1, 14149.8, 14304, 14459.5, 14459.6, and 14682.1 of, and **repeal** Sections 14133.5 and 14133.51 of, the Welfare and Institutions Code, relating to public health.*

OO. Medi-Cal: county organized health system: County of Orange (SB 4) – This bill codifies the provisions of the enabling ordinance that prescribe the membership composition, the qualifications for individual members, and tenure of the members of the governing body of the commission established in the County of Orange.

*Laws: An act to **add and repeal** Section 14087.59 of the Welfare and Institutions Code, relating to Medi-Cal, and declaring the urgency thereof, to take effect immediately.*

PP. Health care: prescription drug costs (SB 17) – Current law requires health care service plans and health insurers to file specified rate information with the Department of Managed Health Care (DMHC) or Department of Insurance (DOI), as applicable, for health care service plan contracts or health insurance policies in the individual or small group markets and for health care service plan contracts and health insurance policies in the large group market. This bill would require health care service plans or health insurers that file the above-described rate information to report to the DMHC or DOI, on a date no later than the reporting of

the rate information, specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided.

Laws: An act to

- *amend Sections 1385.045 and 127280 of, to add Section 1367.243 to, to add Chapter 9 (commencing with Section 127675) to Part 2 of Division 107 of, and to repeal Section 127686 of, the Health and Safety Code, and*
- ***amend** Section 10181.45 of, and to **add** Section 10123.205 to, the Insurance Code, relating to health care.*

QQ. Health care coverage: continuity of care (SB 133) – This bill incorporates the individual market into the existing Knox Keene Act and Insurance Code standards for completion of covered services.

*Laws: An act to **amend** Section 1373.96 of the Health and Safety Code, and to **amend** Section 10133.56 of the Insurance Code, relating to health care coverage.*

RR. Medi-Cal: Medi-Cal managed care plan (SB 171) – This bill requires the Department of Health Care Services (DHCS) to require Medi-Cal managed care plans to increase contract services payments to designated public hospitals (DPH) by a uniform percentage, and to establish a program under which DPHs may earn performance-based quality incentive payments from plans. This bill implements a federal option to require a Medi-Cal managed care plan to provide a remittance if the plan fails to meet an 85% medical loss ratio (MLR), beginning with contract periods commencing with July 1, 2023. This bill requires DHCS to ensure all covered mental health benefits and substance use disorder benefits are provided in compliance with federal regulations known as mental health parity. Assembly Amendments delete provisions implementing provisions of the Medicaid managed care rule which are in AB 205 dealing with state fair hearings, Medi-Cal managed care plan appeals, and a requirement that Medi-Cal managed care plans maintain a network of providers within time and distance and appointment availability standards. Delays the MLR requirement and the MLR remittance requirement, and requires money from the remittance requirement in this bill to go towards the Steven M. Thompson loan repayment program.

*Laws: An act to **amend** Section 128555 of the Health and Safety Code, and to **add** Sections 14197.1, 14197.2, and 14197.4 to the Welfare and Institutions Code, relating to Medi-Cal, and making an appropriation therefor.*

SS. Workers' compensation: definition of employee (SB 189) – This bill expands the scope of the exception from the definition of an employee to apply to an officer or member of the board of directors of a quasi-public or private corporation, except as specified, who owns at least 10% of the issued and outstanding stock, or 1% of the issued and outstanding stock of the corporation if that officer's or member's parent, grandparent, sibling, spouse, or child owns at least 10% of the issued and outstanding stock of the corporation and that officer or member is covered by a health care service plan or a health insurance policy, and executes a written waiver, as specified.

*Laws: An act to **amend** Sections 3364, 3706.5, and 4156 of, and to **amend, repeal, and add** Sections 3351 and 3352 of, the Labor Code, relating to workers' compensation.*

TT. Medi-Cal Children's Health Advisory Panel (SB 220) – Existing law establishes the Medi-Cal Children's Health Advisory Panel for the purpose of advising the department on matters relevant to all children enrolled in Medi-Cal and their families. Existing law specifies the composition of the members of the panel, which includes three members who are parents of children who have received specified Medi-Cal services. Existing law requires the department to pay a per-meeting stipend to each advisory panel member who is a Medi-Cal enrollee or parent of a Medi-Cal enrollee.

This bill revises the qualification criteria for the 3 panel positions filled by parent members described above to instead fill those positions with 3 members who are either Medi-Cal enrollees who have received Medi-Cal benefits or services in relation to a pregnancy, or who are a parent, foster parent, relative caregiver, or legal guardian of a Medi-Cal enrollee who is 21 years of age or younger. The bill provides that a member of the advisory panel appointed on or after January 1, 2018, shall serve a term of 3 years, except as specified, and would specify a procedure for transitioning existing panel membership to those new terms. The bill authorizes the department to remove a member of the advisory panel if the director of the department determines removal is necessary and authorizes the chair of the panel to recommend removal of a member who obstructs the functions of the panel for cause. The bill requires the chair of the panel to notify the department of a vacancy on the panel, as specified. The bill expands the requirement to pay a per-meeting stipend to include a foster parent, relative caregiver, or legal guardian of a Medi-Cal enrollee.

*Laws: An act to **amend** Section 14005.271 of the Welfare and Institutions Code, relating to Medi-Cal.*

UU. Health care language assistance services (SB 223) – This bill expands the law on required notice of translation services beyond the top three threshold languages to the top 15 spoken languages.

Laws: An act to

- ***amend** Section 1367.04 of, and to **add** Section 1367.042 to, the Health and Safety Code;*
- ***amend** Section 10133.8 of, and to add Section 10133.11 to, the Insurance Code; and*
- ***amend** Section 14029.91 of, and **add** Sections 14029.92 and 14727 to, the Welfare and Institutions Code, relating to health care coverage.*

VV. Medical records: access (SB 241) – This bill changes the basis of the fee a health care provider is authorized to charge to compile and deliver a copy of patient records from "clerical costs" to "specified costs for labor, supplies, postage, and preparing an explanation or summary of the patient record." It also requires a provider to furnish a copy of the patient records in paper or electronic format, if

requested, and feasible.

*Laws: An act to **amend** Sections 123105 and 123110 of the Health and Safety Code, and to **amend** Section 5328 of the Welfare and Institutions Code, relating to medical records.*

WW. Hospice: services to seriously ill patients (SB 294) – (1) The California Hospice Licensure Act of 1990 provides for the licensure and regulation by the State Department of Public Health of persons or agencies that provide hospice. A violation of the act is a misdemeanor.

The bill authorizes, until January 1, 2022, a licensee under the act to provide any of the authorized interdisciplinary hospice services, including palliative care, to a patient who has a serious illness. The bill requires a licensee that elects to provide palliative care pursuant to this temporary authorization to report additional specified information to the department, including the number of patients receiving palliative care. By modifying the scope of a crime for a violation of the act, this bill imposes a state-mandated local program. The bill requires the department, on or before June 1, 2021, to convene a stakeholder meeting to discuss the results of the information collected pursuant to these provisions.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill provides that no reimbursement is required by this act for a specified reason.

*Laws: An act to **add and repeal** Section 1747.3 of the Health and Safety Code, relating to hospice.*

XX. California Massage Therapy Council: material for non-English speakers (SB 315) – The Massage Therapy Act, until January 1, 2021, provides for certification of massage practitioners and massage therapists by the California Massage Therapy Council.

This bill requires the council to assess its contact with non-English speakers. The bill requires the council, based on this assessment, to offer and make available all publicly available written and electronic materials provided to certificate holders and applicants in languages other than English that the council determines will be used by a substantial number of non-English speakers in contact with the council. The bill excludes examinations, denial and disciplinary legal documents, and email communications from that requirement. The bill also requires the council to provide a report to the Legislature on the findings of its assessment of contact with non-English speakers on or before January 1, 2019.

*Laws: An act to **amend** Section 4602 of the Business and Professions Code, relating to healing arts.*

YY. Medi-Cal: federally qualified health centers (FQHC) and rural health centers (RHC): Drug Medi-Cal and specialty mental health services (SB 323) – This bill authorizes, only to the extent that federal financial participation is available, FQHCs and RHCs to provide Drug Medi-Cal services pursuant to the terns of a mutually agreed upon contract entered into between the FQHC or RHC and the county or county designee, or department, as specified, and sets forth the reimbursement requirements for these services. The bill authorizes, only to the extent that federal financial participation is available, and FQHC or RHC to provide specialty mental health services to Medi-Cal beneficiaries as part of a mental health plan's provider network pursuant to the terms of a mutually agreed upon contract entered into between the FQHC or RHC and one or more mental health plans.

*Laws: An act to **amend** Section 14132.100 of the Welfare and Institutions Code, relating to Medi-Cal.*

ZZ. Hospital satellite compounding pharmacy: license: requirements (SB 351) – Under current law, a hospital pharmacy means and includes a pharmacy, licensed by the board, located within any licensed hospital that maintains and operates organized facilities for the diagnosis, care, and treatment of human illnesses to which person may be admitted for overnight stay and that meets specified requirements. A hospital pharmacy also includes a pharmacy that may be located outside of the hospital in another physical plant that is regulated under a hospital's consolidated license as a general acute care hospital that includes more than one physical plant maintained and operated on separate premises or that has multiple licenses for a single health facility on the same premises. With respect to a hospital pharmacy located outside of the hospital in another physical plant, this bill redefines a "hospital pharmacy" to include a pharmacy that is located in any physical plant that is regulated as a general acute care hospital.

*Laws: An act to **amend** Sections 4029 and 4400 of, and to **add** Section 4127.15 to, the Business and Professions Code, relating to healing arts.*

AAA. Health insurance: discriminatory practices: mental health (SB 374) – Existing federal law generally requires a health insurance issuer that offers group or individual health insurance coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits to establish parity in the terms and conditions applicable to medical and mental health benefits, as specified. Existing state law subjects non-grandfathered individual and small group health insurance policies that provide coverage for essential health benefits to those provisions of federal law governing mental health parity. Existing law requires every policy of disability insurance that covers hospital, medical, or surgical expenses in this state to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child, as specified.

This bill requires large group, individual, and small group health insurance policies to provide all covered mental health and substance use disorder benefits in compliance with those provisions of federal law governing mental health parity.

*Laws: An act to **add** Section 10144.4 to the Insurance Code, relating to health insurance.*

BBB. Pupil health: oral health assessment (SB 379) – This bill updates the requirements for public school notification to parents of an oral health assessment, and requires that the state Dental Director be consulted in the update to the notice.

*Laws: An act to **amend** Section 49452.8 of the Education Code, relating to pupil health.*

CCC. Employment: gender identity, gender expression, and sexual orientation (SB 396) – The California Fair Employment and Housing Act (FEHA) makes specified employment practices unlawful, including the harassment of an employee directly by the employer or indirectly by agents of the employer with the employer's knowledge. FEHA requires employers with 50 or more employees to provide at least 2 hours of prescribed training and education regarding sexual harassment to all supervisory employees within 6 months of their assumption of a supervisory position and once every 2 years, as specified.

This bill additionally requires employers with 50 or more employees to include, as a component of that prescribed training and education for supervisors, training inclusive of harassment based on gender identity, gender expression, and sexual orientation.

FEHA requires each employer to post a poster on discrimination in employment, which includes information relating to the illegality of sexual harassment, in a prominent and accessible location in the workplace.

The bill also requires each employer to post a poster developed by the Department of Fair Employment and Housing regarding transgender rights in a prominent and accessible location in the workplace.

The California Workforce Innovation and Opportunity Act makes programs and services available to individuals with employment barriers and creates a board, composed of the Governor and Governor-appointed members who represent specified interests, including representatives of the state workforce, to carry out specified functions in furtherance of that act.

This bill expands the definition of an "individual with employment barriers" to include transgender and gender nonconforming individuals. The bill also authorizes the appointments to the board representing the state workforce to include representatives of community-based organizations that serve transgender and gender nonconforming individuals.

Laws: An act to

- ***amend** Sections 12950 and 12950.1 of the Government Code, and*
- ***amend** Sections 14005 and 14012 of the Unemployment Insurance Code, relating to employment.*

DDD. Dementia: major neurocognitive disorder (SB 413) – Existing law regulates the licensure and operation of residential care facilities for the elderly, including the adoption of building standards to provide for locked and secured perimeters in residential care facilities for the elderly that care for persons with dementia.

Existing law, the California Conservatorship Jurisdiction Act, generally establishes the standards and procedures for establishing the proper jurisdiction for a proceeding to appoint a conservator of a person, an estate, or both. Existing law provides that application of these provisions to a conservatee with dementia is subject to the specified limitations.

Existing law authorizes a conservator to place a conservatee in a secured perimeter residential care facility for the elderly, as specified, or to authorize the administration of certain prescribed medications upon a court's finding that among other things, the conservatee has dementia and a functional impairment.

This bill replaces references to the term dementia in these provisions with major neurocognitive disorders. The bill would also make technical, nonsubstantive changes to these provisions.

Laws: An act to

- ***amend** Sections 1569.698, 1569.699, and 1569.7 of the Health and Safety Code, and*
- ***amend** Sections 1981 and 2356.5 of the Probate Code, relating to neurocognitive disorders.*

EEE. Emergency medical services (SB 432) – Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority. The authority is responsible for the coordination and integration of all statewide activities concerning emergency medical services. The act requires all health facilities to notify prehospital emergency medical care personnel who have provided emergency medical or rescue services and have been exposed to a person afflicted with a reportable disease or condition that they have been exposed and should contact the county health officer under specified conditions. The act also requires a county health officer to immediately notify prehospital emergency medical care personnel that they have been exposed to a reportable disease or condition that the county health officer determines can be transmitted through oral contact or bodily secretions.

This bill requires the health facility infection control officer to give that notice immediately to a designated officer, as defined, upon determining, among other things, that the person to whom the prehospital emergency medical care personnel provided emergency medical or rescue services is diagnosed as being afflicted with a reportable communicable disease or condition, as specified, and to give notice to the county health officer with the name and telephone number of the prehospital emergency medical care personnel. The bill then requires the designated officer to notify the prehospital emergency medical care personnel of the exposure immediately or as otherwise specified. The bill alternatively requires

the health facility infection control officer, if the names and telephone numbers of the prehospital emergency care personnel have not been provided to the facility, as specified, to notify the designated officer, as defined, of the employer of the prehospital emergency care personnel and the county health officer, and requires the designated officer to notify the prehospital emergency care personnel, if specified criteria are met. The bill requires a county health officer to notify prehospital emergency care personnel immediately if, in addition to existing requirements, the disease or condition has an urgency reporting requirement or the exposure may have included direct contact, as specified, with an infected person's blood.

*Laws: An act to **amend** Section 1797.188 of the Health and Safety Code, relating to emergency medical services.*

FFF. Pharmacy: emergency medical services automated drug delivery system (SB 443) – Existing law, the Pharmacy Law, provides for the licensing and regulation of the practice of pharmacy by the California State Board of Pharmacy, which is within the Department of Consumer Affairs, and makes any violation of the Pharmacy Law punishable as a crime. Existing law authorizes a pharmacy to furnish a dangerous drug or a dangerous device to a licensed health care facility for storage in a secured emergency pharmaceutical supplies container maintained within the facility or to an approved service provider within an emergency medical services system for storage in a secured emergency pharmaceutical supplies container if certain policies and procedures are met.

This bill authorizes a pharmacy or licensed wholesaler that is also an emergency medical services provider agency to restock dangerous drugs or dangerous devices into an emergency medical services automated drug delivery system, as defined, that is licensed by the board if specified conditions are met, including that the emergency medical services provider agency obtain a license from the board to operate the system, and requires dangerous drugs and dangerous devices stored or maintained in an emergency medical services automated drug delivery system to be used for the sole purpose of restocking a secured emergency pharmaceutical supplies container. The bill provides that only a medical director, a pharmacist, or a licensed designated paramedic is authorized to restock an emergency medical services automated drug delivery system. The bill provides that a violation of these provisions constitutes unprofessional conduct and authorizes the board to take action against the license of the fire department. By expanding the scope of an existing crime, this bill imposes a state-mandated local program.

The bill authorizes the board to issue a designated paramedic license to a paramedic in this state if he or she meets certain criteria and pays an application and license fee, as specified.

*Laws: An act to **amend** Section 4119 of, and to **add** Sections 4034.5, 4119.01, and 4202.5 to, the Business and Professions Code, relating to pharmacy.*

GGG. Skilled nursing and intermediate care facilities: training programs (SB 449) – Existing law requires a skilled nursing or intermediate care facility to adopt an approved training program, which is required to include a precertification training program consisting of at least 60 classroom hours of training on basic nursing skills, patient safety and rights, the social and psychological problems of patients, and resident abuse prevention, recognition, and reporting and at least 100 hours of supervised and on-the-job training clinical practice. Existing law requires at least 2 hours of the 60 hours of classroom training and at least 4 hours of the 100 hours of the supervised clinical training to address the special needs of persons with developmental and mental disorders, including intellectual disability, Alzheimer's disease, cerebral palsy, epilepsy, dementia, Parkinson's disease, and mental illness. Violation of these provisions is a crime.

This bill requires that at least 2 of the 60 hours of classroom training address the special needs of persons with Alzheimer's disease and related dementias. By changing the definition of a crime, this bill imposes a state-mandated local program.

*Laws: An act to **amend** Section 1337.1 of the Health and Safety Code, relating to health facilities.*

HHH. Workers' compensation: change of physician (SB 489) – Existing law requires an employer to provide all medical services reasonably required to cure or relieve an injured worker from the effects of the injury.

Existing law requires every employer to establish a utilization review process and further requires that specified requests for payment for treatment be submitted to the employer, or its insurer or claims administrator, within 30 days of the date the service was provided. Existing law also establishes an independent medical review process to resolve disputes over a utilization review decision, as specified.

This bill requires that in the case of emergency treatment services, as defined, specified requests for payment for treatment be submitted to the employer, or its insurer or claims administrator, within 180 days of the date the service was provided.

*Laws: An act to **amend** Section 4610 of the Labor Code, relating to workers' compensation.*

III. Pharmacies: compounding (SB 510) – Under the Pharmacy Law, the California State Board of Pharmacy licenses and regulates the practice of pharmacy by pharmacists and pharmacy corporations in this state. That law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. That law requires a pharmacy to compound sterile products from one or more nonsterile ingredients in prescribed environments.

This bill repeals that compounding environment provision and makes conforming renumbering changes to other provisions.

*Laws: An act to **amend and renumber** Sections 4127.8 and 4127.9 of, and to **repeal** Section 4127.7 of, the Business and Professions Code, relating to healing arts.*

JJJ. Health care practitioners: stem cell therapy (SB 512) – Existing law provides for the licensure and regulation of various health care practitioners by boards and agencies within the Department of Consumer Affairs. Existing law requires a health care practitioner, as defined, to communicate to a patient his or her name, state-granted practitioner license type, and highest level of academic degree, in a specified manner.

This bill requires a licensed health care practitioner who performs a stem cell therapy that is not approved by the United States Food and Drug Administration (FDA) to communicate to his or her patient seeking stem cell therapy specified information regarding the provision of stem cell therapies on a specified notice in a prominent display in an area visible to patients in his or her office, posted conspicuously in the entrance of his or her office, and provided in writing to the patient prior to providing the initial stem cell therapy. The bill does not apply to a health care practitioner who has obtained approval for an investigational new drug or device from the FDA for the use of human cells, tissues, or cellular or tissue-based products. The bill authorizes the licensing board having jurisdiction of the health care practitioner to cite and fine the health care practitioner, not to exceed $1,000 per violation, as specified. The bill requires the Medical Board of California to indicate specific enforcement information in its annual report, commencing with the 2018–19 annual report, with regard to its licensees who provide stem cell therapies.

*Laws: An act to **add** Section 684 to the Business and Professions Code, relating to healing arts.*

KKK. Medi-Cal: emergency medical transport providers: quality assurance fee (SB 523) – This bill imposes a quality assurance fee (QAF) on each transport provided by an emergency medical transport (EMT) provider in accordance with a prescribed methodology. This bill requires the resulting revenue to be placed in a continuously appropriated fund to be used to provide an add-on increase to the Medi-Cal fee-for-service (FFS) EMT rate for three emergency transport reimbursement codes, to pay for state administrative costs, and to provide funding for health care coverage for Californians. This bill takes effect immediately as an urgency bill. Assembly Amendments (1) require the amount of revenue from the fee that is used to pay for health care coverage to be 10% of the fee amount, instead of $3 million in the Senate-approved version of this bill; (2) require the Medi-Cal ambulance increase to be an add-on payment increase to the Medi-Cal FFS payment schedule for the three billing codes; (3) require, in the event of a merger, acquisition, or similar transaction involving an EMT provider that has outstanding QAF payment obligation, the resultant or successor EMT provider to be responsible for paying the full amount of outstanding QAF payments, including any applicable interest and penalties; (4) permit the Department of Health Care Services to seek federal approval to implement any add-on increase to the FFS payment schedule for any state fiscal year or years, as applicable, on a time-limited

basis for a fixed program period, as determined by the Department; and (5) require the add-on increase to the FFS payment schedule to only be required and payable for state fiscal years for which a QAF payment obligation exists for EMT providers.

*Laws: An act to **add and repeal** Article 3.91 (commencing with Section 14129) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.*

LLL. Nurse practitioners: physician assistants: buprenorphine (SB 554) – Existing federal law requires practitioners, as defined, who dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment to obtain annually a separate registration with the United States Attorney General for that purpose. Existing federal law authorizes waiver of the registration requirement for a qualifying practitioner who submits specified information to the United States Secretary of Health and Human Services. Existing federal law, the Comprehensive Addiction Recovery Act of 2016, defines a qualifying practitioner for these purposes to include, among other practitioners, a nurse practitioner or physician assistant who, among other requirements, has completed not fewer than 24 hours of prescribed initial training, or has other training or experience as specified, and is supervised by, or works in collaboration with, a qualifying physician, if the nurse practitioner or physician assistant is required by state law to prescribe medications for the treatment of opioid use disorder in collaboration with or under the supervision of a physician.

Existing state law, the Nursing Practice Act, establishes the Board of Registered Nursing in the Department of Consumer Affairs for the licensure and regulation of nurse practitioners. The act authorizes a nurse practitioner to furnish or order drugs or devices under specified circumstances subject to physician and surgeon supervision.

This bill prohibits construing the Nursing Practice Act or any provision of state law from prohibiting a nurse practitioner from furnishing or ordering buprenorphine when done in compliance with the provisions of the Comprehensive Addiction Recovery Act, as specified.

Existing state law, the Physician Assistant Practice Act, establishes the Physician Assistant Board within the jurisdiction of the Medical Board of California for the licensure and regulation of physician assistants. The act authorizes a physician assistant, while under the supervision of a licensed physician authorized to supervise a physician assistant, to administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication, as specified.

This bill prohibits construing the Physician Assistant Practice Act or any provision of state law from prohibiting a physician assistant from administering or providing buprenorphine to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order for buprenorphine to a person who may lawfully furnish

buprenorphine when done in compliance with the provisions of the Comprehensive Addiction Recovery Act, as specified.

*Laws: An act to **add** Sections 2836.4 and 3502.1.5 to the Business and Professions Code, relating to healing arts.*

MMM. Mental health: involuntary commitment (SB 565) – Existing law provides for up to 14 days of intensive treatment for a mental disorder or impairment by chronic alcoholism for a person who has been involuntarily committed and received an evaluation that meets certain specified criteria. Under existing law, before a person may be certified for a 14-day intensive treatment program, he or she is entitled to a certification review hearing conducted by a court-appointed commissioner or referee, or a certification review hearing officer. Existing law requires the mental health facility to make reasonable attempts to notify family members or any other person designated by the patient of the time and place of the certification hearing, unless the patient requests that this information not be provided.

Under existing law, upon the completion of a 14-day period of intensive treatment, a person may be certified for an additional period of not more than 30 days of intensive treatment if the professional staff of the agency or facility treating the person has found that the person remains gravely disabled as a result of a mental disorder or impairment by chronic alcoholism, and he or she remains unwilling or unable to accept treatment voluntarily. Existing law requires a person certified for an additional 30 days of treatment pursuant to these provisions to be provided a certification review hearing, as specified, unless a judicial review is requested.

This bill requires the mental health facility to make reasonable attempts to notify family members or any other person designated by the patient at least 36 hours prior to the certification review hearing for the additional 30 days of treatment, except as specified. The bill makes related technical, nonsubstantive changes.

*Laws: An act to **amend** Sections 5260 and 5270.15 of the Welfare and Institutions Code, relating to mental health.*

NNN. Patient access to health records (SB 575) – Existing law requires a health care provider to provide any patient, former patient, or the representative of a patient or former patient a copy, at no charge, of the relevant portion of the patient's health records upon presenting to the health care provider a written request and proof that the health records are needed to support an appeal regarding eligibility for specified public benefit programs. Existing law makes a violation of these provisions by certain health care providers an infraction.

This bill makes those health care providers provide those patients with a copy of those health records at no charge to support a claim for eligibility for a public benefit program. The bill specifies additional public benefit programs to which these requirements apply. The bill makes related conforming changes. By making the existing criminal penalties applicable to additional duties of a health care provider, the bill imposes a state-mandated local program.

*Laws: An act to **amend** Section 123110 of the Health and Safety Code, relating to*

public health.

OOO. Medi-Cal: family planning providers (SB 743) – Existing law provides that family planning services are a covered Medi-Cal benefit, subject to utilization controls, as specified.

This bill prohibits a Medi-Cal managed care plan, as defined, from restricting the choice of the qualified provider, as defined, from whom a Medi-Cal beneficiary enrolled in the plan may receive family planning services. The bill requires a Medi-Cal managed care plan to reimburse an out-of-plan or out-of-network qualified provider at the applicable fee-for-service rate. If federal approval is required to implement these provisions, the bill will be implemented only to the extent that federal approval is obtained. The bill makes related legislative findings and declarations.

*Laws: An act to **add** Section 14132.07 to the Welfare and Institutions Code, relating to Medi-Cal.*

PPP. Uniform Standards: Naturopathic Doctors Act: Respiratory Care Practice Act (SB 796) – This bill extends the sunset dates of the Naturopathic Medicine Committee (NMC) and Respiratory Care Board of California (RCB) until 2022, makes various changes to the Naturopathic Doctors Act and Respiratory Care Practice Act, and requires the Department of Consumer Affairs (DCA) to review the existing criteria establishing substance abuse testing schedules. Assembly Amendments require DCA to review the existing criteria establishing substance abuse testing schedules; require naturopathic medicine continuing education (CE) courses to pertain to the practice of naturopathic, osteopathic, or allopathic medicine; establish a CE conflict of interest policy; remove specified title protections; and make technical amendments.

*Laws: An act to **amend** Sections 315, 2450.3, 3621, 3623, 3630, 3635, 3644, 3645, 3660, 3680, 3686, 3710, 3716, and 3772 of, and to **add** Sections 3635.1 and 3635.2 to, the Business and Professions Code, relating to healing arts.*

QQQ. Healing arts: boards (SB 798) – This bill extends the operation of the Medical Board of California (MBC) and Medical Practice Act until 2022 and subjects the Osteopathic Medical Board of California (OMBC) and Osteopathic Act to review by the appropriate policy committee of the Legislature, to be performed as if the Osteopathic Act were scheduled to be repealed as of 2022, and makes various changes to the Medical Practice Act and Osteopathic Act intended to improve oversight of physicians and surgeons and osteopathic physicians and surgeons. Assembly Amendments strike numerous enforcement enhancement provisions passed by the Senate, delete adverse event reporting requirements by accredited outpatient settings to the Office of Statewide Health Planning and Development, delay implementation until 2020 of updates to postgraduate training requirements, authorize the operation of the vertical enforcement and prosecution model for MBC investigations only through 2019, establish findings and declarations and legislative intent, and makes various technical and conforming changes.

Laws: An act to

- ***amend*** *Sections 115.6, 144, 146, 328, 651, 656, 683, 800, 803.1, 805, 805.01, 805.1, 805.5, 805.6, 810, 2001, 2008, 2020, 2054, 2082, 2087, 2111, 2112, 2143, 2168.4, 2191, 2216.3, 2220.05, 2221, 2232, 2334, 2415, 2421, 2423, 2435, 2435.2, 2445, 2450, 2454.5, 2460, 2461, 2472, 2475, 2479, 2486, 2488, 2492, 2499, 2525.2, 2529, 4170, and 4175 of, to* ***amend and repeal*** *Sections 2066, 2067, 2072, 2073, 2085, 2089, 2089.5, 2089.7, 2090, 2091, 2091.1, 2091.2, 2100, 2102, 2103, 2104, 2104.5, 2107, 2115, 2135.7, 2529.1, 2529.5, and 2529.6 of, to* ***amend, repeal, and add*** *Sections 2064, 2065, 2084, 2084.5, 2096, 2105, 2113, 2135, and 2135.5 of, to* ***add*** *Sections 2026, 2064.5, 2064.7, 2064.8, 2499.7, and 2566.2 to, to* ***repeal*** *Sections 2052.5, 2420, and 2422 of, and to* ***repeal*** *the heading of Chapter 5.1 (commencing with Section 2529) of Division 2 of, the Business and Professions Code;*
- ***amend*** *Sections 43.7 and 43.8 of the Civil Code*
- ***amend*** *Sections 13401 and 13401.5 of the Corporations Code;*
- ***amend*** *Section 1157 of the Evidence Code;*
- ***amend*** *Section 11529 of, and to* ***amend and repeal*** *Section 12529.6 of, the Government Code; and*
- ***amend*** *Sections 11362.7 and 128335 of the Health and Safety Code, relating to healing arts.*

State Laws 2018

A. Pharmacy benefit management (AB 315) – This bill requires pharmacy benefit managers (PBMs) operating in California to register with the Department of Managed Health Care (DMHC). It also imposes certain requirements on PBMs, including a duty of good faith and fair dealing in the performance of contractual relationships, disclosure of conflicts of interest to purchasers, and disclosure of drug acquisition, rebates, and rates negotiated with pharmacies upon a purchaser's request.

Laws: An act to

- ***add*** *Sections 4079.5 and 4441 to the Business and Professions Code,*
- ***add*** *Article 6.1 (commencing with Section 1385.001) to Chapter 2.2 of Division 2 of the Health and Safety Code,*
- ***add and repeal*** *Section 1368.6 of the Health and Safety Code, and*
- ***repeal*** *Section 1385.007 of, the Health and Safety Code, relating to pharmacy benefit management.*

B. Health care service plans: mergers and acquisitions (AB 595) – Requires prior approval by the Department of Managed Health Care (DMHC) Director for a health care service plan (health plan) that intends to merge or consolidate with, or enters into an agreement resulting in its purchase, acquisition or control by, any entity and allows the DMHC director to disapprove a transaction if the transaction would substantially lessen competition.

Laws*: An act to* ***add*** *Article 10.2 (commencing with Section 1399.65) to Chapter*

2.2 of Division 2 of the Health and Safety Code, relating to health care service plans.

C. Controlled substances: CURES database (AB 1753) – This bill authorizes the Department of Justice (DOJ) to cap the number of security printers approved to manufacture regulated prescription pads to three and allows DOJ to reduce or limit the number of printers to no fewer than three through regulation. It requires that all prescription forms be uniquely serialized and requires that the DOJ link prescription pad serial numbers to corresponding records in the state's prescription drug monitoring program, Controlled substance Utilization Review and Evaluation System (CURES).

*Laws: An act to **amend** Sections 11161.5, 11162.1, and 11165 of the Health and Safety Code, relating to controlled substances.*

D. Health care coverage: cancer treatment (AB 1860) – This bill increases the $200 copayment and coinsurance limit to $250 for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells, and deletes the sunset on the law that establishes this limit on the coinsurance and copayment amount for prescribed, orally administered anticancer medications and extends the sunset to January 1, 2024.

Laws: An act to

- ***amend** Section 1367.656 of the Health and Safety Code, and*
- ***amend** Section 10123.206 of the Insurance Code, relating to health care coverage.*

E. Controlled substances: CURES database (AB 2086) – This bill allows prescribers of controlled substances to review a list of patients for whom they are listed as being the prescriber in the California Department of Justice’s prescription drug monitoring program (PDMP).

*Laws: An act to **add** Section 11165.6 to the Health and Safety Code, relating to controlled substances.*

F. Maternal mental health (AB 2193) – This bill requires, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions. It also requires health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a maternal mental health program, as specified. Because a willful violation of the bill’s requirement by a health care service plan would be a crime, the bill imposes a state-mandated local program.

Laws: An act to

- ***add** Section 1367.625 to, and to **add** Article 6 (commencing with Section 123640) to Chapter 2 of Part 2 of Division 106 to, the Health and Safety Code,*
- *and to **add** Section 10123.867 to the Insurance Code, relating to health*

care.

G. Physicians and surgeons: continuing education: opiate-dependent patient treatment and management (AB 2487) – This bill authorizes a physician and surgeon to complete a one-time continuing education course on opiate-dependent patient treatment and management as an alternative to the mandatory continuing education course on pain management and the treatment of terminally ill and dying patients.

*Laws: An act to **add** Section 2190.6 to the Business and Professions Code, relating to healing arts.*

H. Health care coverage: medical loss ratios (AB 2499) – This bill removes the requirements in existing law that health insurance medical loss ratios (MLR) be implemented to the extent required by, in compliance with, and not to exceed federal law. Instead, the bill requires MLRs to be consistent with federal law and any rules or regulations issued as in effect on January 1, 2017.

Laws: An act to

- ***amend** Section 1367.003 of the Health and Safety Code, and*
- ***amend** Section 10112.25 of the Insurance Code, relating to health care coverage.*

I. Health care service plans: disciplinary actions (AB 2674) – This bill amends existing law to require, on or before July 1, 2019, and at least annually thereafter, Department of Managed Health Care (DMHC) to review complaints filed when a provider believes a plan is engaging in an unfair payment pattern. It authorizes DMHC, if review of complaint data indicates a possible unfair payment pattern, to conduct an audit or an enforcement action pursuant to existing regulations.

*Laws: An act to **amend** Section 1371.39 of the Health and Safety Code, relating to health care service plans.*

J. Health care practitioners: prescriptions: electronic data transmission (AB 2789) – This bill requires that all health care practitioners authorized to issue prescriptions to be capable of electronically prescribing and requires that all prescriptions for controlled substances be transmitted electronically, with exceptions, by January 1, 2022.

Laws: An act to ***add** Section 688 to the Business and Professions Code, relating to healing arts.*

K. Health care coverage: prescriptions (AB 2863) – This bill requires a pharmacy to inform a customer whether the retail price for a prescription drug is lower than the applicable cost-sharing amount for the prescription drug. The bill prohibits a health plan or health insurer from requiring an enrollee or insured to pay the applicable cost-sharing amount for a prescription medication if the cost-sharing amount is greater than the retail price. The bill also sets the requirements for submitting claims by pharmacies and applying deductibles and out-of-pocket maximums by health plans and insurers.

Laws: An act to

- ***add** Section 4079 to the Business and Professions Code,*
- ***add** Section 1367.47 to the Health and Safety Code, and*
- ***add** Section 10123.65 to the Insurance Code, relating to prescription drugs.*

L. Health care coverage: state of emergency (AB 2941) – This bill requires a health plan or health insurer to provide an enrollee or insured who has been displaced by the Governor's declared state of emergency, access to medically necessary health care services. This includes the following: Requires, within 48 hours of a declaration of a state of emergency a health plan or health insurer operating within the county or counties included in the declaration to file with the Department of Managed Health Care (DMHC) or California Department of Insurance a notification describing whether the plan has experienced delays or expects to experience any disruption to the operation of the plan or insurer, explaining how the plan or insurer is communicating with potentially impacted enrollees, and summarizing the actions the plan has taken or is in the process of taking to ensure that the health care needs of enrollees or insureds are met. States that the requirement above may require the plan or insurer to take actions: a) Relax time limits for prior authorization, precertification, or referrals; b) Extend filing deadlines for claims; c) Suspend prescription refill limitations and allow an impacted enrollee or insured to refill his or her prescriptions at an out-of-network pharmacy; d) Authorize an enrollee to replace medical equipment or supplies; e) Allow an enrollee to access an appropriate out-of-network provider if an in-network provider is unavailable due to the state of emergency or if the enrollee or insured is out of the area due to displacement; and f) Have a toll-free telephone number that an affected enrollee or insured may call for answers to questions, including questions about the loss of health insurance identification cards, access to prescription refills, or how to access health care. The bill shall not be construed to limit the Governor's authority under the California Emergency Services Act, or the DMHC or Insurance Commissioner's authority.

Laws: An act to

- ***add** Section 1368.7 to the Health and Safety Code, and*
- ***add** Section 10112.95 to the Insurance Code, relating to health care coverage.*

M. Short-term limited duration health insurance (SB 910) – This bill prohibits a health insurer from issuing, amending, selling, renewing, or offering a policy of short-term limited duration health insurance in California commencing January 1, 2019.

Laws: An act to

- ***amend** Sections 1367.29 and 1368.016 of the Health and Safety Code;*
- ***amend** Sections 10113.9, 10123.7, 10123.81, 10123.865, 10123.866, 10123.198, 10123.199, 10123.202, 10273.6, and 12671 of the Insurance Code; and*
- ***add** Section 10123.61 to, the Insurance Code, relating to health insurance.*

N. Health care service plans: physician to enrollee ratios (SB 997) – This bill extends the ability for health plans to have 1,000 enrollees for each full-time equivalent

nonphysician medical practitioner supervised by a physician. Additionally, it extends the requirement that health care service plans have one full-time primary care physician for every 2,000 enrollees. Nonphysician medical practitioners are defined as a physician assistant, certified nurse-midwife, or a nurse practitioner.

*Laws: An act to **amend** Section 1375.9 of the Health and Safety Code, relating to health care service plans.*

O. Prescription drugs (SB 1021) – This bill prohibits health plan contracts and health insurance policies from having utilization management policies or procedures which rely on a multi-tablet drug regimen over a single-tablet drug regimen for the prevention of HIV infection and AIDS. It extends the January 1, 2020 sunset that caps cost sharing for a covered outpatient prescription drug at $250/$500 per 30-day supply, as specified, as well as other formulary requirements. It also codifies a regulation that prohibits an enrollee or insured from being charged more than the retail price for a prescription drug when the applicable copayment or coinsurance is a higher amount.

Laws: An act to

- ***amend and repeal** Section 1342.71 of, and to **add and repeal** Sections 1342.72 and 1342.73 of, the Health and Safety Code;*
- ***amend and repeal** Section 10123.193 of the Insurance Code; and*
- ***add and repeal** Sections 10123.1931 and 10123.1932 of, the Insurance Code, relating to health care coverage.*

P. Health care: mammograms (SB 1034) – This bill removes the sunset date for existing law relating to mammograms and breast density notifications.

*Laws: An act to **amend and repeal** Section 123222.3 of the Health and Safety Code, relating to health.*

Q. Childhood lead poisoning prevention (SB 1041) - This bill requires Department of Public Health (DPH) to annually notify health care providers who perform periodic health assessments for children about the risks and effects of childhood lead exposure and the requirements that children enrolled in Medi-Cal receive blood screening tests. It requires those health care providers to also inform the parents and guardians of those children about those risks. It requires DPH to include additional publicly releasable information about the number of children enrolled in Medi-Cal have and have not received blood lead screening tests.

*Laws: An act to **amend** Sections 105285, 105295, 105300, and 124125 of, and to **add** Section 105286 to, the Health and Safety Code, relating to public health.*

R. Medi-Cal: medically necessary services (SB 1287) - This bill defines in state law, for individuals under age 21 years of age enrolled in Medi-Cal, a service as medically necessary or a medical necessity by reference to the federal Medicaid standard, which requires coverage when the service would correct or ameliorate defects and physical and mental illnesses.

*Laws: An act to **amend** Sections 14059.5 and 14133.3 of the Welfare and*

Institutions Code, relating to Medi-Cal.

Acronym List

ABA: Applied Behavioral Analysis
ABD: Aged, Blind, and Disabled
ADHC: Adult Day Health Center
APM: Alternative Payment Methodology
CBAS: Community-Based Adult Services
CCS: California Children's Services
CHBRP: California Health Benefits Review Program
CHIP: California Health Insurance Program
CLIA: Clinical Laboratory Improvement Amendments
CMS: Centers for Medicare and Medicaid Services
COOPs: Consumer Operated and Oriented Plans
CURES: Controlled substance Utilization Review and Evaluation System
DCA: California Department of Consumer Affairs
DHCS: California Department of Health Care Services
DHHS: California Department of Health and Human Services
DME: Durable Medical Equipment
DMHC: California Department of Managed Health Care
DMO: Disease Management Organization
DOA: California Department of Aging
DODA: Department of Defense Appropriations Act
DOI: California Department of Insurance
DOJ: California Department of Justice
DPH: California Department of Public Health
DSS: California Department of Social Services
EDD: California Employment Development Department
EHB: Electronic Health Benefit
EMSA: Emergency Medical Services Authority
EMS: Emergency Medical Services
EPSDT: Early and Periodic Screening, Diagnosis, and Treatment
FDA: Food and Drug Administration
FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HHS: California Health and Human Services Agency
HMO: Health Management Organization
IHSS: In-Home Supportive Services
IPA: Independent Practice Agency
KKA: Knox Keene Act
LIHP: Low Income Health Plan
LMFT: Licensed Marriage and Family Therapist
MAGI: Modified Adjusted Gross Income
MBC: Medical Board of California

MEWA: Multiple Employer Welfare Arrangement
MG/IPA: Medical Group/Independent Practice Agency
MHSA: Mental Health Services Act
MMC: Medicaid Managed Care
MRMIP: California Major Risk Insurance Program
NIH: National Institute of Health
PCP: Primary Care Physician
PDMP: prescription drug monitoring program
PE: Presumptive Eligibility
POLST: Physician Orders for Life Sustaining Treatment
PPACA: Patient Protection and Affordable Care Act
PPG: Participating Provider Group
QHP: Qualified Health Plans
RHC: Rural Health Center
UM: Utilization Management
UR: Utilization Review

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