LEGISLATIVE COMMITTEE MEETING

AGENDA

Ontario Airport Hilton Hotel and Convention Center
700 N. Haven Avenue
Ontario, California 91761

October 1, 2013

Tuesday, October 1, 2013: 3:00 p.m. to 4:00 p.m.

8.0 Review and Approve Minutes
   • August 7, 2013

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session

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<th>Assembly Bills</th>
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<td>AB 1057</td>
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</table>
8.2 Public Comment for Items Not on the Agenda

NOTICE:
All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board’s Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov, or send a written request to the Board of Registered Nursing at 1747 N. Market Blvd., Ste. 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.
BOARD OF REGISTERED NURSING

LEGISLATIVE COMMITTEE
MEETING MINUTES

DATE: August 7, 2013
TIME: 3:00 p.m. - 4:00 p.m.
LOCATION: Hilton Oakland Airport Hotel
1 Hegenberger Road
Oakland, California 94621
MEMBERS PRESENT: Erin Niemela, Chair
Jeanette Dong
Cynthia Klein, RN
Trande Phillips, RN
STAFF PRESENT: Louise Bailey, Executive Officer
Kay Weinkam, NEC, Staff Liaison

The meeting was called to order at 3:08 p.m. by Ms. Niemela.

8.0 Review and Approve Minutes
The minutes of January 9, March 6, and May 8, 2013, were approved.

8.1 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session:

AB 154 Atkins: Healing arts: reproductive health care
Committee Position: Support

AB 186 Maienschein: Professions and vocations: military spouses: temporary licenses
Committee Position: Watch

AB 361 Mitchell: Medi-Cal: health homes for Medi-Cal enrollees
Committee Position: Support

AB 633 Salas: Emergency medical services: civil liability
Committee Position: Watch
AB 790  Gomez:  Child abuse: reporting
Committee Position:  Support

AB 1057  Medina:  Professions and vocations: licenses: military service
Committee Position:  Support if Amended

SB 352  Pavley:  Medical assistants: supervision
Committee Position:  Oppose

SB 430  Wright:  Pupil health: vision examination: binocular function
Committee Position:  Watch

SB 491  Hernandez:  Nurse practitioners
Committee Position:  Support in Concept

SB 718  Yee:  Hospitals: workplace violence prevention plan
Committee Position:  Support

SB 809  DeSaulnier:  Controlled substances: reporting
Committee Position:  Watch

8.2  Public Comment for Items Not on the Agenda
No comments.

The meeting adjourned at 4:10 p.m.

Submitted by: _____________________________________________
Kay Weinkam, Nursing Education Consultant

Approved by: ______________________________________________
Erin Niemela, Chair
DATE: January 9, 2013
TIME: 2:00 p.m. - 3:00 p.m.
LOCATION: Ayres Hotel
325 Bristol Street
Costa Mesa, California 92626

MEMBERS PRESENT: Erin Niemela, Chair
Cindy Klein
Trande Phillips

STAFF PRESENT: Louise Bailey, Executive Officer
Kay Weinkam, NEC, Staff Liaison

The Chair called the meeting to order at 2:05 p.m.

7.0 Review and Approve Minutes
The minutes of October 30, 2012, were approved.

7.1 2013-2014 Goals and Objectives for the two-year Legislative Session
The 2013-2014 Goals and Objectives were approved.

7.2 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session
No bills were presented.

7.3 Public Comment for Items Not on the Agenda
There were no comments from the public.

The meeting adjourned at 2:10 p.m.

Submitted by: Kay Weinkam, Nursing Education Consultant
Approved by: Erin Niemela, Chair
DATE: March 6, 2013
TIME: 3:00 p.m. - 4:00 p.m.
LOCATION: Four Points by Sheraton
4900 Duckhorn Drive
Sacramento, California 95834
MEMBERS PRESENT: Cindy Klein
Trande Phillips

NOT PRESENT: Erin Niemela, Chair

STAFF PRESENT: Louise Bailey, Executive Officer
Kay Weinkam, NEC, Staff Liaison

The meeting was called to order at 3:00 p.m. by Ms. Phillips who chaired this meeting.

7.0 Review and Approve Minutes
Approval of the January 9, 2013, minutes will be deferred to the next meeting.

7.1 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session:

AB 154 Atkins: Healing arts: reproductive health care
Bill status: Introduced
Board adopted a Watch position 2/6/13.
No Committee action.

AB 186 Maienschein: Professions and vocations: military spouses: temporary licenses
Bill status: Assembly Committee on Business, Professions and Consumer Protection
No Committee action. One public comment.

AB 213 Logue: Healing arts: licensure and certification requirements: military experience
Bill status: Assembly Committee on Business, Professions and Consumer Protection
No Committee action. Two public comments.
AB 291  Nestande:  California Sunset Review Committee  
Bill status: Introduced  
No Committee action. Two public comments.

AB 361  Mitchell:  Medi-Cal: health homes for Medi-Cal enrollees  
Bill status: Assembly Committee on Health  
No Committee action.

SB 271  Hernandez,E:  Associate Degree Nursing Scholarship Program  
Bill status: Senate Committee on Health  
No Committee action. One public comment.

7.3 Public Comment for Items Not on the Agenda  
No comments.

The meeting adjourned at 3:25 p.m.

Submitted by:  
Kay Weinkam, Nursing Education Consultant

Approved by:  
Trande Phillips, Acting Chair
**AGENDA ITEM:** 8.1  
**DATE:** October 1, 2013

**ACTION REQUESTED:** Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

**REQUESTED BY:** Kay Weinkam, M.S., RN, CNS  
Nursing Education Consultant

**BACKGROUND:**

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**NEXT STEP:** Place on Board agenda

**FINANCIAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Kay Weinkam, NEC  
(916) 574-7600
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<td>AB 361</td>
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SUMMARY:
Existing law makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion.

Existing law also makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.
ANALYSIS:
This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.

Amended analysis as of 3/19/13:
The subject of the bill has been changed from Healing arts: reproductive health care to Abortion.

This bill would instead make it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques.

The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

Amended analysis as of 4/30:
This bill amendment would require a nurse practitioner or certified nurse-midwife to adhere to standardized procedures developed in compliance with subdivision (c) of Business and Professions Code 2725 that specifies the following:
• Extent of supervision by a physician and surgeon with relevant training and expertise.
• Procedures for transferring patients to the care of the physician and surgeon or a hospital.
• Procedures for obtaining assistance and consultation from a physician and surgeon.
• Procedures for providing emergency care until physician assistance and consultation are available.
• Method of periodic review of the provisions of the standardized procedures.

It would also be considered unprofessional conduct for any nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

Amended analysis as of 6/24:
Changes to clarify code sections to which the bill applies; non-substantive language changes.

BOARD POSITION:  Support (6/12/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:  Support (5/8/13; 8/7/13)

SUPPORT:
ACCESS Women's Health Justice (co-source)
ACLU of California (co-source)
Black Women for Wellness (co-source)
California Latinas for Reproductive Justice (co-source)
NARAL Pro-Choice California (co-source)
Planned Parenthood Affiliates of California (co-source)
ACT for Women and Girls
American College of Nurse-Midwives
American Nurses Association/California
Asian Communities for Reproductive Justice
Bay Area Communities for Health Education
Board of Registered Nursing
Business and Professional Women of Nevada County
California Academy of Physician Assistants
California Association for Nurse Practitioners
California Church IMPACT
California Communities United Institute
California Family Health Council
California Medical Association
California National Organization for Women
California Nurse-Midwives Association
California Women's Health Alliance
California Women's Law Center
Cardea Institute
Center on Reproductive Rights and Justice at UC Berkeley Law
Choice USA
Citizens for Choice
Forward Together
Fresno Barrios Unidos
Khmer Girls in Action
Law Students for Reproductive Justice
League of Women Voters of California
National Asian Pacific American Women's Forum
National Association of Social Workers, California Chapter
National Center for Lesbian Rights
National Council of Jewish Women - California
National Health Law Program
National Latina Institute for Reproductive Health
National Network of Abortion Funds
Nevada County Citizens for Choice
Nursing Students for Choice- UCSF
Physicians for Reproductive Health
Planned Parenthood Advocacy Project of Los Angeles County
Planned Parenthood Mar Monte
Planned Parenthood of Santa Barbara, Ventura and San Luis Obispo Counties, Inc.
Planned Parenthood of the Pacific Southwest
Planned Parenthood Shasta Pacific Action Fund
Reproductive Justice Coalition of Los Angeles
SEIU
Students for Reproductive Justice at Stanford University
Women's Community Clinic
Women's Health Specialists of California
OPPOSE:
California Catholic Conference
Capitol Resource Family Impact
City of Shasta Lake, Greg Watkins, City Councilman
Coalition for Women and Children
Concerned Women for America of California
John Paul the Great Catholic University Students for Life
Life Legal Defense Fund
Pro-Life Mission: International
San Jose State Students for Life
Traditional Values Coalition
University of Southern California Students for Life
Assembly Bill No. 154

Passed the Assembly  August 30, 2013

______________________________
Chief Clerk of the Assembly

______________________________
Passed the Senate  August 26, 2013

______________________________
Secretary of the Senate

This bill was received by the Governor this ____ day of ____________, 2013, at ____ o’clock ____m.

______________________________
Private Secretary of the Governor
AN ACT TO AMEND SECTION 2253 OF, AND TO ADD SECTIONS 2725.4 AND 3502.4 TO, THE BUSINESS AND PROFESSIONS CODE, AND TO AMEND SECTION 123468 OF THE HEALTH AND SAFETY CODE, RELATING TO HEALING ARTS.

LEGISLATIVE COUNSEL’S DIGEST

AB 154, Atkins. Abortion.

Existing law makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion. Existing law also makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Board within the jurisdiction of the Medical Board of California.

This bill would instead make it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication.
or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, and to comply with standardized procedures or protocols, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

Because the bill would change the definition of crimes, the bill would impose 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 would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 2253 of the Business and Professions Code is amended to read:

2253. (a) Failure to comply with the Reproductive Privacy Act (Article 2.5 (commencing with Section 123460) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code) constitutes unprofessional conduct.

(b) (1) Except as provided in paragraph (2), a person is subject to Section 2052 if he or she performs an abortion, and at the time of so doing, does not have a valid, unrevoked, and unsuspended license to practice as a physician and surgeon.

(2) A person shall not be subject to Section 2052 if he or she performs an abortion by medication or aspiration techniques in the first trimester of pregnancy, and at the time of so doing, has a valid, unrevoked, and unsuspended license or certificate obtained in accordance with the Nursing Practice Act (Chapter 6
(commencing with Section 2700)) or the Physician Assistant Practice Act (Chapter 7.7 (commencing with Section 3500)), that authorizes him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

(c) In order to perform an abortion by aspiration techniques pursuant to paragraph (2) of subdivision (b), a person shall comply with Section 2725.4 or 3502.4.

SEC. 2. Section 2725.4 is added to the Business and Professions Code, to read:

2725.4. Notwithstanding any other provision of this chapter, the following shall apply:

(a) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall complete training recognized by the Board of Registered Nursing. Beginning January 1, 2014, and until January 1, 2016, the competency-based training protocols established by Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used.

(b) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall adhere to standardized procedures developed in compliance with subdivision (c) of Section 2725 that specify all of the following:

1. The extent of supervision by a physician and surgeon with relevant training and expertise.
2. Procedures for transferring patients to the care of the physician and surgeon or a hospital.
3. Procedures for obtaining assistance and consultation from a physician and surgeon.
4. Procedures for providing emergency care until physician assistance and consultation are available.
5. The method of periodic review of the provisions of the standardized procedures.

(c) A nurse practitioner or certified nurse-midwife who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques pursuant to Section 2253, in adherence to standardized procedures described in subdivision (b).
(d) It is unprofessional conduct for any nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

SEC. 3. Section 3502.4 is added to the Business and Professions Code, to read:

3502.4. (a) In order to receive authority from his or her supervising physician and surgeon to perform an abortion by aspiration techniques pursuant to Section 2253, a physician assistant shall complete training either through training programs approved by the board pursuant to Section 3513 or by training to perform medical services which augment his or her current areas of competency pursuant to Section 1399.543 of Title 16 of the California Code of Regulations. Beginning January 1, 2014, and until January 1, 2016, the training and clinical competency protocols established by Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used as training and clinical competency guidelines to meet this requirement.

(b) In order to receive authority from his or her supervising physician and surgeon to perform an abortion by aspiration techniques pursuant to Section 2253, a physician assistant shall comply with protocols developed in compliance with Section 3502 that specify:

(1) The extent of supervision by a physician and surgeon with relevant training and expertise.
(2) Procedures for transferring patients to the care of the physician and surgeon or a hospital.
(3) Procedures for obtaining assistance and consultation from a physician and surgeon.
(4) Procedures for providing emergency care until physician assistance and consultation are available.
(5) The method of periodic review of the provisions of the protocols.

(c) The training protocols established by HWPP No. 171 shall be deemed to meet the standards of the board. A physician assistant who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques pursuant to Section 2253, in adherence to protocols described in subdivision (b).
(d) It is unprofessional conduct for any physician assistant to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

SEC. 4. Section 123468 of the Health and Safety Code is amended to read:

123468. The performance of an abortion is unauthorized if either of the following is true:

(a) The person performing the abortion is not a health care provider authorized to perform an abortion pursuant to Section 2253 of the Business and Professions Code.

(b) The abortion is performed on a viable fetus, and both of the following are established:

1. In the good faith medical judgment of the physician, the fetus was viable.

2. In the good faith medical judgment of the physician, continuation of the pregnancy posed no risk to life or health of the pregnant woman.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
Approved __________________________, 2013

______________________________
Governor
BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
October 1, 2013

BILL ANALYSIS

AUTHOR: Mitchell
BILL NUMBER: AB 361

SPONSOR: Corporation for Supportive Housing
Western Center on Law and Poverty
BILL STATUS: Enrolled

SUBJECT: Medi-Cal: Health homes for Medi-Cal enrollees
DATE LAST AMENDED: 9/6/13

SUMMARY:
Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

ANALYSIS:
This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

Amended analysis as of 4/4:
Changes do not affect the Board.

Amended analysis as of 5/24:
The amendment refers to the source of funding:
Except as provided in Section 14127.6, the nonfederal share shall be provided by funds from local governments, private foundations, or any other source line permitted under federal law.

Amended analysis as of 6/19:
This bill changes “partners” to “team members” and adds other healthcare/medical professionals and entities to the list of health home team members.

Amended analyses of 9/3 and 9/6:
This bill clarified and enhanced language with no changes to language related to nurse practitioners.
BOARD POSITION: Support (6/12/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (8/7/13)

SUPPORT:
Corporation for Supportive Housing (co-sponsor)
Western Center on Law & Poverty (co-sponsor)
AARP
AFSCME
A Community of Friends
Alameda County Board of Supervisors
ALS Association of Great Sacramento, Greater Orange County and Greater San Diego
California Association of Addiction Recovery Resources
California Association of Alcohol and Drug Program Executives
California Association of Alcoholism and Drug Abuse Counselors
California Black Health Network
California Communities United Institute
California Council of Community Mental Health Agencies
California Immigrant Policy Center
California Mental Health Directors Association
California Opioid Maintenance Providers
California Pan Ethnic Health Network
California State Association of Counties
Century
Children Now
Children's Defense Fund - California
City of San Diego
Community Clinic Association of Los Angeles County
Community Resource Center
County of Santa Clara, Board of Supervisors
Department of Human Services, City of Oakland
Disability Rights California
Downtown Women's Center
First Place for Youth
Health Access California
Hitzke Development Corporation
Home For Good
Housing California
Leading Age California
Los Angeles Homeless Services Authority
Los Angeles Regional Reentry Partnership
Mental Health America of California
National Association of Social Workers - California Chapter
Non Profit Housing Association of Northern California
Pacific Clinics
San Diego Housing Commission
San Diego Housing Federation
Senior Community Centers
St. Anthony Foundation
United Homeless Healthcare Partners
United Ways of California

OPPOSE:
None verified 9/9/13
Assembly Bill No. 361

Passed the Assembly  September 11, 2013

Chief Clerk of the Assembly

Passed the Senate  September 10, 2013

Secretary of the Senate

This bill was received by the Governor this _____ day of ________________, 2013, at _____ o’clock ___м.

Private Secretary of the Governor
CHAPTER 3.9

An act to add Article 3.9 (commencing with Section 14127) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 361, Mitchell. Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:
(a) The Health Homes for Enrollees with Chronic Conditions option (Health Homes option) under Section 2703 of the federal Patient Protection and Affordable Care Act (Affordable Care Act)
(42 U.S.C. Sec. 1396w-4) offers an opportunity for California to address chronic and complex health conditions through a “whole person” approach, while achieving the “Triple Aim” goals of improved patient care, improved health, and reduced per capita total costs. It is an opportunity to reverse determinants that lead to poor health outcomes and high costs among Medi-Cal beneficiaries.

(b) For example, people who frequently use hospitals for reasons that could have been avoided with more appropriate care incur high Medi-Cal costs and suffer high rates of early mortality due to the complexity and severity of their conditions and, often, their negative social determinants of health. Frequent users have difficulties accessing regular or preventive care and complying with treatment protocols, and the significant number who are homeless have no place to store medications, cannot adhere to a healthy diet or maintain appropriate hygiene, face frequent victimization, and lack rest when recovering from illness. Frequent hospital users who are not homeless survive on extremely low incomes and live in communities with limited resources and services.

(c) Increasingly, health providers are partnering with community behavioral health and social services providers to offer a person-centered interdisciplinary system of care that effectively addresses the needs of enrollees with multiple chronic or complex conditions, including frequent hospital users and people experiencing chronic homelessness, in settings where enrollees live. These health homes help people with chronic and complex conditions to access better care and better health, while decreasing costs.

(d) Federal guidelines allow the state to access enhanced federal financial participation for health home services under the Health Homes option for multiple target populations to achieve more than one policy goal.

SEC. 2. Article 3.9 (commencing with Section 14127) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:
Article 3.9. Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions

14127. For purposes of this article, the following definitions shall apply:
   (a) “Department” means the State Department of Health Care Services.
   (b) “Federal guidelines” means all federal statutes, and all regulatory and policy guidelines issued by the federal Centers for Medicare and Medicaid Services regarding the Health Homes for Enrollees with Chronic Conditions option under Section 2703 of the federal Patient Protection and Affordable Care Act (Affordable Care Act) (42 U.S.C. Sec. 1396w-4), including the State Medicaid Director Letter issued on November 16, 2010.
   (c) (1) “Health home” means a provider or team of providers designated by the department that satisfies all of the following:
      (A) Meets the criteria described in federal guidelines.
      (B) Offers a whole person approach, including, but not limited to, coordinating other available services that address needs affecting a participating individual’s health.
      (C) Offers services in a range of settings, as appropriate, to meet the needs of an individual eligible for health home services.
      (2) A lead provider may contract with Medi-Cal providers, including, but not limited to, a managed care health plan, a community clinic, a mental health plan, a hospital, physicians, a clinical practice or clinical group practice, a rural health clinic, a community health center, a community mental health center, substance use disorder treatment professionals, school-based health centers, community health workers, community-based service organizations, a home health agency, nurse practitioners, physician’s assistants, social workers, and other paraprofessionals, to the extent that contracting with these providers is allowed under federal Medicaid law. Health home providers shall also establish noncontractual relationships with, and provide linkages to, housing providers.
   (3) For purposes of serving the population identified in subdivision (c) of Section 14127.3, the department may require a lead provider to be a physician, a community clinic, a mental health
plan, a community-based organization, a county health system, or a hospital.

(4) The department may determine the model of health home it intends to create, including any entity, provider, or group of providers operating as a health team, as a team of health care professionals, or as a designated provider, as those terms are defined in Sections 256a-1 and 1396w-4(h)(5) and (h)(6) of Title 42 of the United States Code, respectively.

(d) “Health Home Program” means all of the state plan amendments and relevant waivers the department seeks and the federal Centers for Medicare and Medicaid Services approves.

(e) “Homeless” has the same meaning as that term is defined in Section 91.5 of Title 24 of the Code of Federal Regulations. A “chronically homeless individual” means a homeless individual with a condition limiting his or her activities of daily living who has been continuously homeless for a year or more, or had at least four episodes of homelessness in the past three years. For purposes of this article, an individual who is currently residing in transitional housing, as defined in Section 50675.2 of the Health and Safety Code, or who has been residing in permanent supportive housing, as defined in Section 50675.14 of the Health and Safety Code, for less than two years shall be considered a chronically homeless individual if the individual was chronically homeless prior to his or her residence.

14127.1. Subject to federal approval, the department may do all of the following to create a California Health Home Program (Health Home Program), as authorized under Section 2703 of the Affordable Care Act:

(a) Design, with opportunity for public comment, a program to provide health home services to Medi-Cal beneficiaries and Section 1115 waiver demonstration populations with chronic conditions.

(b) Contract with new providers, existing Medi-Cal providers, Medi-Cal managed care plans, or counties, or one or more of these entities, to provide health home services, as provided in Section 14128.

(c) Submit any necessary applications to the federal Centers for Medicare and Medicaid Services for one or more state plan amendments and any necessary Section 1115 waiver amendments to provide health home services to Medi-Cal beneficiaries, to newly eligible Medi-Cal beneficiaries upon Medicaid expansion under
the Affordable Care Act, and, if applicable, to Low Income Health Program (LIHP) enrollees in counties with LIHPs willing to match federal funds.

(d) Define the populations of eligible individuals.

(e) Develop a payment methodology, including, but not limited to, fee-for-service or per member, per month payment structures that may include tiered payment rates that take into account the intensity of services necessary to outreach to, engage, and serve the populations the department identifies.

(f) Identify the specific health home services needed for each population targeted in the Health Home Program, consistent with subdivision (b) of Section 14127.2.

(g) Submit applications and operate, to the extent permitted by federal law and to the extent federal approval is obtained, more than one health home state plan amendment and any necessary Section 1115 waiver amendments for distinct populations, different providers or contractors, or specific geographic areas.

(h) Limit the availability of health home services geographically.

14127.2. (a) The department may design one or more state plan amendments and any necessary Section 1115 waiver amendments to provide health home services to children or adults, or both, pursuant to Section 14127.1, and, considering consultation with stakeholders, shall develop the geographic criteria, beneficiary eligibility criteria, and provider eligibility criteria for each state plan amendment.

(b) Subject to federal approval for receipt of the enhanced federal reimbursement, services provided under the Health Home Program established pursuant to this article shall include all of the following:

1. Comprehensive and individualized care management.
2. Care coordination and health promotion, including connection to medical, mental health, and substance use disorder care.
3. Comprehensive transitional care from inpatient to other settings, including appropriate followup.
4. Individual and family support, including authorized representatives.
5. Referral to relevant community and social services supports, including, but not limited to, connection to housing for participants who are homeless or unstably housed, transportation to...
appointments needed to manage health needs, healthy lifestyle supports, child care when appropriate, and peer recovery support.

(6) Health information technology to identify eligible individuals and link services, if feasible and appropriate.

14127.3. (a) If the department creates a Health Home Program pursuant to this article, the department shall determine whether a health home state plan amendment that targets adults is operationally viable.

(b) (1) In determining whether a health home state plan amendment that targets adults is operationally viable, the department shall consider whether a state plan amendment and any necessary Section 1115 waiver amendments could be designed in a manner that minimizes the impact on the General Fund, whether the department has the capacity to administer the health home state plan amendment through the state, a contracting entity, a county, or regional approach, and whether a sufficient provider network exists for providing health home services to populations the department intends to target, including the populations described in subdivision (c).

(2) If the department determines that a health home state plan amendment that targets adults is operationally viable pursuant to paragraph (1), then the department shall design a state plan amendment and any necessary Section 1115 waiver amendments to target and provide health home services to beneficiaries who meet the criteria specified in subdivision (c).

(3) (A) If the department determines a health home state plan amendment that targets adults is not operationally viable, then the department shall inform the appropriate policy and fiscal committees of the Legislature, within 120 days of that determination, of the reasons the program is not operationally viable as described in paragraph (1), and about current efforts underway by the department that help to address health care issues experienced by homeless Medi-Cal beneficiaries.

(B) The requirement for informing the appropriate policy and fiscal committees of the Legislature under subparagraph (A) is inoperative four years after the date the report is due, pursuant to Section 10231.5 of the Government Code.

(c) A state plan amendment and any necessary Section 1115 waiver amendments submitted pursuant to this section shall target adult beneficiaries who meet both of the following criteria:
(1) Have current diagnoses of chronic, physical health, mental health, or substance use disorders prevalent among frequent hospital users.
(2) Have a level of severity in conditions established by the department, based on one or more of the following factors:
   (A) Frequent inpatient hospital admissions, including hospitalization for medical, psychiatric, or substance use related conditions.
   (B) Excessive use of crisis or emergency services.
   (C) Chronic homelessness.
   (d) (1) For the purposes of providing health home services to the population identified in subdivision (c), the department shall select health home providers or providers who plan to subcontract with health home team members with all of the following:
       (A) Demonstrated experience working with frequent hospital or emergency department users.
       (B) Demonstrated experience working with people who are chronically homeless.
       (C) The capacity and administrative infrastructure to participate in the Health Home Program, including the ability to meet requirements of federal guidelines.
       (D) A viable plan, with roles identified among providers of the health home, to do all of the following:
           (i) Reach out to and engage frequent hospital or emergency department users and chronically homeless eligible individuals.
           (ii) Link eligible individuals who are homeless or experiencing housing instability to permanent housing, such as supportive housing.
           (iii) Ensure coordination and linkages to services needed to access and maintain health stability, including medical, mental health, and substance use care, as well as social services and supports to address social determinants of health.
(2) The department may design additional provider criteria to those identified in paragraph (1) after consultation with stakeholder groups who have expertise in engagement and services for the population identified in subdivision (c).
(3) The department may authorize health home providers eligible under this subdivision to serve Medi-Cal enrollees through a fee-for-service or managed care delivery system that may include
supplemental payments, and may allow for county-operated and other public and private providers to participate in this program.

(4) If the department designs a state plan amendment designed to serve the population identified in subdivision (c), the department shall design strategies to outreach to, engage, and provide health home services to the population identified in subdivision (c), based on consultation with stakeholders who have expertise in engaging, providing services to, and designing programs addressing the needs of, the population.

(5) If the department creates a health home program that targets adults described in subdivision (c), the department may also submit state plan amendments and any necessary waiver amendments targeting other adult populations.

14127.4. (a) The department shall administer this article in a manner that attempts to maximize federal financial participation, consistent with federal law.

(b) Except as provided in Section 14127.6, the nonfederal share shall be provided by funds from local governments, private foundations, or any other source permitted under state and federal law, including Section 1903(a) of the federal Social Security Act (42 U.S.C. Sec. 1396b(a)) and Section 433.51 of Title 42 of the Code of Federal Regulations, and may be used for administration, service delivery, evaluation, and design of the Health Home Program. The department, or counties contracting with the department, may also enter into risk-sharing and social impact bond program agreements to fund services under this article.

14127.5. (a) If the department creates a Health Home Program, the department shall ensure that an evaluation of the program is completed and shall, within two years after implementation, submit a report to the appropriate policy and fiscal committees of the Legislature. Stakeholders, including philanthropy, nonprofit organizations, and patient advocates, may participate in the department’s evaluation design.

(b) The requirement for submitting the report under subdivision (a) is inoperative four years after the date the report is due, pursuant to Section 10231.5 of the Government Code.

14127.6. (a) The Health Home Program shall be implemented only if and to the extent federal financial participation is available and the federal Centers for Medicare and Medicaid Services
approves any state plan amendments and any necessary waivers sought pursuant to this article.

(b) Except as provided in subdivision (c), this article shall be implemented only if no additional General Fund moneys are used to fund the administration and costs of services.

(c) Notwithstanding subdivision (b), if the department projects, based on analysis of current and projected expenditures for health home services prior to, during, or after the first eight quarters of implementation, that this article can be implemented in a manner that does not or will not result in a net increase in ongoing General Fund costs for the Medi-Cal program, the department may use state funds to fund any Health Home Program costs.

(d) The department may use new funding in the form of enhanced federal financial participation for health home services that are currently provided to fund additional costs for new Health Home Program services.

(e) The department shall seek to fund the creation, implementation, and administration of the program with funding other than state general funds.

(f) The department may revise or terminate the Health Home Program any time after the first eight quarters of implementation if the department finds that the program fails to result in reduced inpatient stays, hospital admission rates, and emergency department visits, or results in substantial General Fund expense without commensurate decreases in Medi-Cal costs among program participants.

14128. (a) In the event of a judicial challenge of the provisions of this article, this article shall not be construed to create an obligation on the part of the state to fund any payment from state funds due to the absence or shortfall of federal funding.

(b) For the purposes of implementing this article, the department may enter into exclusive or nonexclusive contracts on a bid or negotiated basis, and may amend existing managed care contracts to provide or arrange for services under this article. Contracts may be statewide or on a more limited geographic basis. Contracts entered into or amended under this section shall be exempt from the provisions of Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code and Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of the
Government Code, and shall be exempt from the review or approval of any division of the Department of General Services.

(c) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific the process set forth in this article by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until such time as regulations are adopted. It is the intent of the Legislature that the department be provided temporary authority as necessary to implement program changes until completion of the regulatory process.

(2) The department shall adopt emergency regulations no later than two years after implementation of this article. The department may readopt, up to two times, any emergency regulation authorized by this section that is the same as or substantially equivalent to an emergency regulation previously adopted pursuant to this section.

(3) The initial adoption of emergency regulations implementing this article and the readoptions of emergency regulations authorized by this section shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. Initial emergency regulations and readoptions authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and readoptions authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time final regulations may be adopted.
Approved ______________________, 2013

______________________________
Governor
SUMMARY:
Under existing law, a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from any act or omission, except as specified.

Existing law further provides that a person who has completed a basic cardiopulmonary resuscitation course that complies with specified standards and who in good faith renders emergency cardiopulmonary resuscitation at the scene of an emergency is not liable for any civil damages as a result of any act or omission, except as specified.

ANALYSIS:
This bill would prohibit a provider from adopting or enforcing a policy prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency. This prohibition would not apply to a long-term health care facility, a community care facility, adult day health care centers, or residential care facility for the elderly if there is a "do not resuscitate" or "Physician Orders for Life Sustaining Treatment" forms or an advance health care directive that prohibits resuscitation in effect for the person upon whom the resuscitation would otherwise be performed.

Amended analysis as of 5/13:
An employer shall not adopt or enforce a policy or practice of prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency.

This bill adds A health facility, as defined in section 1250, that is licensed by the State Department of Public Health to the list of facilities to which this section would not apply if there is a “do not resuscitate” or Physician Orders for Life Sustaining Treatment form, or an advance health care directive that prohibits resuscitation in effect for the individual.

Amended analysis as of 6/10:
This bill would provide that an employer is not liable for any civil damages or criminal and administrative discipline or penalties resulting from an act or omission of an employee who voluntarily provides emergency medical services, or resulting from an employee’s violation of certain employer policies regarding emergency medical resuscitation.

Amended analysis as of 6/20:
This bill as amended provides that in the event of an emergency, any available employee may voluntarily provide emergency medical services if a trained and authorized employee is not immediately available or is otherwise unable or unwilling to provide emergency medical assistance.

**Amended analysis as of 7/8:**
This bill removes the amendments of 6/10 related to employer liability.

**Amended analysis as of 8/26:**
This bill’s provisions do not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.

**BOARD POSITION:** Watch (6/12/13; 9/11/13)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Watch (5/8/13; 8/7/13)

**SUPPORT:**
Air Conditioning Trade Association
American College of Emergency Physicians
California Advocates for Nursing Home Reform
California Ambulance Association
California Association for Health Services at Home
California Chamber of Commerce
California Farm Bureau Federation
California Fire Chiefs Association
California Professional Firefighters
California Rescue Paramedic Association
Civil Justice Association of California
Clinica Sierra Vista
Culver City Chamber of Commerce
El Centro Chamber of Commerce
Fullerton Chamber of Commerce
Greater Bakersfield Chamber of Commerce
Greater Conejo Valley Chamber of Commerce
Greater Riverside Chambers of Commerce
Hall Ambulance Service Incorporated
Irvine Chamber of Commerce
Leading Age
Orange Chamber of Commerce
Palm Desert Area Chamber of Commerce
Plumbing-Heating-Cooling Contractors Association of California
Rancho Cordova Chamber of Commerce
Redondo Beach Chamber of Commerce
Santa Clara Chamber of Commerce
Simi Valley Chamber of Commerce
Southwest Legislative Council
Turlock Chamber of Commerce
Western Electrical Contractors Association

**OPPOSE:**
None verified as of 8/28
Assembly Bill No. 633

Passed the Assembly  September 6, 2013

Chief Clerk of the Assembly

Passed the Senate  September 3, 2013

Secretary of the Senate

This bill was received by the Governor this _____ day of ____________, 2013, at _____ o’clock _____m.

Private Secretary of the Governor
CHAPTER 1

An act to add Section 1799.103 to the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL’S DIGEST

AB 633, Salas. Emergency medical services: civil liability.

Under existing law, a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from any act or omission, except as specified. Existing law further provides that a person who has completed a basic cardiopulmonary resuscitation course that complies with specified standards, and who in good faith renders emergency cardiopulmonary resuscitation at the scene of an emergency is not liable for any civil damages as a result of any act or omission, except as specified. Existing law provides that a health care provider, including any licensed clinic, health dispensary, or health facility, is not liable for professional negligence or malpractice for any occurrence or result solely on the basis that the occurrence or result was caused by the natural course of a disease or condition, or was the natural or expected result of reasonable treatment rendered for the disease or condition.

This bill would prohibit an employer from having a policy of prohibiting an employee from providing voluntary emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency, except as specified. The bill would state that these provisions do not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.

The people of the State of California do enact as follows:

SECTION 1. Section 1799.103 is added to the Health and Safety Code, to read:

1799.103. (a) An employer shall not adopt or enforce a policy prohibiting an employee from voluntarily providing emergency medical services when the employee, in good faith, renders emergency medical or nonmedical care or assistance at the scene of an emergency, except as specified.
medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency, except as provided in subdivisions (b) and (c).

(b) Notwithstanding subdivision (a), an employer may adopt and enforce a policy authorizing employees trained in emergency services to provide those services. However, in the event of an emergency, any available employee may voluntarily provide emergency medical services if a trained and authorized employee is not immediately available or is otherwise unable or unwilling to provide emergency medical services.

(c) Notwithstanding subdivision (a), an employer may adopt and enforce a policy prohibiting an employee from performing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, on a person who has expressed the desire to forgo resuscitation or other medical interventions through any legally recognized means, including, but not limited to, a do-not-resuscitate order, a Physician Orders for Life Sustaining Treatment form, an advance health care directive, or a legally recognized health care decisionmaker.

(d) This section does not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.
Approved ________________________, 2013

Governor
BILL ANALYSIS

AUTHOR: Medina                       BILL NUMBER: AB 1057

SPONSOR: Medina                       BILL STATUS: Governor

SUBJECT: Professions and vocations: licenses: military service DATE LAST AMENDED: 6/3/13

SUMMARY:
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

ANALYSIS:
This bill would require each board to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

Amended analysis as of 4/9:
This bill would require each board, commencing January 1, 2015, to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

Amended analysis as of 6/3:
This bill changes the wording from “applicant” to “individual applying for licensure.”

BOARD POSITION: Support if amended (6/12/13). Watch (9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support if amended (5/8/13; 8/7/13)

SUPPORT: Board of Behavioral Sciences

OPPOSE: None on file
Assembly Bill No. 1057

Passed the Assembly August 30, 2013

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Chief Clerk of the Assembly

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Passed the Senate August 26, 2013

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Secretary of the Senate

This bill was received by the Governor this _____ day of ________________, 2013, at _____ o’clock ____.m.

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Private Secretary of the Governor
An act to add Section 114.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL’S DIGEST

AB 1057, Medina. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

This bill would require each board, commencing January 1, 2015, to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

The people of the State of California do enact as follows:

SECTION 1. Section 114.5 is added to the Business and Professions Code, to read:

114.5. Commencing January 1, 2015, each board shall inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.
Approved ______________________, 2013

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Governor
BILL ANALYSIS

AUTHOR: Hernandez, E.  BILL NUMBER: SB 271
SPONSOR: Hernandez, E.  BILL STATUS: Governor
SUBJECT: Associate Degree Nursing Scholarship Program  DATE LAST AMENDED: 8/6/13

SUMMARY:
Existing law establishes, until January 1, 2014, the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development (OSHPD) to provide scholarships to registered nursing students, in accordance with prescribed requirements, in counties determined to have the most need. Existing law provides that the program be funded from the Registered Nurse Education Fund, administered by the Health Professions Education Foundation within the office.

ANALYSIS:
This bill would extend the operation of this program indefinitely and makes related changes.

Amended analysis as of 8/6/13:
This bill adds a requirement that the OSHPD post A.D.N. Scholarship Program statistics and updates on its Web site.

BOARD POSITION: Support (4/10/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:
AFSCME
Association of California Healthcare Districts
California Association for Health Services at Home
California Hospital Association
California Nurses Association
California State Board of Registered Nursing
California Optometric Association
Hospital Corporation of America
United Nurses Association of California/Union of Health Care Professionals

OPPOSE: None
None verified as of 9/4.
Senate Bill No. 271

Passed the Senate  September 6, 2013


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Secretary of the Senate


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Passed the Assembly  September 4, 2013


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Chief Clerk of the Assembly


This bill was received by the Governor this _________ day of ________________, 2013, at ___ o’clock ___м.


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Private Secretary of the Governor
CHAPTER ______

An act to amend Sections 128400 and 128401 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL’S DIGEST

SB 271, Hernandez. Associate Degree Nursing Scholarship Program.

Existing law establishes, until January 1, 2014, the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. Existing law provides that the program be funded from the Registered Nurse Education Fund, and administered by the Health Professions Education Foundation within the office.

This bill would extend the operation of this program indefinitely and would require the office to post A.D.N. Scholarship Program statistics and updates on its Internet Web site. The bill would also make related technical changes.

The people of the State of California do enact as follows:

SECTION 1. Section 128400 of the Health and Safety Code is amended to read:

128400. There is hereby established in the State Treasury the Registered Nurse Education Fund. All money in the fund shall be used for the purposes specified in the California Registered Nurse Education Program established pursuant to this article. This fund shall receive money collected pursuant to subdivision (d) of Section 2815 and Section 2815.1 of the Business and Professions Code.

SEC. 2. Section 128401 of the Health and Safety Code is amended to read:

128401. (a) The Office of Statewide Health Planning and Development shall adopt regulations establishing the statewide Associate Degree Nursing (A.D.N.) Scholarship Program.

(b) Scholarships under the program shall be available only to students in counties determined to have the most need. Need in a
county shall be established based on consideration of all the following factors:

1. Counties with a registered nurse-to-population ratio equal to or less than 500 registered nurses per 100,000 individuals.
2. County unemployment rate.
3. County level of poverty.

c. A scholarship recipient shall be required to complete, at a minimum, an associate degree in nursing and work in a medically underserved area in California upon obtaining his or her license from the Board of Registered Nursing.

d. The Health Professions Education Foundation shall consider the following factors when selecting recipients for the A.D.N. Scholarship Program:

1. An applicant’s economic need, as established by the federal poverty index.
2. Applicants who demonstrate cultural and linguistic skills and abilities.

e. The program shall be funded from the Registered Nurse Education Fund established pursuant to Section 128400 and administered by the Health Professions Education Foundation within the office. The Health Professions Education Foundation shall allocate a portion of the moneys in the fund for the program established pursuant to this section, in addition to moneys otherwise allocated pursuant to this article for scholarships and loans for associate degree nursing students.

f. No additional staff or General Fund operating costs shall be expended for the program.

g. The Health Professions Education Foundation may accept private or federal funds for purposes of the A.D.N. Scholarship Program.

h. The Office of Statewide Health Planning and Development shall post A.D.N. Scholarship Program statistics and updates on its Internet Web site.
Approved __________________________, 2013

Governor
SUMMARY:
Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife.

ANALYSIS:
This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. The bill would also delete several obsolete references and make other technical, nonsubstantive changes.

Amended analysis as of 4/10:
This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. The bill would also delete several obsolete references and make other conforming, technical, and nonsubstantive changes.

Amended analysis as of 6/19:
The bill would prohibit a nurse practitioner, certified nurse-midwife, or physician assistant from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct.

BOARD POSITION: Oppose (6/12/13)

LEGALISITVE COMMITTEE RECOMMENDED POSITION: Oppose (5/8/13; 8/7/13)

SUPPORT:
California Academy of Physician Assistants (co-source)
California Association of Physician Groups (co-source)
California Academy of Family Physicians
California Association for Nurse Practitioners
California Optometric Association
United Nurses Associations of California/Union of Health Care Professionals

**OPPOSE:**
Board of Registered Nursing
California Nurses Association
National Nurses United
Senate Bill No. 352

CHAPTER 286

An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 9, 2013. Filed with Secretary of State September 9, 2013.]

LEGISLATIVE COUNSEL’S DIGEST

SB 352, Pavley. Medical assistants: supervision.

Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. Existing law requires the Board of Registered Nursing to issue a certificate to practice nurse-midwifery to a qualifying applicant who is licensed pursuant to the Nursing Practice Act.

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. The bill would prohibit a nurse practitioner, certified nurse-midwife, or physician assistant from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct. The bill would also delete several obsolete references and make other clarifying, conforming, technical, and nonsubstantive changes.

The people of the State of California do enact as follows:

SECTION 1. Section 2069 of the Business and Professions Code is amended to read:

2069. (a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.
(2) The supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, certified nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, if either of the following apply:

(A) The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol, including instructions for specific authorizations, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502, including instructions for specific authorizations, and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions apply:

(1) “Medical assistant” means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) “Specific authorization” means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient’s medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient’s medical record.

(3) “Supervision” means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:
(A) A licensed physician and surgeon.
(B) A licensed podiatrist.
(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).
(4) “Technical supportive services” means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).
(c) Nothing in this section shall be construed as authorizing any of the following:
(1) The licensure of medical assistants.
(2) The administration of local anesthetic agents by a medical assistant.
(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.
(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).
(5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.
(d) A nurse practitioner, certified nurse-midwife, or physician assistant shall not authorize a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized by Chapter 3 (commencing with Section 1200). A violation of this subdivision constitutes unprofessional conduct.
(e) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.
AUTHOR: Padilla  BILL NUMBER: SB 440

SPONSOR: Padilla  BILL STATUS: Governor

SUBJECT: Public postsecondary education: Student Transfer Achievement Reform Act  DATE LAST AMENDED: 9/3/13

SUMMARY:
Existing law establishes the California Community Colleges and the California State University as two of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act, encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

ANALYSIS:
This bill would express the finding and declaration of the Legislature that intersegmental faculty of the California Community Colleges and the California State University have developed transfer model curricula in many of the most commonly transferred majors between the 2 segments. The bill would express the intent of the Legislature to endorse and encourage the use of transfer model curricula as the preferred basis for associate degrees for transfer and the development of community college areas of emphasis that articulate with the 25 most popular majors for transfer students. The bill would require community college districts to create an associate degree for transfer in every major offered by that district that has an approved transfer model curriculum before the commencement of the 2014-15 academic year, thereby imposing a state-mandated local program.

The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options, as defined, within a major field.

Amended analysis as of 4/25:
This bill amendment would require a community college, before the commencement of the 2016-17 academic year, to create an associate degree for transfer in every major and to require that the CSU accept these degrees, and develop an admission redirection process for students who complete these degrees but are denied admission to the CSU campus to which they have applied.

Amended analysis as of 5/24:
This bill amendment adds, as components of a student-centered communication and marketing strategies to increase the visibility of the associate degree for transfer pathway for all students in California, the following:
Information on the pathway prominently displayed in all community college counseling offices and transfer centers; Associate degree for transfer pathway information provided to all first-year community college students developing an education plan to aid them in making informed educational choices; Targeted outreach to first-year students through campus orientations and existing student support services programs (federal TRIO programs), including, but not necessarily limited to, First-Generation Experience, MESA, and Puente.

**Amended analysis as of 8/5:**
This bill would provide that admission to the CSU under these provisions does not guarantee admission for specific majors or campuses.

This bill would provide that the guarantee of admission for those community college students described above includes admission to a program or major and concentration that is either similar to the student’s community college transfer model curriculum-aligned associate degree for transfer or may be completed with 60 semester units of study beyond that degree for transfer, the determinations to be made by the campus to which the student is admitted.

**Amended analysis as of 9/3:**
This bill clarifies language; no substantive changes.

**BOARD POSITION:** Watch (4/10/13); Support (6/12/13; 9/11/13)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Support (5/8/13)

**SUPPORT:**
Advancement Project
Alliance for College Ready Public Schools
Alliance for a Better Community
California Campus Compact
California Communities United Institute
California Competes
California Hospital Association
Campaign for College Opportunity
Central Valley Higher Education Consortium
Families in Schools
Gay-Straight Alliance Network
Girls, Inc.
Hispanas Organized for Political Equality
Hispanic Bar Association of Orange County
Hispanic Foundation of Silicon Valley
Hispanic Scholarship Fund
Inland Coalition
Inland Empire Economic Partnership
InnerCity Struggle
League of Woman Voters of California
Long Beach City College
Los Angeles Area Chamber of Commerce
Los Angeles Urban League
Mexican American Legal Defense and Educational Fund
Middle College High School at San Joaquin Delta College
National Council of La Raza
Napa Valley College
Parent Institute for Quality Education
Project Grad Los Angeles
Public Advocates
Regional Economic Association Leaders of California
Sacramento Metro Chamber of Commerce
San Francisco Chamber of Commerce
Stanislaus County Office of Education
State Center Community College District
Southern California College Access Network
The Education Trust - West
The Institute for College Access and Success
The Women's Foundation of California
Youth Policy Institute

**OPPOSE:**
Academic Senate of the California Community Colleges
Academic Senate of the California State University
Senate Bill No. 440

Passed the Senate  September 10, 2013

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Secretary of the Senate

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Passed the Assembly  September 9, 2013

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Chief Clerk of the Assembly

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This bill was received by the Governor this __________ day of ________________, 2013, at _____ o’clock ___ м.

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Private Secretary of the Governor
CHAPTER ________

An act to amend Sections 66746 and 66747 of, and to add Section 66748.5 to, the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL’S DIGEST

SB 440, Padilla. Public postsecondary education: Student Transfer Achievement Reform Act.

(1) Existing law establishes the California Community Colleges and the California State University as 2 of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act, encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer, and provides that admission to the California State University under these provisions does not guarantee admission for specific majors or campuses. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

This bill would express findings and declarations of the Legislature relating to timely progression from lower division coursework to degree completion. The bill would require community colleges to create an associate degree for transfer in every major and area of emphasis offered by that college for any approved transfer model curriculum, as prescribed, thereby imposing a state-mandated local program.

The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in every major and concentration offered by that California State University, as specified. This bill would provide that the guarantee of admission for those community college students...
described above includes admission to a program or major and concentration that is either similar to the student’s community college transfer model curriculum-aligned associate degree for transfer or may be completed with 60 semester units of study beyond that degree for transfer, the determinations to be made by the campus to which the student is admitted. The bill would require the California State University to develop an admissions redirection process for students admitted pursuant to the Student Transfer Achievement Reform Act who apply for admission to the California State University, but are not accepted into the campuses specifically applied to.

The bill would require the California Community Colleges and the California State University, in consultation with specified parties, to develop a student-centered communication and marketing strategy in order to increase the visibility of the associate degree for transfer pathway for all students in California. To the extent that this provision would create new duties for community college districts, it would constitute a state-mandated local program.

(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 would provide 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.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:
(a) Since the enactment of the 1960 Master Plan for Higher Education, preparing students to transfer to a four-year university has been a core function of the California Community Colleges.
(b) Successful and timely progression from lower division coursework to degree completion is a basic principle of California higher education and is critical to the future of the state’s economy.
(c) The Public Policy Institute of California projects that California’s workforce will have one million fewer graduates than
it needs in 2025, and that increasing transfer rates from community colleges to four-year postsecondary educational institutions could dramatically reduce the education skills gap.

(d) Today, one in every four jobs requires an associate degree or higher. In the near future, one in every three jobs will require an associate degree or higher.

(e) The size of the California Community Colleges and the California State University systems, which have the largest share of postsecondary students in the nation, allow the state to address the serious projected shortage of educated workers.

(f) To meet workforce demands in a cost-effective way, it is critical that we significantly increase the number of students obtaining an associate degree while preparing for transfer to a four-year college or university.

(g) Although the community college and state university segments have undertaken tremendous efforts to institute the new transfer pathway, current implementation efforts of Sections 66746 and 66747 of the Education Code alone are insufficient to ensure that the associate degree for transfer becomes the preferred transfer pathway for all students across the state.

SEC. 2. Section 66746 of the Education Code is amended to read:

66746. (a) Commencing with the fall term of the 2011–12 academic year, a student who earns an associate degree for transfer granted pursuant to subdivision (b) shall be deemed eligible for transfer into a California State University baccalaureate program when the student meets both of the following requirements:

(1) Completion of 60 semester units or 90 quarter units that are eligible for transfer to the California State University, including both of the following:

(A) The Intersegmental General Education Transfer Curriculum (IGETC) or the California State University General Education-Breadth Requirements.

(B) A minimum of 18 semester units or 27 quarter units in a major or area of emphasis, as determined by the community college district and meeting the requirements of an approved transfer model curriculum.

(2) Obtainment of a minimum grade point average of 2.0.

(b) (1) (A) As a condition of receipt of state apportionment funds, a community college district shall develop and grant
associate degrees for transfer that meet the requirements of subdivision (a). A community college district shall not impose any requirements in addition to the requirements of this section, including any local college or district requirements, for a student to be eligible for the associate degree for transfer and subsequent admission to the California State University pursuant to Section 66747.

(B) Before the commencement of the 2015–16 academic year, a community college shall create an associate degree for transfer in the major and area of emphasis offered by that college for any approved transfer model curriculum finalized prior to the commencement of the 2013–14 academic year.

(C) A community college shall create an associate degree for transfer in every major and area of emphasis offered by that college for any approved transfer model curriculum approved subsequent to the commencement of the 2013–14 academic year within 18 months of the approval of the transfer model curriculum.

(D) Before the commencement of the 2015–16 academic year, there shall be the development of at least two transfer model curriculum in areas of emphasis and, before the commencement of the 2016–17 academic year, there shall be the development of at least two additional transfer model curriculum in areas of emphasis.

(2) The condition of receipt of state apportionment funding contained in paragraph (1) shall become inoperative if, by December 31, 2010, each of the state’s 72 community college districts has submitted to the Chancellor of the California Community Colleges, for transmission to the Director of Finance, signed certification waiving, as a local agency request within the meaning of paragraph (1) of subdivision (a) of Section 6 of Article XIII B of the California Constitution, any claim of reimbursement related to the implementation of this article.

(c) A community college district is encouraged to consider the local articulation agreements and other work between the respective faculties from the affected community college and California State University campuses in implementing the requirements of this section.

(d) Community colleges are encouraged to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer pursuant to this section.
(e) This section shall not preclude enrollment in nontransferable student success courses or preclude students who are assessed below collegiate level from acquiring remedial noncollegiate level coursework in preparation for obtaining the associate degree. Remedial noncollegiate level coursework and nontransferable student success courses shall not be counted as part of the transferable units required pursuant to paragraph (1) of subdivision (a).

SEC. 3. Section 66747 of the Education Code is amended to read:

66747. (a) (1) Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall guarantee admission with junior status to any community college student who meets all of the requirements of Section 66746, with admission to a program or major and concentration, as applicable, that meets either of the following:

(A) Is similar to the student’s community college transfer model curriculum-aligned associate degree for transfer, as determined by the California State University campus to which the student is admitted.

(B) May be completed with 60 semester units of study beyond the community college transfer model curriculum-aligned associate degree for transfer, with completion ability determined by the California State University campus to which the student is admitted.

(2) Admission to the California State University, as provided under this article, does not guarantee admission for a specific major or campus.

(3) Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall grant a student priority admission to his or her local California State University campus and to a program or major and concentration that is similar to the student’s community college transfer model curriculum-aligned associate degree for transfer, as determined by the California State University campus to which the student is admitted.

(4) A California State University campus shall accept transfer model curriculum-aligned associate degrees for transfer in every major and concentration offered by that California State University campus that meets the requirements of paragraph (1). A California State University campus shall additionally make every effort to
accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University concentrations.

(5) As used in this section, a “concentration” is an area of specialization within a major degree program.

(b) A student admitted under this article shall receive priority over all other community college transfer students, in accordance with subdivision (b) of Section 66202, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year. A student admitted pursuant to this article shall have met the requirements of an approved transfer agreement consistent with subdivision (a) of Section 66202.

(c) The California State University shall develop an admissions redirection process for students admitted under this article who apply for admission to the California State University, but are not accepted into the California State University campuses specifically applied to. This process shall be aligned with the guaranteed admission into the California State University system under subdivision (a).

SEC. 4. Section 66748.5 is added to the Education Code, to read:

66748.5. The California Community Colleges and the California State University, in consultation with students, faculty, student service administrators, the State Department of Education, the California Education Round Table, and other key stakeholders, shall develop a student-centered communication and marketing strategy in order to increase the visibility of the associate degree for transfer pathway for all students in California that includes, but is not necessarily limited to, all of the following:

(a) Outreach to high schools in accordance with existing high school outreach programs and activities performed by the colleges and universities.

(b) Information on the pathway prominently displayed in all community college counseling offices and transfer centers.

(c) Associate degree for transfer pathway information provided to all first-year community college students developing an education plan to aid them in making informed educational choices.

(d) Targeted outreach to first-year students through campus orientations and student support services programs offered by the
campus that may include, but are not necessarily limited to, Federal TRIO Programs, First-Generation Experience, MESA, and Puente.

(e) Information on the pathway prominently displayed in community college course catalogs.

(f) Information on the pathway prominently displayed on the Internet Web sites of each community college, each campus of the California State University, and on the CaliforniaColleges.edu Internet Web site.

SEC. 5. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.
Approved ______________________, 2013

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Governor
BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
October 1, 2013
BILL ANALYSIS

AUTHOR: Yee BILL NUMBER: SB 718

SPONSOR: California Nurses Association BILL STATUS: Assembly Inactive File

SUBJECT: Hospitals: workplace violence prevention plan DATE LAST AMENDED: 9/3/13

SUMMARY:
Existing law regulates the operation of health facilities, including hospitals. Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

ANALYSIS:
This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would prohibit a hospital from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident. The bill would require a hospital to report to the division any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified, and would authorize the division to assess a civil penalty against a hospital for failure to report an incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding incidents of violence at hospitals, as specified.

Amended analysis as of 4/4:
The bill would require a hospital to document and keep for 5 years a written record of all violent incidents against a hospital employee, as defined, and to report to the division any violent incident, as specified. The bill would also authorize the division to assess a civil penalty against a hospital for failure to report a violent incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding violent incidents at hospitals, as specified, and to develop regulations implementing these provisions by January 1, 2015.
Amended analysis as of 5/15:
This bill would exclude the State Department of State Hospitals, the State Department of Developmental Services, and the Department of Corrections and Rehabilitation from the hospitals to which the bill applies.

Amended analysis as of 6/20:
This bill would require the Department of Occupational Safety and Health to post on its Web site a report regarding violent incidents at hospitals and to adopt regulations implementing these provisions by January 1, 2015.

Amended analysis as of 9/3:
This bill deletes reference to developing a workplace violence prevention plan. The hospitals that can not prohibit an employee from, or take punitive or retaliatory action against for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs are those specified in Health and Safety Code Section 1250 (general acute care hospitals, acute psychiatric hospitals, and special hospitals).

BOARD POSITION: Support (6/18/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/8/13; 8/7/13)

SUPPORT:
California Nurses Association
California Labor Federation
Consumer Attorneys of California
Laborers’ Locals 777 and 792
National Association of Social Workers - California Chapter
United Nurses Association of California/Union of Health Care Professionals

OPPOSE:
California Association of Joint Powers Authorities
California Hospital Association
SENATE BILL No. 718

Introduced by Senator Yee

February 22, 2013

An act to add Section 6401.8 to the Labor Code, relating to employment safety.

LEGISLATIVE COUNSEL’S DIGEST

SB 718, as amended, Yee. Hospitals: workplace violence prevention plan.

Existing law regulates the operation of health facilities, including hospitals.

Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any violent incident, as defined, against a hospital
employee, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would prohibit a hospital, as specified, from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident.

The bill would require a hospital to document and keep for 5 years a written record of all violent incidents against a hospital employee, as defined, and to report to the division any violent incident, as specified. The bill would also authorize the division to assess a civil penalty against a hospital for failure to report a violent incident, as specified. The bill would further require the division to post on its Internet Web site a report regarding violent incidents at hospitals, as specified, and to adopt regulations implementing these provisions by January 1, 2015.

Because this bill would expand the scope of a crime, the bill would impose 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 would provide that no reimbursement is required by this act for a specified reason.


The people of the State of California do enact as follows:

SECTION 1. Section 6401.8 is added to the Labor Code, to read:

6401.8. (a) Except as provided in subdivision (a), as a part of its injury prevention program required pursuant to Section 6401.7, a hospital described in subdivision (a), (b), or (f) of Section 1250 of the Health and Safety Code shall adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. The plan shall include, but not be limited to, security considerations relating to all of the following:
(1) Physical layout.
(2) Staffing, including staffing patterns and patient classification systems that contribute to the risk of violence or are insufficient to address the risk of violence.
(3) The adequacy of facility security systems, protocols, and policies, including, but not limited to, security personnel availability and employee alarm systems.
(4) Potential security risks associated with specific units or areas within the facility where there is a greater likelihood that a patient or other person may exhibit violent behavior.
(5) Uncontrolled public access to any part of the facility.
(6) Potential security risks related to working late night or early morning hours.
(7) Employee security in areas surrounding the facility, including, but not limited to, employee parking areas.
(8) The use of a trained response team that can assist employees in violent situations.
(9) Policy and training related to appropriate responses to violent acts.
(10) Efforts to cooperate with local law enforcement regarding violent acts in the facility.

(b) As part of its workplace violence prevention plan, a hospital shall adopt safety and security policies, including, but not limited to, all of the following:
(1) Personnel training policies designed to protect personnel, patients, and visitors from aggressive or violent behavior, including education on how to recognize the potential for violence, how and when to seek assistance to prevent or respond to violence, and how to report violent incidents to the appropriate law enforcement officials.
(2) A system for responding to violent incidents and situations involving violence or the risk of violence, including, but not limited to, procedures for rapid response by which an employee is provided with immediate assistance if the threat of violence against that employee appears to be imminent, or if a violent act has occurred or is occurring.
(3) A system for investigating violent incidents and situations involving violence or the risk of violence. When investigating these incidents, the hospital shall interview any employee involved in the incident or situation.
(4) A system for reporting, monitoring, and recordkeeping of violent incidents and situations involving the risk of violence.

(5) A system for reporting violent incidents to the division pursuant to subdivision (h).

(6) Modifications to job design, staffing, security, equipment, or facilities as determined necessary to prevent or address violence against hospital employees.

(e) The plan shall be developed in conjunction with affected employees, including their recognized collective bargaining agents; if any, individuals or members of a hospital committee responsible for developing the security plan shall be familiar with hospital safety and security issues, as well as the identification of aggressive and violent predicting factors. In developing the workplace violence prevention plan, the hospital shall consider guidelines or standards on violence in health care facilities issued by the division, the federal Occupational Safety and Health Administration, and, if available, the State Department of Public Health.

(d) All medical staff and health care workers who provide direct care to patients shall, at least annually, receive workplace violence prevention education and training that is designed in such a way as to provide an opportunity for interactive questions and answers with a person knowledgeable about the workplace violence prevention plan, and that includes, but is not limited to, the following topics:

(1) General safety measures.

(2) Personal safety measures.

(3) The assault cycle.

(4) Aggression and violence predicting factors.

(5) Obtaining patient history from a patient with violent behavior.

(6) Characteristics of aggressive and violent patients and victims.

(7) Verbal and physical maneuvers to diffuse and avoid violent behavior.

(8) Strategies to avoid physical harm.

(9) Restraining techniques.

(10) Appropriate use of medications as chemical restraints.

(11) Any resources available to employees for coping with violent incidents, including, by way of example, critical incident stress debriefing or employee assistance programs.
(e) All temporary personnel shall be oriented to the workplace violence prevention plan.

(f) A hospital shall provide evaluation and treatment for an employee who is injured or is otherwise a victim of a violent incident and shall, upon the request of the employee, provide access to followup counseling to address trauma or distress experienced by the employee, including, but not limited to, individual crisis counseling, support group counseling, peer assistance, and professional referrals.

(h) 6401.8. (a) A hospital described in subdivision (a), (b), or (f) of Section 1250 of the Health and Safety Code shall not prohibit an employee from, or take punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs.

(b) (1) In addition to the reports required by Section 6409.1, a hospital shall document and keep for a period of five years a written record of any violent incident against a hospital employee immediately after the incident is reported by that employee or any other employee to a manager, supervisor, or other hospital administrator. The hospital shall document and keep a written record of all violent incidents, regardless of whether the employee sustains an injury. This record shall include, but not be limited to, the date and time of the incident, the unit in which the incident occurred, a description of the circumstances surrounding the incident, and the hospital's response to the incident.

(2) A hospital shall report to the division within 72 hours the information recorded pursuant to paragraph (1) regarding a violent incident. If the incident results in physical injury, involves the use of a firearm or other dangerous weapon, or presents an urgent or emergent threat to the welfare, health, or safety of hospital personnel, the hospital shall report the incident to the division within 24 hours.

(3) If a hospital fails to report a violent incident pursuant to paragraph (2), the division may assess a civil penalty against the hospital in an amount not to exceed one hundred dollars ($100) per day for each day that the incident is not reported following the
initial 72-hour or 24-hour period, as applicable pursuant to paragraph (2).

(c) The division may, at its discretion, conduct an inspection for any violent incident reported pursuant to subdivision (b).

(d) Nothing in this section requiring recordkeeping and reporting by an employer relieves the employer of the requirements of Section 6410.

(e) By January 1, 2015, and annually thereafter, the division shall, in a manner that protects patient and employee confidentiality, post a report on its Internet Web site containing information regarding violent incidents at hospitals, that includes, but is not limited to, the total number of reports and which specific hospitals filed reports pursuant to subdivision (b), the outcome of any related inspection or investigation, citations levied against a hospital based on a violent incident, and recommendations on how to prevent violent incidents at hospitals.

(f) By January 1, 2015, the division shall adopt regulations to implement the provisions of this section.

(g) For purposes of this section, “violent incident” shall include, but not be limited to, the following:

(1) The use of physical force against a hospital employee by a patient or a person accompanying a patient that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

(2) An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

This section shall not apply to a hospital operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Corrections and Rehabilitation.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or
infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
SUMMARY:
Existing law requires the Employment Development Department, in consultation and coordination with veterans’ organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans’ employment and training needs and to seek federal funding for those purposes.

ANALYSIS:
This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature addressing specified matters relating to military training programs and state credentialing programs.

AMENDED ANALYSIS of 4/23:
This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.

BOARD POSITION: Watch (4/10/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/8/13)

SUPPORT:
California Labor Federation, AFL-CIO
Veterans Caucus of the California Democratic Party

OPPOSE: None to date.
Senate Bill No. 723

Passed the Senate  May 20, 2013

Secretary of the Senate

Passed the Assembly  September 4, 2013

Chief Clerk of the Assembly

This bill was received by the Governor this _________ day of ________________, 2013, at _____ o’clock ___м.

Private Secretary of the Governor

Corrected 9-9-13
An act to add Section 325.51 to the Unemployment Insurance Code, relating to veterans.

LEGISLATIVE COUNSEL’S DIGEST

SB 723, Correa. Veterans.

Existing law requires the Employment Development Department, in consultation and coordination with veterans’ organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans’ employment and training needs and to seek federal funding for those purposes.

This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.

The people of the State of California do enact as follows:

SECTION 1. Section 325.51 is added to the Unemployment Insurance Code, immediately following Section 325.5, to read:

325.51. The Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly shall present a report to the Legislature containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.
Approved ______________________, 2013

Governor
SUMMARY:
The following paragraphs reflect the provisions most relevant to the Board of Registered Nursing:

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care.

Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

Existing law imposes various taxes, including taxes on the privilege of engaging in certain activities. The Fee Collection Procedures Law, the violation of which is a crime, provides procedures for the collection of certain fees and surcharges.

ANALYSIS:
This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.
This bill would require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances, by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

This bill would require licensed health care practitioners, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care, and, upon the happening of specified events, to access and consult that information prior to prescribing or dispensing Schedule II, Schedule III, or Schedule IV controlled substances.

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

Amended analysis as of 5/1:
This bill amendment references the Board of Equalization.

Amended analysis as of 5/14:
This bill amendment adds an effective date of January 1, 2015, to the imposition of the tax on manufacturers of controlled substances. It allows health care service plans to voluntarily contribute to the CURES Fund.

Amended analysis as of 5/24:
This bill adds the Naturopathic Medical Committee of the Osteopathic Medical Board of California to the list of boards whose practitioners would be covered by this legislation.

This bill would require the named boards to charge practitioners who are authorized to prescribe, order, administer, furnish, or dispense substances a fee of up to 1.16% of the renewal fee that the licensee was subject to as of July 1, 2013.

This bill would additionally require the board [Medical Board of California] to periodically develop and disseminate to each licensed physician and surgeon and to each general acute care hospital in California information and educational materials relating to the assessment of a patient’s risk of abusing or diverting controlled substances and information relating to CURES.

Amended analysis as of 5/28:
This bill deletes the imposition of a tax upon manufacturers of controlled substances, as defined, that would have been initiated January 1, 2015. It allows pharmaceutical manufacturers to voluntarily contribute to the CURES Fund.

Amended analysis as of 6/26:
This bill revises some wording, but there are no substantive changes.

Amended analysis as of 8/5:
This bill provides for the imposition of a $6.00 fee for specified licensees, including those practitioners who are authorized to prescribe, order, administer, furnish, or dispense Schedule II-IV controlled substances to fund the CURES program; it deletes the provision for imposition of a 1.16% of the license renewal fee for these practitioners. The bill requires the regulating agency of
each of these licensees to bill and collect the fee at the time of license renewal, and deletes
identifying these regulatory agencies in the bill’s language. The bill would authorize the
Department of Consumer Affairs to reduce, by regulation, that fee to the reasonable cost of
operating and maintaining CURES for the purpose of regulating those licensees, if the reasonable
regulatory cost is less than $6.00 per licensee.

This bill would require, by January 1, 2016, or upon receipt of a federal Drug Enforcement
Administration registration, whichever occurs later, health care practitioners authorized to
prescribe, order, administer, furnish, or dispense controlled substances, as specified, to apply to the
Department of Justice to obtain approval to access information stored on the Internet regarding the
controlled substance history of a patient under their care.

The bill would require the Department of Justice, in conjunction with the Department of Consumer
Affairs and certain licensing boards to, among other things, develop a streamlined application and
approval process to provide access to the CURES database for licensed health care practitioners
and pharmacists.

This bill removes the provision for it to take effect immediately as an urgency statute.

Amended analysis as of 9/3:
This bill establishes April 1, 2014, as the date for imposition of the $6.00 annual fee for those
specified licensees including those authorized to prescribe, order, administer, furnish, or
dispense controlled substances, and requires the regulating agency of each of those
licensees to bill and collect that fee at the time of license renewal.

BOARD POSITION: Watch (6/12/13; 9/11/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (8/7/13)

SUPPORT:
California Attorney General Kamala Harris (Sponsor)
ALPHA Fund
American Cancer Society Cancer Action Network
American Medical Association
Association of California Healthcare Districts
Association of California Insurance Companies
Association of California Life and Health Insurance Companies
Association of Northern California Oncologists
Behind the Orange Curtain, the Documentary
California Academy of Physician Assistants
California Association for Nurse Practitioners
California Association of Joint Powers Authority
California Association of Oral and Maxillofacial Surgeons
California Chapter of the American College of Emergency Physicians
California Coalition on Workers' Compensation
California Hospital Association
California Joint Powers Insurance Authority
California Labor Federation
California Medical Association
California Narcotic Officers Association
OPPOSE: No confirmed opposition.
Senate Bill No. 809

Passed the Senate  September 10, 2013

Secretary of the Senate

Passed the Assembly  September 9, 2013

Chief Clerk of the Assembly

This bill was received by the Governor this _________ day of ________________, 2013, at _____ o’clock ____м.

Private Secretary of the Governor
An act to add Sections 208, 209, and 2196.8 to the Business and Professions Code, and to amend Sections 11164.1, 11165, and 11165.1 of, and to add Section 11165.5 to, the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL’S DIGEST

SB 809, DeSaulnier. Controlled substances: reporting.

(1) Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would, beginning April 1, 2014, require an annual fee of $6 to be assessed on specified licensees, including licensees authorized to prescribe, order, administer, furnish, or dispense controlled substances, and require the regulating agency of each of those licensees to bill and collect that fee at the time of license renewal. The bill would authorize the Department of Consumer Affairs to reduce, by regulation, that fee to the reasonable cost of operating and maintaining CURES for the purpose of regulating those licensees, if the reasonable regulatory cost is less than $6 per licensee. The bill would require the proceeds of the fee to be deposited into the CURES Fund for the support of CURES, as specified. The bill would also permit specified insurers, health care service plans, qualified manufacturers, and other donors to voluntarily contribute to the CURES Fund, as described.
(2) Existing law requires the Medical Board of California to periodically develop and disseminate information and educational materials regarding various subjects, including pain management techniques, to each licensed physician and surgeon and to each general acute care hospital in California.

This bill would additionally require the board to periodically develop and disseminate to each licensed physician and surgeon and to each general acute care hospital in California information and educational materials relating to the assessment of a patient’s risk of abusing or diverting controlled substances and information relating to CURES.

(3) Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care. Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

This bill would require, by January 1, 2016, or upon receipt of a federal Drug Enforcement Administration registration, whichever occurs later, health care practitioners authorized to prescribe, order, administer, furnish, or dispense controlled substances, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under their care. The bill would require the Department of Justice, in conjunction with the Department of Consumer Affairs and certain licensing boards, to, among other things, develop a streamlined application and approval process to provide access to the CURES database for licensed health care practitioners and pharmacists. The bill would make other related and conforming changes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) The Controlled Substance Utilization Review and Evaluation System (CURES) is a valuable preventive, investigative, and educational tool for health care providers, regulatory agencies,
educational researchers, and law enforcement. Recent budget cuts to the Attorney General’s Division of Law Enforcement have resulted in insufficient funding to support CURES and its Prescription Drug Monitoring Program (PDMP). The CURES PDMP is necessary to ensure health care professionals have the necessary data to make informed treatment decisions and to allow law enforcement to investigate diversion of prescription drugs. Without a dedicated funding source, the CURES PDMP is not sustainable.

(b) Each year CURES responds to more than 800,000 requests from practitioners and pharmacists regarding all of the following:
   (1) Helping identify and deter drug abuse and diversion of prescription drugs through accurate and rapid tracking of Schedule II, Schedule III, and Schedule IV controlled substances.
   (2) Helping practitioners make prescribing decisions.
   (3) Helping reduce misuse, abuse, and trafficking of those drugs.

(c) Schedule II, Schedule III, and Schedule IV controlled substances have had deleterious effects on private and public interests, including the misuse, abuse, and trafficking in dangerous prescription medications resulting in injury and death. It is the intent of the Legislature to work with stakeholders to fully fund the operation of CURES which seeks to mitigate those deleterious effects and serve as a tool for ensuring safe patient care, and which has proven to be a cost-effective tool to help reduce the misuse, abuse, and trafficking of those drugs.

(d) The following goals are critical to increase the effectiveness and functionality of CURES:
   (1) Upgrading the CURES PDMP so that it is capable of accepting real-time updates and is accessible in real-time, 24 hours a day, seven days a week.
   (2) Upgrading the CURES PDMP in California so that it is capable of operating in conjunction with all national prescription drug monitoring programs.
   (3) Providing subscribers to prescription drug monitoring programs access to information relating to controlled substances dispensed in California, including those dispensed through the United States Department of Veterans Affairs, the Indian Health Service, the Department of Defense, and any other entity with authority to dispense controlled substances in California.
(4) Upgrading the CURES PDMP so that it is capable of accepting the reporting of electronic prescription data, thereby enabling more reliable, complete, and timely prescription monitoring.

SEC. 2. Section 208 is added to the Business and Professions Code, to read:

208. (a) Beginning April 1, 2014, a CURES fee of six dollars ($6) shall be assessed annually on each of the licensees specified in subdivision (b) to pay the reasonable costs associated with operating and maintaining CURES for the purpose of regulating those licensees. The fee assessed pursuant to this subdivision shall be billed and collected by the regulating agency of each licensee at the time of the licensee’s license renewal. If the reasonable regulatory cost of operating and maintaining CURES is less than six dollars ($6) per licensee, the Department of Consumer Affairs may, by regulation, reduce the fee established by this section to the reasonable regulatory cost.

(b) (1) Licensees authorized pursuant to Section 11150 of the Health and Safety Code to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances or pharmacists licensed pursuant to Chapter 9 (commencing with Section 4000) of Division 2.

(2) Wholesalers and nonresident wholesalers of dangerous drugs licensed pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2.

(3) Nongovernmental clinics licensed pursuant to Article 13 (commencing with Section 4180) and Article 14 (commencing with Section 4190) of Chapter 9 of Division 2.

(4) Nongovernmental pharmacies licensed pursuant to Article 7 (commencing with Section 4110) of Chapter 9 of Division 2.

(c) The funds collected pursuant to subdivision (a) shall be deposited in the CURES Fund, which is hereby created within the State Treasury. Moneys in the CURES Fund shall, upon appropriation by the Legislature, be available to the Department of Consumer Affairs to reimburse the Department of Justice for costs to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(d) The Department of Consumer Affairs shall contract with the Department of Justice on behalf of the Medical Board of California, the Dental Board of California, the California State
Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Board of the Medical Board of California, the Osteopathic Medical Board of California, the Naturopathic Medicine Committee of the Osteopathic Medical Board, the State Board of Optometry, and the California Board of Podiatric Medicine to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

SEC. 3. Section 209 is added to the Business and Professions Code, to read:

209. The Department of Justice, in conjunction with the Department of Consumer Affairs and the boards and committees identified in subdivision (d) of Section 208, shall do all of the following:

(a) Identify and implement a streamlined application and approval process to provide access to the CURES Prescription Drug Monitoring Program (PDMP) database for licensed health care practitioners eligible to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances and for pharmacists. Every reasonable effort shall be made to implement a streamlined application and approval process that a licensed health care practitioner or pharmacist can complete at the time that he or she is applying for licensure or renewing his or her license.

(b) Identify necessary procedures to enable licensed health care practitioners and pharmacists with access to the CURES PDMP to delegate their authority to order reports from the CURES PDMP.

(c) Develop a procedure to enable health care practitioners who do not have a federal Drug Enforcement Administration (DEA) number to opt out of applying for access to the CURES PDMP.

SEC. 4. Section 2196.8 is added to the Business and Professions Code, to read:

2196.8. The board shall periodically develop and disseminate information and educational material regarding assessing a patient’s risk of abusing or diverting controlled substances and information relating to the Controlled Substance Utilization Review and Evaluation System (CURES), described in Section 11165 of the Health and Safety Code, to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Public Health, the boards and committees specified in subdivision (d) of Section 208, and

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the Department of Justice in developing the materials to be distributed pursuant to this section.

SEC. 5. Section 11164.1 of the Health and Safety Code is amended to read:

11164.1. (a) (1) Notwithstanding any other provision of law, a prescription for a controlled substance issued by a prescriber in another state for delivery to a patient in another state may be dispensed by a California pharmacy, if the prescription conforms with the requirements for controlled substance prescriptions in the state in which the controlled substance was prescribed.

(2) All prescriptions for Schedule II, Schedule III, and Schedule IV controlled substances dispensed pursuant to this subdivision shall be reported by the dispensing pharmacy to the Department of Justice in the manner prescribed by subdivision (d) of Section 11165.

(b) Pharmacies may dispense prescriptions for Schedule III, Schedule IV, and Schedule V controlled substances from out-of-state prescribers pursuant to Section 4005 of the Business and Professions Code and Section 1717 of Title 16 of the California Code of Regulations.

SEC. 6. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The Department of Justice may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature
and make available to the public the amount and source of funds it receives for support of CURES.

(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, provided that patient information, including any information that may identify the patient, is not compromised. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to any third party. The Department of Justice shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber’s category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical
license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

(e) The Department of Justice may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. All prescriber and dispenser invitees shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The Department of Justice shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The Department of Justice may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

SEC. 7. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before January 1, 2016, or upon receipt of a
federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, before January 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber accessing information for any other reason than caring for his or her patients.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process
developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient’s controlled substance history provided to a prescriber or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

SEC. 8. Section 11165.5 is added to the Health and Safety Code, to read:

11165.5. (a) The Department of Justice may seek voluntarily contributed private funds from insurers, health care service plans, qualified manufacturers, and other donors for the purpose of supporting CURES. Insurers, health care service plans, qualified manufacturers, and other donors may contribute by submitting their payment to the Controller for deposit into the CURES Fund established pursuant to subdivision (c) of Section 208 of the Business and Professions Code. The department shall make information about the amount and the source of all private funds it receives for support of CURES available to the public. Contributions to the CURES Fund pursuant to this subdivision shall be nondeductible for state tax purposes.

(b) For purposes of this section, the following definitions apply:
(1) “Controlled substance” means a drug, substance, or immediate precursor listed in any schedule in Section 11055, 11056, or 11057 of the Health and Safety Code.

(2) “Health care service plan” means an entity licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(3) “Insurer” means an admitted insurer writing health insurance, as defined in Section 106 of the Insurance Code, and an admitted insurer writing workers’ compensation insurance, as defined in Section 109 of the Insurance Code.

(4) “Qualified manufacturer” means a manufacturer of a controlled substance, but does not mean a wholesaler or nonresident wholesaler of dangerous drugs, regulated pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2 of the Business and Professions Code, a veterinary food-animal drug retailer, regulated pursuant to Article 15 (commencing with Section 4196) of Chapter 9 of Division 2 of the Business and Professions Code, or an individual regulated by the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, or the California Board of Podiatric Medicine.
Approved ______________________, 2013

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Governor