AB 1014  (Skinner D)  Gun violence restraining orders.
Status: 9/30/2014-Chaptered by Secretary of State - Chapter 872, Statutes of 2014.
Summary: Would authorize a court to issue a temporary emergency gun violence restraining order if a law enforcement officer asserts and a judicial officer finds that there is reasonable cause to believe that the subject of the petition poses an immediate and present danger of causing personal injury to himself, herself, or another by having in his or her custody or control, owning, purchasing, possessing, or receiving a firearm and that the order is necessary to prevent personal injury to himself, herself, or another, as specified. This bill contains other related provisions and other existing laws.

Position
Approve

AB 1455  (Campos D)  Pupils: bullying: counseling services.
Summary: Would authorize the superintendent of a school district, the principal of a school, or the principal's designee to refer a victim of, witness to, or other pupil affected by, an act of bullying committed on or after January 1, 2015, to the school counselor, school psychologist, social worker, child welfare attendance personnel, school nurse, or other school support service personnel for case management, counseling, and participation in a restorative justice program, as appropriate.

Position
Approve

AB 1535  (Bloom D)  Pharmacists: naloxone hydrochloride.
Summary: Would authorize a pharmacist to furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the California State Board of Pharmacy and the Medical Board of California, in consultation with specified entities. The bill would require the board and the Medical Board of California, in developing those procedures and protocols, to include procedures requiring the pharmacist to provide a consultation to ensure the education of the person to whom the drug is furnished, as specified, and notification of the patient's primary care provider of drugs or devices furnished to the patient, as specified.

Position
Approve

AB 1725  (Maienschein R)  Conservatorship hearings.
Status: 5/23/2014-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/23/2014)
Summary: Would authorize the court, after a hearing attended by a proposed conservatee or the proposed conservatee's counsel, or both, to recommend a conservatorship to the officer providing conservatorship investigation when the court, in a conservatorship proceeding under the Probate Code, determines, based on evidence presented to the court, including medical evidence, that a person, for whom a conservatorship has been established under the Probate Code, may be gravely disabled as a result of a mental disorder or impairment by chronic alcoholism and is unwilling to accept, or is incapable of accepting, treatment voluntarily.

Position
Support in Concept

AB 1743  (Ting D)  Hypodermic needles and syringes.
Summary: Current law, until January 1, 2015, authorizes a pharmacist or physician to furnish 30 or fewer hypodermic needles and syringes for human use to a person 18 years of age or older solely for his or her personal use. This bill would delete that January 1, 2015, date of repeal and would, until January 1, 2021, authorize a pharmacist or physician to provide an unlimited number of hypodermic needles and syringes to a person 18 years of age or older solely for his or her personal use. This bill contains other related provisions and other current laws.
**AB 1771**
(S. Manuel Pérez D) Telephone visits.
Status: 8/15/2014-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. APPR. SUSPENSE FILE on 8/14/2014)
Summary: Would require a health care service plan or a health insurer, with respect to contracts and policies issued, amended, or renewed on or after January 1, 2016, to cover telephone visits, as defined, provided by a contracted physician or a contracted qualified nonphysician health care provider. The bill would provide that a health care service plan or a health insurer is not required to reimburse separately for specified telephone visits, including a telephone visit provided as part of a bundle of services reimbursed in a specified manner.

**Position**
Approve

**AB 1805**
(Skinner D) Medi-Cal: reimbursement: provider payments.
Status: 8/31/2014-Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. APPR. on 4/23/2014)
Summary: Current law requires, except as otherwise provided, Medi-Cal provider payments and payments for specified non-Medi-Cal programs to be reduced by 10% for dates of service on and after June 1, 2011. This bill would, instead, prohibit the application of those reductions for payments to providers for dates of service on or after June 1, 2011.

**Position**
Approve

**AB 1917**
(Gordon D) Outpatient prescription drugs: cost sharing.
Status: 8/31/2014-Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. INACTIVE FILE on 8/28/2014)
Summary: Would, with respect to a health care service plan contract or health insurance policy that is subject to annual out-of-pocket limits, and is issued, amended, or renewed on or after January 1, 2016, for an individual contract or policy, or July 1, 2015, for a group contract or policy, require that the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription not exceed 1/12 of the annual out-of-pocket limit applicable to self-only coverage for a supply of up to 30 days of a drug that does not have a time-limited course of treatment or has a time-limited course of treatment of more than 3 months.

**Position**
Approve

**AB 1929**
(Chau D) California Housing Finance Agency: MHSA funding: special needs housing for person with mental illness.
Summary: Would require the California Housing Finance Agency, with the concurrence of the State Department of Health Care Services, to release unencumbered Mental Health Services Fund moneys dedicated to the MHSA housing program upon the request of the respective county, and would require these counties to use these to provide housing assistance, as defined, to identified target populations, including persons with a serious mental disorder. This bill contains other related provisions and other existing laws.

**Position**
Approve

**AB 1960**
(Perea D) State summary criminal history information: state hospitals.
Summary: Would require the director of a state hospital or a clinician, as defined, to obtain the state summary criminal history information for a patient committed to the State Department of State Hospitals. The bill would state the purposes for which the information may be used, including to assess the violence risk and the appropriate placement of the patient, and would require the information to be removed from the patient's file and destroyed within 30 days of the patient being discharged.

**Position**
Approve

**AB 2098**
Summary: Would require the court to consider its conclusion that a defendant eligible for probation was, or currently
is, a member of the United States military and that the defendant may be suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of that service as a factor in favor of granting probation. This bill contains other related provisions and other existing laws.

Position
Approve

**AB 2139 (Eggman D)** End-of-life care: patient notification.
Summary: When a health care provider, as defined, makes a diagnosis that a patient has a terminal illness, existing law requires the health care provider to provide the patient, upon the patient's request, with comprehensive information and counseling regarding legal end-of-life options, as specified, and provide for the referral or transfer of a patient, as provided, if the patient's health care provider does not wish to comply with the patient's request for information on end-of-life options. This bill would apply these provisions to another person authorized to make health care decisions, as defined, for a patient with a terminal illness diagnosis.

Position
Support in Concept

**AB 2186 (Lowenthal D)** Defendants: competency.
Summary: Current law specifies commitment proceedings to include circumstances for the voluntary and involuntary administration of antipsychotic medication. This bill would require the court to consider opinions developed by examining medical professionals during the inquiry determining mental competence when the court is determining if the defendant lacks the capacity to make decisions regarding the administration of antipsychotic medication. This bill contains other related provisions and other existing laws.

Position
Approve

**AB 2232 (Gray D)** University of California: medical education.
Status: 8/31/2014-Failed Deadline pursuant to Rule 61(b)(17). (Last location was S. APPR. SUSPENSE FILE on 8/14/2014)
Summary: Would express findings and declarations of the Legislature relating to the role of the University of California with respect to access to health care in the San Joaquin Valley. This bill contains other related provisions.

Position
Approve

**AB 2400 (Ridley-Thomas D)** Health care coverage: provider contracts.
Status: 6/27/2014-Failed Deadline pursuant to Rule 61(b)(13). (Last location was S. HEALTH on 6/11/2014)
Summary: Would require a health care service plan to provide at least 90 business days' notice to a contracting provider if a change is made by amending a manual, policy, or procedure document referenced in the contract and would require that the provider under a preferred provider arrangement have the right to negotiate and agree to the change. The bill would authorize a contract between a provider and a health insurer for alternative rates of payment to contain provisions permitting a material change to the contract by the insurer if the insurer provides at least 90 business days' notice to the provider.

Position
Approve

**AB 2418 (Bonilla D)** Health care coverage: prescription drugs: refills.
Status: 9/25/2014-Vetoed by the Governor
Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2016, that provides coverage for prescription drug benefits to permit and apply a prorated daily cost-sharing rate to refills of prescriptions that are dispensed by a participating pharmacy for less than the standard refill amount if the prescriber or pharmacist indicates that the refill is in the best interest of the enrollee or insured and is for the purpose of synchronizing the refill dates of the enrollee's or insured's medications, provided that certain requirements are satisfied.

Position
Approve

**AB 2679 (Logue R)** County mental health services: baseline reports.
Status: 9/19/2014-Chaptered by Secretary of State - Chapter 476, Statutes of 2014.

Summary: The Bronzan-McCorquodale Act requires the Director of Health Care Services to establish a Performance Outcome Committee, as specified, and requires the committee to develop measures of performance for evaluating client outcomes and cost effectiveness of mental health services provided by counties, as specified. The act requires counties to annually report data on these performance measures to local mental health advisory boards and to the director. The act requires the director to annually make this county performance data available to the Legislature, as specified. This bill would additionally require the director to annually post the county performance data described above on the department’s Internet Web site.

Position
Approve

SB 492
Optometrist: practice: licensure.
(Hernandez, D) Status: 8/31/2014-Failed Deadline pursuant to Rule 61(b)(17). (Last location was A. INACTIVE FILE on 8/21/2014) Summary: Would expand the scope of practice of optometrists to include administering immunizations and would require the State Board of Optometry to grant a certificate to an optometrist for the use of immunizations if the optometrist meets certain requirements. The board would be required to set, by regulation, the fee for the issuance and renewal of a certificate for the use of immunizations, at the reasonable cost of regulating the certified optometrists, not to exceed $100. This bill contains other related provisions and other existing laws.

Position
Coordinate w/CMA

SB 833
Jails: discharge of prisoners.
(Liu, D) Status: 7/7/2014-Chaptered by Secretary of State. Chapter 90, Statutes of 2014. Summary: Would authorize the sheriff to offer a voluntary program to a prisoner, upon completion of a sentence served or a release ordered by the court to be effected the same day, that would allow the prisoner to stay in the custody facility for up to 16 additional hours or until normal business hours, whichever is shorter, in order to offer the prisoner the ability to be discharged to a treatment center or during daytime hours, as specified. The prisoner would be allowed to revoke his or her consent and be discharged as soon as possible and practicable.

Position
Approve

SB 911
Residential care facilities for the elderly.
(Block, D) Status: 9/28/2014-Chaptered by Secretary of State - Chapter 705, Statutes of 2014. Summary: Current law requires an administrator of a residential care facility for the elderly to successfully complete a department-approved certification program prior to employment that requires, among other things, a minimum of 40 hours of classroom instruction on a uniform core of knowledge. This bill would change the minimum hours of classroom instruction to 80 hours, including 60 hours of in-person instruction, and would add additional topics to the uniform core of knowledge, including the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.

Position
Support if Amended

SB 1045
Medi-Cal Drug Treatment Program: group outpatient drug free services.
(Beall, D) Status: 7/7/2014-Chaptered by Secretary of State. Chapter 80, Statutes of 2014. Summary: For purposes of Drug Medi-Cal, current law requires that the maximum allowable rate for group outpatient drug free services be set on a per person basis and requires that a group consist of a minimum of 4, and a maximum of 10, individuals, at least one of which must be a Medi-Cal eligible beneficiary. This bill would require a group to consist of a minimum of 2 and a maximum of 12 individuals, at least one of which is a Medi-Cal eligible beneficiary.

Position
Approve

SB 1046
(Beall, D) Status: 8/19/2014-Vetoed by the Governor Summary: Current law requires health insurance policies to provide benefits for specified conditions, including coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism, as specified. This bill would give the Insurance Commissioner the authority to assess administrative penalties for any violations of the above provisions, including any rules or orders adopted or issued based on violations of those provisions.
penalties would not exceed $2,500 for each violation, or for an ongoing and continuous violation, the penalty would not exceed $2,500 per day for as long as the violation continues.

**Position**
Approve

**SB 1054**  (Steinberg D)  Mentally ill offender crime reduction grants.
Summary: Current law establishes, within the Board of State and Community Corrections, the California Juvenile Justice Data Working Group, and the working group is required, to recommend a plan for improving specified juvenile justice reporting requirements, including streamlining and consolidating requirements without sacrificing meaningful data collection. The working group is required to submit its recommendations to the board no later than December 31, 2014. This bill would extend, to April 30, 2015, the date to submit recommendations.

**Position**
Approve

**SB 1089**  (Mitchell D)  Medi-Cal: juvenile inmates.
Summary: Current law requires the State Department of Health Care Services to develop a process to allow counties to receive any available federal financial participation for acute inpatient hospital services and inpatient psychiatric services provided to juvenile inmates, as defined, who are admitted as inpatients in a medical institution, as prescribed. This bill would provide that the process developed be implemented in only those counties that elect to provide the county's pro rata portion of the nonfederal share of the state's administrative costs.

**Position**
Approve

**SB 1116**  (Torres D)  Physicians and surgeons.
Summary: Physicians and surgeons and osteopathic physicians and surgeons are eligible for the Steven M. Thompson Physician Corps Loan Repayment Program and the Osteopathic Medical Board of California assesses an additional $25 license fee for purposes of the loan repayment program. This bill would require each of those boards, on or before July 1, 2015, to develop a mechanism for a physician and surgeon or an osteopathic physician and surgeon, respectively, to pay a voluntary contribution, at the time of application for initial licensure or biennial renewal, for those purposes.

**Position**
Approve

**SB 1150**  (Hueso D)  Medi-Cal: federally qualified health centers and rural health clinics.
Status: 5/23/2014-Failed Deadline pursuant to Rule 61(b)(8). (Last location was S. APPR. SUSPENSE FILE on 5/23/2014)
Summary: Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides. This bill would provide that a maximum of 2 visits, as defined, taking place on the same day at a single location shall be reimbursed when either after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment or the patient has a medical visit, as defined, and another health visit, as defined, or both.

**Position**
Approve

**SB 1161**  (Beall D)  Drug Medi-Cal.
Status: 9/19/2014-Chaptered by Secretary of State - Chapter 486, Statutes of 2014.
Summary: Current law establishes the Drug Medi-Cal Treatment Program (Drug Medi-Cal) under which the State Department of Health Care Services is authorized to enter into contracts with counties for various drug treatment services for Medi-Cal recipients, or is required to directly arrange for these services if a county elects not to do so. This bill would require the department, if the department seeks a specified waiver to implement Drug Medi-Cal, to pursue federal approvals to address the need for greater capacity in both short-term residential treatment facilities and hospitals settings for short-term voluntary inpatient detoxification.

**Position**
Approve
(DeSaulnier D)  Controlled substances: prescriptions: reporting.
Status: 5/23/2014-Failed Deadline pursuant to Rule 61(b)(8). (Last location was S. APPR. SUSPENSE FILE on 5/23/2014)

Summary: Current law classifies certain controlled substances into designated schedules. This bill would require the prescribing and dispensing of Schedule V controlled substances to be monitored in CURES and would require specified information regarding prescriptions for Schedule V controlled substances to be reported to the Department of Justice. This bill contains other related provisions and other existing laws.

Position
Coordinate w/CMA

Total Measures: 28

Total Tracking Forms: 28