



California Medical Association

Physicians dedicated to the health of Californians

LEGISLATIVE HOT LIST

CMA's Legislative Hot List provides the summary and status of CMA-sponsored bills, as well as the progress of other significant legislation followed by CMA's Center for Government Relations. The Hot List represents only a small sampling of the hundreds of bills CMA is following this year. For more information on a specific bill, please contact the appropriate lobbyist identified at the end of each bill summary by e-mail or by calling 916.444.5532.

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CMA Sponsored Legislation	Status	Staff
<p><u>AB 1755 (Gomez): Administrative Efficiency for Health Facilities</u></p> <p>This bill will improve California's notice requirement specific to breaches of medical information by moving it closer to federal law and removing an extra administrative layer that requires health facilities covered by state and federal laws to analyze all potential breaches under the both schemes and take different action depending on the circumstances of the potential breach. The bill adopts the Health Information Technology for Economic and Clinical Health (HITECH) Act standard, which was adopted in January 2013 after extensive public comment and negotiation. It would clarify what must be reported, change the timing of the notification to "as soon as reasonably possible but no later than 60 calendar days after discovery of the breach," and, given the sensitivity of medical information, ensure that patients have the option of designating an alternate address where notice may be sent or received.</p>	<p><i>Passed the Assembly Floor (Y: 75 N: 0 A: 4)</i></p>	<p><u>Amy Durbin</u></p>
<p><u>AB 1771 (V.M. Pérez): Telehealth Reimbursement: Telephone and Electronic Patient Management Services</u></p> <p>This bill requires health insurance companies licensed in the State of California to pay contracted physicians for telephone patient management services, Currently, payors in the state vary in reimbursing for these services and often deny physician requests for coverage, depriving patients of a reasonable alternative to face-to-face physician evaluations. Providing this service is an effective strategy to addressing access to care issues, especially in underserved areas, as it increases practice efficiency through the reduction of unnecessary office visits and increases productivity, allowing physicians to treat more patients. Moreover, telehealth services ensure better continuity of care, as well as faster and more convenient treatment, and reduce lost work time and overall health care costs for all parties.</p>	<p><i>Passed the Assembly Floor (Y: 76 N: 1 A: 2)</i></p>	<p><u>Amy Durbin</u></p>
<p><u>AB 1805 (Skinner & Pan): 10% Medi-Cal Rate Reimbursement</u></p> <p>This bill will bolster provider participation in California's Medicaid (Medi-Cal) program as the State implements the rollout of healthcare reform. AB 1805 will restore the 10 percent cut to Medi-Cal provider reimbursement rates that were enacted as part of the 2011 State Budget Act.</p>	<p><i>Held in Assembly Appropriations Committee</i></p>	<p><u>Eduardo Martinez</u></p>

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<p><u>AB 2346 (Gonzalez): Physician and surgeon assistance program</u></p> <p>This bill would authorize the Medical Board of California (MBC) to contract with a third party for the purposes of establishing a physician wellness and treatment program. California is one of just a few states nationwide that does not currently provide a physician health program for mental health and substance abuse issues.</p>	Held in Assembly Appropriations	Stuart Thompson
<p><u>AB 2400 (Ridley-Thomas): Health care coverage: provider contracts</u></p> <p>AB 2400 (Ridley-Thomas) prohibits health plan and health insurer contracts issued , amended or renewed on or after January 1, 2015 from containing the following terms. (1)Termination of the health care provider's contract or participation status in the contract or the provider's eligibility to participate in other product networks, when the provider exercises the right to negotiate, accept, or refuse a material change to the existing Physicians and physician groups and should not be forced to assume such obligations as a condition of maintaining access to their patients covered by commercial plans. (2) A requirement that a health care provider agree to accept or participate in other products or product networks, including future products that have not yet been developed or adopted by the plan, unless the plan discloses the reimbursement rate, method of payment and any other materially different contract terms for those products from the underlying agreement. AB 2400 (Ridley-Thomas) also extends to health plan and insurer contracts through a preferred provider arrangement (PPO) the existing prohibition on contract provisions allowing for material changes without the changes first having been negotiated and agreed to by the health care provider. And, increases from forty-five days to ninety days the advance notice a health plan or insurer must give a provider for a material change to the provider's contract, where the changes are made by amending a manual, policy, or procedure document referenced in the contract which, under existing law, triggers the provider's right to negotiate and agree to the change or, if agreement is not reached, the right to terminate the contract.</p>	Passed the Assembly Floor (Y: 55 N: 8 A: 16)	Juan Thomas
<p><u>AB 2458 (Bonilla): Funding for Primary Care Residency Programs</u></p> <p>This bill would establish the framework to administer grants to medical education residency programs at hospitals and teaching health centers. AB 2458 builds on a proposal contained in the Governor's January Budget to provide increased funding for primary care residency programs in medically underserved areas. The bill would appropriate the funding identified in the Governor's budget (\$2.84 million) as well as \$25 million in the effort to expand access to primary care services.</p>	Held in Assembly Appropriations Committee	Eduardo Martinez

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<p><u>SB 841 (Cannella): University of California: medical education</u> This bill would appropriate \$1,855,000 from the General Fund to the Regents of the University of California each fiscal year, starting with the 2015-16 fiscal year, for allocation to support the expansion of the San Joaquin Valley Program in Medical Education.</p>	<i>Held in Senate Appropriations Committee</i>	<u>Eduardo Martinez</u>
<p><u>SB 1000 (Monning): Sugar-Sweetened Beverages Safety Warning Act</u> This bill would prohibit the sale of most non-alcoholic beverages with added sugar and over 75 calories per 12 fluid ounces without the following warning label: "STATE OF CALIFORNIA SAFETY WARNING: Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay." In the last thirty years, Americans' daily calorie consumption has increased by 250-300 calories. Sugary drinks were the largest source of that increase. This bill would help to alert consumers about the health risks associated with consuming the empty calories in these types of beverages.</p>	<i>Passed the Senate Floor (Y: 21 N: 13 A: 6)</i>	<u>Alecia Sanchez</u>

CMA Opposed Legislation	Status	Staff
<p><u>AB 1886 (Eggman): Medical Board of California</u> This bill would delete the language limiting the Medical Board of California's online posting of disciplinary actions, malpractice judgments, arbitrations, settlements, and relevant misdemeanor convictions to ten years, and would instead allow the posting of this information indefinitely. The online posting requirements, including this provision, were added to the law via the MBC's 2002 sunset review bill, SB 1950 (Figueroa). The author has accepted CMA's request for amendments. CMA is now neutral on the bill. The status update on this bill will be removed from future volumes of the hotlist.</p>	<i>Passed the Assembly Floor (Y: 50 N: 25 A: 4)</i>	<u>Alecia Sanchez</u>
<p><u>AB 2015 (Chau): Health care coverage: discrimination</u> AB 2015 would prohibit a health care insurer and health care service plans from discriminating against any health care provider who is acting within the scope of the provider's license or certification.</p>	<i>Held in Assembly Appropriations Committee – The Bill is Dead</i>	<u>Juan Thomas</u>
<p><u>AB 2139 (Eggman): End-of-life care: patient notification</u> Current law requires a physician to provide information on end of life options and counseling upon making a terminal diagnosis and upon a patient's request. This bill would require a physician, upon making a terminal diagnosis, to then notify a patient of their right to comprehensive information and counseling, which they can then request to discuss and receive when they are emotionally ready.</p>	<i>Passed the Assembly Floor (Y: 46 N: 28 A: 5)</i>	<u>Amy Durbin</u>
<p><u>AB 2406 (Rodriguez) Emergency Medical Services Authority: abuse of emergency medical services</u> This bill would require the Emergency Medical Services Authority to submit a report to the Legislature identifying programs that have been implemented by local emergency medical services agencies to address "misuse and abuse" of emergency medical services.</p>	<i>Passed the Assembly Floor (Y: 64 N: 5 A: 1)</i>	<u>Stuart Thompson</u>

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<p><u>AB 2418 (Bonilla): Health care coverage: prescription drug refills</u></p> <p>AB 2418 would require health plans on or after January 1, 2016, that provide coverage for prescription drug benefits to permit and apply a prorated daily cost-sharing rate refills of prescriptions that are dispersed by a network pharmacy for less than the standard refill amount if the prescriber or pharmacist indicates that the refill could be in the best interest of the enrollee or insured and is for the purpose of synchronizing the enrollee's or insured's medications. This bill would also require health plans that provide coverage for prescription drug benefits to allow for the early refill of covered topical ophthalmic products at 70% of the predicted days of use. The author has accepted CMA's request for amendments. CMA is now neutral on the bill. The status update on this bill will be removed from future volumes of the hotlist.</p>	<p><i>Passed the Assembly Floor</i> (Y: 75 N: 1 A: 3)</p>	<p><u>Juan Thomas</u></p>
<p><u>SB 1116 (Torres): Physicians and surgeons</u></p> <p>This bill would allow (but not require) physicians and surgeons to contribute an additional \$75 to the Steven Thompson Loan Repayment Program (STLRP). Existing law requires physicians and surgeons to contribute \$25 to the STLRP for each license issued or renewed. The Health Professions Education Foundation (HPEF), a quasi-state agency that operates the STLRP and other health workforce retention programs for other providers, already allows an individual or organization to make a charitable, tax-deductable contribution in various forms and amounts (gifts of cash, stock/securities, bequests, etc). Additionally if requested, the HPEF allows an individual to designate which program to fund and which geographic area to allocate the gift.</p>	<p><i>Passed the Senate Floor</i> (Y: 33 N: 0 A: 7)</p>	<p><u>Eduardo Martinez</u></p>
<p><u>SB 1135 (Jackson): Inmates: sterilization</u></p> <p>This bill was introduced in response to recent reports of forced sterilization in correctional facilities. It prohibits sterilization of prisoners unless the procedure is needed immediately to save the prisoners life or if the procedure is required for the necessary treatment of a medical condition.</p>	<p><i>Passed the Senate Floor</i> (Y: 36 N: 0 A: 4)</p>	<p><u>Alecia Sanchez</u></p>
<p><u>SB 1215 (Hernandez): Healing arts licensees: referrals</u></p> <p>SB 1215 eliminates the in-office exception to the self-referral law. In general, existing law prohibits physicians from referring patients for specified goods or services in which the physician or physician's immediate family has a financial interest. However, there is an exception to this general prohibition which allows physicians to refer patients for goods or services that are supplied in the physician's office or the office of a group practice. This bill would amend existing law to eliminate this exception for in-office referrals for advanced imaging, anatomic pathology, radiation therapy, and physical therapy.</p>	<p><i>Failed Senate B&P Committee</i> (Y: 1 N: 3 A: 5)</p>	<p><u>Stuart Thompson</u></p>
<p><u>SB 1276 (Hernandez): Health care: fair billing policies</u></p> <p>SB 1276 would expand eligibility for hospital charity care and hospital and emergency physician discount payment programs to those with "high medical costs" at or below 350% FPL who also receive a discounted rate from the hospital as a result of third-party coverage. It would also require hospitals and emergency physicians to obtain information as to whether the patient may have Covered CA coverage, in addition to any other coverage type, and to notify uninsured patients of potential eligibility for Covered CA and other public coverage. The bill would also specify that, when a patient applies, or has a</p>	<p><i>Passed the Senate Floor</i> (Y: 23 N: 10 A: 7)</p>	<p><u>Juan Thomas</u></p>

CMA Opposed Legislation	Status	Staff
pending application, for another coverage program at the same time he or she applies for charity care or a discount payment program, that neither application precludes eligibility for the other program. This bill would require entities collecting on behalf of a hospital or emergency physician receivables to comply with reasonable payment plan requirements		
<p><u>SB 1340 (Hernandez): Health care coverage: provider contracts</u></p> <p>SB 1340 would prohibit plan-provider contract clauses that restrict the plan's ability to report information on the "cost range of a procedure or full course of treatment or the quality of services performed by the provider or supplier." The bill would require plans to give providers at least 30 days to review the methodology and data used in public reports. This bill expands various quality and cost data transparency and reporting provisions to apply to physicians, as opposed to only hospitals and other facilities.</p>	<p><i>Passed the Senate Floor (Y: 33 N: 0 A: 7)</i></p>	<p><u>Juan Thomas</u></p>