

**REPORT ON LEGISLATION MONITORED
BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
IN YEAR TWO OF THE 2001-2002 CALIFORNIA LEGISLATIVE
SESSION**

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
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I. INTRODUCTION

A. LEGISLATIVE ADVOCACY AND THE STRATEGIC PLAN

The Department of Public Health's (the Department) Strategic Plan identified increased local, State and federal advocacy as a key strategy to achieving partnerships with communities that assess, develop, implement and advocate for health funding, policies, programs and services. The Department's activities are coordinated in the Office of Policy and Planning, which, through legislative analysis, participation in statewide coalitions, and collaboration with community partners and colleagues from other counties, reviews and analyzes health-related legislation for the City. The Department works closely with the Mayor's Office of Legislative Affairs to impact those policies that will affect the health of San Franciscans. As set forth in the Strategic Plan, the Department's advocacy objectives are to:

- increase funding for core public health;
- support the costs of caring for the safety-net populations;
- address unnecessary eligibility disparities in categorical funding; and
- increase revenues and reimbursement rates consistent with the Department's other Strategic Planning goals and objectives.

B. OVERVIEW OF THE LEGISLATIVE YEAR

Each State legislative session is two years long. The 2001-2002 Legislative Session was convened on January 3, 2001 and was adjourned on September 1, 2002. In the second year of the session, which began on January 6, 2002, lawmakers introduced 2,189 new bills and sent 1,434 bills to the Governor's desk. Of these, 264 became law and 1,170 were vetoed. The Department monitored 604 health-related bills during the entire two-year session, 280 of which were signed by the Governor and 65 of which were vetoed.

The 2002 Legislative year was marked by tremendous fiscal uncertainties. The State's economic downturn, and the terrorist attacks of September 11, 2001 all contributed to lower than anticipated revenue projections for fiscal year. In May 2002, the Governor anticipated a deficit of \$23.6 billion, \$11 billion greater than what he had anticipated in January 2002. As a result, the Governor's actions on legislation were primarily dictated by the State's financial capacity to carry out the policies proposed in those bills. Notwithstanding significant cuts in health services in the State budget process, many of the Department's highest State legislative priorities were retained at the end of the session and the Department's legislative initiative passed the Legislature and was signed by the Governor.

1. Hospital Outpatient Care

AB 915 (Frommer) established a program to allow public hospitals to match their local general fund contribution for outpatient services with federal Medicaid dollars. Approval of the California's Medicaid State Plan Amendment to implement AB 915 is pending. However, for San Francisco General Hospital, this could mean an additional \$5 million in Medicaid revenue in 2002-03. The Department worked closely with the Mayor's Office, the City's State lobbyist, and the California Association of Public Hospitals and Health Systems to pass this critical legislation.

2. Trauma Services

AB 425 (Oropeza), the 2002-03 State budget bill, included for the second year one-time funding of \$25 million to be allocated to trauma centers like San Francisco General Hospital's trauma center. The Governor used his line item veto authority in the budget to reduce this allocation to \$20 million. However, given the State's fiscal situation, this is still seen as a victory and a recognition of the need for adequate funding for the State's trauma centers. Department staff and the City's lobbyist worked closely with the Save California Trauma Centers coalition in support of this legislative and budget initiative.

3. HIV/AIDS

On September 18, 2002, the Governor signed AB 2197 (Koretz), which provides Medi-Cal benefits to Californians with HIV who meet the financial requirement but who are not considered disabled. AB 2197 was written to be cost neutral, that is, no additional state or federal expenditures will be required to expand Medi-Cal to this population. In order to meet this budget neutrality requirement, AB 2197 provides that Medi-Cal expansion to persons with HIV will be funded from savings derived from moving Medi-Cal beneficiaries with AIDS into Medi-Cal managed care. It is anticipated that 1,700 low-income Californians living with HIV disease will benefit from this legislation in the first year.

C. THE CITY'S STATE LEGISLATIVE PROCESS

Pursuant to City policy, the Department of Public Health, like all other City departments, does not take positions on State legislation; that is, the Department does not itself support or oppose State legislation. Rather, the Department makes recommendations to the Mayor's Office of Legislative Affairs and the Mayor's State Legislative Committee for City positions on health-related legislation. The Mayor's Office approves City positions on legislation in one of two ways: by, at the beginning of each legislative session, approving each Department's State Legislative Plan, which outlines the Department's recommendations on issues likely to arise in the upcoming year, or as requested on a bill-by-bill basis for those issues that are not addressed in the State Legislative Plan.

Because the Mayor's Office responds to a large number of such requests coming from all City departments, the Department ensures that the bills it recommends for City positions are those where the impact of the City's position is maximized. For example, in many instances, worthy bills are supported by statewide coalitions of which the Department is a member. The Department is an active member of the County Health Executives Association of California, the California Conference of Local Health Officers, the Health Officers Association of California, the California Association of Public Hospitals and Health Systems, the California State Association of Counties, and the California Healthcare Association, to name a few. By its participation in these coalitions, the Department ensures that the City is represented in coalition positions. As another example, the Department may not recommend a City position on legislation that is clearly not moving within the Legislature. Though the issues may be important, both positive and negative, the City's efforts would not be best spent on inactive legislation.

D. OVERVIEW OF THIS REPORT

This document provides a review and final status report for health-related legislation tracked by the Department of Public Health in the second year of California's 2001-2002 legislative session. The Department's summary of health-related legislation from the first year of the session was

provided in the “Report on the Year One of the 2001-2002 California Legislative Session,” presented to the Health Commission in November 2001. Some bills may appear in both reports. These bills, called two-year bills, were introduced in the first year of the legislative session but, because they did not pass out of both houses in the first year, continued to be active in the second year of the session.

Section II provides a summary of the key bills that addressed the Department’s priority issues that were enacted or that failed in the second year of the session. They are divided into major topic areas. The appendices include a matrix of all legislation tracked by the Department in the entire two-year session, as well as a cross-reference list of bills by key phrase. Also included in the appendices are the Department’s 2002 State Legislative Plan, background information on the legislative process, and a glossary of legislative terminology.

II. 2002 LEGISLATIVE SUMMARY

Given the tremendous budget crisis the State faced in 2002, saving the Department's priority issues from budgetary and programmatic reductions proved a significant challenge. Many of the Legislature's good legislative ideas for programmatic expansions or enhancements were vetoed or died due to lack of sufficient funds. Further, legislative activity related to the State budget threatened to jeopardize existing programs and services. In the end, maintaining the status quo was considered a victory.

It is important to note that the Department's priorities could have been addressed not only through the State legislative process, but also through the budget or the regulatory processes. In addition, the Department works closely with other organizations on bills of common interest. In several cases, another organization or locality will sponsor a bill that addresses a statewide issue that San Francisco has identified as a priority. Therefore, the disposition of the legislative priorities outlined below reflects the strong advocacy work of many agencies and not just the Department of Public Health or the City and County of San Francisco.

A summary of the most prominent bills that addressed the Department's priority issues follow. Section A shows some of the key health-related bills that were enacted in 2002. Section B shows those that were vetoed.

A. **SUMMARY OF SELECTED HEALTH-RELATED BILLS ENACTED IN 2002**

1. **Bioterrorism Preparedness**

SB 406 (Ortiz) Chapter 393 CCSF Support
BIOTERRORISM PREPAREDNESS AND OTHER PUBLIC HEALTH THREATS: FEDERAL FUNDING: SB 406, sponsored by the author, establishes that federal funding received by the State Department of Health Services (DHS) is subject to appropriation in the annual Budget Act. The bill appropriates \$50.8 million for Fiscal Year 02-03, including State support for public health and hospital bioterrorism preparedness. It also: 1) governs the conditions under which local health jurisdictions in California are eligible to receive funding from DHS; 2) establishes the allocation formula by which the administrative bodies of eligible local jurisdictions would receive funds pursuant to the federally approved collaborative state-local plan; and 3) defines allocation process for disbursing current and future federal funds. The bill takes effect immediately as an urgency statute.

SB 1298 (Ortiz) Chapter 1114 CCSF Watch
PUBLIC HEALTH EMERGENCIES: STATE AID: LOCAL HEALTH ADMINISTRATION: SB 1298, sponsored by the Health Officers' Association of California, codifies additional existing practices of local health jurisdictions in California to protect the public from the spread of disease occurring from natural and intentional (i.e., terrorist) health threats. The bill also revises the purposes for which the allocated funds may be used by local jurisdictions.

2. **Children/Youth**

SB 1911 (Ortiz) Chapter 887 CCSF Watch
CHILDREN'S MENTAL HEALTH: SB 1911, sponsored by the author, requires the State Department of Mental Health to develop, in consultation with specified entities an analysis of the increased federal funding, savings to the General Fund and the county mental health system, and improvements that could be realized to specified programs for the provision of mental health

services by applying for a federal Medicaid waiver or by adopting a state option to provide home- and community-based services, to children with mental health care needs.

3. Chronic Disease and Injury Prevention

AB 1830 (Frommer) Chapter 685 CCSF Watch
TOBACCO PRODUCTS: SALES TO MINORS: AB 1830, sponsored by the author: 1) prohibits any person from distributing or selling tobacco products via the United States Postal Service, or any other public or private postal or package delivery service, to any purchaser who is a minor; 2) requires a specified distributor or seller, among other things, to verify that a purchaser of tobacco products is 18 years of age or older, and to telephone the purchaser after 5:00 p.m. to confirm the order prior to shipping the tobacco products; 3) imposes a two-carton minimum on each order of cigarettes only; and, 4) requires that the distributor or seller must deliver the tobacco product to the purchaser's verified billing address on the check or credit card used for payment.

4. Communicable Disease

SB 843 (Perata) Chapter 763 CCSF Support
OMNIBUS TUBERCULOSIS CONTROL AND PREVENTION ACT OF 2002: SB 843, sponsored by the Health Officers Association of California, authorizes local health officers to certify local health department tuberculosis (TB) skin test technicians to place and measure tuberculin skin tests under proper supervision and training. SB 843 requires parole agents to be notified when an inmate with TB is released from prison.

5. Dental

AB 982 (Firebaugh) Chapter 1131 CCSF Support
HEALTH CARE: AB 982, sponsored by the California Medical Association, the California Primary Care Association, and the Latino Coalition for a Health California, establishes the Medical and Dental Student Loan Repayment Program of 2002 to be administered by the Office of Statewide Health Planning and Development. Provides conditional warrants for loan repayment to individuals enrolled in a postsecondary institution studying medicine or dentistry that agree to practice in medically and dentally underserved areas. Requires the office to administer financial or other incentives to experienced dentists and physicians.

SB 1589 (Perata) Chapter 811 CCSF Watch
DENTISTRY: DENTAL HYGIENISTS: SB 1589, sponsored by the California Dental Hygienist Association, authorizes a registered dental hygienist in alternative practice to be an employee of: a licensed primary care clinic or specialty clinic; a primary care clinic exempt from licensure as a clinic operated by a recognized Indian tribe on tribal land; a clinic owned and operated by a public hospital or health system; or a clinic owned and operated by a hospital that maintains a primary contract with county government.

6. Emergency Medical Services

AB 1833 (Nakano) Chapter 430 CCSF Oppose
LOCAL EMERGENCY MEDICAL SERVICES FUNDS: AB 1833, sponsored by the California Medical Association, creates a state mandate requiring counties that elect to establish a Maddy Emergency Medical Services (EMS) Fund, to adopt a fee schedule and reimbursement methodology for claims payment purposes. Additionally, the local agency administering the Maddy EMS Fund will be required to notify physicians and surgeons of the availability of the

EMS Fund and the procedures for submission of reimbursement claims for uncompensated medical care.

AB 1988 (Diaz) Chapter 333 CCSF Watch
EMERGENCY MEDICAL SERVICES AUTHORITY: TASK FORCE: EMERGENCY AND TRAUMA SERVICES: AB 1988, sponsored by the California Medical Association, requires the Emergency Medical Services Authority (EMSA) to convene a task force of specified stakeholder representatives to develop a plan to ensure that all Californians have access to needed emergency and trauma services. The plan and related recommendations shall be submitted to the Legislature by December 31, 2003. The bill provides that it shall only be implemented to the extent that EMSA obtains private funding for the purposes of the bill.

7. Environmental Health

SB 460 (Ortiz) Chapter 931 CCSF Support if Amended
LEAD ABATEMENT: SB 460, sponsored by DHS, provides DHS and local agencies with authority for enforcement and laboratory reporting, which will lead to identification, intervention, and prevention of childhood lead poisoning. It grants DHS and local health, environmental health, housing, and building departments the authority to compel the abatement of lead hazards in residential and public buildings and render property “untenantable” if it contains conditions that violate State Housing Law. SB 460 prohibits activities that create lead hazards and makes it a crime to violate regulations for training, certification, and work practice regulatory requirements affecting lead professionals. It requires laboratories to report all blood lead test results and authorizes the Director of DHS to fine laboratories that fail to comply with these reporting requirements.

8. Health Care Facilities

AB 1989 (Liu) Chapter 272 CCSF Watch
CARE FACILITIES: CHANGE IN HEALTH STATUS: VIOLATIONS: NOTICE: AB 1989, sponsored by the author, places requirements on skilled nursing facilities, intermediate care facilities, congregate living facilities, and residential care facilities for the elderly, to make a reasonable attempt to contact the person named in the resident’s admission agreement or other responsible person within 24 hours after a significant change in the resident’s health or mental status.

AB 2674 (Chu) Chapter 756 CCSF Watch
MEDI-CAL: FEDERALLY QUALIFIED HEALTH CENTERS: PRIMARY CARE PROVIDERS: AB 2674, sponsored by the California Primary Care Association, requires assignment of Medi-Cal managed care clients to a federally qualified health center (FQHC), when the client has chosen the FQHC as primary care provider and not to any individual provider performing services on behalf of the FQHC or rural health clinic (RHC). The bill also repeals law that requires FQHCs and RHCs to agree to accept payment in full from managed care plans as a condition of a capitated or other at-risk contract with a managed care plan for Medi-Cal services.

9. Health Insurance Expansion

AB 1401 (Thomson) Chapter 794 CCSF Support
HEALTH BENEFIT COVERAGE: AB 1401, sponsored by Blue Cross of California, Blue Shield of California, Health Net, and Kaiser Permanente, requires health care service plans to offer up to 36 months of health benefit coverage to individuals with continuation coverage under the

federal Consolidated Omnibus Budget Reconciliation Act (COBRA) or California's COBRA program. The continuation coverage period shall be up to 36 months from the date the continuation coverage began. Insurance carriers that do not insure individuals shall be required to offer conversion coverage and the time frame for entering into an individual conversion policy would expand from 31 days to 63 days.

AB 2178 (Goldberg) Chapter 649 CCSF Support
HEALTH CARE: AB 2178, sponsored by Los Angeles Alliance for a New Economy, expands the definition of a "small business employer" for purposes of obtaining health care coverage to include employers of any size who are complying with local living wage requirements, but only allows coverage for those employees who are subject to the living wage. Sunsets 1/1/07.

10. Healthy Families/ Medi-Cal for Children

SB 59 (Escutia) Chapter 800 CCSF Support
HEALTHY FAMILIES PROGRAM: SB 59, sponsored by California Primary Care Association, requires the Managed Risk Medical Insurance Board to consider innovative ways of targeting vulnerable children including immigrant and homeless children that are provided for under the federal State Child Insurance Program, known as Healthy Families, and to report its findings and recommendations to the Legislature on or before July 30, 2004. The bill makes implementation contingent upon obtaining federal financial participation funding.

SB 283 (Speier) Chapter 667 CCSF Watch
HEALTHY FAMILIES PROGRAM: SB 283, sponsored by Local Health Plans of California, until January 1, 2006, authorizes a plan participating in the Healthy Families Program, to provide application assistance directly to an applicant who is acting on behalf of an eligible person, subject to specified conditions. Participating plans shall be required to complete a state-sponsored or approved training course prior to providing application assistance. Additionally, the Managed Risk Medical Insurance Board is required to provide the Legislature with a specified report on the impact of the bill's provisions on or before March 1 of every other year.

11. HIV/AIDS

AB 2064 (Cedillo) Chapter 273 CCSF Support
HUMAN IMMUNODEFICIENCY VIRUS (HIV) COUNSELOR TRAINING: AB 2064, sponsored by the AIDS Healthcare Foundation, requires the California Department of Health Services (DHS) to authorize the establishment of training programs throughout the state for HIV counselors who counsel in publicly funded testing programs. The bill also requires the authorized training to be 25 conducted by community-based organizations using a DHS-approved curriculum.

AB 2197 (Koretz) Chapter 684 CCSF Support
MEDI-CAL: BENEFITS FOR PERSONS INFECTED WITH HIV WHO ARE NOT DISABLED: AB 2197, sponsored by the California HIV Advocacy Coalition- Southern California Region, requires the California Department of Health Services (DHS) to apply for federal waivers necessary to extend Medi-Cal managed care benefits and eligibility to persons with HIV who are not disabled, but who would otherwise qualify for Medi-Cal. The bill requires DHS to conduct outreach and awareness activities to encourage increased voluntary enrollment into managed care plans of individuals who are already eligible for Medi-Cal because of an AIDS-related disability. The cost of expanding Medi-Cal to include otherwise ineligible HIV+ individuals is

to be offset by the savings associated with serving more beneficiaries with AIDS in managed care plans instead of the Medi-Cal fee-for-service program. All HIV+ individuals eligible under the proposed expansion will be required to enroll in a managed care plan in those counties where managed care is available.

AB 2994 (Wright) Chapter 926 CCSF Support
HIV REPORTING REQUIREMENTS: AB 2994, sponsored by the author, requires the California Department of Health Services (DHS) to determine, no later than December 31, 2005, whether California's non-name HIV reporting system has achieved federal standards established by the Centers for Disease Control and Prevention (CDC). It also requires DHS to inform the appropriate committees of the Legislature of its findings and to report to those entities all written communications from CDC, received by December 31, 2005, that indicate that California's HIV reporting system has not or will not achieve federal standards and criteria for an HIV reporting system pursuant to the Ryan White Comprehensive AIDS Resources Emergency Act.

12. Laboratories

AB 2831 (Simitian) Chapter 128 CCSF Watch
HEALTH RECORDS: DELIVERY OF LABORATORY TEST RESULTS BY INTERNET POSTING: AB 2831, sponsored by the author, authorizes treating health care professionals to use Internet posting or e-mail to forward clinical laboratory test results to patients, without first obtaining written consent from the patient. The bill authorizes electronic communication of test results for routinely processed tissues (including Pap smear tests), without written consent, if those results do not indicate a malignancy. The bill prohibits electronic communication of test results for specified conditions.

13. Long-Term Care

AB 3054 (Aging and Long-Term Care Committee) Chapter 537 CCSF Watch
LONG-TERM CARE INTEGRATION PILOT PROJECTS: AB 3054, sponsored by the author, requires DHS to consult with an established informal waiver technical advisory committee to develop at least one, but not limited to one, alternative model to the Long Term Care Integration (LTCI) Pilot Program. Recommendations of the informal waiver technical advisory committee must be reported by DHS to the Legislature on or before December 1, 2003.

14. Medi-Cal

AB 915 (Frommer) Chapter 747 CCSF Sponsor
MEDI-CAL PROVIDER REIMBURSEMENT: AB 915, sponsored by the City and County of San Francisco, provides for the payment of a supplemental reimbursement to Adult Day Health Care centers and acute care hospital outpatient departments owned or operated by a city, county, city and county or health care district. After obtaining the necessary federal approvals, local agencies shall be able to claim federal financial participation on the difference between their projected costs and what Medi-Cal currently pays under the existing program by certifying to the State that their costs are eligible for federal matching funds. There is no state cost, and the program is funded wholly out of federal funds. This bill contains an urgency clause and shall be effective immediately.

AB 2364 (Negrete-McLeod) Chapter 452 CCSF Watch
MEDI-CAL: STUDY: AB 2364, sponsored by the California Association of Health Plans, requires the Legislature to commission a study of the Medi-Cal program. The study shall

explore measures to simplify the administration of the Medi-Cal program. The study shall focus on creating efficiency while reducing costs to the program, health care service plans, and health care providers. The contractor shall consult with interested stakeholders with expertise in the administration of the Medi-Cal program, including state government. The study shall be conducted without state funds. The results of the study shall be provided to the Legislature and the Office of the Legislative Analyst no later than January 1, 2004.

15. Mental Health

AB 1421 (Thomson) Chapter 1017 CCSF Watch

MENTAL HEALTH: INVOLUNTARY TREATMENT: AB 1421, sponsored by the author, permits counties that choose to implement an AB 1421 program to provide court-ordered outpatient treatment services for people with serious mental illnesses when a court finds that a persons recent history of hospitalizations or violent behavior, coupled with noncompliance with voluntary treatment, indicate the person is likely to become dangerous or gravely disabled without the court-ordered outpatient treatment.

AB 2044 (Salinas) Chapter 648 CCSF Watch

MENTAL HEALTH REALIGNMENT: REPORTS: AB 2044, sponsored by the California Mental Health Directors Association, requires the Department of Mental Health, in collaboration with the Mental Health Directors Association and other relevant parties, to submit all of the data on the current status of county mental health programs to the Legislature by 10/1/2002.

AB 2057 (Steinberg) Chapter 337 CCSF Watch

MENTAL HEALTH SERVICES: AB 2057, sponsored by the Mental Health Association of California, requires the Department of Mental Health (DMH) to include in its annual evaluation report to the Legislature on the effectiveness of the Integrated Services for Homeless Adults (AB 34/AB 2034) program additional information relating to persons enrolled in the Medi-Cal program. This bill also states the Legislature's intent to capture quantifiable savings from the AB 34/AB 2034 program to provide integrated services to additional adults.

AB 2551 (Nation) Chapter 276 CCSF Support

MENTAL HEALTH CARE CONTINUITY: AB 2551, sponsored by the California Association of Marriage and Family Therapists, relates to how a health plan would facilitate continuity of care for new enrollees who have been receiving services for acute, serious, or chronic conditions from a nonparticipating psychiatrist, licensed psychologist, or family therapist. The bill provides that for purposes of continuing treatment of the transferring enrollee, the health care service plan may require the nonparticipating mental health provider to enter into a mental health provider contract.

16. Multicultural Health

AB 1045 (Firebaugh) Chapter 1157 CCSF Watch

HEALING ARTS: PRACTICE: AB 1045, sponsored by the California Hispanic Healthcare Association, establishes two separate pilot programs for (1) physicians and dentists from Mexico granted three-year nonrenewable licenses/permits and (2) international medical graduates granted applicant status letters. The bill limits the pilot programs' practice of medicine and dentistry to geographic areas in California with unmet healthcare needs.

17. Pharmacies/Pharmaceuticals

AB 2191 (Migden) Chapter 853 CCSF Support

MEDICAL RECORDS: CONFIDENTIALITY: AB 2191, sponsored by the author, prohibits pharmaceutical companies, or their agents or representatives, from requiring a patient, as a condition of receiving health services, including pharmaceuticals or prescription drugs, to sign an authorization, consent, or waiver permitting disclosure of medical information, except as specified. Prohibits pharmaceutical companies or their agents or representatives from disclosing medical information without patient authorization.

SB 1315 (Sher) Chapter 483 CCSF Watch

PHARMACEUTICALS: PURCHASING: SB 1315, sponsored by the California Public Interest Research Group, permits the State Department of General Services to enter into contracts on behalf of state and local agencies with manufacturers and suppliers of prescription drugs. Permits these contracts to include price discounts to include price discounts, rebates, refunds, or other strategies aimed at managing escalating prescription drug prices.

18. Social Determinants of Health

AB 925 (Aroner) Chapter 1088 CCSF Support

EMPLOYMENT OF PERSONS WITH DISABILITIES: AB 925, sponsored by the World Institute on Disabilities, provides provisions for programs to assist disabled persons in obtaining or maintaining employment. This bill proposes requirements for the Labor and Workforce Agency, California Health and Human Services Agency, and the State Department of Health Services (DHS). The health-related provisions: 1) allow disabled employed individuals to receive personal care services (PCS) through the In-Home Supportive Services or Medi-Cal programs and extend this benefit indefinitely; 2) allow PCS in the work place; 3) require the Director of DHS and representatives from the California Health Incentive Improvement Project (CHIIP) to participate in the California Governor's Committee on Employment of Persons With Disabilities; and 4) require DHS to report to the Governor and the Legislature information gathered from the CHIIP or any local or private agencies that may explain the low participation in the existing 250 Percent Working Disabled Program. This report shall include recommendations to improve participation in the program that is cost effective to the State and beneficial to the participant.

19. Standards and Regulations

SB 1914 (Committee on Insurance) Chapter 489 CCSF Watch

PRIVACY: FEDERAL PREEMPTION: SB 1914, sponsored by the author, requires the Office of Health Insurance Portability and Accountability (HIPAA) to assume statewide leadership, coordination, direction and oversight responsibilities for determining which provisions of State law concerning personal medical information are preempted by HIPAA. The bill provides that any provision of State law concerning personal medical information is not applicable to the extent that it is superseded by HIPAA.

20. State Budget

AB 442 (Committee on Budget) Chapter 1161 CCSF Watch

HEALTH: BUDGET TRAILER: AB 442 was the omnibus budget trailer bill that implemented the health-related provisions contained in the 2002-03 State budget. Included among the specific budget provisions enacted by AB 442 were:

- Increased the State’s DSH administrative fee by \$55.2 million, from the current level of \$29.8 million to a total of \$85 million. This is estimated to result in reduced revenues at San Francisco General Hospital of approximately \$2 million.
- Reduced certain provider rates by \$100.8 million. Reductions to provider rates are anticipated to have a minimal effect on the Department because the majority of the Department’s Medi-Cal services are reimbursed under a prospective payment system.
- Reduced funding for the Children’s System of Care program by \$13.8 million. This reduction is expected to reduce the Department’s current funding of \$1 million by \$420,000.
- Reduced funding for the Integrated Services for Homeless Adults Program (AB 2034) by \$10 million. This reduction is expected to result in a reduction of \$184,000 to the \$2.3 million grant the Department currently receives.
- Imposed a moratorium on reimbursement to, among other programs, mental health services to special education pupils (AB 3632 program). The education budget trailer bill (AB 2781 (Oropeza)) also impacts this program by clarifying that counties are entitled to 100 percent cost reimbursement.
- Implemented 10 percent county share of cost on growth in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. It is estimated that implementation of this share of cost would reduce Department revenues by \$80,000 in the current fiscal year.
- Provides \$8.8 million to implement the CHDP Gateway Program.

21. Substance Abuse

SB 1695 (Escutia) Chapter 678 CCSF Support
DRUG OVERDOSE DEATHS: SB 1695, sponsored by the Center for Policy Reform, authorizes counties to develop a program to certify EMT-Is to administer naloxone hydrochloride and requires the State Department of Alcohol and Drug Programs to place on the Web information on drug overdose trends.

22. Supportive Housing

AB 1425 (Thomson) Chapter 428 CCSF Support
PERSONS WITH DISABILITIES: COMMUNITY LIVING: SUPPORT SERVICES: AB 1425, sponsored by the author, exempts any supportive housing or independent living arrangement for individuals with disabilities who are receiving community living support services from licensure as a community care facility. The bill would provide that community living support services do not constitute care or supervision, which requires licensure. This bill would permit counties to contract with agencies or individuals to assist persons with disabilities in securing their own homes, including supportive housing, and to provide persons with disabilities with the supports needed to live in their own homes.

23. Women’s Health

SB 1301 (Kuehl) Chapter 385 CCSF Watch
REPRODUCTIVE PRIVACY ACT: SB 1301, sponsored by Planned Parenthood Affiliates of California, repeals the Therapeutic Abortion Act and enacts the Reproductive Privacy Act. The Reproductive Privacy Act provides, among other things, that every individual possesses a fundamental right of privacy with respect to reproductive decisions, including the fundamental right to choose or refuse birth control, and to choose to bear a child or obtain an abortion. The bill prohibits the state from denying or interfering with a woman’s fundamental right to choose

abortion prior to the viability of the fetus or when necessary to protect her life or health. SB 1301 also clarifies that non-physician health care providers may legally assist with surgical abortions and/or perform, or assist in performing, non-surgical abortions.

24. Vital Records

SB 247 (Speier)

Chapter 914

CCSF Watch

BIRTH AND DEATH CERTIFICATES: CERTIFIED COPIES: ACCESS: SB 247, sponsored by the California Department of Health Services, provides that only authorized persons may receive regular certified copies of a birth or death certificate. Persons not meeting the requirements of an authorized person shall receive a certified copy marked for informational purposes only. All certified copies of certificates shall be printed on chemically sensitized security paper. Informational copies shall be electronically redacted to remove signatures and issued only from a single statewide database prepared by the State Registrar. SB 247 also establishes the Vital Records Protection Advisory Committee and adds a fee to the cost of certified copies of birth and death certificates to fund the provisions of the bill.

B. SUMMARY OF SELECTED HEALTH-RELATED BILLS THAT FAILED IN 2002

1. Children/ Youth

AB 2740 (Chan) Vetoed CCSF Watch

CHILDREN'S MENTAL HEALTH: COUNTY GRANT PROGRAM: AB 2740, sponsored by the author, would have required the State Department of Mental Health to develop and implement a grant program to encourage counties to identify children's mental health services that are needed in that county. The bill would have also required that the grants be awarded on a competitive basis and that each county recipient develop a mental health plan for children with specific goals.

Veto Message: The \$150,000 General Fund contained in the 2002-03 budget for the purpose of this bill was vetoed because counties are already required to assess mental health needs and develop plans to meet those needs. Section 5772 of the Welfare and Institutions Code requires local mental health boards at the county level to complete these responsibilities. Since these bodies already exist and have the responsibility for developing plans to meet mental health needs and given the difficult fiscal situation of the state, I did not support the augmentation. Because implementation of this bill was contingent upon funding that has been vetoed, I cannot sign this bill.

AB 2741 (Chan) Vetoed CCSF Watch

CHILDREN'S SCHOOL READINESS AND HEALTH COUNCIL: AB 2741, sponsored by the author, would have created the Children's School Readiness and Health Council in the Health and Human Services Agency to, among other things, promote policy development in regard to, and coordinate programs that address, children's school readiness and health. The bill would have required a study of coordination between children's school readiness and health programs and the funding streams for these services and would have authorized the agency to contract with a nonprofit or public entity for the study.

Veto Message: I am supportive of coordinating school readiness and health services and state departments participate in a variety of these efforts including the California Children and Families Commission, the Office of School Health Connections, the Interagency Coordinating Council on Early Intervention and the Head Start-State Collaboration Office.

However, this bill would result in a cost of at least three positions and \$270,000 (\$140,000 General Fund) for affected departments to support the Council and related Advisory Committee activities, not including the cost of the required coordination study. State budget reductions of 7,000 positions will severely limit the affected state departments' abilities to take on new activities at this time and these positions cannot be funded by private dollars. The California Health and Human Service s Agency will be reviewing its options to better coordinate school readiness and health programs within existing resources and structures.

Therefore, I am unable to support this bill.

2. Chronic Disease and Injury Prevention

SB 1555 (Torlakson) Vetoed CCSF Support

PEDESTRIAN AND BICYCLIST SAFETY: SB 1555, sponsored by the California Bicycle Coalition, this bill requires the State and Local Injury Control Section of the Department of Health Services to award grants to cities, counties, and non-profit organizations to improve

pedestrian and bicyclist mobility and safety, as specified. These grants would come from the Pedestrian and Bicyclist Mobility and Safety Fund.

Veto Message: I am a strong supporter of pedestrian and bicyclist safety programs, and I have been pleased to sign legislation such as the "Safe Routes to Schools" program and the "Pedestrian Safety Act" since 1999. These laws provide funds to local agencies and other organizations to develop pedestrian and bicyclist safety enhancements in school areas. In addition, the Office of Traffic Safety administers a grant program similar to the one proposed by this legislation, and beginning October 1, will award \$7.5 million for local pedestrian and bicyclist safety programs.

However, given the state's \$24 billion deficit, I do not believe that this is the appropriate time to implement new programs. The Department of Motor Vehicles estimates that startup costs will exceed \$850,000 and annual ongoing costs will approach \$180,000. The bill would place added pressures on the Motor Vehicle Account, the State Transportation Fund, and would create additional unfunded workload.

Finally, the imposition of a \$5 assessment on a drivers' license renewal fee may violate Article XIX of the state Constitution. The Constitution specifies the uses for which fees and taxes imposed by the state upon vehicles may be used and funding for safety programs is not included.

3. Communicable Disease

<u>AB 2529 (Negrete McLeod)</u>	<u>Vetoed</u>	<u>CCSF Support</u>
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HEPATITIS C: AB 2529, sponsored by the Center for Policy Reform, would have required the Director of the California Department of Corrections to make treatment and testing for hepatitis C confidential and at no cost to the inmate. The bill would have also required the Director to make available comprehensive hepatitis C education for all prisoners.

Veto Message: Currently the California Department of Corrections (CDC) has existing programs aimed at providing information to inmates about hepatitis C. For example, when an inmate enters the CDC's Reception Centers they are provided with an orientation program aimed at providing an overview of prison life. The intake process includes videotaped materials, classroom lectures, and printed materials. The subject of communicable diseases including hepatitis C is covered in the orientation program. The CDC also has an Inmate Peer Education Program at most prisons which provides a presentation focused specifically on high-risk behaviors, communicable disease, and blood borne pathogens. In addition, any inmate who wishes to be tested for hepatitis C may do so at any time.

The CDC has existing programs that achieve the objectives of AB 2529, although perhaps not as comprehensively as envisioned by the bill. The goals of this bill are laudable, but would lead to significant General Fund Budget pressures to achieve them. I must return AB 2529 at this time since the State cannot now provide the additional resources to expand these existing programs.

4. Health Facilities

<u>SB 1413 (Chesbro)</u>	<u>Vetoed</u>	<u>CCSF Watch</u>
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MEDI-CAL: SB 1413, sponsored by the author, would have enacted into law requirements for the Department of Health Services (DHS) to implement specified Medi-Cal payment methodologies for federally qualified health centers (FQHCs) and rural health clinics (RHCs) that comply with federal law.

Veto Message: FQHC's and RHC's are an important part of California's health care safety net and we have taken a number of actions during my Administration to preserve their viability and allow for expansion. From the time I took office, overall funding to clinics through the Department of Health Services has increased from \$33.9 million to \$53.8 million, a 58.7 percent increase....

Unfortunately, a provision in this bill would expand the circumstances under which a clinic could receive reimbursement for multiple visits in one day by the same person. This provision could substantially increase Medi-Cal costs. While I understand that there is considerable disagreement about the magnitude of these new costs, given the \$24 billion dollar shortfall, I cannot support a bill that could potentially result in significant new costs. I encourage the author to reintroduce this legislation next year without this provision.

5. Health Professionals

SB 2008 (Speier)

Vetoed

CCSF Support

NURSING: STUDENT FINANCIAL AID: SB 2008, sponsored by the author, would have established an Assumption Program of Loans for Nursing Education under the administration of the Student Aid Commission. The bill would have provided an applicant who agrees to participate in an associate degree program, a baccalaureate degree program or an entry-level master's degree program and who further agrees to provide at least 4 years of full-time or equivalent service as a registered nurse in specified health facilities to be eligible.

Veto Message: I agree with bill's goal of providing incentives to increase the number of registered nurses in California and earlier this year announced a three-year, \$60 million dollar, Nurse Workforce Initiative to establish a variety of incentives to increase the number of nurses and job satisfaction in the nurse workforce. This program is funded by federal Workforce Investment Act funds. This initiative is expected to generate up to 5,000 licensed nurses and the first of these grants will be announced shortly.

An existing program administered by the Office of Statewide Health Planning and Development called the Health Professions Education Foundation has dispersed scholarship and loan repayments totaling over \$6.7 million since its inception since 1990, assisting nearly 1,400 economically disadvantages and demographically underrepresented students in 49 of California's 58 counties.

In addition, I have recently signed AB 2314 (Thomson), which will for the first time require the Community Colleges and the CSU systems to standardize all nursing program prerequisites on a statewide basis and requires the CSU Chancellor to require CSU campuses that maintain nursing education programs to negotiate and implement articulation agreements with CCC districts from which they receive a significant number of nursing students. Finally, I have signed AB 1140 (Thomson) which requires the Board of Registered Nursing to collect practice status-related data from its licensees which will be helpful in assessing the current status of nursing in CA.

The combination of these activities should assist California in making real progress in making nursing a more attractive career option. I cannot support this bill, however, because it creates an annual General Fund cost pressure in excess of \$2.8 million during a time of necessary fiscal constraint.

6. HIV/AIDS

AB 2905 (Wright) Vetoed CCSF Support

CORRECTIONAL INSTITUTIONS: HUMAN IMMUNODEFICIENCY VIRUS: AB 2905, sponsored by the author, would have required that testing for the human immunodeficiency virus (HIV) be offered by the Department of Corrections without charge to all inmates in state prison. The bill would have required that every inmate be informed regarding their ability to request testing for HIV infection upon commitment to the state prison system and would have required that every inmate be informed of the right to refuse that testing.

Veto Message: Currently, inmates are tested for HIV upon their request, when determined to be medically appropriate, or pursuant to Title 8 of the Penal Code (commencing with Section 7500) following a gassing incident. Additionally, CDC's Inmate Peer Education Program, currently implemented at 24 institutions, provides inmates with current health information and education regarding HIV, as well as other health issues regarding infectious diseases and high-risk behaviors.

I am vetoing this bill since it would result in a new General Fund cost to fund additional health information and education programs at all 33 CDC institutions at a time when the state is facing a difficult financial situation.

AB 2930 (Wright) Vetoed CCSF Support

HUMAN IMMUNODEFICIENCY VIRUS (HIV): MATERNAL AND NEWBORN HEALTH: AB 2930, sponsored by the author, would have required that a blood specimen obtained from pregnant women also be tested for the presence of the human immunodeficiency virus (HIV). Under the bill, health care providers would have been required to ensure that the woman be informed of, among other things, the purpose of testing and her right to refuse testing. In addition, the bill would have required that the health care provider ensure that the woman receives information and counseling, as appropriate, to explain the results and the implications to the mother's and infant's health, including any follow-up care that is indicated.

Veto Message: The State's existing HIV reporting requirements currently prohibit informing a patient of her HIV status prior to a confirmatory test. This is good policy; it ensures the test results are accurate before informing the patient. It can take up to two weeks for preliminary positive results to be confirmed.

I support the goal of more testing, but I believe this bill represents a fundamental shift from voluntary testing toward a mandatory system, which may reduce an at-risk woman's willingness to receive prenatal care. The current universal voluntary system seems to be working well. According to recent information received by the state Department of Health Services (DHS), as many as 90% of pregnant women will accept an HIV test when it is offered. The Centers for Disease Control and Prevention (CDC) estimate the number of infants born with HIV since 1991 has decreased from 1,760 to as few as 280 infants nationwide in 2000. The CDC has also reported that the prevalence of HIV infection among childbearing women is lower in California than in other large, urban states. There is no reason to assume that health care professionals cannot carry out the best professional practice and informed consent procedures under current law to continue to reduce the prevalence of HIV transmission from mother to infant.

7. Homelessness

AB 2899 (Migden) Vetoed CCSF Watch

HOMELESS COURTS: PILOT PROJECT: AB 2899, sponsored by the author, would have created the Homeless Court Pilot Project to operate no more than 3 selected superior courts

selected by the Judicial Council for the adjudication of infractions and misdemeanors. It also would have defined the term homeless and required the Judicial Council to develop and promulgate procedures and guidelines for homeless courts. The council would have also been required to issue an interim and final report.

Veto Message: Actions or cases related to homeless people are already within the responsibility of the established court system. It is not clear that further delineation of areas of responsibility within the court is necessary, and such delineation could result in inefficiencies and duplication of efforts.

In addition, establishing the program proposed by this bill would result in General Fund costs of more than \$ 1 million over 3 years and a reimbursable State-mandated local program. Given the State's \$24 billion deficit, I cannot reasonably justify the use of General Fund resources at this time. It is my hope that the State's Trial Courts attempt to fund a pilot project using existing resources.

SB 1654 (Burton)

Vetoed

CCSF Watch

GOVERNORS OFFICE: HOMELESSNESS: SB 1654, sponsored by the author, would have established the Office of Homelessness within the Governor's Office, with specified duties and responsibilities, to coordinate the efficient use of State resources to improve the management and oversight of all State homeless programs and to make annual recommendations to the Governor and Legislature.

Veto Message: Having a central point of contact within state government on homeless issues has merit. Such an office could serve as a clearinghouse of information and could provide staff support to the Interagency Task Force on Homelessness that was created by my Executive Order of March 22, 2002.

However, the Department of Finance estimates the cost of operating such an office could be as high as \$500,000 annually. SB 1654 has no appropriation attached to it.

Although the state cannot afford new programs at this time, in the interim, I am pleased by the progress already made by the Task Force in improving coordination of homeless services. I have made a strong personal commitment to combating homelessness in California, especially by focusing on prevention of homelessness, and I have directed the Task Force to continue its work and to report back on additional progress made by December 1, 2002.

Additionally, I have directed state agencies to develop a set of recommendations to reduce the incidence of homelessness in California, convened the State's first Summit on Homelessness, and established an interagency task force to improve integration of services and recommend and implement strategies to prevent individuals and families from becoming homeless.

I have approved appropriations of over \$64 million in new State funding for the Emergency Housing Assistance Program, including \$25 million for the creation of new homeless shelter facilities and the expansion of existing facilities, as well as \$39 million for shelter operations. I also signed legislation making National Guard armories permanently available as winter homeless shelters.

I have approved \$45 million in funding for the Supportive Housing Initiative Act that provides permanent housing with services for formerly homeless disabled adults.

In signing Senate Bill 1227, placing Proposition 46 on the November ballot, this \$2.1 billion measure, if approved, will help the neediest Californians end the cycle of homelessness and move to permanent housing, while also assisting California's workforce and their families and other lower income households, obtain safe and affordable rental housing.

I will continue my commitment to eradicate homelessness in California.

SB 1751 (Burton) **Vetoed** **CCSF Watch**
HOMELESS INDIVIDUALS: REPORTING OF DEATHS: SB 1751, sponsored by the author, would have required each county, beginning March 1, 2004, and each year following, to submit a report to the State Department of Health Services on the number of homeless individuals who died during the previous calendar year. The bill would have defined a homeless persona and required the California Department of Health Services to submit an annual report to the Legislature, the Governor, and Legislative Analyst on information received from the counties.

Veto Message: I cannot support this bill because it would create a reimbursable State mandate upon the counties of several million dollars annually, and because it fails to provide funding for ongoing annual workload at the DHS. Due to the uncertainty in General Fund revenues, new discretionary expenditures which affect the General Fund should not be considered at this time. In order to maintain existing core State services already provided by the DHS, it is necessary at this time to restrain any new programmatic initiatives. Further, as death certificates are of public record, I cannot support this bill because it would diminish the privacy of both decedents and grieving family members by unnecessarily characterizing decedents as "homeless." Such privacy and sensitivity is a right expected by many Californians as they grieve a loved one.

The Interagency Task Force on Homeless, which I created by Executive Order in March, is working on identifying what types of research and data would be most beneficial in our efforts to prevent homelessness, determine what risk factors lead to homelessness, what risk factors are most prevalent within the homeless population, and which services are most successful in combating homelessness. Information limited to quantifying the deaths of homeless persons may not be as useful in achieving these goals as some other methodology. I look forward to the results of the Task Force's efforts.

8. Mental Health

AB 1422 (Thomson) **Vetoed** **CCSF Watch**
MENTAL HEALTH ADVOCACY: AB 1422, sponsored by the author, would have created the Mental Health Advocacy Commission to promote improved access to mental health services and combat stigma and discrimination against people with mental illness.

Veto Message: I am supportive of the concepts embodied in this bill, especially to help remove the stigma associated with mental illness. I am proud of the efforts we've made in the past three years to expand services and strengthen the safety net for those suffering with mental illness. In 1999, I signed Assembly Bill 34 establishing a program to provide comprehensive, integrated services to the homeless mentally ill. Just recently, I also signed Assembly Bill 1421, known as "Laura's Law", which allows for mandatory treatment of persons with severe mental illness who may be incapable of making informed treatment decisions.

However, the Department of Mental Health's resources are stretched too thin to take on additional responsibilities at this time. It would be difficult to ask the Department to take on this task at the same time we are making significant budget reductions and eliminating

7,000 positions in state government. I would consider revisiting this issue when the State's fiscal health improves.

AB 2296 (Simitian) Vetoed CCSF Watch

MENTAL HEALTH: SIMPLIFICATION OF ACCOUNTING AND REPORTING REQUIREMENTS: AB 2296, sponsored by the Family Service Council of California, would have required the Department of Mental Health to examine problematic reporting requirements for various mental health programs and to convene a workgroup to make recommendations to modify these requirements to reduce unnecessary paperwork.

Veto Message: This bill would result in costs to the DMH, and potentially the Department of Alcohol and Drug Programs, to establish a workgroup, review mental health services reporting procedures, and report recommendations to the Legislature. While this bill would make its provisions subject to the availability of resources already appropriated by the annual Budget Act, it would create pressure for the DMH to absorb unfunded workload. This is especially true since the bill requires that the DMH complete its work and submit a final report to the Legislature no later than January 1, 2004. Funds are not included in the budget for these activities. Furthermore, the pending elimination of vacant positions pursuant to the proposed budget and recent reductions to the DMH support budget likely will reduce the ability of the DMH to absorb the new duties within existing resources.

9. Substance Abuse

SB 1734 (Vasconcellos) Vetoed CCSF Support

DRUG PARAPHERNALIA: CLEAN NEEDLE AND SYRINGE EXCHANGE PROJECTS: AB 1734, sponsored by the author, would have extended existing immunity provisions related to criminal prosecution for distribution of syringes and hypodermic needles under an authorized clean needle and syringe exchange project to also include distribution of any device or substance necessary to ensure the safety and cleanliness of needles or syringes.

Veto Message: Current law that allows for local syringe exchange programs strikes an appropriate balance between the public health and public safety concerns, including the requirement that local government renew their declaration of a local emergency due to a critical local public health crisis every 2-3 weeks. In addition, local government is already providing products that ensure the safety and cleanliness of needles and syringes with the cooperation of local law enforcement. I see no reason to upset the current balance and for this reason, I cannot support this legislation.

SB 1785 (Vasconcellos) Vetoed CCSF Support

HYPODERMIC NEEDLES AND SYRINGES: SB 1785, sponsored by the Center for Policy Reform, the California Nurses Association, the California Pharmacists Association, San Francisco AIDS Foundation, AIDS Healthcare Foundation, AIDS Project Los Angeles, the California Medical Association, the California Retailers Association, and Walgreens, would have authorized specified personnel at licensed pharmacies to sell up to 30 hypodermic needles or syringes without a prescription to a person who is over 18 years of age. The bill would have required pharmacies to store needles and syringes out of customer reach and authorized pharmacies to provide purchasers of needles or syringes specified public health information. SB 1785 would have prohibited discarding or disposing of a hypodermic needle or syringe on a playground, public beach, public park, or the grounds of an elementary, vocational, junior high or high school.

Veto Message: I am committed to the underlying goal of the bill which is to reduce the transmission of HIV and hepatitis C among injection drug users, and I am proud of the progress we have made in combating these two diseases. California spends \$93.2 million on education and prevention programs and I have added millions of dollars in the Office of AIDS for behavioral and early intervention, programs for high-risk youth, communities of color and HIV prevention evaluation. I have strongly supported our new HIV reporting system which will reveal trends in HIV transmission and assist in targeting HIV education, prevention and care efforts. I have signed legislation that already makes hypodermic needles and syringes available from authorized, legally sanctioned syringe exchange programs located throughout California.

In Spring 2000, the Department of Health Services appointed the Hepatitis C Working Group, comprised of key stakeholders from the public and private sectors. The Working Group developed the first-ever hepatitis C strategic plan for California. In August 2000, I signed SB 1256 (Polanco), which allocated \$1.5 million for hepatitis C outreach and education.

I worked hard with the author of the legislation I signed in 1999 to bring law enforcement and health officials together on a bill that would decriminalize supervised needle exchange programs. This bill undermines the key elements that won my support for that legislation:

** It eliminates the requirement for a one-for-one exchange of syringes, which is the standard of practice in authorized needle exchange programs. * By eliminating the one-on-one exchange, this bill eliminates the ability to focus aggressive intervention efforts toward getting drug addicts into treatment.*

** It eliminates the requirement that needle exchange programs be conducted with local government approval, ongoing oversight and as the result of a declared health emergency.*

Additionally, this bill could potentially increase the amount of contaminated needles and syringes in parks, beaches and other public areas. This would place the non-injection drug using population at greater risk for HIV, hepatitis C, and other blood-borne diseases. While I appreciate the author's hard work and dedication to this issue, I cannot sign this measure.

III. STATE LEGISLATIVE PLAN FOR 2003

Following is the Department's Proposed State Legislative Plan. This plan is intended to be comprehensive and address the health-related issues that the Department anticipates the Legislature will debate in the upcoming year. The Department's Proposed State Legislative Plan is subject to approval by the Mayor's State Legislative Committee in January 2003.

PROPOSED 2003 STATE LEGISLATIVE PLAN

In accordance with the vision and mission statements of the Department of Public Health, this Legislative Plan is intended to serve as a guide to the City's policy positions on legislative, regulatory and budget issues which impact the Department and the health of San Franciscans. To implement its Legislative Plan, the Department works in collaboration with the Mayor's office, other City departments, the City's State lobbyist, community partners in both the public and private sectors and in coalition with issue-based and industry-based advocacy groups.

1. Bioterrorism Preparedness

- a. Support legislation and budget action that provides sufficient funding and supportive policy to enable the Department to continue to develop and maintain its preparedness for a bioterrorist event.

2. Children and Youth

- a. Support legislation that would expand and/or improve access to health services for children and youth.
- b. Support legislation that would expand school health services and Family PACT to include preventive health care services.
- c. Support creation of a pilot program to provide specific health and social care services for adolescents enrolled in managed care.
- d. Support a regional facility for youth referred through the juvenile justice system with serious emotional disturbances.

3. Communicable Disease

- a. Support legislation that would enhance the Department's ability to prevent, control and treat sexually transmitted diseases.
- b. Support legislation that enhances the ability of the Department to provide critical tuberculosis diagnosis, treatment, prevention and education services.
- c. Support legislation that enhances the Department's ability to perform core public health activities such as epidemiology, surveillance and other disease control activities.
- d. Support legislation that would advance the creation of a regional and/or statewide immunization registry.
- e. Support legislation that would increase access to and provide funding for adult immunizations.
- f. Monitor legislation relating to immunization and adopt positions as appropriate to ensure that the public health benefits to San Franciscans are maximized.
- g. Pursue new State funding to support the infrastructure for core immunization programs.

4. **Emergency Medical Services Agency**
 - a. Monitor legislation and adopt positions as appropriate that clarify the regulation of inter-facility emergency medical transportation and ensure coordination with local emergency medical services agencies.
 - b. Monitor legislation and adopt positions as appropriate that support local oversight over diversion policies and policy coordination with local emergency medical services agencies.
 - c. Monitor legislation and adopt positions as appropriate that will enhance the provision of emergency medical services and ensure coordination with local emergency medical services agencies.
5. **Emergency Services/Trauma**
 - a. Monitor legislation and adopt positions as appropriate that will enhance the provision of emergency and/or trauma services and increase funding for the various components of emergency and trauma care and systems, including operations, equipment, infrastructure, ancillary services, public health interventions, and physician reimbursements.
 - b. Support legislation that provides for public access to defibrillation devices, such as in public buildings.
 - c. Support legislation that would ensure that hospitals are able to appropriately respond in the event of emergency or disaster, including supporting the development of disaster hospitals, hospital membership in the national disaster medical system, and conversion of current non-acute beds into disaster beds in time of emergency.
6. **Environmental and Occupational Health**
 - a. Support environmental health legislation that ensures that San Franciscans have safe and healthy living and working environments.
 - b. Support legislation that would enable San Francisco to maintain existing laws establishing its high standard for lead abatement in the City.
 - c. Support legislation advances health promotion and prevention in the following areas:
 - i. environmental, including air, soil and water quality, food safety, toxics and transportation;
 - ii. occupational health and safety, including occupational health advocacy and prevention programs for garment workers, sex workers and day laborers; and
 - iii. socio-economic/social equality issues, such as food access, livable neighborhoods, and family support policies.
7. **HIV/AIDS**
 - a. Support legislation that promotes voluntary HIV testing with informed consent, effective HIV prevention, and access to health care and treatment for persons living with HIV.
 - b. Oppose legislation that would impose mandatory testing for HIV.
 - c. Oppose legislation that could have an adverse effect on HIV prevention and treatment programs.
8. **Health Care Facilities**
 - a. Support legislation to provide funding or financing for costs associated with compliance with hospital seismic safety standards (SB 1953).

- b. Pursue legislation or other authority to facilitate regional planning for compliance with SB 1953 seismic safety requirements.
 - c. Monitor legislation relating to charity care and adopt positions that are consistent with the City's charity care ordinance.
- 9. Health Insurance Expansion**
- a. Support legislation that expands health care coverage to uninsured California residents, pursuant to San Francisco's goal of providing universal health coverage.
 - b. Support legislation that expands purchasing pools for small employers.
- 10. Healthy Families Program and Medi-Cal for Children**
- a. Support legislation that would increase access to health insurance coverage under the Governor's proposal to provide Healthy Families coverage for parents of children enrolled in the Healthy Families or Medi-Cal for Children programs, including legislation that would:
 - i. establish a seamless system of coverage between Medi-Cal and Healthy Families to ensure that all members of a family have equal access to the same provider networks and benefits;
 - ii. reduce the monthly premium and co-payment maximums for parents and establish a premium scale that is based on income level and household size;
 - iii. provider discounts for parents who choose the community provider plan that are proportional to the discounts they receive for enrolling their children in the community provider plan;
 - iv. provide for targeted outreach at the local level;
 - v. extend coverage to all legal immigrant parents; and
 - vi. ensure that a broad definition of parent includes non-biological parents who are primary caregivers.
 - b. Support expansion of eligibility to include parents of eligible children; families with income levels between 250% and 300% of the federal poverty level.
 - c. Support continued expansion of eligibility to include:
 - i. legal permanent residents who arrived after the passage of federal welfare reform (8/22/96); and
 - ii. undocumented residents (State-only funds).
 - d. Support legislation to simplify and improve consistency and coordination of the Healthy Families and Medi-Cal for children programs.
 - e. Support legislation that would maximize federal financial participation from the State Children's Health Insurance Program (SCHIP) and from Medicaid.
 - f. Oppose legislation that would reduce eligibility or benefits.
- 11. Health Insurance Portability and Accountability Act (HIPAA)**
- a. Support legislation that would maximize federal financial participation for the cost of HIPAA implementation at the local level.
- 12. Health Professionals**
- a. Support legislation that will enhance the Department's ability to recruit, train and retain individuals for employment in the health care field.
- 13. Homeless**
- a. Support legislation that will enhance the Department's ability to provide the wide range of medical, psychological and social services needed by the City's homeless population.

- b. Support legislation that would expand availability of and access to healthcare enriched housing for San Francisco's homeless population.
- 14. Immigrant Access to Health Care**
- a. Support legislation to ensure continued eligibility of undocumented residents for:
 - i. community mental health services;
 - ii. long-term care;
 - iii. California Children's Services; and
 - iv. other health care and supportive services.
 - b. Support and/or sponsor elimination of the cap on State funds that can be used to provide skilled nursing care to undocumented residents.
 - c. Support clarification and broadening of the State's definition of emergency services to restore funding for follow-up care provided to undocumented immigrants in conjunction with emergency services.
 - d. Oppose legislation that would attempt to limit or deny health care services for undocumented residents.
- 15. Incarcerated**
- a. Support legislation that would expand access to health care for the incarcerated and increase funding for forensic health.
 - b. Monitor legislation and adopt positions as appropriate that remove barriers and increase access to care, housing and services for parolees.
- 16. Long-Term Care**
- a. Monitor and adopt positions as appropriate on legislation that would impact the provision and/or reimbursement of services in skilled nursing facilities.
 - b. Support legislation that would expand access to community-based services that would enable persons to receive appropriate levels of care in the community as an alternative to inpatient care, including pilot programs to develop Residential Care facilities as an alternative to psychiatric hospital and long-term care.
 - c. Support legislation that would remove barriers and increase access of disabled individuals in returning to work.
 - d. Support legislation that would move responsibility for payment of long term care placement for Murphy Conservatees back to the State.
- 17. Managed Care**
- a. Monitor legislation and adopt positions as appropriate on legislation that would impact the Department as a provider of care within the larger managed care setting.
 - b. Monitor legislation regarding reform of managed care and quality of care.
- 18. Marijuana for Medicinal Purposes**
- a. Support legislation to authorize and support local efforts to implement Proposition 215 for distribution of marijuana for medicinal purposes.
- 19. Medi-Cal Funding and Program Change**
- a. Support legislation that would increase Medi-Cal rates and oppose Medi-Cal rate reductions.
 - b. Support legislation to ensure fiscal stability for the Disproportionate Share Hospital program.
 - c. Support legislation to provide presumptive eligibility and maintains one-year continuous coverage for adults.
 - d. Support legislation to implement risk-adjusted capitation rates for Medi-Cal managed care programs.

- e. Support legislation that would expand Medi-Cal eligibility and/or simplify the application process.
- f. Support legislation and/or regulation that place eligibility for Medi-Cal and payment of Medi-Cal services within the same State agency (either Health Services or Social Services).
- g. Support legislation that ensures the preservation of Local Initiatives.
- h. Monitor legislation and adopt positions as appropriate to ensure that State-implemented managed care achieves its goal of improving access for the Medi-Cal population and does not adversely affect revenues.
- i. Support legislation that assures that incarcerated individuals are eligible for Medi-Cal immediately upon discharge.
- j. Support legislation that calls for a negotiated Administrative Day rate for Acute Psychiatry rather than a State rate set by the skilled nursing rate.
- k. Support legislation that would maximize federal financial participation from Medicaid.

20. Mental Health

- a. Support legislation that would provide additional funding for delivery of mental health services to indigent and low-income individuals based on local needs.
- b. Support maintenance and expansion of AB34, AB 2034 and AB 334 programs for the homeless mentally ill.
- c. Support legislation to amend existing law regarding protection of quality assurance mental health documents from discovery, to clarify that non-Medi-Cal records are also protected.
- d. Support legislation that would establish a respite care pilot project in San Francisco.
- e. Support legislation that would establish a pilot project for school-based mental health services in San Francisco.
- f. Support legislation that further defines the relationship between the State Regional Centers and Community Mental Health Services to assure that the Regional Centers are responsible for the costs of Administrative Days in the hospital due to difficulty in placing the dually diagnosed developmentally delayed and seriously mentally ill patient.
- g. Support legislation to expand Medi-Cal to provide adequate coverage for behaviorally-oriented skilled nursing services to organically impaired and brain damaged people.
- h. Oppose legislation that would adversely impact delivery of mental health services and restrict availability of funding for this purpose.

21. Multicultural Health

- a. Support legislation that would reduce disparities in health care access and services.
- b. Support legislation that would increase resources to target health care services to underserved populations.

22. Pharmacies

- a. Support legislation that would allow public hospitals and clinics to contract with private pharmacies to provide preferentially-priced medications to individuals receiving care from those facilities.
- b. Support legislation that would ensure that patients have access to the medications they need.

23. Prevention

- a. Support legislation that advances health promotion and prevention services in the following areas:
 - i. behavioral risk factor reduction, including smoking cessation, exercise, and nutrition;
 - ii. tobacco control policies;
 - iii. violence and injury prevention, such as controls for firearms and pedestrian safety;
 - iv. supporting alternatives to violence for young people in their schools and their community settings
 - v. childhood development and education; and
 - vi. domestic violence.

24. Proposition 10

- a. Monitor and adopt positions as appropriate on legislation to amend or clarify Proposition 10 to ensure that funds may be utilized for health promotion and access to health care programs for children.
- b. Develop alternative revenue sources to backfill reductions in Proposition 99 (tobacco tax) revenues resulting from Proposition 10 implementation.
- c. Oppose legislation that would repeal Proposition 10 or that would reduce the funding for health promotion.

25. Public Health Infrastructure

- a. Support legislation that would increase funding and program support for core public health activities and, in the event of increased funding, create a more equitable allocation formula.
- b. Support legislation that would provide funding for public hospitals and health systems to support infrastructure enhancements, such as information systems, state of the art medical technology, and quality management data systems.

26. Realignment

- a. Monitor and adopt positions as appropriate on legislation that will modify the current realignment funding system and ensure adequate, consistent and flexible funding for indigent health, public health, and mental health services.
- b. Support legislation to maintain the General Fund backfill for Vehicle License Fee reductions.
- c. Monitor and adopt positions as appropriate to ensure that any new realignment of funding that shifts fiscal responsibility of health programs to local jurisdictions is linked to a steady revenue source that will provide sufficient funding to support the cost of these services.
- d. Monitor and adopt positions as appropriate to ensure that any county responsibility for enhanced health data collection is adequately funded.

27. State Budget

- a. Support budget initiatives that maintain or improve the Department's ability to address the health care and prevention needs of San Franciscans.
- b. Support legislation to ensure new programs and mandates include sufficient funding and oppose unreimbursed state mandates.
- c. Oppose budget initiatives that reduce funding to the Department's health care and prevention services.

- 28. Substance Abuse**
- a. Support legislation relating to Proposition 36 that will increase funding and establish an allocation formula based upon need.
 - b. Support legislation that would increase access to sterile syringes by legalizing the sale of syringes without a prescription and/or decriminalizing syringe possession.
 - c. Support legislation that would create a dual diagnosis treatment program for adults and for youth.
 - d. Support legislation that enhances the Department's ability to provide substance abuse prevention and treatment services.
 - e. Monitor legislation and adopt positions as appropriate in accordance with San Francisco's Treatment on Demand efforts.
 - f. Monitor legislation and adopt positions as appropriate that support local drug courts.
- 29. Supportive Housing**
- a. Support increased funding for the Supportive Housing Initiative Act (SHIA) and oppose reductions in SHIA funding.
 - b. Support legislation to increase federal financial participation for the development and/or provision of supported housing for special needs populations.
- 30. Uninsured**
- a. Pursue a State program to fund indigent health care at the local level.
- 31. Vital Records**
- a. Monitor legislation and adopt positions as appropriate related to persons seeking to obtain copies of birth records from local jurisdictions.
- 32. Women's Health**
- a. Support legislation that removes barriers and increases access to health care for women.

