



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

Office of Policy and Planning

MEMORANDUM

DATE: December 30, 2015

TO: Dr. Edward Chow, President, San Francisco Health Commission, and Members of the Health Commission

THROUGH: Barbara A. Garcia, Director of Health
Colleen Chawla, Deputy Director of Health and Director of Policy & Planning

FROM: Aneeka Chaudhry, Senior Health Program Planner, Office of Policy & Planning

RE: SFDPH 2016 Federal and State Legislative Plans

The San Francisco Department of Public Health (SFDPH) is pleased to present its annual federal and state legislative plans to the Health Commission for review and approval. This memo provides a brief background on the purpose and development of the plans, key federal and state updates for 2015, and draft SFDPH federal and state plans for the 2016 legislative cycle.

BACKGROUND

The Department's state and federal legislative plans serve as guides for monitoring bills and budget proposals, and identifying policy matters that may require City advocacy or action. These plans are intended to cover a broad range of health issues that may be addressed by state and federal lawmakers during the year. Additionally, the plans assist SFDPH staff who represent the Department on various professional associations or coalitions in presenting the Department's position on policy issues.

Aligned with the overall SFDPH priorities, the legislative plans are drafted with input from content experts across the Department. The SFDPH Office of Policy and Planning and the Population Health Division (PHD) Office of Equity and Quality Improvement collect input on the legislative plans throughout the year, often through meetings to discuss the current year's legislative proposals or through requests to identify legislative priorities. The 2016 draft plans were presented to the SFDPH Integration Steering Committee in November 2015, and SFDPH staff had further opportunity to review the plans and provide feedback and identify emerging policy themes and issues for inclusion.

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.
We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

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SFDPH plans approved by the Health Commission are submitted to the Mayor's office for incorporation into citywide state and federal legislative plans.¹ The citywide state legislative plan is submitted to the Mayor's State Legislation Committee for approval. The Mayor's State Legislation Committee is directed by the San Francisco Administrative Code (Article III, Sections 5.5 – 5.11) to make recommendations for endorsement, opposition, or neutrality with respect to specific pieces of legislation pending before the State Legislature that would affect the City. The State Legislation Committee includes representatives from the Mayor's office, the Board of Supervisors, the City Attorney, the Controller, the Treasurer, and the Assessor.

Inclusion of SFDPH's legislative plans into the citywide plan is important, as individual City departments do not take legislative positions. Rather, the issues highlighted in the approved citywide legislative plans may be acted upon by the City without further consideration by the State Legislation Committee. Issues not identified in the state legislative plan must be calendared and considered individually.

As health policy and funding affecting SFDPH rests largely at the state level, SFDPH works closely with the Mayor's Office, the City's contracted Sacramento lobbyists, and the State Legislation Committee. SFDPH also participates in federal advocacy through the Mayor's Office in accordance with the federal legislative plan.

KEY 2015 FEDERAL UPDATES & EMERGING ISSUES FOR 2016

2015 saw the continued success of the Affordable Care Act (ACA) implementation, as millions of Americans enrolled in or maintained their health coverage through Medicaid and the insurance marketplaces. The national uninsured rate dropped to a historic low of 9%, and California saw its uninsured rate drop by more than half. Similarly, San Francisco's uninsured rate has seen a steady decline, with about 35,000 to 40,000 San Franciscans remaining uninsured, compared to more than 87,000 in 2013.²

During 2015, SFDPH's federal advocacy efforts included increased funding for Community Health Centers, increased funding for federal agencies that fund public health programs (CDC, HRSA, SAMHSA, NIH), and the renewal of California's 1115 Medicaid Waiver. The Department also submitted regulatory comments on proposed changes to the 340B Drug Pricing Program, the need for consistent sex and gender identity data collection in research funded by the National Institutes of Health, and the importance of a Medicare National Coverage Determination on gender reassignment surgery.

President Obama signed a \$1.1 trillion omnibus spending bill on December 18, 2015, enacting a federal budget through September 30, 2016. The budget eased the across-the-board spending caps imposed by sequestration, and Health and Human Services funding slightly increased compared to 2015. Highlights include:

- \$32.1 billion for the National Institutes of Health (NIH), an increase of \$2 billion
- \$7.2 billion for the Centers for Disease Control and Prevention (CDC), a 4% increase from 2015

¹ Due to scheduling conflicts, the 2016 draft plans were heard and approved by the Mayor's State Legislation Committee on December 9, 2015. Any changes made by the Health Commission will be resubmitted for approval as an amendment to the City's legislative plans.

² This is an internal SFDPH estimate, prepared using 2015 Healthy San Francisco data and 2014 U.S. Census bureau data.

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- \$3.8 billion for the Substance Abuse and Mental Health Services Agency (SAMHSA), an increase of \$160 million
 - \$2.3 billion for Ryan White HIV/AIDS Programs, an increase of \$4 million
 - \$5.1 billion for the Community Health Centers Fund, an increase of \$1.49 billion
 - Language allowing public health departments to use federal funds to support syringe exchange programs, as long as the syringes are not purchased with federal funds

The Affordable Care Act survived another legal challenge in 2015 and remains intact. However, the law's "Cadillac tax" on high-cost insurance plans has been delayed to 2019, and its annual fee on health insurance plans is suspended. In 2016, the individual penalty for not having health insurance increases to the greater of \$695 or 2.5% of household income and the ACA's employer responsibility provisions fully phases in, with employers with more than 50 employees now expected to provide health insurance to their full-time employees.

In 2016, SFDPH expects to closely monitor federal legislative and regulatory activity related to health care financing, HIV and infectious disease, public health funding, chronic disease prevention, efforts that facilitate sharing of behavioral health data among health care providers, and LGBT health.

Attachment 1 includes the Draft 2016 SFDPH Federal Legislative Plan.

KEY 2015 STATE UPDATES AND EMERGING ISSUES FOR 2016

Among the key issues tracked by SFDPH in 2015 was the 1115 Medicaid Waiver, which was officially renewed on December 30th, 2015. The 1115 Waiver is not only an important revenue source for the Department, but also outlines a trajectory for value-based health care delivery for low-income and uninsured populations over the next five years and beyond. SFDPH will continue to monitor any bills or budget proposals related to the 1115 Waiver implementation.

2015 was the first year of the two-year 2015-16 legislative session. SFDPH followed more than 160 state bills; 50 of these bills were chaptered, or signed into law by the Governor, and 9 were vetoed. Attachment 3 includes a list of tracked bills as well as SFDPH recommended positions and actual positions taken by the City.

On June 24, 2015, Governor Brown signed a \$167.7 billion state budget for fiscal year 15/16, including nearly \$32 billion for health programs. The budget increased Health and Human Services spending by 6.2% over the previous year, keeping most programs at flat or marginally increased funding. Health highlights include:

- Extension of full-scope Medi-Cal to undocumented children under age 19, effective May 1, 2016
- Restoration of a 10% rate reduction for Denti-Cal providers, but no restoration of AB97 10% Medi-Cal provider cuts
- Medi-Cal copayments for beneficiaries repealed
- \$3M included for Mental Health Wellness Grants for developing and expanding local peer respite sites
- Behavioral health treatment for individuals with Autism Spectrum Disorder up to age 21, a required Medi-Cal benefit, funded at \$228M
- Public health investments included \$3M for needle exchange programs, \$228M for high-cost Hep-C drugs, and \$2.2M for a care linkage pilot for people at risk for Hep-C infection

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- The state Department of Public Health required to establish a Pre-Exposure Prophylaxis (PrEP) Navigator Services Program, to provide grants to local entities for HIV outreach and prevention
 - The upper income eligibility threshold for the AIDS Drug Assistance Program (ADAP) increased from \$50,000/year to 500% of the federal poverty level (\$58,850 in 2015)

The State Legislature is scheduled to reconvene on January 4, 2016 for the second year of the session. Bills that failed to pass policy or fiscal committees in 2015 may be revived or amended in 2016. SFDPH plans to closely monitor bills related to the implementation of Whole Person Care pilots under the 1115 Medicaid Waiver, implementation of the Affordable Care Act, AB 97 realignment, medical cannabis regulation, implementation of Proposition 47, the Mental Health Services Act, Medi-Cal reimbursement, public health funding, automated speed enforcement, tobacco cessation efforts, and housing and supportive services.

Additionally, SFDPH will closely monitor the Special Session on Health Care, convened by Governor Brown when signing the FY 15-16 budget. Running concurrently with the Regular Session, the Special Session is focused on Medi-Cal financing, with a specific goal of finding an alternative to the \$1 billion managed care organization (MCO) tax that expires in May 2016. However, other health bills may be and have been introduced in the Special Session, such as regulation of e-cigarettes and a tobacco tax.

Attachment 2 includes the Draft 2016 SFDPH State Legislative Plan.

Attachment 3 provides a final status and brief summary of 2015 bills relevant to SFDPH.

Attachment 1: 2016 SFDPH FEDERAL LEGISLATIVE PLAN_DRAFT

1115 Medicaid Waiver

California's 1115 Medicaid Waiver, preliminarily renewed through 2020, provides essential funding for the San Francisco Health Network, SFDPH's comprehensive system of health care services. As the final terms of the renewal are negotiated, SFDPH supports flexibility for the State's Medi-Cal program, and adequate funding for public hospitals and health care systems to ensure a robust and high quality safety net.

Health Care Reform

SFDPH is committed ensuring that all San Franciscans have access to affordable health care, and continues to support full implementation of and funding for the Patient Protection and Affordable Care Act (ACA).

- **Support public hospitals in caring for the uninsured and expanded Medicaid populations** through the maintenance of sufficient Disproportionate Share Hospital (DSH) payments.
- **Support Federally Qualified Health Centers.** Ensure that federally qualified health centers (FQHCs) maximize their ability to provide quality health care services to low income San Franciscans. This includes increased grants that fund insurance enrollment services and adequate funding through the Community Health Centers Fund.
- **Protect Funding Appropriated to the Prevention and Public Health Fund.** The Prevention and Public Health Fund (PPHF) is the nation's first dedicated mandatory funding stream for public health and prevention activities. Despite being appropriated in the ACA, the PPHF is routinely threatened for reduction or elimination as an offset to other spending priorities or for deficit reduction.
- **Promote increased use of Electronic Health Records (EHR) and availability of incentives for safety net hospitals.** Safety net hospitals should be granted access to accelerated Medicaid incentive payments upon documentation of plans to adopt, implement, upgrade, or meaningfully use certified electronic health record (EHR) technology, and subsequent payments upon meeting agreed-upon milestones.
- **Plan for Improved Long-Term Care and Increased Community-Based Capacity.** Given the aging U.S. population, capacity-building efforts under Health Reform should be more broadly defined so as to include long-term services and community-based supports that are critical to maintaining health and building capacity in the workforce.

LGBT Health

- **Support sufficient access to full spectrum of transgender health services through increased Medicare provider rates.** Medicare recently amended payment policies to cover gender reassignment surgery as medically necessary. However, Medicare reimbursement rates for the procedure are too low to ensure sufficient provider participation. This problem is compounded for persons dually eligible for Medicare and Medicaid, due to Medicare/Medicaid first payer rules.

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- **Promote the use of consistent methods to accurately collect gender, identity, and sexual orientation data** through the National Institutes of Health recently released five year Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities.

Increase funding for Ryan White programs and oppose efforts to reduce funding. San Francisco has been a leader in HIV prevention, care, and treatment from the start of the epidemic in the United States. Providing high quality HIV care has long been a top priority for San Francisco. Ryan White programs provide funding for local HIV/AIDS outreach and treatment, including programs that specifically target minority populations. Current funding enables SFDPH to provide nearly \$766,000 in outreach, medical care, behavioral health supports, and substance use counseling services to more than 500 San Franciscans living with HIV/AIDS.

Behavioral Health. San Francisco is committed to supporting recovery and success for the severely mentally ill, and often dually diagnosed, adults.

- **Remove the IMD Exclusion.** Under a 50-year-old federal law, Medicaid covers residential addiction treatment in community-based programs only if they have 16 or fewer beds. In California, nine out of 10 addiction treatment beds are in programs too large to get Medicaid reimbursement. This presents a significant barrier to substance abuse treatment for San Francisco's low income population.
- **Continue the Social Security Administration (SSA) Presumptive Disability Pilot Project for Schizophrenia and Schizoaffective Disorders.** San Francisco participated in a pilot program that preliminarily qualifies individuals with severe mental illness as disabled, allowing them to receive benefits while SSA makes a final disability determination.
- **Support modification to federal regulations to reduce barriers to sharing behavioral health data among providers.**
- **Expand federal funding criteria to include harm reduction housing for chronic inebriates.**

Primary Care Services. Access to high quality primary care is essential to health and wellness. Research has associated patients with access to a regular source of primary care have better management of chronic diseases, lower overall healthcare costs, and a higher level of satisfaction with their care. Primary care capacity is also one of the biggest challenges facing the San Francisco Health Network in the implementation of the Affordable Care Act.

- **Utilize Nurse Practitioners to Increase Capacity.** In order to increase the primary care capacity of the safety net system, nurse practitioners should be utilized to the fullest extent of their education and training, and options for expanding training for advance practice nurses should be adopted, as recommended by the Institute of Medicine (IOM).
- **Increase Supply of Primary Care Providers.** Graduate Medical Education (GME) slots should be increased with an emphasis on increasing the numbers of primary care providers. In addition, federal investments in the National Health Services Corps and other loan repayment programs for primary care providers should be reinstated as recruitment incentives for San Francisco.

These programs provide a critical pipeline of providers to the nation's safety net health care system.

Public Health Preparedness

Local health departments prepare communities for disasters, respond when emergencies occur, and lend support throughout the recovery process. SFDPH works with community sectors —government officials, law enforcement, emergency management, health care — to plan, train, and prepare for emergencies so that when disaster strikes, everyone is prepared.

- **Increase Public Health Emergency Preparedness Funding:** Local health departments play a vital role in maintaining National Health Security. They perform multiple functions to ensure the safety and well-being of America's communities in the face of potential public health emergencies.
- **Increase Funding for the Hospital Preparedness Program:** The Hospital Preparedness Program provides leadership and funding through grants and cooperative agreements to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Disease Prevention and Treatment Strategies. Support and increase funding for federal fully integrated infectious disease prevention, control, and treatment strategies, including:

- **HIV/AIDS:** Increase funding to achieve full integration citywide of the goals of the National HIV/AIDS Strategy, including surveillance, care, treatment, prevention, and housing. If total federal funding remains flat, San Francisco will see a decrease of 25 to 50 percent for HIV prevention, surveillance, treatment, and housing in the next five years.
- **Hepatitis:** Ensure adequate funding for viral hepatitis and implement the National Viral Hepatitis Action Plan, including reimbursement for hepatitis C (HCV) screening and treatment and for hepatitis B vaccination, and funding for hepatitis surveillance in urban areas. Expedite Food & Drug Administration and Centers for Medicare and Medicaid Services approval of new treatment for HCV.
- **STD:** Increase resources for STD prevention as outlined in the National Prevention Strategy. Advocate for continued CDC funding for STD control in San Francisco, as reduced funding directly equates to reduced ability to respond to this important public health issue. CDC's Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS) program supports disease investigators and epidemiologists, who are responsible for monitoring and curbing the spread of STDs in San Francisco.
- **Tuberculosis:** San Francisco's case rate of TB is amongst the highest in the nation, while Federal funding to fight TB has been cut disproportionately at CDC, and infrastructure for direct clinical services and core public health functions has deteriorated. Local public health TB programs rely on federal funding to support public health activities like contact investigation, field services, and legal enforcement. Twenty percent of California's TB cases are among undocumented residents who are eligible to receive care only at their local health department.

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- **Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program:** MIECHV is implemented through competitive federal grants is currently funded through FY 2017. In San Francisco, the Nurse Family Partnership is implemented with a federal grant from MIECHV.

Seniors and Persons with Disabilities. Over the next two decades, it is estimated that 55 percent of the population will be over the age of 45, and the population over age 75 will increase from 7 percent to 11 percent. The projected growth in San Francisco's aging population has implications on the need for more long-term care options moving forward.

- **Support efforts to expand community-based living options.** Support legislative and budget proposals that promote and expand access to community-based living options and services that enable the elderly and persons with disabilities to avoid institutionalization and receive appropriate levels of support and care in the community.
- **Adjust physician training to emphasize care for seniors and persons with disabilities and other special needs populations.** Graduate Medical Education in primary and specialty care should emphasize training to provide accessible care for seniors and persons with disabilities (SPDs) to reflect the needs of the aging and disabled U.S. population.

Healthy Food. Science links health conditions such as heart disease, diabetes, and cancer to daily practices like eating a healthy, balanced diet. However, the healthy choice is not always the easy choice, particularly for San Francisco's most vulnerable residents.

- **Support food security:** Support policy goals in the Farm Bill that promote food security and obesity prevention, including sufficient funding for Supplemental Nutrition Assistance Program (SNAP) benefits and the SNAP-Ed nutrition education program, the Emergency Food Assistance Program (TEFAP), Commodity Supplemental Assistance Program (CSFP), and other nutrition programs such as expansion of the Fresh Fruit and Vegetable Program.
- **Allow SNAP benefits to be adjusted for high housing costs,** and protect and expand the SNAP Restaurant Meals program for participants without the ability or means to cook, such as the elderly, disabled, and homeless.
- **Promote regional food systems** and economic growth by supporting the Farmers Market Promotion Program, the Healthy Food Development Fund, the Healthy Food Financing Initiative, the Food Hub initiative, and the Beginning Farmers and Ranchers Development Program.
- **Support Childhood Nutrition Efforts.** Oppose efforts to subvert the provisions of the Hunger-Free Kids Act of 2010 designed to improve school meals, including issuing strong nutrition standards for foods sold in competition to the National School Lunch Program (NLSP). Support funding to help finance improvements to school lunch facilities, train school food service personnel, and for other purposes.

Protect the Women, Infant, and Children's (WIC) Supplemental Nutrition Program. Support legislation that protects and enhances annual funding for the Women, Infant, and Children's (WIC) Supplemental Nutrition Program, including adequate funding to meet caseload.

Attachment 2: 2016 SFDPH STATE LEGISLATIVE PLAN_DRAFT

Medi-Cal

- **1115 Waiver Renewal:** Renewed through 2020, the terms and conditions governing the waiver are expected to be finalized by December 31, 2015. Monitor and take positions as needed on waiver implementation legislation and state budget proposals to ensure adequate funding for public hospitals and health systems; protect the use of county funds as non-federal share for public providers; and ensure that counties can fully participate in the Whole Person Care pilots.
- **Special Session on Health Care:** Governor Brown convened a Special Session on Health Care when lawmakers failed to reach a budget solution to replace California's Medi-Cal Managed Care Organization (MCO) tax. The MCO tax provides over \$1 billion in state funds to the Medi-Cal program and expires in July 2016. Monitor and take positions as appropriate on Special Session proposals; support efforts to find a solution to the MCO tax, including through a potential increase in the tobacco tax; and oppose proposals that would reduce Medi-Cal services or provider rates.
- **AB97 Clawback:** The "clawback" refers to retroactive 10-percent cuts in Medi-Cal provider rates enacted under AB97, which are effective for the years 2011-2014. These cuts translate to a revenue loss of tens of millions of dollars for distinct-part skilled nursing facilities such as Laguna Honda Hospital and Jewish Home, and the State is slated to recoup payments starting in April 2016. Support legislative and budget efforts to rescind the retroactive cuts for distinct-part skilled nursing facilities.
- **Provider rates:** Oppose further reductions to Medi-Cal provider rates; support efforts that supplement county Medi-Cal expenditures through increased federal financial participation; and support legislation that expands pilot programs for testing capitated payment mechanisms for federally qualified health centers (FQHCs).
- **Eligibility:** SFDPH is committed to increasing access to health care for all San Franciscans. Support legislative and budget proposals that support the enrollment of incarcerated individuals into Medi-Cal, extend Medi-Cal eligibility to pre-adjudicated adolescents in the juvenile justice system, and extend Medi-Cal to otherwise eligible undocumented adults. Oppose legislative or budget proposals that would attempt to limit health care services for undocumented residents or newly qualified immigrants.
- **Services:** Support policies and proposals that efficiently address the health needs for populations with complex, chronic conditions in the least restrictive settings and using case management approaches, including increased access to and funding for comprehensive home and community based services and supports.

Health Reform Implementation

SFDPH continues to support all efforts for full-scale enrollment in ACA coverage, including measures that seek to reduce churn among Medi-Cal and Covered California enrollees or enhance local efforts to offer premium support; and measures that strengthen the safety net and ensure that counties have sufficient funding streams to cover uncompensated care for the residually uninsured.

Homelessness and Supportive Housing

Support legislative and budget proposals that enhance local entities' ability to provide housing and integrated services for homeless and at-risk populations, including veterans, pregnant women, children, transitional-aged youth, and their families.

Mental Health and Substance Use

- **Mental Health Services Act (MHSA, Prop 63):** The MHSA allocation formula is over a decade old, and San Francisco receives less than 2% of statewide funds. Support adjustment of the allocation formula for homelessness, additional MHSA funds for capital expenditures, creation of permanent funding streams for crisis services currently funded by MHSA grants, and efforts that extend the availability of alcohol and drug treatment services to adolescents.
- **Prop 47:** Governor Brown signed AB 1056 in 2015, designating local agencies as the lead grant recipients for Prop 47 funds, and requiring the grant-making to prioritize projects that combine mental health services, substance use services, and housing assistance. Monitor and take positions as appropriate on the development of Prop 47 allocation formulas, and oppose efforts to change the intent of Prop 47.
- **Drug-Medi-Cal:** AB 848, signed by the Governor in 2015, enhances the provision of services to residential facility clients by authorizing Medi-Cal licensing of alcohol and drug abuse residential care facilities where medical professionals provide incidental medical services to residents of the facility. Monitor and take appropriate positions on the development of AB 848 implementing regulations. Monitor proposed changes to or funding for the nascent Drug Medi-Cal Organized Delivery System, which was approved in the State's 1115 Medi-Cal waiver.

Public Health

- **Population Health & Prevention**
 - Support proposals to increase funding for fully integrated core public health activities, including epidemiology, disease surveillance, communicable disease control & prevention, immunizations, public health laboratory services, environmental health, occupational health, tobacco control, healthy eating & active living, chronic disease prevention & management, violence & injury prevention, health industry workforce development, and prevention of health care associated infections.
 - Support legislation that would fund infrastructure enhancements for public health programs, or create dedicated funding streams for preventive services and activities that improve community health outcomes and reduce health disparities.
- **Communicable Disease Prevention & Control:** Support legislation to increase funding and policies that fully integrate and address communicable disease control and prevention, including efforts to reduce HIV and other sexually transmitted infections, viral hepatitis, tuberculosis, influenza, and food-borne diseases. Interventions may include research, increased access to treatment and medication, immunization, and health insurance or Medi-Cal coverage for clinical preventive services.

Tobacco control: The strides public health has made against tobacco are threatened by the increasing popularity of e-cigarettes. Support efforts to regulate e-cigarettes as tobacco products and to increase tobacco taxes at the state and local levels; and monitor legislative proposals to ensure that state tobacco laws are consistent with often-times more stringent local laws.

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- **Powdered alcohol:** Palcohol, a powdered substance that can be added to water to make an alcoholic beverage, is now approved for marketing in the United States unless specifically prohibited by a state. Health effects and risks related to powdered alcohol are unknown and SFPDPH shares broad public health concerns about marketability to children and potentially dangerous potency. Monitor and take positions as appropriate on related legislation or regulations.
 - **Emergency Response and Disaster Preparedness:** SFPDPH remains supportive of efforts to adequately fund Emergency Medical Services disaster preparedness initiatives; specifically, continued maintenance of the Field Hospitals, the CHEMPACK chemical incident medication caches, and state disaster response capabilities, including the volunteer medical personnel credentialing system and state branches of the CA Disaster Medical Assistance Teams.
 - **Cannabis:** SFPDPH is one of California's few local agencies with a role in medical cannabis permitting/regulation. Monitor and take positions as appropriate on legislative and regulatory efforts related to cannabis.

Maternal, Child, and Adolescent Health

- Support legislation that maintains or improves counties' ability to address the health and prevention needs of women, children, adolescents, and families, including legislation aimed at addressing childhood obesity, and sexual and reproductive health of women and adolescents.
- Monitor policy and programmatic changes proposed for the California Children's Services program, and support proposals that maintain flexibility for counties to administer the benefit according to local needs.
- Support legislation that decreases health disparities among children in foster care, including ensuring coordinated health care services for children in out-of-home foster care or on probation in the juvenile justice system, particularly by adequately funding the Health Care Program for Children in Foster Care.

Hospitals and County Health Funding

Oppose efforts to reduce funding to public hospitals, and monitor and adopt positions as appropriate on issues impacting hospital operations, including legislation related to staffing ratios, charity care, workers' compensation, disease reporting, or reporting of quality or performance indicators. Monitor and adopt positions as appropriate on legislation that modifies the current Realignment funding system.

Long-Term Care

Support legislation that expands access to community-based services as an alternative to inpatient care, including funding to increase public health nursing home visitation and pilot programs to develop residential care facilities as an alternative to psychiatric hospital and long-term care.

Palliative Care

Support efforts that increase awareness of, provide funding for, and promote access to palliative care in all settings: acute care hospitals, skilled nursing facilities, private residences, and other long-term care facilities and clinics. SFPDPH will monitor and take appropriate positions on the development of palliative care standards for Medi-Cal managed care plans.

Attachment 3: 2015 STATE BILL TRACKING

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
AB 848	Mental Health	Stone	Authorizes DHCS to license alcohol and drug abuse residential facilities where medical staff provide incidental medical services.	Support	Support	Chaptered
AB 296	Weights and measures: inspection: fees	Dodd	Extends the authority of the Board of Supervisors of a county to charge fees to recover the costs of the county sealer, as provided, until January 1, 2019, and would extend certain other related provisions. Continues the annual administrative fee to recover the costs incurred by the department described above until January 1, 2019.	Support	Support	Chaptered
AB 775	Reproductive FACT Act	Chiu	Requires licensed clinics that provide family planning or pregnancy-related services to provide a notice to consumers regarding their reproductive rights and the availability of services in California. Requires unlicensed facilities that provide pregnancy-related services to disseminate and post a notice informing consumers that they are not a licensed medical facility and to include the notice in their advertising materials.	Support	Support	Chaptered
AB 768	Tobacco Free Baseball Act	Thurmond	Prohibits the use or possession of smokeless tobacco, in a baseball stadium, which includes the physical area in which a professional, organized baseball game or practice is occurring.	Support	Support	Chaptered
SB 621	Mentally Ill Offender Crime Grants	Hernandez	Explicitly includes "diversion programs" as an allowable use of MIOCR funds. County diversion programs offer mental health treatment and services in lieu of sending low-level mentally ill offenders to jail, and provide follow-up service for those released from jail.	Support	Support	Chaptered
SB 4	Health care coverage: immigration status	Lara	Requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible. Requires the department, beginning January 31, 2016, to provide monthly updates to the policy and fiscal committees of the Legislature, as specified.	Support	Support	Chaptered
SB 518	Victims of violent crimes: trauma recovery centers	Leno	Requires the Victims Compensation and Government Claims Board (VCGCB) to use the evidence-based Integrated Trauma Recovery Services (ITRS) model, developed by the Trauma Recovery Center (TRC) at the San Francisco General Hospital, University of California San Francisco (UCSF), when making grants to TRCs. Specifies core elements that the ITRS model must include.	Support	Support	Assembly-Appropriations

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
SB 140	Electronic cigarettes	Leno	Changes the STAKE Act's definition of tobacco products to include electronic devices, and to make furnishing such a tobacco product to a minor a misdemeanor.	Support	Support	Assembly - Governmental Org
SBX2 -5 ABX2 -6	E-cigarettes	Leno & Cooper	Reintroduces SB140 (Leno), which was supported by the City during the regular session. Defines e-cigarettes as "tobacco products" making sales and enforcement consistent with other tobacco products such as cigarettes, chewing tobacco, and alternative tobacco products.	Support		Assembly
SBX2 -9 ABX2 -10	Tobacco tax	McGuire & Bloom	Allows local governments to impose a tax on the privilege of distributing cigarettes and tobacco products.	Support		Assembly
SBX2 -7 ABX2 -8	Tobacco sales age	Hernandez & Wood	Increases the minimum age to purchase tobacco products from 18 to 21; allow STAKE act operations to determine if retailers are selling to persons under 21 years of age; and prohibits distribution of any smokeless tobacco products within a two block radius of any premises whose services are directed at persons under 21 years of age.	Support		Assembly
AB 329	Pupil instruction: sexual health education	Weber	Makes instruction in sexual health education mandatory, revises human immunodeficiency virus (HIV) prevention education content, expands topics covered in sexual health education, requires this instruction to be inclusive of different sexual orientations, and clarifies parental consent policy. Specifically, this bill	Support		Chaptered
AB 745	Mental Health	Chau	Requires the Governor to appoint an additional member to the Mental Health Services Oversight and Accountability Commission who has experience providing supportive housing to persons with a severe mental illness.	Support		Vetoed
AB 50	Nurse-Family Partnership	Mullin	Expands the scale of the Nurse-Family Partnership in California, in accordance with specified findings. Revises the requirements relating to the award and use of Nurse-Family Partnership grants, including eliminating a requirement for nurse home visitors and supervisors to receive certain training in effective home visitation techniques.	Support		Vetoed
AB 187	California Children's Services program	Bonta	Extends the prohibition against CCS covered services being incorporated into a Medi-Cal managed care contracts entered into after August 1, 1994, until January 1, 2017.	Support		Chaptered
SB 407	Comprehensive Perinatal Services Program	Morrell	Makes licensed midwives eligible to be "comprehensive perinatal provider" as used in the Comprehensive Perinatal Services Program (CPSP) when regulations have been adopted by the Medical Board of California (MBC).	Support		Chaptered

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
AB 959	Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act	Chiu	Requires several state departments to collect voluntary self-identification information pertaining to sexual orientation and gender identity. Requires these state departments to report the collected data and methods annually to the Legislature. Requires these state departments to make the data available to the public in accordance with state and federal law, except for personal identifying information. Requires compliance no later than July 1, 2017.	Support		Chaptered
AB 143	Food facilities	Wood	Exclude from the definition of food facility a premises set aside for wine tasting that offers pretzels or prepackaged nonpotentially hazardous food for onsite consumption; limits the food display area in premises set aside for wine tasting to 25 square feet and subject to specified provisions of the California Retail Food Code; and makes changes to the definition of a community event.	Watch		Chaptered
AB 159	Investigational drugs, biological products, and devices	Calderon	Prohibits an official, employee, or agent of the state from blocking an eligible patient's access to the investigational drug, biological product, or device pursuant to the bill's provisions.	Watch		Vetoed
AB 193	Mental health: conservatorship hearings	Maienschein	Permits a judge presiding over a probate conservatorship to recommend to the county investigating officer the establishment of a Lanterman-Petris-Short (LPS) conservatorship when there is evidence of grave disability as a result of a mental disorder or impairment by chronic alcoholism.	Watch		Vetoed
AB 216	Product sales to minors: vapor products	Cristina Garcia	Prohibits the sale of any device intended to deliver a non-nicotine product in a vapor state, to be directly inhaled by the user, to a person under 18 years of age. Exempts from its prohibition the sale of a drug or medical device that has been approved by the federal Food and Drug Administration.	Watch		Chaptered
AB 226	Retail food safety: fishermen's markets	Atkins	Establishes and imposes food safety and sanitation requirements upon nonpermanent fishermen's markets.	Watch		Chaptered
AB 234	Food: sale	Gordon	Authorizes a community food producer or gleaner to sell or provide whole uncut fruits or vegetables, or unrefrigerated shell eggs, directly to a permitted food facility.	Watch		Chaptered

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
AB 276	Department of Toxic Substances Control	Committee on Environmental Safety and Toxic Materials	Authorizes the Department of Toxic Substance Control (DTSC), or local officer or agency, to request financial information from any person that is managing hazardous waste, including those applying for permits.	Watch		Chaptered
AB 332	Long-term care insurance	Calderon	Requires the State Insurance Commissioner to convene a task force composed of specified stakeholders and representatives of government agencies to examine the components necessary to design a statewide long-term care insurance program, as specified.	Watch		Vetoed
AB 339	Outpatient prescription drugs	Gordon	Restricts cost-sharing, and specifies coverage requirements for health plans and insurers that cover prescription drugs, while exempting Medi-Cal managed care.	Watch		Chaptered
AB 374	Health care coverage: prescription drugs	Nazarian	Prohibits a health care service plan or health insurer that provides medication pursuant to a step therapy or first-fail requirement from applying that requirement to a patient if, in the professional judgment of the physician, the step therapy or first-fail requirement would be medically inappropriate.	Watch		Chaptered
AB 384	Food safety	Perea	Eliminates the January 1, 2016, sunset date on provisions of law establishing a \$100 food safety fee on registered food processors, which supports education and training programs related to food safety, thereby making this program permanent.	Watch		Chaptered
AB 389	Hospitals: language assistance services	Chau	Requires general acute care hospitals to post their language assistance policies on their websites in English and up to five of the other languages most commonly spoken in the hospital's service area. Requires the Department of Public Health (DPH) to post each hospital's language assistance policy its Web site.	Watch		Chaptered
AB 444	Health Facilities: Epidural connections	Gipson	Delays, until July 1, 2016, the deadline prohibiting general acute care, acute psychiatric, special hospitals, and skilled nursing facilities (SNFs) from using certain enteral connector devices. Delays, until January 1, 2017, the deadline prohibiting general acute care, acute psychiatric, special hospitals, and SNFs from using certain epidural connector devices.	Watch		Chaptered
AB 468	Wards and conservatees: mental health	Jones	Deletes the requirement in existing law for the Director of the Department of State Hospitals to adopt and issue regulations defining the term "mental health treatment facility" for purposes of involuntarily placing a ward or a conservatee.	Watch		Chaptered

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AB 486	Centralized hospital packaging pharmacies: medication labels	Bonilla	Requires a medication's barcode be machine readable using a medication administration software and that the software cross reference the information contained in the barcode to the electronic medical record of the patient in order to verify the correct medication, dosage, and route of administration for the patient.	Watch		Chaptered
AB 503	Emergency medical services	Rodriguez	Allows a health facility to release patient-identifiable medical information to an emergency medical services (EMS) provider and to a local emergency medical services agency (LEMSA) when specific data elements are requested for the purpose of quality assessment and improvement.	Watch		Chaptered
AB 521	HIV Testing	Nazarian	Requires a patient who has been admitted as an inpatient to a hospital through the emergency department (ED) and has blood drawn after being admitted, and who has consented, to be offered an human immunodeficiency virus (HIV) test.	Watch		Vetoed
AB 599	Clinical laboratories:	Bonilla	Authorizes a licensed cytotechnologist to perform all tests and procedures pertaining to cytology, under the overall operation and administration of a laboratory director.	Watch		Chaptered
AB 637	Physician Orders for Life Sustaining Treatment	Campos	Allows a nurse practitioner or a physician assistant acting under the supervision of a physician to sign a completed Physician Orders for Life Sustaining Treatment form.	Watch		Chaptered
AB 658	County jails: inmate health care services: rates	Wilk	Allows providers of health care services to local law enforcement patients to calculate costs for care according to the most recent approved cost-to-charge ratio (CCR) from the Medicare Program, with the approval of the local law enforcement agency responsible for the inmate patient.	Watch		Chaptered
SB 11	Peace officer training: mental health	Beall	Requires peace officers to participate in: (1) a 20-hour evidence-based behavioral health classroom training course, as specified, in addition to the basic training course's current hour requirement; and, (2) a four-hour evidence-based behavioral health training course, as specified, as part of the total hours required for perishable skills training.	Watch		Chaptered
SB 19	Physician Orders for Life Sustaining Treatment	Wolk	Establishes a Physician Orders for Life Sustaining Treatment (POLST) eRegistry Pilot operated by the California Emergency Medical Services Authority for the purpose of collecting a POLST form received from a physician, or his or her designee, and disseminating the information in the form to authorized persons.	Watch		Chaptered

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
SB 147	Federally qualified health centers	Hernandez	Requires the Department of Health Care Services to authorize a 3-year alternative payment model (APM) pilot program for capitated payments in interested counties and FQHCs.	Support		Chaptered
SB 238	Foster care: psychotropic medication	Mitchell	Requires additional training, oversight, and data collection and reporting by specified entities involved in the process of the administration of psychotropic medication in the foster care system.	Watch		Chaptered
SB 277	Public health: vaccinations	Pan	Eliminates the personal belief exemption for immunizations. Exempts pupils in a home-based private school, students enrolled in an independent study program pursuant to specified law, and children with medical conditions that contraindicated immunization.	Watch		Chaptered
SB 299	Medi-Cal: provider enrollment	Monning	Exempts health care providers submitting a Medi-Cal provider application package to the Department of Health Care Services' (DHCS) Medi-Cal provider enrollment division from the current notarization requirements if the provider enrolls electronically.	Watch		Chaptered
SB 319	Child welfare services: public health nursing	Beall	Requires counties to contract with the local Child Health and Disability Prevention program to provide foster care public health nursing services. Expands duties required of foster care public health nurses.	Watch		Chaptered
SB 337	Physician assistants	Pavley	Provides two additional mechanisms for a supervising physician and surgeon to ensure adequate supervision of a physician assistant (PA) functioning under the protocols.	Watch		Chaptered
SB 361	Skilled nursing facilities	Hill	Requires skilled nursing facilities to adopt and implement an antimicrobial stewardship policy by January 1, 2017.	Watch		Chaptered
SB 513	Carl Moyer Memorial Air Quality Standards Attainment Program	Beall	Updates the Carl Moyer Air Quality Standards Attainment Program (Moyer Program) and local incentive programs (AB 923 Program).	Watch		Chaptered
AB 1073	Pharmacy: prescription drug labels	Ting	Requires dispensers, upon request of a patient or patient's representative, to provide translated directions, provided by the Board of Pharmacy (BOP), for use on prescription containers. Specifies that a dispenser is responsible for the accuracy of the English-language directions provided to the patient.	Watch		Chaptered

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
AB 266	Medical Marijuana	Cooley	Enacts the Medical Marijuana Regulation and Safety Act for the licensure and regulation of medical marijuana and would establish within the Department of Consumer Affairs the Bureau of Medical Marijuana Regulation, under the supervision and control of the Director of Consumer Affairs. Requires the Board of Equalization, in consultation with the Department of Food and Agriculture, to adopt a system for reporting the movement of commercial cannabis and cannabis products.	Watch		Chaptered
AB 243	Medical marijuana cultivation	Wood	Establishes a regulatory program for the cultivation of medical cannabis, as part of the Medical Marijuana Regulation and Safety Act (MMRSA).	Watch		Chaptered
SB 643	Medical Marijuana	McGuire	As part of the Medical Marijuana Regulation and Safety Act, sets forth standards for a physician and surgeon prescribing medical cannabis, and authorizes counties to impose a tax upon specified cannabis-related activity.	Watch		Chaptered
SB 334	Pupil Nutrition: Drinking Water	Leyva	Requires school districts to provide access to free, fresh, clean and cold drinking water throughout the school day, and for the State Department of Public Health (DPH) to test drinking water sources at all school sites for lead in the drinking water.	Watch		Vetoed
AB 383	Public health: hepatitis C	Gipson	Requires, until January 1, 2023, that a primary care clinic offer, and conduct up agreement, each patient a hepatitis C screening or diagnostic test, as specified, and specifies how the results of that test are provided. Requirements do not apply for patients who have taken a hepatitis C screening or diagnostic test, or have declined the offer of testing, in the past 12 months at that clinic, nor for patients receiving primary care services in a hospital or emergency room setting.	Watch		Assembly - Appropriations
AB 45	Household hazardous waste	Mullin	Requires local jurisdictions that provide for the residential collection and disposal of solid waste to increase the collection and diversion of household hazardous waste (HHW), as defined.	Watch		Assembly - Appropriations
AB 48	Cigarettes: single-use filters	Mark Stone	Prohibits a person or entity from selling, giving, or in any way furnishing to another person of any age in this state a cigarette utilizing a single-use filter made of any material...whether conducted directly or indirectly through an in-person transaction or by means of any public or private method of shipment or delivery to an address in the state.	Watch		Assembly - Governmental Organization

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
AB 59	Mental health services: assisted outpatient treatment	Waldron	Deletes the January 1, 2017, repeal date for the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, thereby extending the program indefinitely. Eliminates the requirement for any county that elects to offer AOT to make a finding, prior to authorizing the program, that other mental health programs, including but not limited to children's mental health services, will not be reduced as a result of implementation of AOT. Authorizes the professional staff of the agency or facility which has provided a person with intensive inpatient treatment to request that the county mental health director file a petition in the superior court requiring the person to participate in AOT.	Watch		Assembly - Judiciary
AB 73	Medi-Cal: benefits: prescription drugs	Waldron	To the extent permitted by federal law, provides that drugs in specified therapeutic drug classes that are prescribed to a Medi-Cal beneficiary are covered Medi-Cal benefits, if the treating provider demonstrates that the drug is medically necessary, not on the Medi-Cal managed care plan formulary, and consistent with federal rules and regulations for labeling.	Watch		Assembly - Appropriations
AB 263	Hazardous waste: regulations	Patterson	Requires the Department of Toxic Substances Control to update, by June 1, 2016, and periodically thereafter, regulations relating to the use of "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods," EPA Publication SW-846, as specified.	Watch		Assembly - Environmental Safety and Toxic Materials
AB 299	Public health: drownings	Brown	Requires the California Department of Public Health (CDPH) to develop a submersion incident form for nonfatal and fatal drowning events, and specifies data elements to be collected. Requires first responders to complete the form for every incident and submit the form to local health departments, who in turn must submit data to CDPH, and requires local and state health departments to compile and distribute statistical information on their website annually	Watch		Assembly - Appropriations
AB 319	Pupil instruction: cardiopulmonary resuscitation	Rodriguez	Starting in the 2017-18 school year, requires school districts and charter schools offering instruction to pupils in grades 9 to 12, to provide instruction in performing CPR and the use of an automated external defibrillator as part of a physical education course or another course required for graduation.	Watch		Assembly - Appropriations
AB 322	Privacy: Social Security Numbers	Waldron	Prohibits a person, entity, state agency, or local agency from electronically collecting, retaining, maintaining, licensing, transmitting, sharing, disclosing, or using a social security number unless the social security number is encrypted.	Watch		Assembly - Privacy and Consumer Protection

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
AB 463	Pharmaceutical Cost Transparency Act of 2015	Chiu	Requires that pharmaceutical companies file an annual report with the Office of Statewide Health Planning and Development (OSHPD) regarding the pricing of prescription drugs with a wholesale acquisition cost greater than \$10,000 annually.	Watch		Assembly - Health
AB 508	Public Health: Maternal Care	Cristina Garcia	Establishes within the State Department of Public Health, the California Maternal Quality Care Collaborative. Requires the collaborative to establish a statewide system for collecting and maintaining data related to, among other things, pregnancy-related maternal deaths. Requires any hospital that provides obstetrical services to provide to the department, on a monthly basis, information relating to maternal mortality, as specified.	Watch		Assembly - Health
AB 623	Abuse-deterrent opioid analgesic drug products	Wood	Requires pharmacists to inform patients receiving an opioid analgesic drug product on proper storage and disposal of the drug. Restricts the ability of health plans and insurers to limit access to abuse-deterrent forms of opioid analgesic drugs. Requires a health plan or insurer to allow a provider to prescribe, and if otherwise covered, to provide coverage for, a less than 30-day supply of an opioid analgesic drug product.	Watch		Assembly - Appropriations
AB 690	Medi-Cal: federally qualified health centers and rural health clinics	Wood	Adds marriage and family therapists (MFTs) to the list of health care professionals whose services are reimbursed through Medi-Cal on a per-visit basis to federally qualified health centers (FQHC) or rural health clinics (RHCs).	Watch		Assembly - Appropriations
AB 611	Controlled substances: prescriptions: reporting	Dahle	Authorizes an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee.	Watch		Assembly - Business and Professions
SB 26	California Health Care Cost and Quality Database	Hernandez	Requires the California Health and Human Services Agency to contract with a nonprofit entity to create a health care cost and quality database	Watch		Senate - Appropriations
SB 47	Environmental health: synthetic turf	Hill	Requires the Office of Environmental Health Hazard Assessment (OEHHA) to conduct a study by July 1, 2017 analyzing potential adverse health impacts from synthetic turf made from waste tires. Prohibits the awarding of grants or other funding assistance for the manufacturing or installation of synthetic turf made from waste tires.	Watch	Watch	Senate - Appropriations

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
SB 130	Mental Health	Roth	Require the California Housing Finance Agency, the Department of Housing and Community Development, and the Department of Veterans Affairs to establish a grant process to provide grants to entities that provide supportive services as part of housing programs established under the Veterans Housing and Homelessness Prevention Act of 2014; subject to appropriation by the Legislature.	Watch		Senate - Veterans Affairs
SB 139	Controlled substances	Galgiani	Expands the definition of a stimulant compound synthetic cannabinoid and greatly expands the definition of a synthetic cannabinoid to include numerous chemical families or classes and a myriad of individual chemicals.	Watch		Senate - Public Safety
SB 190	Health care coverage: acquired brain injury	Beall	Requires health care service plan contracts and health insurance policies issued, amended, renewed, or delivered on or after January 1, 2016, to include coverage for post-acute residential transitional rehabilitation services made necessary as a result of and related to an acquired brain injury.	Watch		Senate - Health
SB 192	Bicycles: helmets	Liu	Requires the Office of Traffic Safety (OTS) to coordinate with the California Highway Patrol (CHP) to conduct a study of bicycle helmet use and submit a report of its findings to the Legislature by January 1, 2017.	Watch		Senate - Appropriations
SB 202	Controlled substances	Hernandez	Adds to that list of unlawful acts the act of advertising or offering for sale products that contain synthetic cannabinoids or synthetic stimulants, as defined.	Watch		Senate - Judiciary
SB 203	Sugar-sweetened beverages: safety warnings	Monning	Establishes the Sugar-Sweetened Beverages Safety Warning Act, to be administered by the Department of Public Health, and requires a safety warning on all sealed sugar-sweetened beverage containers, as specified. Requires the warning label to be posted in a place that is easily visible at the point-of-purchase of an establishment where a beverage container is not filled by the consumer	Watch		Senate - Health
SB 243	Medi-Cal: reimbursement: provider rates	Hernandez	Requires the Department of Health Care Services to raise a variety of rates paid to Medi-Cal providers and requires the Department to rescind existing rate reductions to specified providers	Support		Senate - Appropriations
SB 353	2015 Realignment Legislation addressing justice reinvestment	Nguyen	Establishes the Realignment Reinvestment Fund and a formula to annually calculate deposits into the fund for the purpose of providing local agencies additional funding for responsibilities resulting from the 2011 Realignment Legislation addressing public safety.	Watch		Senate - Budget and Fiscal Review

Bill	Subject	Author	Summary	SFDPH Recommendation	Official City position	2015 Status
SB 346	Health facilities: community benefits	Wieckowski	Repeals the existing hospital community benefit law, and establishes a new hospital community law to require private non-profit hospitals to complete a community needs assessment, followed by a community benefits plan. Defines "community benefit" and requires 90% of a private non-profit hospital's community benefit moneys to be allocated to charity care and projects that improve community health for underserved and vulnerable populations.	Watch		Senate - Health
SB 370	Immunization s: disclosure of information: tuberculosis screening	Wolk	Includes the TB patient's height, weight, and body mass index, and other information of public health importance as determined by the department, in consultation with the California Conference of Local Health Officers, in the list of information that may be shared.	Watch		Senate - Health
AB 791	Electronic Health Records	Cooley	Requires the State Medicaid Health Information Technology Plan to specify the process by which patient advance health care directives (AHCD) information would be managed.	Watch		Assembly - Health
SB 534	Medi-Cal: ground emergency medical transportation services:	Pan	Authorize sgovernment entities to make intergovernmental transfers of funds to the state in order to draw down additional federal funding to offset the unreimbursed costs of providing ground emergency medical transportation services to Medi-Cal beneficiaries.	Watch		Senate - Appropriations
SB 547	Long-term care: Assistant Secretary of Aging and Long-term Care:	Liu	Establishes the Department of Community Living within the Health and Human Services Agency (CHHS) to serve as the single state-level contact on issues of aging and long-term care. Creates the position of Assistant Secretary of Aging and Long-Term Care Coordination within CHHS.	Watch		Senate - Health
SB 571	Long-term care: CalCareNet	Liu	Requires the Health and Human Services Agency to create a new CalCareNet website to provide information to consumers about federal, state, and nongovernmental services for the elderly, including long-term care services.	Watch		Senate - Appropriations
AB 170	Newborn screening: genetic diseases: blood samples collected	Gatto	Requires the Department of Public Health to provide information about genetic testing and to obtain a signed form, as specified, from a parent or guardian of a newborn child regarding the collection of blood samples, as specified. Allows parents and guardians, and individuals at least 18 years of age, to request that blood samples not be used for medical research, or to be destroyed, or both, as specified.	Watch		Senate - Health
AB 253	Mental Health Services Act	Roger Hernández	Makes specified changes to the Mental Health Services Act (MHSA), the Veterans Housing and Homeless Prevention (VHHP) Bond Act of 2014, and mental health plan requirements.	Watch		Senate - Transportation and Housing

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AB 259	Personal information: privacy	Dababneh	Requires a state or local agency, if the agency was the source of a data breach that compromised specified personal information of a person, to offer to provide appropriate identity theft prevention and mitigation services at no cost to the affected person for not less than 12 months, as specified.	Watch		Senate - Appropriations
AB 348	Long-term health care facilities	Brown	Requires the Department of Public Health to meet the same deadlines for investigating incidents reported by long-term health care facilities that the Department is required to meet when investigating incidents reported to the Department by members of the public.	Watch		Senate - Appropriations
AB 357	Employment: work hours: scheduling	Chiu	Establishes the Fair Scheduling Act of 2015 to provide predictable work schedules to food and general retail employees, as specified, in addition to other requirements.	Watch		Assembly - Inactive
AB 366	Medi-Cal: reimbursement: provider rates	Bonta	Require the Department of Health Care Services to prepare an annual report on access to Medi-Cal services. Requires provider rate increases to be implemented, to the extent that provider rates are found to be inadequate and funding is provided in the annual budget act.	Watch		Senate - Appropriations Suspense
AB 741	Mental health: community care facilities	Williams	Modifies the definition of "social rehabilitation facility" children and adolescents, in addition to adults.	Watch		Senate - Human Services
AB 517	The California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act: educational materials	Gallagher	Requires that parents be provided time to review materials used by outside consultants and guest speakers in comprehensive sexual health and human immunodeficiency virus infection/acquired immune deficiency syndrome (HIV/AIDS) prevention education, be given the opportunity to make copies of non-copyrighted materials, and be notified of the training of outside consultants and guest speakers to instruct on these topics.	Oppose		Senate - Inactive
AB 635	Medical interpretation services	Atkins	Requires the Department of Health Care Services to seek federal funding to establish a program to provide and reimburse for certified medical interpretation services for Medi-Cal beneficiaries who are limited English proficient. Requires the program to offer medical interpreter services to Medi-Cal providers serving beneficiaries on either a fee-for-service or managed care basis.	Support		Senate - Inactive
SB 10	Health Care Coverage: Immigration Status	Lara	Extends full-scope Medi-Cal to eligible Californians aged 19 and older, without regard to immigration status. Require the Secretary of California Health and Human Services to apply to the United States Department of Health and Human Services for a waiver to allow individuals who are not eligible to obtain health coverage because of their immigration status to obtain coverage from the Exchange.	Support		Assembly - Rules

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SB 12	Foster youth	Beall	Expands eligibility for extended foster care benefits to a nonminor who is between the age of 18 and 21, and who petitions the court to resume jurisdiction if he or she meets any of the specified conditions.	Watch		Assembly - Appropriations
SB 22	Medical residency training program grants	Roth	Requires the Office of Statewide Health Planning and Development (OSHPD) to establish a non-profit public benefit corporation to be known as the California Medical Residency Training Foundation (Foundation), as specified.	Watch		Senate - Inactive
SB 24	STAKE Act: electronic cigarettes	Hill	Prohibits sale of e-cigs to minors; requires retailers to apply for license to sell e-cigs; does not override local ordinances and regs. Extends the requirements of the STAKE Act to the sale of electronic cigarettes to persons under 18 years of age.	Watch		Senate - Inactive
SB 118	School-Based Health and Education Partnership Program	Liu	Modifies an existing unfunded grant program administered by the California Department of Public Health (CDPH) to provide grants to schools. Adds substance abuse as an allowable service, updates terms, and modifies grant amounts. Changes the purposes of "sustainability grants" from operating expenses to development of sustainable funding models. Creates a new "population health grant" category to fund obesity prevention, asthma programs, and similar public health topics.	Watch		Assembly - Appropriations
SB 128	End of life	Wolk	Establishes the End of Life Option Act allowing an adult with the capacity to make medical decisions, who has been diagnosed with a terminal disease, to receive a prescription for an aid-in-dying drug in order to end his or her life.	Watch		Assembly - Health
SB 149	Investigational drugs, biological products, or devices: right to try	Stone	Enacts the Right to Try Act, and permits a manufacturer of an investigational drug, biological product, or device to make available an investigational drug, biological product, or device to an eligible patient, as defined.	Watch		Assembly - Appropriations
SB 151	Tobacco products: minimum legal age	Hernandez	Extends the applicability the STAKE Act to persons under 21 years of age. Authorizes the State Department of Public Health to conduct random, onsite string inspections of tobacco product retailers with the assistance of persons under 21 years of age.	Watch		Assembly - Governmental Organization
AB 172	Emergency departments: assaults and batteries	Rodriguez	Increases penalties for assault and battery committed against a physician, nurse, or other health care worker engaged in performing services within the emergency department.	Watch		Senate - Pending Referral
SB 296	Medi-Cal: specialty mental health services	Cannella	Limits the scope of the service billing documentation requirements that DHCS may apply when conducting an audit of Medi-Cal specialty mental health (SMH) services, as specified.	Watch		Assembly - Inactive

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AB 766	Public School Health Center Support Program	Ridley-Thomas	Requires the Department of Public Health to give grant funding preference to schools with a high percentage of students enrolled in Medi-Cal, under the Public School Health Center Support Program	Watch		Assembly-Appropriations Suspense
SB 435	Medical home: health care delivery model	Pan	Requires the Secretary of California Health and Human Services Agency (HHSA) to convene a working group to identify appropriate payment methods to align incentives in support of patient centered medical homes (PCMHs).	Watch		Assembly-Inactive
SB 447	Medi-Cal: clinics: drugs and supplies	Allen	Revises the Medi-Cal and Family Planning Access and Treatment (FPACT) clinic registration requirements.	Watch		Assembly - Appropriations
SB 482	Controlled substances: CURES database	Lara	Requires prescribers to consult the Controlled Substances Utilization Review and Evaluation System (CURES) prior to prescribing a Schedule II or III drug to a patient for the first time and once the CURES database is ready for statewide use.	Watch		Assembly - Pending Referral
SB 524	Private residential care facilities for youth	Lara	Establishes a new community care licensure category of "private residential care facility for youth," to regulate a residential facility or program operated by a private entity with a focus on serving persons 18 years of age and younger with emotional, behavioral, or mental health issues or disorders, as specified.	Watch		Assembly - Inactive
SB 586	Children's services	Hernandez	Makes permanent, the CCS "carve out" of CCS services from Medi-Cal managed care, except for existing counties and for the KIDS (Kids Integrated Delivery System) network established by this bill.	Watch		Assembly - Health
SB 591	Cigarette and tobacco products taxes: California Tobacco Tax Act of 2015	Pan	Imposes an additional excise tax of \$2.00 per package of 20 cigarettes. The bill also would (1) impose an equivalent one-time "floor stock tax" on the cigarettes held or stored by dealers and wholesalers, and (2) indirectly increase the tobacco products tax.	Watch		Senate - Inactive