

**CAPM LEGISLATIVE ACTIVITY, 2012**  
Report to Annual Meeting, December 5, 2012  
Ron Hattis and Jeff Gunzenhauser

Fourteen bills of potential interest were circulated to the Board on 3/22/12. At the August 9 Board meeting, the following four were endorsed for action:

**1) AB 1636 (Monning) Health and wellness programs**

Outcome: Failed

Link to Web page with final bill text: [http://leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1601-1650/ab\\_1636\\_bill\\_20120625\\_amended\\_sen\\_v97.pdf](http://leginfo.ca.gov/pub/11-12/bill/asm/ab_1601-1650/ab_1636_bill_20120625_amended_sen_v97.pdf)

Summary: Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. The California Health Benefit Exchange is established in state government to facilitate enrollment of qualified individuals in qualified health plans. The State Department of Public Health is authorized to perform specified activities relating to the protection, preservation, and advancement of public health. This bill would require the Department of Managed Health Care, in collaboration with the Department of Insurance, the California Health Benefit Exchange, and the State Department of Public Health, to convene a special committee to review and evaluate health and wellness incentive and rewards programs offered by health care service plans, health insurers, and employers. The bill would require the committee to evaluate these programs for effectiveness based upon scientific evidence and to examine the extent to which these programs may result in specified discrimination. The bill would require the committee to meet publicly and would require the first meeting to be conducted no later than March 30, 2013, and for it to report back to the Senate and Assembly Committees on Health by March 30, 2014.

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CMA Position: Watch. According to the author, there were worries that certain employees may be discriminated against if they are unable to make the necessary lifestyle changes promoted by the employers, particularly the tying of financial incentives for behavior outcomes to health care premiums. While CMA supports wellness incentive programs, the programs should still be reasonable and effective.

CAPM Comments and Action: Because of CAPM's interest in wellness and lifestyle, this was deemed a good bill for us to support, to provide expert medical endorsement, which CMA did not. The discrimination concern seemed overblown. CAPM wrote to Assembly Member Monning. The bill passed Assembly but failed to pass out of Senate Appropriations Committee.

**2) AB 1640 (Mitchell) CalWORKs and CalFresh benefits: pregnant mothers**

Outcome: Passed

Link to Web page with final bill text: [http://leginfo.ca.gov/pub/11-12/bill/asm/ab\\_1601-1650/ab\\_1640\\_bill\\_20120929\\_chaptered.pdf](http://leginfo.ca.gov/pub/11-12/bill/asm/ab_1601-1650/ab_1640_bill_20120929_chaptered.pdf)

Summary: Existing federal law provided for allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Under existing law, for a family that does not include a needy child qualified for CalWORKs benefits, a pregnant mother is eligible for aid for the month in which the birth is anticipated, and the 3 months immediately prior to that month. However, CalWORKs aid is required to be paid to a pregnant woman who is also eligible for the Cal-Learn Program, as specified, at any time after verification of pregnancy. This bill would require CalWORKs aid to be paid to a pregnant mother at any time after verification of pregnancy, regardless of whether she is eligible for the Cal-Learn Program. Because the bill would expand eligibility for CalWORKs aid under some circumstances, the bill would increase the duties of counties in administering the program, thus imposing a state-mandated local program. Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program. This bill would, instead, provide that the continuous appropriation would not be made for purposes of implementing the bill. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

CMA Position: Support.

CAPM Comments and Action: Because of CAPM's interest in the preventive benefits of prenatal care and adequate nutrition during early pregnancy, this seemed an appropriate bill for our support. The bill was amended on 5/25/12 to exempt pregnant girls under 18 from having to be enrolled in the Cal-Learn program in order to be eligible for coverage, and to no longer exempt these girls from denial by the CalFRESH program. CAPM wrote to the author supporting passage. When the bill passed, we also wrote to the Governor urging signature.

### **3) AB 2253 (Pan) Clinical laboratory test results: electronic conveyance**

Outcome: Passed

Link to Web page with final bill text: [http://leginfo.ca.gov/pub/11-12/bill/asm/ab\\_2251-2300/ab\\_2253\\_bill\\_20120928\\_chaptered.pdf](http://leginfo.ca.gov/pub/11-12/bill/asm/ab_2251-2300/ab_2253_bill_20120928_chaptered.pdf)

Summary: Existing law authorized the results of a clinical laboratory test performed at the request of a health care professional to be conveyed to the patient in electronic form if requested by the patient and if deemed most appropriate by the health care professional, except that existing law prohibits the conveyance by Internet posting or other electronic means of test results relating to HIV antibodies, the presence of hepatitis antigens, and the abuse of drugs, and specified test results that reveal a malignancy. This bill authorized the conveyance by Internet posting or other electronic means of clinical laboratory test results related to HIV antibodies, the presence of hepatitis antigens, and the abuse of drugs, and specified test results that reveal a

malignancy if requested by the patient, the means of conveyance is deemed most appropriate by the health care professional, and a health care professional has already discussed the results with the patient.

CMA Position: Watch.

CAPM Comments and Action: Because of CAPM's interest in communicable disease control, this seemed like an appropriate bill to support, and to provide medical endorsement, which CMA did not. Peter Kerndt alerted us that current law prohibited electronic transmission of these results, and that telephone notification of patients could conceivably be considered in that category. We wrote to the author, expressing support but asking for an amendment. An amendment was added, clarifying that telephone communication would not be considered as electronic conveyance. When the bill passed, we also wrote to the Governor, urging signature.

#### **4) SB 1318 (Wolk) Health facilities: influenza vaccinations**

Outcome: Passed both houses, vetoed by Governor

Link to pdf file with current bill text: [http://leginfo.ca.gov/pub/11-12/bill/sen/sb\\_1301-1350/sb\\_1318\\_bill\\_20120614\\_amended\\_asm\\_v96.pdf](http://leginfo.ca.gov/pub/11-12/bill/sen/sb_1301-1350/sb_1318_bill_20120614_amended_asm_v96.pdf)

Summary: This bill would require, commencing January 1, 2015, each clinic and health facility to annually offer onsite influenza vaccinations to its employees and to require its onsite health care workers affiliated with the clinic or health facility, as defined, and persons with privileges on the medical staff, as defined, to be vaccinated. This bill would require licensed clinics and health facilities to maintain vaccination records of their employees and permit licensed clinics and health facilities to require documentation of vaccination or vaccination refusal from an onsite health care worker or person with privileges on the medical staff. This bill would also require, on and after January 1, 2015, each clinic and health facility to develop policies to implement these provisions and to ensure nonmedical staff, as defined, compliance with vaccination requirements. This bill would require, on and after that date, the medical staff to develop separate policies to ensure compliance with vaccination requirements imposed by the clinic or health facility. This bill would require clinics and health facilities to report their percentage of employees and medical staff and of medical staff who have been vaccinated for that year to the State Department of Public Health. This bill would provide that a clinic or health facility that reports a combined average of 90% or higher vaccination rate for its employees and medical staff shall not be subject to specified implementation and compliance requirements.

CMA Position: SB 1318 was a CMA-sponsored bill, and was considered high-priority.

CAPM Comments and Action: Because of CAPM's support for influenza immunization, this was considered an appropriate bill for our support. We wrote to the author to express our support. When the bill passed, we also wrote to the Governor urging signature, however the bill was vetoed. The Governor objected to the mandatory features, and to moving the date up from national goals of 2020 for 90% compliance, to 2015.