



# California Medical Association

*Physicians dedicated to the health of Californians*

## LEGISLATIVE HOT LIST

CMA's Legislative Hot List provides a summary and current status of CMA-sponsored bills, as well as the progress of other significant legislation followed by CMA's Center for Government Relations. The Hot List represents only a small sampling of the hundreds of bills CMA is following this year. For the current status or more information on a specific bill, please contact the appropriate lobbyist identified at the end of each bill summary by e-mail or by calling 916/444-5532.

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Status items in **RED** have changed status in the last week, or have a hearing within the next week.

**APRIL 3, 2009**

CMA Sponsored Legislation	Status	Staff
<p><b>AB 2 (De La Torre) <u>UNLAWFUL RECISSION: INDEPENDENT REVIEW</u></b>            This bill provides protection to patients by requiring a health care service plan or health insurer to obtain final approval from an independent review organization prior to rescinding a health plan contract or insurance policy. This review would use a clear legal framework to determine whether the rescission is appropriate while protecting the enrollee's rights during the review process. The bill would also improve the process at the front-end by requiring plans and insurers to complete medical underwriting prior to issuing a policy and to make applications easier to fill out accurately and completely. This is a reintroduction of AB 1945, which was vetoed in 2008.</p>	<p>Referred to Assembly Health Committee; 4/21/09.</p>	<p><a href="#">Teresa Kline</a></p>
<p><b>AB 120 (Hayashi) <u>PEER REVIEW</u></b>            Nearly all peer review done in California is done efficiently, timely, and in a manner that protects patients from quality of care deficiencies. However, the current peer review system can be strengthened. For example, improper or biased review can be utilized to remove physicians for non-quality of care concerns. In rare circumstances peer review can be delayed to the point that patients are placed in danger by the inability to promptly remove a physician that is providing substandard care. AB 120 improves and already robust system to make it even more effective in ensuring high quality care in CA hospitals.</p>	<p>Referred to Assembly Business &amp; Professions Committee; 4/14/09.</p>	<p><a href="#">Brett Michelin</a></p>
<p><b>AB 497 (Block) <u>HIGH OCCUPANCY VEHICLE LANE ACCESS FOR PHYSICIANS</u></b>            This bill would allow physicians to use the high occupancy vehicle (carpool) lanes on the freeway when responding to an emergency. This bill would expand current law which allows physicians, with the appropriate decal on their car, to exceed speed limits in rural areas when responding to an emergency.</p>	<p>Referred to Assembly Transportation Committee; 4/20/09.</p>	<p><a href="#">Alma Hernandez</a></p>
<p><b>AB 526 (Fuentes) <u>PUBLIC PROTECTION AND PHYSICIAN HEALTH PROGRAM ACT OF 2009</u></b>            This bill will create the Patient Protection and Physician Health Program in California. The bill will allow physicians with mental health or addiction problems to seek help leading to appropriate treatment and monitoring prior to harming a patient. With the closure of the Medical Board Diversion Program there is not a sufficient program available for physicians seeking help. This is a reintroduction of AB 214 of last year.</p>		<p><a href="#">Brett Michelin</a></p>
<p><b>AB 583 (Hayashi) <u>HEALTH CARE PRACTITIONERS: DISCLOSURE OF EDUCATION</u></b>            CMA is co-sponsoring this bill with the California Society of Plastic Surgeons. It is becoming increasingly difficult for the public to identify the license, education, and training of health care professionals who practice in the state and many are unable to distinguish between physicians and non-physicians. To protect the public's health and safety, this "truth in advertising" legislation will require a health care professional to disclose information in various health care settings to help patients understand who will be helping them with their health care, such as information about their license, education, and recognized board certification.</p>	<p><b>Passed Assembly Business &amp; Professions Committee, 11-0. Sent to Assembly Consent Calendar.</b></p>	<p><a href="#">Jodi Hicks</a></p>

CMA Sponsored Legislation	Status	Staff
<p><b>AB 1201 (M. Perez) <a href="#">ADEQUATE REIMBURSEMENT FOR VACCINES</a></b>            CMA is co-sponsoring this bill with the American Academy of Pediatrics and the California Academy of Family Physicians. The bill requires plans/insurers to adequately reimburse for both the acquisition and administrative costs of giving shots, such as purchasing the vaccine, storage, inventory, staff time, supplies, etc. This bill also prohibits plans from applying co-pays, deductibles and other cost-sharing mechanisms to immunizations.</p>	Referred to Assembly Health Committee; 4/21/09.	<a href="#">Teresa Kline</a>
<p><b>SB 606 (Ducheny) <a href="#">STEVEN M. THOMPSON LOAN REPAYMENT PROGRAM: OSTEOPATHIC PHYSICIANS</a></b>            CMA will co-sponsor this bill with the Osteopathic Physicians and Surgeons of California to allow Osteopathic Physicians (DOs) to access the Steve Thompson Loan Repayment Program (STLRTP). The STLRP is currently available to MDs, but not to DOs, who tend to focus on primary care and would be good candidates for the program. This legislation would make DOs eligible for the STLRP and require them to pay an additional \$25 fee toward the program, as MDs are now required to do.</p>	Referred to Senate Business & Professions Committee; 4/13/09.	<a href="#">Alma Hernandez</a>

CMA Opposed Legislation	Status	Staff
<p><b>AB 542 (Feuer) <a href="#">NON-PAYMENT FOR ADVERSE EVENTS</a></b>            This bill requires the state, through a committee process, to set up policies and procedures whereby hospitals and surgical clinics would not be reimbursed for care related to a "substantiated" adverse event. The bill also specifically authorizes health plans and insurers to place policies on non-payment for adverse events in their contracts with providers. The bill also adds to the list of adverse events that are required to be reported to the state by hospitals.</p>	Referred to Assembly Health Committee; 4/21/09.	<a href="#">Teresa Kline</a>
<p><b>AB 646 (Swanson) <a href="#">PHYSICIANS AND SURGEONS: EMPLOYMENT</a></b>            This bill would authorize a health care district that is located in a rural area, or a public or nonprofit hospital or clinic located in a health care district serving medically underserved urban populations and communities, to employ physicians.</p>	Referred to Assembly Health Committee and Assembly Business & Professions Committee.	<a href="#">Brett Michelin</a>
<p><b>AB 648 (Chesbro) <a href="#">RURAL HOSPITALS: PHYSICIAN SERVICES</a></b>            This bill will allow rural general acute care hospitals to employ an unlimited number of physicians and surgeons. The bill requires an employed physician and surgeon to sign a contract to exercise independent medical judgment and to notify the Medical Board of any action or event that compromises that independent medical judgment.</p>	Referred to Assembly Health Committee and Assembly Business & Professions Committee.	<a href="#">Brett Michelin</a>
<p><b>AB 721 (Nava) <a href="#">PHYSICAL THERAPY DIRECT ACCESS</a></b>            This bill would substantially expand the scope of practice for physical therapists in California by allowing them to evaluate and treat patients without a previous diagnosis or referral from a licensed physician. Current law does not specifically address physical therapy treatment without referral, but the law does prohibit therapists from making medical diagnoses.</p>	Referred to Assembly Business & Professions Committee.	<a href="#">Jodi Hicks</a>
<p><b>AB 832 (Jones) <a href="#">SURGICAL CLINIC LICENSING</a></b>            The bill removes an exemption in current law and thus would require all surgical clinics to be licensed by the state, including those owned by physicians, which currently need only be accredited. This bill is a dramatic and unnecessary expansion of state regulatory oversight of physician-owned surgical clinics, which are already subject to strict accreditation standards.</p>	Referred to Assembly Health Committee.	<a href="#">Teresa Kline</a>
<p><b>AB 977 (Skinner) <a href="#">PHARMACISTS: IMMUNIZATION ADMINISTRATION</a></b></p>	Referred to Assembly	<a href="#">Teresa Kline</a>

CMA Opposed Legislation	Status	Staff
<p>This bill would allow a pharmacist to independently initiate and provide recommended immunizations to children and adults. Currently pharmacists may provide immunizations only under a physician protocol. This bill is an unnecessarily overly broad, unchecked expansion of pharmacist's ability to perform immunizations. While the pharmacist would be required to undergo training, this bill may have unintended consequences for patient safety and quality care.</p>	<p>Health Committee and Assembly Business &amp; Professions Committee; 4/14/09.</p>	
<p><b>AB 1126 (Hernandez) <a href="#">THE PUBLIC EMPLOYEES' HEALTH CARE ACT: BILLING DISPUTES</a></b>  This bill would prohibit a health care provider giving emergency services and care from seeking reimbursement or attempting to obtain payment for any covered services provided to an employee or annuitant enrolled under the Public Employees' Health Care Act (PEMHCA). This bill specifically notes that the affected emergency services providers include but are not limited to hospitals and hospital-based physicians such as radiologists, pathologists, anesthesiologists, and on-call specialists.</p>	<p>Referred to Assembly Public Employees, Retirement and Social Security Committee; 5/6/09.</p>	<p><a href="#">Jodi Hicks</a></p>
<p><b>AB 1218 (Jones) <a href="#">HEALTH INSURANCE RATE REGULATION</a></b>  This bill would require the Department of Managed Health Care (DMHC) and Department of Insurance (DOI) to approve any increase in the amount of the premium, copayment, coinsurance obligation, deductible, and other charges under the health care service plan or health insurance policy. CMA opposed similar legislation in 2005 (SB 26) and 2006 (SB 425) because of concern that such rate regulation could lead to rate regulation of provider reimbursement.</p>	<p>Referred to Assembly Health Committee; 4/21/09.</p>	<p><a href="#">Alma Hernandez</a></p>
<p><b>AB 1478 (Ammiano) <a href="#">WRITTEN ACKNOWLEDGEMENT: MEDICAL NUTRITION THERAPY</a></b>  This bill would require that a physician, prior to providing care for diabetes or heart disease, must inform the patient or the patient's legal representative of the option of "medical nutrition therapy" treatment for diabetes or heart disease, including a description of the potential risks, consequences, and benefits; and obtain written acknowledgment from the patient or the patient's legal representative confirming that the patient received this information. The failure of a physician and surgeon to comply with this requirement would constitute unprofessional conduct.</p>	<p>Referred to Assembly Business &amp; Professions Committee.</p>	<p><a href="#">Teresa Kline</a></p>
<p><b>SB 196 (Corbett) <a href="#">HEALTH CARE COVERAGE: PROVIDER CONTRACTS AND DISCLOSURE</a></b>  This "health care transparency" bill would prohibit a contract between a health care provider and a health care service plan or a health insurer from containing a provision that restricts the ability of the plan or insurer to furnish information on the cost of procedures or information on health care quality to policyholders. If the health care quality information is quality of care data compiled by the plan or insurer, the bill would require plans and insurers to involve health care providers in the development of the information and to provide affected health care providers an opportunity to review the information prior to furnishing it. The bill would also prohibit a health care service plan or health care provider from disclosing negotiated capitation rates or other prepaid arrangements to enrollees or subscribers.</p>	<p><b>Passed Senate Health Committee, 7-4. Sent to Senate Appropriations.</b></p>	<p><a href="#">Brett Michelin</a></p>
<p><b>SB 294 (Negrete McLeod) <a href="#">NURSE PRACTITIONER SCOPE</a></b>  This bill establishes a specific scope of practice for nurse practitioners outside of a physician protocol and collaboration, including allowing NPs to admit patients to the hospital and be designated as a primary care provider.</p>	<p>Referred to Senate Business &amp; Professions Committee; 4/13/09.</p>	<p><a href="#">Jodi Hicks</a></p>
<p><b>SB 726 (Ashburn) <a href="#">HOSPITALS: EMPLOYMENT OF PHYSICIANS AND SURGEONS</a></b>  This bill would revise and continue a pilot program that is slated to end January 1, 2011. The bill would allow any rural general acute care hospital to employ up to 5 physicians and surgeons if the medical staff and trustees each concur with an affirmative vote. The bill removes the statewide cap of 20 physicians and surgeons in the pilot program.</p>	<p>Referred to Senate Health Committee and Senate Business &amp; Professions Committee; 4/13/09.</p>	<p><a href="#">Brett Michelin</a></p>

CMA Opposed Legislation	Status	Staff
<p><b>SB 810 (Leno) <a href="#">SINGLE PAYER HEALTH CARE</a></b>            This bill is a reintroduction of SB 840 (Kuehl) from last session. The bill would create a single-payer system of health care in California. Specifically, SB 810 creates a single payer purchasing pool and would prohibit most private health insurance from being sold.</p>	Referred to Senate Health Committee 4/15/09.	<a href="#">David Ford</a>
Bills of Interest	Status	Staff
<p><b>AB 613 (Beall) <a href="#">MEDI-CAL TAR REFORM</a> (Support)</b>            This bill will require the Department of Health Care Services (DHCS) to improve and streamline the treatment authorization request process by, among other things, performing a cost-benefit analysis for each TAR and reducing the number of TARs required, developing alternative approaches for fraud and abuse detection, developing an alternative to the requirement that a patient obtain a TAR for each individual day of his or her stay in the hospital and consider adopting a single TAR for the entire length of a patient's hospital stay, and make publicly available the rules and criteria for determining medical necessity.</p>	Referred to Assembly Health Committee 4/14/09.	<a href="#">David Ford</a>
<p><b>AB 834 (Solorio) <a href="#">PEER REVIEW</a></b>            This is a spot bill introduced at the request of the California Hospital Association. It is currently in "spot form" stating only legislative intent to reform the peer review process.</p>		<a href="#">Brett Michelin</a>
<p><b>AB 877 (Emmerson) <a href="#">SCOPE OF PRACTICE REVIEW COMMITTEE</a></b>            This bill would declare the intent of the Legislature to enact legislation that would authorize the Director of Consumer Affairs to appoint a committee to perform occupational analyses on various healing arts practices, including education, training, and experience, and to prepare a written report on any bill introduced in either house of the Legislature that seeks to expand the scope of a healing arts practice. The committee would be composed of seven members: two academics representing each side of the scope of practice issue, one practitioner representing each side of the scope of practice issue, and one public member. This bill is intended to respond to the frustration of legislators who are called upon to vote on scope of practice expansion measures every year without the benefit of an independent, expert review which considers the potential impacts on the public health, safety and welfare.</p>		<a href="#">Jodi Hicks</a>
<p><b>SB 58 (Aanestad) <a href="#">PEER REVIEW</a></b>            This bill has been amended to revise the peer review system in California. It mirrors some of the provisions included in AB 120 but adds provisions not supported by the CMA. It would demand external review for certain medical outcomes and errors that are adequately addressed in properly functioning peer review bodies. This bill is involved in ongoing negotiations regarding the peer review reforms.</p>	Referred to Senate Judiciary Committee and Senate Business & Professions Committee; 4/20/09.	
<p><b>SB 700 (Negrete McLeod) <a href="#">PEER REVIEW</a></b>            This bill revises the definition of peer review by stating the goal of peer review is to determine qualifications for the practice of medicine. It would also require peer review to be done in all medical settings including private practice offices with one physician. Peer review is better done at facilities where the majority of physicians have credentials. This bill is also the subject of ongoing negotiations.</p>	Referred to Senate Business & Professions Committee; 4/20/09.	<a href="#">Brett Michelin</a>