



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.

**JULY 2, 2009**

<b>CMA Sponsored Legislation</b>	<b>Status</b>	<b>Staff</b>
<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><b>Senate Health Committee and Senate Judiciary Committee.</b></p>	<p><a href="#">Teresa Stark</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 an already robust system to make it even more effective in ensuring high quality care in CA hospitals.</p>	<p><b>Senate Business &amp; Professions Committee; 7/6/09.</b></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 when responding to an emergency.</p>	<p>Failed in Senate Transportation and Housing Committee, 3-4. Reconsideration granted.</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><b>Senate Business &amp; Professions Committee; 7/6/09.</b></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 Senate Business &amp; Professions Committee, 8-2.</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>	<p>Held on Assembly Appropriations Committee Suspend File.</p>	<p><a href="#">Teresa Stark</a></p>
<p><b>SB 606 (Ducheny) <a href="#">STEVEN M. THOMPSON LOAN REPAYMENT PROGRAM: OSTEOPATHIC PHYSICIANS</a></b>            CMA is co-sponsoring 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>	<p><b>Assembly Business &amp; Professions Committee; 7/7/09.</b></p>	<p><a href="#">Lisa Folberg</a></p>

CMA Opposed Legislation	Status	Staff
<p><b>AB 646 (Swanson) <a href="#">PHYSICIANS AND SURGEONS: EMPLOYMENT</a></b>            This bill was amended in Assembly Health Committee to establish a pilot program to allow Healthcare Districts located in an underserved area to directly employ and charge for physician services. Districts would be allowed to hire up to 5 physicians with an ability to request up to 5 additional contracts and would limit the pilot to 10 years.</p>	<p><b>Failed Senate Business &amp; Professions Committee, 5-3. Reconsideration granted, 7/8/09.</b></p>	<p><a href="#">Brett Michelin</a></p>
<p><b>AB 648 (Chesbro) <a href="#">RURAL HOSPITALS: PHYSICIAN SERVICES</a></b>            This bill, as amended in Assembly Health, would allow a rural hospital that serves an underserved area or population to directly employ and charge for physician services. The demonstration project would last up to 10 years and allow the hospital to employ up to 10 physicians. To be eligible, the hospital must demonstrate that it can document that it has been unsuccessful in recruiting a physician for 12 months and the CEO certifies to the MBC that there is a critical unmet need in the community.</p>	<p><b>Failed Senate Business &amp; Professions Committee, 4-4. Reconsideration granted; 7/8/09.</b></p>	<p><a href="#">Brett Michelin</a></p>
<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>	<p>Failed Assembly Business &amp; Professions Committee, 3-1. Reconsideration denied.</p>	<p><a href="#">Jodi Hicks</a></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>Assembly Public Employees, Retirement and Social Security Committee.  2-year bill.</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</p>	<p>Failed Assembly Health Committee, 7-6. Reconsideration granted.</p>	<p><a href="#">Alma Hernandez</a></p>

CMA Opposed Legislation	Status	Staff
provider reimbursement.		
<p><b>AB 1458 (Davis) <a href="#">DRUGS: ADVERSE EFFECTS REPORTING</a></b>            This bill would require health care professionals to report “suspected serious adverse drug events that are spontaneously discovered or observed” to MedWatch, a drug safety and adverse event reporting system operated by the federal FDA. This bill would place an unnecessary mandate on the practice of medicine.</p>	Held on Assembly Appropriations Committee Suspense File.	<a href="#">Alma Hernandez</a>
<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>	Assembly Business & Professions Committee.  2-year bill.	<a href="#">Teresa Stark</a>
<p><b>SB 700 (Negrete McLeod) <a href="#">PEER REVIEW</a></b>            As amended April 13<sup>th</sup>, this bill will require an 805 report to be filed with the MBC prior to the 809 hearing process. The bill would circumvent the fair hearing process and not allow a physician to test the validity of charges prior to an 805 report being filed. Further it will require peer review at individual physician offices even though many are covered by medical staff membership, participation with groups of 25 or more physicians, or through contracts with insurers. The bill also calls for more 805 reports for alleged misconduct. The bill will continue to change through the legislative process as peer review is reformed.</p>	<b>Placed on Senate Inactive File.</b>	<a href="#">Brett Michelin</a>
<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>	Held on Senate Appropriations Committee Suspense File.	<a href="#">David Ford</a>

Bills of Interest	Status	Staff
<p><b>AB 542 (Feuer) <a href="#">NON-PAYMENT FOR ADVERSE EVENTS</a> (Watch)</b>            In the face of strong CMA opposition, this bill was dramatically narrowed by the author before its first committee hearing. The bill now applies only to hospitals and merely requires the state to adopt regulations establishing uniform policies and practices governing the nonpayment to hospitals for hospital acquired conditions by public and private payers, consistent with those developed by the federal Centers for Medicare and Medicaid Services (CMS). The original problematic language creating a state Patient Safety Committee that would substantiate a broader list of adverse events and determine nonpayment policies for all providers was removed. CMA will continue to provide suggestions to further improve this bill and will stay engaged in the discussion.</p>	<b>Senate Health Committee.</b>  <b>2-year bill.</b>	<a href="#">Teresa Stark</a>
<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>	Held on Assembly Appropriations Committee Suspense File.	<a href="#">David Ford</a>

Bills of Interest	Status	Staff
<p><b>AB 832 (Jones) <a href="#">SURGICAL CLINIC LICENSING</a> (Watch)</b>            In the face of strong CMA opposition, this bill was completely gutted by the author before its first committee hearing. The original problematic and unnecessary language that would have all required physician-owned surgical clinics to be licensed by the state was removed and replaced with language requiring the Department of Public Health to convene a workgroup to discuss the licensing of ambulatory surgical centers. CMA will have a representative on the workgroup, as will other impacted physician specialty organizations, and we will continue to make the case that the existing accreditation process is more than adequate and protects patient safety.</p>	Held on Assembly Appropriations Committee Suspend File.	<a href="#">Teresa Stark</a>
<p><b>AB 834 (Solario) <a href="#">PEER REVIEW</a> (Watch/Refer)</b>            As amended April 14<sup>th</sup>, this bill will establish an alternative to the 805 process when a physician and surgeon accepts remediation in lieu of the filing of a report. The bill would allow a peer review body to impose, if the physician accepts, remediation in the form of mandatory proctoring, consultation, education or retraining. The peer review body could place limits on the physician's privileges during remediation. A report would be submitted to the MBC upon commencement and conclusion of the remediation or if the remediation was not successfully completed. This bill has been referred to policy for development of this "805 lite" program.</p>	Referred to Assembly Business & Professions Committee.  2-year bill.	<a href="#">Brett Michelin</a>
<p><b>AB 877 (Emmerson) <a href="#">SCOPE OF PRACTICE REVIEW COMMITTEE</a> (Support)</b>            This bill has been amended from an "intent" bill, to having substantive language creating a scope of practice committee to perform an occupational analysis on any bills seeking to substantively expand the scope of a healing arts practice. The American Medical Association (AMA) has sample language for this issue and has been supportive of state efforts to create scope review committees. The author took language from AMA, and has been working with our office for suggestions on making the review committee one that does not recommend but rather gives a review as to education and training, current law of other states and evaluate the quality and cost of health for proposed scope expansions.</p>	Held on Assembly Appropriations Committee Suspend File.	<a href="#">Jodi Hicks</a>
<p><b>AB 977 (Skinner) <a href="#">PHARMACISTS: IMMUNIZATION ADMINISTRATION</a> (Watch)</b>            The author has gutted her bill after it failed in committee in the face of strong CMA opposition. The bill would have allowed pharmacists to independently initiate and administer immunizations to children and adults and now only contains uncodified language requesting the California Pharmacists Association to provide information to the chairpersons of Business and Professions and Health Committees on the status of immunization protocols between independent pharmacists and physicians. CMA will monitor the bill closely to ensure that any study conducted is unbiased and narrowly focused and to ensure that objectionable language is not inserted at a later date.</p>	Sent to Assembly Health Committee.  2-year bill.	<a href="#">Teresa Stark</a>
<p><b>SB 58 (Aanestad) <a href="#">PEER REVIEW</a> (Watch)</b>            This bill was amended to require a peer review body to administer an Early Detection and Resolution Program to allow physicians to complete additional training, while privileges are limited, prior to the filing of a disciplinary quality report. The bill would also allow a physician to submit explanatory or exculpatory information when an 805 report is filed and require the MBC to remove expunged reports from a physicians file. This bill continues to be heavily negotiated with peer review reforms.</p>	Held on Senate Appropriations Committee Suspend File.	<a href="#">Brett Michelin</a>
<p><b>SB 196 (Corbett) <a href="#">HEALTH CARE COVERAGE: PROVIDER CONTRACTS AND DISCLOSURE</a> (Support)</b>            The transparency provisions previously contained in the bill have been eliminated by amendments taken on 6/18/2009. The bill now requires a hospital to provide 180 days notice and hold public hearings prior to the elimination of emergency services.</p>	<b>Failed Assembly Health Committee, 9-5. Reconsideration granted; 7/7/09.</b>	<a href="#">Brett Michelin</a>
<p><b>SB 294 (Negrete McLeod) <a href="#">NURSE PRACTITIONER SCOPE</a> (Watch)</b>            This bill has been stripped of the two most egregious proposals, allowing nurse</p>	<b>Passed Assembly Business &amp;</b>	<a href="#">Jodi Hicks</a>

Bills of Interest	Status	Staff
<p>practitioners (NP) to admit patients and permitting NP's to be designated primary care providers. The current version allows, in accordance with standardized procedures, to approve and modify home health services, certify disability and order durable home health equipment. The intent language has also been narrowed at CMA's request to more accurately reflect the bill and the scope of practice of NPs.</p>	<p><b>Professions Committee, 10-0. Sent to Assembly Appropriations Committee.</b></p>	
<p><b>SB 726 (Ashburn) <u>HOSPITALS: EMPLOYMENT OF PHYSICIANS AND SURGEONS (Support)</u></b></p> <p>This bill was substantially amended to authorize a limited pilot program to allow qualified district hospitals to employ up to two physicians with an affirmative vote of the medical staff. To qualify, the district must be in an underserved community and show that it was unsuccessful in recruiting a core physician for 12 months between July 1, 2008 and July 1, 2009. Core physicians are defined as family practice, internal medicine, general surgery, or ob/gyn. The district may apply to the MBC for an additional 3 physicians with a showing of clear need in the community following a public hearing and the concurrence of the medical staff.</p>	<p><b>Sent to Assembly Business &amp; Professions Committee; 7/7/09, and Assembly Health Committee.</b></p>	<p><a href="#"><i>Brett Michelin</i></a></p>