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Board/Committee Meetings
May 4-5, 2017

All meetings at CPCA Office in the Classrooms (unless otherwise noted)

Thursday, May 4

8:00 – 9:00 **Governance Committee (Meeting in CPCA Confer. Room)**

- Applications for Membership
- Membership Requirements
- Bylaws

8:00 – 9:00 **Consortia Policy Group**

- Federal Landscape
- RAC/CPG/CPCA Coordination
- Advocacy
- State Legislation
- Peer Networking

9:00 – 10:00 **Government Programs**

- Licensing & OSHPD 3
- Oral Health
- 340B
- Behavioral Health
- Immigration Update
- Newly Qualified Immigrant Coverage

10:00 – 10:10 **BREAK**

10:10a – 12:00p **Legislative Committee**

- Federal Update
- 2016-17 State Legislation Update
- CA FY 17-18 State Budget
- Advocacy and Communications

12:00 – 12:30 **LUNCH**

12:30 – 2:00 **330 Committee**

- Pay-for-Performance
- Proposed State Plan Amendment
- PPS Issues
- Payment Reform
- Legal

2:00 – 3:00 **Workforce Committee**

- Workforce Priority 8 – Workforce Policy Convening
- Workforce Priority 4 – Residency Training
- Workforce Priority 5 – Loan Repayment
- Workforce Priority 6 – Medical School
- Workforce Immigration

3:00 – 3:30 **AG Worker Health Committee**

- Immigration Update
- Access 2020 Campaign
- NACHC P&I Ag Committee Update
- Advocacy Center of Excellence/Hispanic Advocacy Center of Excellence
- Open Forum
- Migrant Health Coordinator

3:30 – 3:40 **BREAK**

3:40 – 4:10 **Rural Committee**

- Convening to Discuss the Future of Rural Health Care
- Rural Advocacy and Prop 64
- NRHA Meeting Update
- 340B in Rural North
- Rural Health Events

4:10 – 5:10 **Executive Committee (Meet in CPCA Conference Room)**

- CEO Report
- NACHC Region IX Representative
- Personnel Policy Changes
- College for Health Communities & the Underserved (CHC-U)
- Update on EMRs
- Strategic Planning Update
- Executive/Closed Session

Friday, May 5, 2017

8:30 – 10:00a **Clinicians Committee**

- CMO Report
- Legislative Update
- Workforce Update
- Integrated Care – Dental & Behavioral
- CP3/Managed Care/Date Update
- Speaker: Nisha Gandhi, California Department of Public Health Immunization Branch

9:30 – 10:00 **Finance / Ventures Finance (Meeting in CPCA Conference Room)**

- Financial Policies
- Ventures Loan report
- Budget FY 17/18

10:00 – 10:15 **BREAK**

10:15a – 12:30 **Board of Directors**

- CEO Report
- EMR Update
- Strategic Planning Update
- CPCA/Advocates Grant Agreement
- Approval of Committee Action Items
- NACHC Update
- RAC Update
- Speaker: Kathy Kneer, Planned Parenthood Affiliates of California

Board Ventures

- CEO Report

12:30 – 1:00 **LUNCH**

1:00 – 2:00 **CaliforniaHealth+ Advocates Board of Directors**

- Approval of CPCA/Advocates Limited Grant Agreement
- Approval of 2017-18 Budget
- Staff Report
- Public Affairs Peer Network

Governance Committee

Thursday, May 4, 2017
8:00am – 9:00am
Mary Szecsey, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Mary Szecsey	I
II. Approval of Agenda		Mary Szecsey	A
III. Approval of Minutes	• January 12, 2017	Mary Szecsey	A
IV. Applications for Membership	• Chapa-De Indian Health	Sandy Birkman	D/A
V. Membership Requirements	• Summary from workgroups on membership and County FQHCs	Mary Szecsey Sandy Birkman Val Sheehan	D/A
VI. Bylaws	• Suggested Bylaws Changes	Sandy Birkman	I/D
VII. Other Business	• Board Self-Assessment Survey • Membership Satisfaction Survey • Election Timeline	Sandy Birkman	I
VIII. Adjournment		Mary Szecsey	A

California Primary Care ASSOCIATION

Executive Summary

Date: April 24, 2017

To: Governance Committee

From: Sandy Birkman, Director of Finance and Operations

MEMORANDUM

Following is the Executive Summary for the Governance Committee meeting materials.

IV. Membership Applications from:
Chapa-De Indian Health – Indian Health Center sites in Auburn & Grass Valley

V. The Governance Committee has been asked to review membership criteria especially in the area of affiliate members and County FQHCs. Attached is a summary of work done by two separate workgroups and a proposed change to the Affiliate Membership Category.

VI. The proposed changes in V. result in additional recommendations for changes to the Bylaws.

VII. Copy of Board Self-Assessment Survey to be conducted soon.
Copy of Membership Satisfaction Survey to be conducted soon.
Board of Directors Election Timeline

CALIFORNIA PRIMARY CARE ASSOCIATION
GOVERNANCE COMMITTEE
January 12, 2017

Committee Members Present: Mary Szecsey, Chair, Ben Flores, Cathy Frey, Nik Gupta, Kevin Mattson, Louise McCarthy, Zettie Page, Corinne Sanchez

Guests: Tiffany Robertson, Rachel Farrell, Chad Vargas, David Vilet, Henry Tuttle, Connie Kimitt, Graciela Soto Perez, Christina Velasco, Naomi Fuchs

Staff: Sandy Birkman, Janelle Mollgaard, Shadi Kanaan, Lucy Moreno, Cindy Keltner, Mike Witte, Nataly Diaz, Meghan Nousaine, Deb Roth, Bean Avey, Bao Xiong, Emily Shipman

I. Call to Order

Mary Szecsey, Chair, called the meeting to order at 8:33am.

II. Approval of Agenda

A motion was made and seconded to approve the agenda. **The motion carried.** (Flores, Gupta)

III. Approval of Minutes

A motion was made and seconded to approve the minutes of October 25, 2016 as presented. **The motion carried.** (McCarthy, Gupta)

IV. Applications for Membership:

I. Horisons Unlimited
II. Yehowa Medical Services

After discussion of Horizon meeting membership criteria, a motion was made and seconded to forward these membership applications to the Board of Directors. **The motion carried.** (Gupta, Flores)

V. Membership Requirements

Birkman reviewed current policy with five membership types and a determination that an advisory group would be established to review affiliate memberships, benefits, dues and another advisory group on County FQHCs. Deanna Stover, Nik Gupta, David Vliet, and Cathy Frey volunteered for the County FQHC workgroup. Louise McCarthy, Cathy Frey, and Mary Szecsey volunteered for the affiliate membership workgroup.

VI. Overview of 2016 work

Birkman reviewed the attached summary of Governance Committee accomplishments for the 2016 year.

VII. Role of Governance Committee 2017

Top priorities include Bylaws clean up, membership qualifications, and self-assessment.

Adjourn

Business being concluded, meeting was adjourned at 9:25am.

Respectfully submitted,
Janelle Mollgaard, Recording Secretary

CALIFORNIA PRIMARY CARE ASSOCIATION

GOVERNANCE COMMITTEE

NEW MEMBERS ELIGIBILITY DETERMINATION CHECKLIST

Applicant Name: Chapa-De Indian Health

Date Application Submitted: 2/2/2017

Membership Category: ***Community Health Clinic***

Supporting Documents Submitted:

- ✓ Completed application
- ✓ Resolution by organization's governing body authorizing membership
- ✓ Copy of clinic license from principal site
  - ❑ Exempt under Section 1206 of the Health & Safety Code
- ✓ Copy of organization's bylaws
- ✓ Copy of organization's most recent "Annual Utilization Report of Clinics" required by the Office of Statewide Health Planning and Development
- ✓ Copy of Articles of Incorporation
- ✓ Copy of IRS 501 (c)(3) letter
- ✓ Annotated Board Roster
- ✓ Letter of Support
- ✓ Summary of staff interview - below

Application is: ☑ Complete Incomplete

Comments: This Indian Health Center has sites in Auburn and Grass Valley. Jonathan Porteus, CEO, Wellspace has provided the letter of support.

Prepared by: Jodi Johnson Date: 2/2/2017

Action by Committee: ☐ Application Conforms. Recommend Presentation to the Board.

☐ Application Does Not Conform – No Presentation to the Board at this Time.

Rationale: _____

_____

Date: _____/_____/_____

WELLSPACE HEALTH
Comprehensive care since 1953

January 30, 2017

California Primary Care Association
Attn: Bylaws Committee
1231 I Street, Suite 400
Sacramento, CA 95814

Dear Members of the Bylaws Committee,

As the Chief Executive Officer of WellSpace Health, a CPCA member in good standing, I attest that I have reviewed the CPCA membership criteria and have reviewed sufficient background information to confirm that each criterion is met by Chapa-De Indian Health for membership as a Community Clinic. If accepted into membership, I will serve as a mentor for this new CPCA member.

The following is a brief summary regarding the applicant:

Chapa-De Indian Health is a Tribal Health Organization that operates community clinics in Auburn and Grass Valley, California. They care for American Indian people, and also welcome non-native patients who are covered under Medi-Cal and/or Medicare or who are uninsured. Chapa-De plays a vital role in our region in caring for those in need. In Placer County, where WellSpace also operates, we have an extremely limited number of providers willing to accept Medi-Cal reimbursements and the majority of care is provided by our two organizations. Chapa-De will be an asset as a CPCA member.

Questions about this applicant can be directed to me at 916-550-5444 or via email at jporteus@wellspacehealth.org.

Sincerely,

What a wonderful addition to CPCA!

A. Jonathan Porteus, PhD
Chief Executive Officer

Executive Offices:
777 12th Street | Suite 250 | Sacramento, CA 95814 | p: 916.550.5444 | f: 916.436-5527 | **wellspacehealth.org**

California Primary Care ASSOCIATION

DISCUSSION

Date: April 18, 2017

To: Governance Committee

From: Val Sheehan, Director of Development & External Relations and Sandy Birkman, Director of Finance and Operations

Re: Proposed Changes to Affiliate Membership Category

MEMORANDUM

Background

Following the January 2017 Governance Committee and Board of Directors discussions regarding the affiliate membership structure and recent applications by county FQHCs to become affiliate members, two ad hoc workgroups were formed to examine the relevant issues and guide CPCA staff in making future recommendations. On February 15, 2017, CPCA staff held a conference call with Affiliate Membership workgroup members Louise McCarthy and Mary Szecsey. Louise suggested that CPCA explore moving away from an affiliate membership structure with dues, to an affiliate or associate structure with fees. This is the structure currently used by the Community Clinic Association of LA County (CCALAC) and allows for a clear separation between CCALAC's members and affiliates. Under that structure, affiliates do not have the same benefits and privileges as members.

On March 22, 2017, CPCA staff held a conference call with County FQHC workgroup members Cathy Frey, Nik Gupta, and Deanna Stover. CPCA staff shared with the workgroup the suggestion from the Affiliate Membership workgroup to move from an affiliate membership structure with dues to an associate structure with fees. If adopted by the Board, this would mean that county FQHCs would be eligible to be associates and not members of CPCA. The group discussed the possibility of this new structure and what current membership benefits would be of most interest to county FQHCs with the understanding under CPCA's cooperative agreement with BPHC, CPCA must provide technical assistance and training to any 330 grantee. After some discussion, it was determined that access to peer networks would be of interest to county FQHCs.

Current Status

With the guidance of the two ad hoc workgroups, CPCA staff are proposing the following recommendations:

1) Organizational membership categories and criteria remain the same. Clinics and health centers that meet membership criteria will be considered eligible for CPCA membership. Regional consortia and associations that meet membership criteria will also be considered eligible for CPCA membership. All membership applications will be reviewed by the Governance Committee and approved by the Board of

Directors. Only approved members will continue to have voting rights, access to CPCA's committees, task forces, workgroups, and use of the CaliforniaHealth+ brand.

2) Eliminate the affiliate membership category (individual and business) through a proposed change in the bylaws that will need to be approved by the CPCA Board of Directors.

3) Adopt a new CPCA Associate structure whereby different groups would pay an annual fee to CPCA to become associates and would receive a discrete set of benefits in exchange for a fee. Affiliates would have a separate application process and all applications would need to be approved by the Board of Directors. Any entity applying for Associate status would need to articulate why they want to become a CPCA Associate and how they support the mission of community health centers. The proposed Associate fee structure is as follows:

Type of Associate	**Description**	**Annual Fee**
Public/Government	Any entity whose primary affiliation is with a government or public entity; examples would include county FQHCs, county health departments, state government agencies, etc.	$5,000 - $20,000 (*based on budget size)*
Corporate	Any for-profit entity including businesses, limited liability corporations (LLCs), and companies	$10,000
Nonprofit	Any tax-exempt 501(c)(3)organization	$2,500
Individuals	Any individuals such as consultants, lawyers, financial advisors and others who work with community health centers	$500
Students	Any currently enrolled student	$75

Benefits for members vs. associates is as follows:

Benefit	**Members**	**Associates**
Voting rights	YES	NO
Access to committees, task forces, and workgroups	YES	NO
Use of the CaliforniaHealth+ brand and all benefits associated with the brand	YES	NO
Access to peer networks	YES – *all staff from member organizations have unlimited access to any peer network*	YES – *limited access to 1 peer network per associate; CFO and Billing Managers peer networks are limited to members only*
Weekly Update email blast	YES	YES
Discounts on webinars, trainings, and events	YES	YES – *Associate discount will be less than member discount, but still lower than non-member rate. Students may have deeper discounts than other associates.*

Next Steps

CPCA staff request that Governance Committee members consider these recommendations and discuss potential next steps and actions such as a change in the bylaws to eliminate the affiliate membership category and the adoption of the proposed CPCA Associate structure. All changes can be implemented in fiscal year 2018 – 2019.

California Primary Care Association

DISCUSSION

Date: April 3, 2017

To: Governance Committee

From: Sandy Birkman, Director of Finance and Operations

Re: Proposed Bylaws Changes

MEMORANDUM

Background

A workgroup of former Governance Committee chairs consisting of Deb Farmer, Cathy Frey, and Louise McCarthy met last fall and reviewed the bylaws and made suggestions for changes and clarifications to the CPCA Bylaws. In January, it was decided to wait until the various workgroups met dealing with membership to see if further revisions would be necessary to the Bylaws.

Next Steps

If this committee is favorable to the suggestions from the workgroups on Membership and County FQHCs, a Bylaws change deleting the Affiliate and Honorary (we have never had an honorary member) membership categories will be added to the prior recommendations and updates presented last fall. These revisions will then be presented to the July Governance Committee meeting for review and forwarding to the full Board. Upon the full Board's approval, the Bylaws revision must go to the membership for approval.

Ex

2016 Board Self-Assessment Survey

Please indicate how much you agree or disagree with these aspects of board membership using the scale of (SA)S (A)Agree, (D)Disagree, (SD) Strongly Disagree and (NS) Not Sure N/A.

Strategic Planning

	SA	A	D	SD
1. Provides all board members with copies of the mission statement, bylaws, strategic plan, and all other important documents of the organization.	○	○	○	○
2. Board periodically reviews bylaws, articles of incorporation, mission and policies.	○	○	○	○
3. Has a vision of how the organization should evolve over the next 3, 5, or 10 years.	○	○	○	○
4. Board identifies and considers external trends and influences impacting the organization and members.	○	○	○	○
5. Annually reviews progress toward the long-range goals and modifies the strategic plan.	○	○	○	○
6. Operates from opportunity to opportunity rather than crisis to crisis.	○	○	○	○

Comments

Program and Services

	SA	A	D	SD	NS
7. The board or a committee periodically reviews the complete portfolio of programs and services; improving what needs improving, eliminating ineffective programs, and recommending new programs and services.	○	○	○	○	○

Comments

Budgeting, Finances

	SA	A	D	SD
8. Board adopts and follows an annual budget.	○	○	○	○
9. Assures the recommended reserve and investment strategy is yielding appropriate results.	○	○	○	○
10. Receives quarterly financial reports which are understandable, accurate and timely.	○	○	○	○
11. Requires an annual audit and considers the recommendations made in the independent auditor's report and management letter, with resulting changes as appropriate.	○	○	○	○

Comments

Staffing

	SA	A	D	SD
12. Board delegates enough policy and operating authority for the CEO/President to lead and manage the organization.	○	○	○	○
13. Regularly assesses the CEO/President's performance and compensation in a fair and systematic way, related to the goals in the strategic plan.	○	○	○	○
14. Gives direction to staff only through the chief executive.	○	○	○	○
15. Understands the communication/feedback loop when approached with staff who have an issue.	○	○	○	○

Comments

Risk Management - Protection

	SA	A	D	SD
16. Board understands its responsibility for protecting the organization and acts accordingly.	○	○	○	○
17. Understand the legal principles of Duty of Care, Duty of Obedience and Duty of Loyalty.	○	○	○	○
18. Ensures adequate insurance overages for the organization and avoids risk.	○	○	○	○

Comments

Leadership Development and Governing Body

	SA	A	D	SD
19. Conducts a thorough orientation for all board members.	○	○	○	○
20. Board size is ideal for the organization.	○	○	○	○
21. There is an effective process for identifying and orienting new leaders.	○	○	○	○
22. Promotes respect for new ideas and people among board and staff.	○	○	○	○
23. Respects confidentiality of all board meetings and materials.	○	○	○	○
24. There is sufficient leadership rotation and limitation on terms.	○	○	○	○
25. Defers to the President/CEO in matters requiring a spokesperson for the organization.	○	○	○	○
26. Board members have adequate opportunities to discuss issues and ask questions.	○	○	○	○
27. Convenes and adjourns meetings on time.	○	○	○	○
28. Sticks to the prepared agenda.	○	○	○	○
29. Works for consensus rather than fighting for a majority.	○	○	○	○
30. Follows a businesslike system of parliamentary rules.	○	○	○	○
31. Board minutes are accurate, timely and easy to understand.	○	○	○	○
32. Confines all discussion to policy issues and avoids management issues.	○	○	○	○
33. Allows/encourages all board members to participate in discussion.	○	○	○	○

Comments

Individual Board Members

	SA	A	D	SD
34. Avoids conflicts of interest and discloses to the board in a timely manner any possible conflicts?	○	○	○	○
35. Attend at least 50% of all board meetings and attend committee meetings?	○	○	○	○
36. Come to meetings prepared to discuss agenda items and stay engaged in the discussions?	○	○	○	○
37. See themselves as part of a team effort?	○	○	○	○
38. Act as advocates for the organization?	○	○	○	○
39. Know their responsibility as trustees of the organization and role as a board member?	○	○	○	○
40. Represent the broad interest of the organization and all constituents, not special interests?	○	○	○	○

Comments

Standing Committees and Task Forces

	SA	A	D	SD
41. Committee structure and activities contribute to board productivity and advance the mission and goals?	○	○	○	○
42. Committees have a stated purpose (mission/descriptions)?	○	○	○	○
43. Board does not redo committee work inside board meetings?	○	○	○	○

Comments

Executive Committee

	SA	A	D	SD
44. Has the board delegated appropriate responsibilities to this committee?	○	○	○	○
45. Does the Executive Committee make the Board's work more efficient?	○	○	○	○
46. Are the Executive Committee's actions presented to the board and ratified?	○	○	○	○
47. Does the CEO make effective use of this committee as a sounding board for emerging issues and sensitive matters?	○	○	○	○

Comments

Overall

	SA	A	D	SD
48. Board members find serving to be a satisfying and rewarding experience?	○	○	○	○
49. Provide any comments below, (they will be treated with confidence)	○	○	○	○

Comments

California Primary Care Association

2016 CPCA Membership Satisfaction Survey

1. What is your job function?

- ◯ Clinic Executive Management (CEO/CFO/CIO/COO/CMO/etc)
- ◯ Administrative Staff
- ◯ Program Staff
- ◯ Clinician
- ◯ Other clinical staff
- ◯ Consortia staff

Other

2. How long have you been employed by your health clinic/center?

- ◯ less than a year
- ◯ 1 - 3 years
- ◯ 3 - 5 years
- ◯ 5 - 10 years
- ◯ 10 or more years

3. Please rate your satisfaction with CPCA's performance in this area using the following scale:

Core Services

	Poor	Below Average	Average	Above Average	Excellent	Don't Know
Legislative policy analysis/advocacy	◯	◯	◯	◯	◯	◯
Networking Opportunities	◯	◯	◯	◯	◯	◯
Peer Groups	◯	◯	◯	◯	◯	◯
Education/Training seminars/webinars	◯	◯	◯	◯	◯	◯
Technical Regulatory Assistance	◯	◯	◯	◯	◯	◯
Addressing Reimbursement Issues	◯	◯	◯	◯	◯	◯
Conferences (Annual, CEPPN/CAPN/QI and Technology, Billing Managers, CFO)	◯	◯	◯	◯	◯	◯
Website	◯	◯	◯	◯	◯	◯

4. Please rate your satisfaction with CPCA's performance in this area using the following scale:

Health System Transformation

	Poor	Below Average	Average	Above Average	Excellent	Don't Know
Payment Reform	◯	◯	◯	◯	◯	◯
Managed Care	◯	◯	◯	◯	◯	◯
Remaining Uninsured	◯	◯	◯	◯	◯	◯
Systems of Care	◯	◯	◯	◯	◯	◯

5. Please rate your satisfaction with CPCA's performance in this area using the following scale:

Health Center Transformation

	Poor	Below Average	Average	Above Average	Excellent	Don't Know
Finance & Operations Redesign	○	○	○	○	○	○
Patient Centered Health Home Practice Transformation	○	○	○	○	○	○
Capitation Payment Preparedness Program (CP3)	○	○	○	○	○	○
Revenue Cycle Management	○	○	○	○	○	○
Management Programs (Health Management+, Financial Management+)	○	○	○	○	○	○

6. Please rate your satisfaction with CPCA's performance in this area using the following scale:

CaliforniaHealth+

	Poor	Below Average	Average	Above Average	Excellent	Don't Know
Brand Adoption and Recognition	○	○	○	○	○	○

7. Overall, how would you rate the effectiveness of the leadership provided by the CPCA Board of Directors?

Poor	Below Average	Average	Above Average	Excellent	Don't Know
○	○	○	○	○	○

8. Do you attend CPCA's Annual Conference?

- [ ] Yes
- [ ] No

If not why? (Time, Cost, Location, Content, Other)

9. Do you participate on committees/workgroups?

- ◯ Yes
- ◯ No

If not why? (Time, Cost, Location, Content, Other)

10. Do you or your staff attend CPCA trainings (in-person or webinars)?

- ◯ Yes
- ◯ No

If not why? (Time, Cost, Location, Content, Other)

11. Are there any areas you are concerned with CPCA's performance?

12. What are the three main reasons your organization is a member of CPCA?

13. What programs or services that CPCA currently provides do you find most valuable?

14. What service does CPCA NOT provide, but if they did would make a significant positive impact on your organization?

15. On a scale of 1-5, Do you receive the appropriate amount of communication from CPCA?

Inappropriate Not Enough		Just Right		Inappropriate Too Much	Don't Know
○	○	○	○	○	○

Comments:

Timeline for 2017 Elections
Prepared for Governance Committee Meeting
May 2017

June 30	Email the call for nominations packet to all delegates
July 28	Deadline for nominations
August 31	Verify eligibility of nominees and nominators Confirm willingness to serve Collect candidate statements for slate
Sept 11	Electronic voting to begin
Sept 29	Cut-off date to vote electronically
October 2	Winners announced
October 11	CPCA seats new Board and elects Executive Committee CPCA Ventures seats new Board

Consortia Policy Group

Thursday – May 4, 2017
8:00 – 9:00 AM

Joanne Preece, Facilitator

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Joanne Preece	A
II. Approval of Agenda	• Agenda	Joanne Preece	A
III. Federal Landscape	*Verbal Update*	Angie Melton	D
IV. RAC/CPG/CPCA Coordination: Follow-up from the 4/12 RAC Meeting	*Q: How can we foster a CPG that is empowered to lead?*	Vernita Todd	D
V. Advocacy	*Please see materials in Legislative Committee* *Q: What are some highlights from your P&I and DAC experiences?* *Q: What are some areas of improvement for P&I and DAC?*	Andie Patterson	D
VI. State Legislation	*Please see materials in Legislative Committee*	Beth Malinowski	D
VII. Peer Networking	*Q: How do you prefer to receive communications regarding changes to key legislation or budget items?*	Joanne Preece	D
VIII. Adjourn		Joanne Preece	A

Government Programs Committee

Thursday, May 4, 2017
9:00am – 10:00am

Isabel Becerra, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Isabel Becerra	A
II. Approval of Agenda	• Executive Summary	Isabel Becerra	A
III. Approval of Minutes	• January 12, 2017 Government Programs Meeting Minutes	Isabel Becerra	A
IV. Licensing & OSHPD 3	• Licensing & OSHPD3 Update	Ben Avey Emily Shipman	I
V. Oral Health	• Oral Health Memo	Beth Malinowski Emili LaBass	I
VI. 340B	• 340B Memo	Deb Roth	D
VII. Behavioral Health	• Proposition 64 Principles • BH Update Memo	Meaghan McCamman	D
VIII. Immigration Update	• Immigration Memo	Liz Oseguera	I
IX. Newly Qualified Immigrant Coverage	• NQI Memo	Beth Malinowski	I
X. Adjourn		Isabel Becerra	A

California Primary Care Association

Executive Summary

Date: April 19, 2017
To: Government Programs Committee
From: Meaghan McCamman, Assistant Director of Policy

MEMORANDUM

Licensing & OSHPD 3

- CPCA continues pursuing our strategy of streamlining and improving the current licensing process while investigating the feasibility of exempting community clinics from both licensure and OSHPD 3.
- CPCA has been successful in implementing AB 2053, the sponsored bill that created the consolidated licensing process.

Oral Health

- CaliforniaHealth+ Advocates is partnering with California Dental Association (CDA) and other oral health advocates to support the allocation of Proposition 56 funding for the statewide Dental Director (Dr. Jay Kumar) and State Oral Health Plan related activities.
- CaliforniaHealth+ Advocates is currently tracking nearly a dozen oral health bills, including AB 224 (Thurmond) – Dentisty: Anesthesia and Sedation.
- The Dental Transformation Initiative (DTI): CPCA continues to meet with DHCS to address the unique needs of the safety net clinics regarding the ongoing implementation of the DTI, and in particular Domain 1.

340B

- DHCS proposes budget change with the potential to drastically reduce or eliminate 340B savings.
- DHCS proposes SPA to comply with the federal Covered Outpatient Drug rule. The SPA would increase dispensing fees, require contract pharmacies to dispense Medicaid drugs only as part of an arrangement with the covered entity and the state in order to prevent duplicate discounts.

Behavioral Health

- Proposition 64 represents a significant new funding stream specifically geared toward substance use disorder education, prevention and treatment for youth.
- CPCA is working with a coalition to thoughtfully build consensus around the use of Prop 64 dollars. This committee will discuss proposed principles and priorities for CPCA to bring to the coalition.
- There are significant behavioral health policy changes at the state level. Included in the behavioral health update are information about CPCA's sponsored behavioral health legislation, an update on changes to the Mental Health Services Act regulations, policy changes related to substance use disorder information sharing under 42 CFR Part 2, the Drug Medi-Cal Organized Delivery System Waiver, and the No Place Like Home program that diverts MHSA funds to housing projects for the mentally ill.

Immigration Update

- CPCA has been leading the effort in collaborated with other state PCA's, NACHC, and immigration partners, such as the Nation Immigration Law Center (NILC), to develop an FAQ that provides a detail review on what health centers can do to prepare themselves and their patients for an ICE raid.

- An Immigration workgroup has been created in CPCA to provide members updates on the immigration work we are undertaking and receive input from members on resources, trainings and other technical assistance developed by CPCA.
- CPCA is planning to host trainings in the summer to provide health centers with guidance on how to protect patients, staff and the health center itself from immigration enforcement.

Newly Qualified Immigrant Coverage

- Budget advocacy continues, in close coordination with consumer advocates, to urge legislature to reject the Governor's proposal to implement the Newly Qualified Immigrant (NQI) Wrap.
- While we are working to stop implementation, DHCS does continue to move forward with implementation preparations for 2018.

CALIFORNIA PRIMARY CARE ASSOCIATION

GOVERNMENT PROGRAMS COMMITTEE
January 12, 2017
12:40pm – 1:30pm

Members: Isabel Becerra – Chair, Robin Affrime, Doreen Bradshaw, Cynthia Carmona, Cathy Frey, Rachel Farrell, Ben Flores, Naomi Fuchs, Jane Garcia, John Gressman, Britta Guerrero, Nik Gupta, Sherry Hirota, Erica Jacquez, Constance Kirk, Deborah Lerner, Kevin Mattson, Louise McCarthy, Scott McFarland, Leslie McGowan, Nichole Mosqueda, Amy Moy, Soyla Griffin, Danielle Myers, Joanne Preece, Tim Pusateri, Mary-Michal Rawling, Tim Rine, Deborah Rotenberg, Leslie McGowan, Graciela Soto-Perez, Isabel Becerra, Christina Velasco, Alicia Hardy, Richard Veloz, David Vliet, Christy Ward, Erica Jacquez

Guests: John Severson, Gregory Cramer, Corinne Sanchez, Laura Sheckler, Deanna Stover, Mary Szecsey, Vernita Todd, Tiffany Robertson, Edwin Tan, Karen Lauterbach, Cathryn Hyde, Tiffany Robertson, Jason Vega

Staff: Carmela Castellano-Garcia, Andie Patterson, Deb Roth, Daisy Po'oi, Meaghan McCamman, Liz Oseguera, Ben Avey, Emili LaBass, Meghan Nousaine, Mike Witte, Ginger Smith

I. Call to Order
Isabel Becerra, Committee Chair, called the meeting to order at 12:47pm.

II. Approval of Agenda
A motion was made to approve the agenda with the addition of Behavioral Health update under the Oral Health section. **The motion carried. (Myers, Gupta)**

III. Approval of Minutes
A motion was made to approve the minutes of October 25th, 2016. **The motion carried. (McCarthy, McFarland)**

IV. Year in Review
Meaghan McCamman gave an overview of what we projected in 2015 and what happened in 2016 as it relates to Patient Centered Health Home (PCHH), Health Care Reform Implementation, Managed Care, Mergers and Network Adequacy, Sutter Hospital Partnership, 1115 Waiver, 340B, OSHPD3/Licensing, and Public Health and Prevention. CPCA will continue to work with staff and partners to strengthen these areas as we look ahead into 2017.

V. OSHPD3 & Licensing
Due to the political capital that would need to be expended to form the requisite legislative coalition for exemption, it was recommended and the committee agree to temporarily pause our lobbying effort around OSHPD3. In the meantime, the committee did stress that they want to continue legislative education efforts around OSHPD 3 and continue to use OSHPD 3 as an example that demonstrates how health centers are financially squeezed by state-level regulation. Andie Patterson suggested creating a methodology similar to the one used in the MIP audits for OSHPD3 analysis.

VI. Oral Health & Behavioral Health Update
CPCA continues to work with OHAC Permanent Steering Committee members and Center for Oral Health (COH), our co-managing organization, on rebuilding OHAC. CPCA finished its final year of participation in "Strengthening the Oral Health Safety Net" (SOHSN) Initiative, made possible through funding from the DentaQuest Foundation. This program was designed to increase access to oral health care in partnerships with health centers and Primary Care Associations. This is a natural transition into a new DentaQuest Foundation funded initiative entitled, the "National Oral Health Integration and Innovation Network" (NOHIIN) that is set to begin later this month.

CPCA continues negotiations with DHCS to ensure that FQHCs can serve as Drug Medi-Cal providers and Specialty Mental Health Providers. CPCA developed a draft toolkit with Blue Shield of California Foundation (BSCF), Harbage, and the California Behavioral health Director's Association (CBHDA) to galvanize FQHC/County partnerships. A draft copy of the toolkit can be found in the "resources" section of the Behavioral Health memo. CPCA is also engaging with the California Healthcare Foundation (CHCF), BSCF, and CBHDA to build a statewide coalition around improving the continuum of behavioral health care in California. California was not awarded a CCBHC grant. Prop 54 funds will go towards Substance Use Disorder specifically grants for youth to help with substance abuse.

VII. No Place Like Home

On December 21, 2016 the Department of Housing and Community Development (HCD) released a proposed program framework that outlines the recommended infrastructure for the implementation of the No Place Like Home Act. CPCA will be submitting a comment letter highlighting the work that health clinics do for this population. As part of the application process for the competitive program or alternative process, counties must submit a supportive services plan to HCD. The supportive services offered by the county must include primary care, mental health and substance abuse services, among others. In an effort to gather stakeholder input, HCD is hosting regional stakeholder workshops throughout California. CPCA attended the first regional meeting that was held on January 3 in Sacramento. A link to the schedule of the regional stakeholder workshops is available in the "resources" section of this memo NPLH memo.

VIII. Health Care Reform

Andie Patterson provided an overview of the Health Care 2017 Analysis report created by our California Health+ Advocates team. The report aims to better prepare health centers and California for the potential impacts and the likelihood of the policy as we enter into 2017 under the new administration. CPCA is watching the ACA Repeal and Replace very closely.

IX. Adjourn

The meeting was adjourned at 1:31pm. **The motion carried. (Rine, McCarthy)**

Respectfully submitted,

Daisy Po'oi
Meeting Minutes Recorder

California Primary Care Association

INFORMATIONAL

Date: April 13, 2017

To: Government Programs Committee

From: Emily Shipman, Senior Program Coordinator of Health Center Operations

Re: Licensing & OSHPD3 Updates, AB 2053 Implementation

MEMORANDUM

I. Background

Clinic facility licensing and building standards were identified as persistent challenges for community health centers in California as they continue to grow and expand to meet the needs of their community. In response to those challenges, CPCA formed a Licensing Workgroup to identify problem areas, facilitate ongoing dialog with the California Department of Public Health (CDPH), and support reforms.

II. Strategy Update

A. Licensing

I. Current Strategies for Streamlining and Improving the Process

CPCA continues pursuing our strategy of streamlining and improving the current licensing process. Our work to date has principally been done through technical assistance and quarterly meetings.

- Technical assistance and advocacy for individual health centers will continue. Our ability to work one on one with individual applicants and CAU continues to be the most effective method of moving applications forward and opening new health centers. CPCA has a very good understanding of the licensing process and requirements which allows us to advocate for health centers under a wide variety of unique circumstances.

- Quarterly meetings with mid-level leadership at CDPH are effective as well, but slow. For example, these meetings were instrumental in addressing global issues like Intermittent Clinic provider notification delays and fleshing out the consolidated license notification process, but have not been successful in addressing the application rejection rate. These meetings will continue and we will continue to press our case while monitoring bigger projects like the yet-to-arrive online application.

II. New Strategies for Improving and Streamlining the Process

Despite individual successes, CPCA's approach with CDPH's Central Applications Unit comes with mixed results. We have been successful in helping health centers navigate the complex

processes with technical support and have implemented some new processes around intermittent clinics and consolidated licenses, but the comprehensive change we aim to achieve is slow going. As such, we are adding new strategies to our work to be more effective.

- Survey to fully understand the scope of the issues. We are working with the Licensing Workgroup to develop a survey that captures the global challenges with licensing. Because every application is so unique, we cannot capture a single cause of application rejection rates. Our goal is to capture the overall effect, and work from there to identify and address the elements that are causing the bulk of delays and issues.

- Meeting with CDPH Director Karen Smith. Dr. Smith helped us initiate conversations with CAU two years ago but the weight she gave to the meetings has faded and conversations are slowing. At this time, we believe it is necessary to consider a meeting with Dr. Smith to share our progress (AB 1130, AB 2053, technical assistance) and discuss outstanding issues that have not been addressed, including application denials, site visit delays, and an overly complex application process that does not benefit patients. If we do not see meaningful progress by the next quarterly meeting, we will explore the meeting with Dr. Smith.

- Exploring legal options. During our most recent meeting with the Licensing and Certification leadership at CDPH, we were informed of some progress on initiatives that show promise in addressing some of the identified issues with the licensing process, including: the automated electronic application to replace the current paper-based system; addition of more staff analysts to assist with application review; consolidation of district office functions; and a commitment to transparency and responsiveness, expressed by the new leadership. While the new leadership has acknowledged that many of the changes and process improvements currently underway will require some patience on our part to really take hold, their office does need to honor legally mandated deadlines for application reviews and site visits, despite other departmental priorities and workload challenges Members' responses to the licensing survey will be critical in helping CPCA to obtain the data we would need to pursue further legal strategies to ensure applications are processed and licenses issue within the mandated timeframes.

Staff is currently working on developing a comprehensive OSHPD 3 survey, as part of the larger licensing survey that will help demonstrate the specific impact of the requirements as compared to a non-OSHPD 3 certification. The survey will look at architecture, mechanical, plumbing, and electrical. This data will supplement the anecdotal stories we have used in the past to explain the negative impact of OSHPD 3.

We believe this data will be very important if we are going to be successful in addressing this issue long term. With that being said, getting this data will not be easy and will likely require significant time and resources to complete. We wish we could avoid this burden, but at this point that isn't

possible if we want to be successful. As such, we respectfully request your assistance, working with your facilities team, to complete the survey.

The drafted survey has been shared with the Licensing Workgroup for comment and will be released May 15th.

III. Assembly Bill 2053 Implementation (consolidated licensing)

Assembly Bill 2053 by Assemblymember Lorena Gonzalez (D-San Diego) was passed by the state legislature and signed into law by the Governor in 2016. Effective January 1, 2017, health centers were authorized to add an additional physical plant to a parent health center license, so long as the new physical plant is maintained and operated by the same health center, is OSHPD 3 compliant, and is located within one half mile of the parent facility, among other rules.

Health centers attempting to implement this process faced roadblocks from the Central Applications Unit due to their misunderstanding of the bill and its requirements. For example, CAU erroneously stated that an HS-200 (Application for Licensing and Certification) would be required as a part of the notification package. After several conversations with CAU leadership and their policy unit, we all agreed that the HS-200 was not required and other roadblocks were addressed.

While our lines of communication will remain open to address issues that will likely arise for the first few health centers who go through the process, CAU has provided tacit approval of our Consolidated License Tool Kit for health center use.

For more information on how to take advantage of AB 2053, please reach out to Emily Shipman, eshipman@cpca.org.

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INFORMATIONAL

Date: April 24, 2017

To: Government Programs Committee

From: Emili LaBass, Senior Program Coordinator of Health Center Operations and Beth Malinowski, Deputy Director of Government Affairs

Re: Oral Health Update

MEMORANDUM

Oral Health Legislation

Tobacco Tax Initiative (Prop. 56) Funding

CaliforniaHealth+ Advocates is partnering with California Dental Association (CDA) and other oral health advocates to support the allocation of Proposition 56 funding for the statewide Dental Director (Dr. Jay Kumar) and State Oral Health Plan related activities. While the measure intends for a portion of tax revenues to support dental care and for $30 million to be dedicated for the prevention and treatment of dental disease, including that caused by tobacco products, advocacy is needed to guarantee that Dr. Kumar and his team has the needed flexibility to administer these funds. The $30 million, to be administered by Dr. Kumar and the Oral Health Program, have the potential to represent the first substantial investment in oral public health in decades. With this in mind, CaliforniaHealth+ Advocates is working with CDA and others to support the development of statutory language that will ensure the needed flexibility is provided to properly and successfully disperse funds. CaliforniaHealth+ Advocates recently signed a coalition letter (see resource section) to protect these oral health dollars.

In addition to the Prop. 56 funding to support the Oral Health Plan, there is additional commitment for tax revenue to support dental care through a subset of funding that will be provided to the Department of Health Care Services. A number of legislators and special interests have come forward to express their intent for these funds. We are tracking these conversations closely and in regular communication with CDA. As we monitor these developments, we have no taken a position on any of the legislative proposals that relate to this portion of the Prop. 56 funding, including AB 753 (Caballero) or AB 15 (Maienschein).

Oral Health Legislation

CaliforniaHealth+ Advocates is currently tracking nearly a dozen oral health bills (see resource section). The Oral Health Bill tracking report has been shared with Dental Directors Peer Network and we have requested/received feedback on AB 224 (Thurmond) – Dentisty: Anesthesia and Sedation. While we have not taken a formal position of AB 224, Advocates has met with the author to express member concerns, including a concern that new sedation recommendations for pediatric dental patients, if

required, could reduce access to certain oral health services. Assemblymember Thurmond has request that we submit additional information regarding dental procedures currently provided to pediatric patients in the health center setting that may require sedation and greater information on our dental referral partners. Please email Emili LaBass, at elabass@cpca.org, to share how your health center uses anesthesia and sedation with your pediatric dental patients.

We are also watching closely AB 1277 (Daly), a bill that would require the Dental Board to amend regulations on the minimum standards for infection control in irrigation and waterlines utilized for dental procedures. We are currently analyzing this bill for health center impact.

Dental Transformation Initiative (DTI)

Up to $148 million per year over 5 years – totaling $740 million

Within the Medi-Cal 2020 Waiver, the Dental Transformation Initiative (DTI) represents a critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. CPCA continues to meet with DHCS to ensure active clinic participation in the DTI.

Updates on Domains 1

CPCA continues to meet with DHCS to address the unique needs of the safety net clinics regarding the ongoing implementation of the DTI, and in particular Domain 1. At the urging of CPCA and its health center partners, DHCS recently conducted an instructional webinar to address the billing mechanism by which health centers will need to electronically submit claims to the fiscal intermediary Delta for purposes of receiving incentive payment. FQHCs will also have the option of submitting a paper Treatment Authorization Request (TAR) claim form. DHCS, Delta, and CPCA continue to communicate regarding ongoing technical assistance issues and all questions regarding the DTI should continually be directed to DTI@dhcs.org.

CPCA is working on a Fact Sheet regarding the claim submission process that is currently under review with DHCS. A draft of that Fact Sheet is available as an attachment to this memo. Additional questions and concerns regarding this fact sheet and the DTI in general should be directed towards Emili LaBass at elabass@cpca.org.

Update on Domain 2

DHCS is working with a dental advisory group led by the state dental director, Dr. Kumar to finalize a standardized Caries Risk Assessment (CRA) tool and associated training materials to be utilized in Domain 2. Dentists from the eleven pilot counties wishing to participate in Domain 2 will be required to attend a training course in how to use the CRA Tool which is available from the California Dental Association (CDA).

Update on Domain 4 – Local Dental Pilot Programs (LDPP)

DHCS has selected the 16 LDPP applications it will fund through the DTI. Of the 16 applications, 12 are county, county run commissions, or are a consortium of counties and cities, 2 are academic institutions, and the last is the California Rural Indian Health Board. In a recent survey of members, health centers in several counties indicated they would be participating entities in the LDPP. CPCA is currently conducting more outreach to survey what this participation entails and encourages all health centers who are listed as participating entities to reach out to Emili LaBass, at elabass@cpca.org.

California Oral Health Network

In fall 2016, DentaQuest Foundation released the results of its Oral Health 2020 California Oral Health Stakeholder Survey. The survey results provided four key takeaways:

(1) Facilitating and sustaining collaboration are ~~a~~ key in unifying the voice of oral health;
(2) Center for Oral Health, California Pan-Ethnic Health Network, as well as California Primary Care Association, were among the organizations highlighted for their ability to coordinate efforts across the state;
(3) Stakeholders are overwhelmingly committed to statewide collaboration; and
(4) Stakeholders were most interested in one organization to coordinating efforts statewide.

With this as a backdrop, CPCA, working with the Center for Oral Health (COH) and interested OHAC Permanent Steering Committee members, engaged in robust dialog to determine how OHAC should approach future DentaQuest funding opportunities. CPCA and COH made the strategic decision to meet with CPEHN's Executive Director, Sarah de Guia, to gauge CPEHN's interest in partnering with CPCA and COH for future funding opportunities. While CPEHN declined the opportunity to jointly apply, they did chose to apply on their own.

In March, CPCA submitted an application for an oral health grant jointly funded by the DentaQuest Foundation and the California Wellness Foundation. While CPCA was the lead applicant, our proposal featured a commitment to continue partnering with COH. This grant would provide up to three years of continuous funding for an entity to coordinate a statewide oral health coalition – the California Oral Health Network.

On April 21st, CPCA received notification from DentaQuest and Cal Wellness that CPEHN was awarded the grant for the California Oral Health Network. In addition to CPCA, the other applicants that were not selected include UCSF and Public Health Institute (PHI).

The Foundation staff emphasized that all four proposals were very strong and that the decision was very challenging. In the end, CPEHN's expertise and experience around health equity, diversity and inclusion, consumer advocacy, and coalition-building were identified as critical and priority strengths that tipped the scales in CPEHN's favor. In 2015, as part of the foundation's Oral Health 2020 initiative's Grassroots Engagement Initiative, CPEHN joined with the DentaQuest Foundation in a nationwide effort to improve oral health equity for California's low-income communities and communities of color.

We expressed our understanding of the decision and confirmed that we are very supportive of CPEHN's work, have collaborated multiple times in the past with CPEHN, and look forward to continuing to play an important role in efforts to support and advance oral health in California

Foundation staff also praised the strength of our submission and noted that CPCA and the Center for Oral Health (COH), co-manager of OHAC, have been critical players in advancing oral health in the state, and they were very appreciative of our openness to working with and supporting CPEHN as the facilitative entity for the new statewide network. In the coming weeks, CPCA staff aim to discuss with COH and OHAC permanent steering committee (PSC) members the best way to support the new network. While the OHAC PSC and co-managing organizations are yet to discuss the full implications of this funding decision on the future of OHAC, CPCA staff believe dismantling OHAC is the best

direction at this time. Additionally, we will look for opportunities to fold OHAC elements, where appropriate, into the new CPEHN-led network. CPCA staff are committed to continuing our long history of collaboration and guaranteeing that the health center voice is prominently featured in this new collaborative.

The need for a California Oral Health Network emerged from a nationwide conversation on oral health, which acknowledged that the system of healthcare we have in place today is not working for people's overall health and wellbeing, and that it is time to work together to build a new future. The network will enable agents of change – including policymakers, providers, public health activists, and grassroots organizers - to come together to create the changes we want to see and advance our shared oral health goals.

Resources

- Tobacco Tax Initiative Funding For the State Oral Health Plan – Coalition Sign-On Letter http://cpca.org/cpca2013/assets/File/Policy-and-Advocacy/Resource%20Page/Prop56_Oral%20health_Coalition%20Support%20letter.docx
- Oral Health Bill Tracking Report http://cpca.org/cpca2013/assets/File/Policy-and-Advocacy/Resource%20Page/2017_04_26_Oral%20Health%20Bill%20Report.pdf

California Primary Care ASSOCIATION

DISCUSSION

Date: April 18, 2017

To: Government Programs Committee

From: Deb Roth, Staff Attorney

Re: 340B Update

MEMORANDUM

I. DHCS Budget Proposal

When the Governor released his budget in January of this year, a proposal to change the 340B reimbursement methodology was contained in supplemental budget documents released by the Department of Health Care Services (DHCS).

> **340B Drug Billing Requirements. The Department proposes clarifying statutory provisions related to the use of and reimbursement for drugs purchased under the 340B program in Medi-Cal. Existing statute requires 340B entities that provide drugs to Medi-Cal beneficiaries to use only drugs purchased under the 340B program and bill at their actual 340B acquisition cost plus any applicable dispensing fee. The Department is proposing clarifying language that explicitly applies these requirements to both Medi-Cal FFS and Medi-Cal managed care.**

DHCS provided the above description of the proposal, but not the actual statutory language. After several inquiries and a meeting with DHCS, staff believes the intent of the Department is to require in managed care Medi-Cal the same 340B reimbursement methodology as is required in FFS- Actual Acquisition Cost (AAC) plus a dispensing fee. The effect of the policy is meant to lower the cost of drugs for the state.

The likely impact of such a policy change on health centers and other 340B covered entities is to completely eliminate the "price spread," which is the amount a health center receives in savings after factoring in costs such as third-party vendor fees and other compliance costs. If the spread becomes zero (or even worse, a negative number) there is little incentive for many FQHCs to participate in 340B. This could lead to health centers dropping out of the 340B program in Medi-Cal managed care. The worst outcome would be the millions of dollars that will be lost to the community health center system. A recent survey concluded that at least $44M will be lost at 35 health centers. Staff believes the impact will be far greater than this.

Advocates staff does not view this proposal as "clarifying," but rather as a significant expansion of the existing state law. Staff is working with a coalition of other 340B covered entities (e.g. CHA, CAPH, PPAC) to communicate to legislators the unfortunate consequences to the safety net if the Administration secures passage of the proposal. There is still no language other than the description of the proposal we reviewed in January and we anticipate proposed statutory language by the time of the May Revise. There is also no budget savings associated with the proposal yet. The State does intend for the proposal to be effective in July.

The week of April 24, Advocates submitted a letter to DHCS outlining our opposition to the proposal. A copy of the letter will be circulated to the Committee.

II. 340B Medicaid State Plan Amendment (SPA)

Separate from the proposed budget change, DHCS recently proposed a SPA intended to implement portions of the federal Covered Outpatient Drug Rule (CODR), which was released February 1, 2016. Although the primary focus of the CODR is not 340B, there is a 340B provision requiring the state to develop for FFS Medi-Cal an AAC reimbursement methodology. California did this in 2009, even before passage of the federal Affordable Care Act (ACA). The ACA was the genesis of the new CODR. The CODR 340B language also permits contract pharmacies to use 340B drugs for Medicaid prescriptions if the covered entity, contract pharmacy, and state Medicaid agency "have established an arrangement to prevent duplicate discounts."

The SPA must be submitted to CMS no later than June 30, 2017, with an effective date of April 1, 2017. DHCS has set a May 14th deadline for public comments and CPCA staff will circulate draft comments to the 340B Peer Network in advance of that date.

As part of the process required by the CODR, DHCS has proposed, based on a survey conducted by Mercer last fall, that dispensing fees be changed. The current dispensing fee is $7.25 per prescription. As proposed, the new "professional dispensing fee" will be based on annual claim volume, Medicaid and non-Medicaid, as follows: a $13.20 fee for less than 90,000 claims annually and a $10.05 fee for 90,000 or more claims annually.

III. Resources

- The proposed SPA can be found here under SPA 17-002.

DISCUSSION

Date: April 19, 2017
To: Government Programs Committee
From: Meaghan McCamman, Assistant Director of Policy, Elizabeth Oseguera, Senior Policy Analyst, Allie Budenz, Associate Director of Quality Improvement
Re: Behavioral Health Update

MEMORANDUM

I. FQHC Participation in Drug Medi-Cal and Specialty Mental Health (SB 323)

Starting in 2014, A&I indicated that they had re-interpreted WIC §14132.100 to prohibit FQHCs from receiving reimbursement outside of the PPS rate for any services except pharmacy and dental. In order to ensure that FQHCs are able to continue to provide a full spectrum of behavioral health services for Medi-Cal beneficiaries, Senator Holly Mitchell has authored SB 323, sponsored by CPCA and CCALAC. This bill will clarify that FQHCs may continue to provide specialty mental health (SMH) services as a contracted provider with County Mental Health Plans (MHP), and may continue to provide Drug Medi-Cal (DMC) services as a DMC enrolled provider. This bill also clarifies that, if the FQHC elects reimbursement for SMH or DMC via the county MHP or DMC program, the costs of providing those services must be carved out of the PPS rate. Under this bill, FQHCs will continue to be able to elect to provide a full spectrum of behavioral health services as a part of their PPS rate if they so choose. CPCA continues to meet with DHCS to negotiate the details of the requirement to carve out the cost of DMC and SMH services if FQHCs elect the carve-out option.

II. Behavioral Health Policy Internal Engagement

CPCA has historically had a Behavioral Health Peer Network (BHPN) and a Behavioral Health Workgroup (BHWG). With overlapping membership and no clear charter for either group, these avenues for CCHC engagement have not been fully leveraged. CPCA behavioral health staff proposes a clear structure for BH engagement, and encourages all CCHC staff with an interest in BH to join the appropriate BH group.

A) Behavioral Health Peer Network

The BHPN is comprised of Behavioral Health Directors, Behavioral Health Clinicians, and others who work directly in the BH field. This group meets quarterly for face-to-face meetings with a call-in option, and is meant to facilitate peer-to-peer networking and provide opportunities for mentorship. The BHPN is focused on the clinical and programmatic aspects of delivering BH services at CCHCs.

B) Behavioral Health Workgroup

The BHWG allows CCHC staff from all aspects of the organization to weigh in on behavioral health policy at the state and federal level. This group is responsible for reviewing and recommending positions on BH legislation and regulation, providing guidance and feedback to CPCA staff on the role of CCHCs in the BH delivery system, and

engaging in BH advocacy. The BHWG will meet quarterly for 1 hour via phone following the conclusion of the BHPN meeting, and will convene via conference call on an as-needed basis to discuss and provide feedback on timely BH policy issues.

III. 42 CFR Part 2 Final Rule

The Department of Health and Human Services Substance Abuse and mental Health Services Administration (SAMHSA) issued a Final Rule updating title 42 of the Code of Federal Regulations part 2 (42 CFR part 2), the federal substance use disorder confidentiality regulations. The Final Rule was published on January 18, 2017 and was included in the Trump administration's 90-day freeze issued on January 20, 2017 for all new and pending regulations. The Confidentiality Rule is scheduled to go into effect March 21, 2017.

SAMHSA clarifies that the "Part 2 program" definition applies to a *federally assisted program that holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment.* Community Health Centers and FQHCs are considered "general medical care" facilities. Therefore, primary care providers or other staff who work in such facilities would only meet Part 2's definition of a program if:

- they work in an identified unit within such general medical facility that holds itself out as providing, and provides, substance use disorder diagnosis, treatment or referral for treatment; and/or
- the primary function of the provider within the practice is substance use disorder diagnosis, treatment or referral for treatment and they are identified as providers of such services.

SAMHSA did not propose a definition of "primary function" and remained consistent with previous guidance related to the intention of "holds itself out". "Holds itself out" means any activity that would lead one to reasonably conclude that the individual or entity provides substance use disorder diagnosis, treatment, or referral for treatment.

SAMHSA clarified that holding a waiver to prescribe buprenorphine or holding a waiver and prescribing buprenorphine as part of primary care practice does not lead to categorical inclusion of providers in the definition of a part 2 program; such determinations are fact-specific and must be weighed in light of other qualifying criteria. Additionally, a health care provider that does not otherwise meet the definition of a part 2 program would not become a program simply because they provided SBIRT within the context of general health care.

CPCA has compiled a comprehensive list of resources regarding 42 CFR Part 2, including helpful guidance from the Legal Action Center, that can be found on the CPCA website.

IV. No Place Like Home (NPLH)

In January the Department of Housing and Community Development (HCD), who will be administering the No Place Like Home initiative, asked stakeholder to comment on their proposed program framework. CPCA was successful in ensuring that the No Place Like Home competitive application includes a requirement that the residents of permanent supportive housing supported under this funding stream be linked to a primary care medical home. Under

resources please find CPCA's comment letter where we thank HCD for recognizing the importance of linking residents with medical care.

HCD has released a notice of funding availability (NOFA) to award funds for technical assistance to counties who are applying to the No Place Like Home program. These funds are to be used for planning, design, application for, and implementation of, an NPLH project.

Additionally, CPCA attended HCD's first Advisory Committee meeting in late March. During the meeting HCD shared their plan to release draft guidelines for the NPLH program in April, thus far nothing has been released. CPCA will work with the Behavioral Health Workgroup to submit a comment letter once these guidelines become available. The next meeting is tentatively scheduled for May 18 1-4 p.m. CPCA continues to be engaged in the developing of the NPLH program by attending meetings and engaging in stakeholder input.

As the program rolls out, CPCA will keep members apprised through the Behavioral Health Directors Peer Network and the Behavioral Health Workgroup. For more information about the NPLH program please contact Liz Oseguera at liz@healthplusadvocates.org.

V. Mental Health Services Act (MHSA)

CPCA is making a concerted effort to engage the Mental Health Services Oversight and Accountability Commission (MHSOAC) in order to build greater synergy between CCHC BH and County BH, and to ensure that the state is properly leveraging funding available under the Mental Health Services Act. Tobey Ewing, the new Executive Director of the MHSOAC, attended the March BHPN meeting to meet with CCHC BH Directors and discuss his vision for the future of the MHSA. Highlights from the discussion include:

- MHSA Innovation funding is intended to disrupt the system and infuse resources to pilot collaborations that de-silo systems and build stronger relationships between non-traditional service providers. The OAC is in the process of revising the Innovation regulations to push counties toward utilizing these funds to drive greater innovation in the future.
- The OAC is the approving body for County Innovation funds. Their aim is to "identify who/what is going to do for MH innovation what Air BNB did for hospitality or Uber for transportation."
- CCHC leaders within the peer network were able to articulate the important role that FQHCs play in the BH delivery system. Attendees made the point that FQHCs are able to use MHSA funds more cost effectively than MHP's because we work within preventative models and do not have the overhead of county systems.
- One big challenge is that MH innovations occur inside and out of MHSA funding; how does the state learn/share about innovative practices that occur outside of MHSA funding?
- Areas of Opportunity for CCHCS to get involved:
    - OAC Policy Research projects
        - These are 12-18 month long research projects driven by commissioner interest areas. Intended to provide commissioners with the opportunity

to listen and learn from the public to shape the OAC's agenda and potentially endorse best practices.

- Regulation Revision – Prevention and Early Intervention (PEI) & Innovation
  - The OAC has created a subcommittee that is tasked with revising its PEI and Innovation regulations to accommodate the needs of very small counties (counties with a population of 100,000 or less). The recommended change would allow very small counties to report data on a countywide level, instead of by program. CPCA will be drafting a comment letter on these changes and seeking member feedback from the Behavioral Health Workgroup.
  - The OAC is also looking to create a pilot program for the eight smallest counties in California to help remove bureaucratic barriers in spending MHSA funding. This would include allowing aggregated reporting for MHSA programs and enabling counties to spend MHSA funds according to the needs expressed by stakeholders. CPCA has requested that the OAC ensure that all the needed stakeholders, including health centers, are included in these discussions by creating an efficient system for tracking this information. CPCA has reached out to the Behavioral Health Workgroup for input on this proposal.
- MHSA Fund Reversion
  - The OAC has created a subcommittee to look into how DHCS should began to apply the statutory requirement of reverting MHSA funds back to the state if counties did not spend the funds within 3 years. As part of the recommendations, the OAC would like to extend the 3 year reversion requirement to five years for very small and small counties. More information can be found under resources. CPCA will continue to gather member input as this moves forward.

VI. County Partnership Development

CPCA, in partnership with the Blue Shield of California Foundation and Harbage Consulting, has developed a toolkit for FQHC/county partnership. The toolkit is still in draft form and is being edited jointly by CBHDA and CPCA staff. Our hope is to co-brand and jointly publish the FQHC/County Partnership toolkit between CPCA and CBHDA.

VII. Drug Medi-Cal Organized Delivery System Waiver (DMC – ODS)

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a pilot program to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with a Substance Use Disorder (SUD). The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for SUD treatment services. DHCS began implementation following CMS approval of the DMC-ODS waiver on Aug.13, 2015.

Eleven counties have submitted and had DHCS approved implementation plans. In addition, CMS has approved the state-county contract, certified public expenditure protocol and UCLA evaluation design. DHCS has executed contracts with three counties, including Marin, Riverside, and San Mateo.

VIII. Resources

- Testimony of Toby Ewing, Executive Director, MHSOAC, before the Little Hoover Commission, May 26, 2016
  http://www.lhc.ca.gov/studies/activestudies/mentalhealthservicesactcheckup/May2016Hearing/WitnessTestimony/EwingMay2016.pdf
- Legal Action Center overview of 42 CFR Part 2
  https://lac.org/wp-content/uploads/2017/02/Part-2-Final-Rule-Summary.pdf
- CPCA's Comment Letter to HCD's Framework Paper on NPLH
  http://cpca.org/cpca2013/assets/File/Policy-and-Advocacy/Resource%20Page/2017_04_18_Final%20Comments%20Ltr_HCD.pdf
- OAC's Recommendations on MHSA Reversion
  http://www.mhsoac.ca.gov/sites/default/files/documents/2017-03/FRP_Mental_Health_Services_Act_Fiscal_Reversion_Policy_Reconsidered_Discussion%20Draft_03202017.pdf

California Primary Care ASSOCIATION

INFORMATIONAL

Date: April 26, 2017

To: Government Programs

From: Elizabeth Oseguera, Senior Policy Analyst

Re: Immigration Update

MEMORANDUM

Due to the current political climate surrounding immigration, many CPCA members have conveyed the anxiety and mental distress that patients and staff are experiencing due to fear of deportation for themselves or a loved one. Additionally, CPCA members have seen an increase in patients canceling appointments and asking to be unenrolled from public benefit programs like Medi-Cal. Concerns about federal immigration policy have resulted in a significant increase in state activity and necessitated extensive CPCA involvement on the issue.

I. Federal Immigration Update: Litigation Surrounding Executive Orders on Immigration

Several executive orders (EO) have been issued by Donald Trump since he took office in January. Many of them are related, directly or indirectly, to immigration issues, and some have already led to litigation.

Travel Bans.

The initial travel ban EO, asserted by the president as protection from terrorism, was signed on January 27, 2017. The order was perceived by many as a ban on people of the Muslim faith. Within days litigation was filed in several states challenging the order's constitutionality and within a week a nationwide restraining order was in place.

On March 6, 2017, a revised executive order was released and the revised order formally revoked the first order. California joined a lawsuit with Washington, Massachusetts, New York, and Oregon challenging the travel ban. The California Attorney General's Office (AG) is gathering evidence of harm to California businesses, such as health centers, and has asked CPCA to help gather information for this lawsuit. You may have received an email from CPCA President and CEO Carmela Castellano-Garcia about this. Please send your responses to Liz Oseguera at liz@healthplusadvocates.org. If you have not received the email or if you have questions, Liz will be able to assist you.

Sanctuary Jurisdictions

An executive order signed on January 25, 2017 and aimed at "Public Safety in the Interior of the United States" raises the issue of sanctuary jurisdictions. Among other things, this order eliminates federal grant funding for a sanctuary jurisdictions, except for federal law enforcement funds.

The funding withhold has been challenged in federal court by Santa Clara County and by the City and County of San Francisco. On April 25, 2017 U.S. District Judge William Orrick issued the preliminary injunction that blocked President Donald Trump's attempt to withhold funding from "sanctuary cities," saying the president has no authority to attach new conditions to federal spending. The injunction will prevent the administration from implementing the executive order while the lawsuits work their way through the judicial system.

I. State Legislative Update

CPCA is closely monitoring legislation that impacts immigrants and is working with our immigrant partners to support policy that ensures California has in place the proper safe guards to prevent patient information collected by a health center or public benefit programs from being shared with immigration enforcement. SB 244, introduced by Senator Lara, helps to accomplish this goal.

SB 244 (Lara) would prohibit state and local agencies, including contractors who administer public services or programs, from collecting, recording or disclosing personal information from an applicant whose applied for public services (including health care) unless the disclosure is (1) required to administer the requested public services or programs, (2) otherwise required by law (same issue as CMIA), (3) through a court order, or (4) provided upon receipt of a signed consent form by the applicant. SB 244 (Lara) reinforces "good government" principles (some of which are already codified in federal and/or state law) by ensuring that agencies elicit and record only the information necessary to administer a program or service, and disclose the information only for the purpose of administering the program or service.

Information on additional immigration bills that CPCA is tracking can be found in the resources section below.

II. CPCA Strategy to Address Immigration Issues

To help address these concerns CPCA has been working diligently to develop materials that provide information on the legal rights of clinics, and their patients, in regards to Immigration enforcement.

Immigration Resources for Patients and Clinics

To help provide immigration resources to our members, CPCA has been leading an effort in collaboration with other state PCAs, NACHC, and immigration partners such as the National Immigration Law Center (NILC), to develop materials that can help health centers prepare themselves and patients for an encounter with immigration enforcement. Through this effort CPCA has been working with the Feldesman Tucker Leifer Fidell law firm (FTLF) to develop an FAQ that will answer many of the questions health centers have around immigration. The final FAQs will be provided as a handout during board and committee meetings and will also be available on CaliforniaHealth+ Advocates immigration resource page (http://capca.nationbuilder.com/immigrant_resources).

CPCA is also working with health centers to create sample policies and procedures and signage, such as videos for the waiting area, that can be used by a clinic to insure proper safeguards exist if immigration enforcement were to show up. CPCA will also host a webinar series on immigration issues starting in May. More information can be found in the Training section below.

Immigration Workgroup

CPCA has created an Immigration workgroup to provide members updates on the immigration work CPCA is undertaking and receive input from members on resources, trainings and other technical assistance developed by CPCA. This is also a great space for members to share the resources they've gathered/produced and to ask any questions that may be coming up for clinics and their patients.

Please contact Daisy Po'oi at daisy@healthplusadvocates.org if you would like to join the workgroup.

Upcoming Immigration Trainings for Members

Members have asked for trainings that provide guidance on the steps health centers can take to prepare themselves against an ICE raid. These trainings will start by providing an overview of the FAQs and the current protections that exist for health centers and patients. We will then move into more specific information, including how to read warrants / court orders, the Do's and Don'ts when writing policies and procedures, and different messaging strategies and techniques clinics can use to ease the fear patients have for seeking services. Below is a list of webinars being planned:

1. Immigration 101 (Late May)
   **Audience: Any clinic staff interested in learning more

2. Overview of Policies and Procedures for Health Centers (June)
   **Audience: clinic staff that are working / looking into creating policies and procedures that will help the clinic be prepared for an encounter with immigration officials.

3. Immigration Liaison Training for Clinic Staff (June)
   ** Audience: Immigration Liaisons in clinics

4. Messaging Strategies and Techniques for Patients (July)
   **Audience: Immigration Liaisons and advocacy / training staff.

III. Resources

- Handout: FTLE FAQs for Health Centers
- Immigration Bill List – April 26, 2017 - http://www.cpca.org/cpca2013/assets/File/Policy-and-Advocacy/Resource%20Page/2017_04_26_Immigration%20Bill%20List.pdf

INFORMATIONAL

Date: April 18, 2017

To: Government Programs Committee

From: Jana Castillo, Project Coordinator, and Beth Malinowski, Deputy Director of Government Affairs

Re: Newly Qualified Immigrant (NQI) Wrap Update

MEMORANDUM

NQI Legislative Update

What is the Newly Qualified Immigrant Benefits and Affordability Program Proposal?
Immigrant adults who have been in the country for less than five years are barred from receiving federal Medicaid benefits, but are eligible for state-funded Medi-Cal benefits if they meet income eligibility requirements. In 2014, California included "newly qualified" immigrant adults subject to the five-year bar as part of the Medi-Cal expansion using state funding. The Governor's proposed budget plans to transition these patients to a Qualified Health Plan in Covered California, with the state providing premium and out-of-pocket payment assistance and wraparound benefits. Patient groups have opposed this proposal in the past because the cost savings would come at the expense of the patient's health and wellbeing. Those concerns remain. The Medi-Cal program is better suited to serve the needs of low-income immigrants due to Medi-Cal provider's focus on culturally competent care that puts a premium on understanding the patients' language, culture, and individual needs. If beneficiaries are transitioned, it is likely they will lose that support when they transition their care from a fully integrated FQHC to a private practice provider affiliated with a Covered California health plan. While it is unclear how many health center patients will be impacted at this time, more than 83,000 low-income immigrants could be impacted.

Advocacy Efforts and Message
CaliforniaHealth+ Advocates continues to coordinate advocacy with those efforts being led by California Pan-Ethnic Health Network (CPEHN) and Western Center on Law and Poverty (WCLP). We are proud that dozens of health centers signed onto a broad coalition letter asking the legislature to stand-up to the Governor and oppose the proposal to expand and implement the NQI Wrap. This letter, submitted in March, lays out a core argument rooted in our state's history of (1) supporting immigrant communities, (2) prioritizing consumer protections, and (3) maintaining continuity of care. The letter, as well as our in-person advocacy, also highlighted the current environment and the heightened fear and confusion that exists for our immigrant families.

While our respective organizations were previously holding separate legislative visits, we are now meeting together with key legislators and their staff. As we seek a clear legislative champion, attention is now being focused on Assemblymembers Ting and Arambula as well as Senator Pan. Budget Chairs are also being engaged.

Leading up to the May Revise, our consumer advocates will be launching a social media campaign to increase public awareness and push California legislature to standup to the Administration's plan to compromise the health wellbeing of over 80,000 Californians. We look forward to engaging in this campaign and encourage you to participate. We are also coordinating district meetings with the legislative targets referenced above. Members interested in engaging more directly in this effort are encouraged to join our ongoing NQI Wrap Call currently scheduled for Thursday's at 3:00. To register, please email Kelley at kelley@healthplusadvocates.org.

Member Request: We urge health centers to collect and share patient stories to increase our efforts to push back against the Administration's strong interest in advancing the NQI wrap, Please send all NQI-related stories to Jana at jcastillo@cpca.org

NQI Implementation

While the budget advocacy continues, with the goal of continuing to delay or stopping implementation, the Department of Health Care Services (DHCS) continues to move forward with their currently scheduled Implementation timeline, including an implementation start date of January 1, 2018. Consumer advocates and health centers remain concerned with the administrative complexity of the program. In particular, we are concerned that this vulnerable population, with limited English language skills, are going to be challenged to navigate the multiple enrollment and renewal processes and will unintentionally fall out of coverage. And, for those able to navigate the system and maintain coverage, we continue to be concerned that this coverage will not translate into timely access to culturally competent care.

Resources

- NQI Budget Advocacy – Coalition Sign-On Letter - http://cpca.org/cpca2013/assets/File/Policy-and-Advocacy/Resource%20Page/NQI%20Sign-On%20letter_%203_17_17.pdf

Legislative Committee

Thursday ~ May 4, 2017
10:10 a.m. - 12:00 p.m.
Kerry Hydash, Interim Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Kerry Hydash	A
II. Approval of Agenda	• Executive Summary	Kerry Hydash	A
III. Approval of Minutes	• January Meeting • March On-Line Meeting • April On-Line Meeting	Kerry Hydash	A
IV. Federal Update ○ Federal Political Landscape ○ Federal Budget Process Review ○ American Health Care Act (ACHA) and ACA Repeal Efforts ○ Health Center Funding Cliff and P&I Debrief	• Federal Advocacy Memo	Angie Melton Andie Patterson	D
V. 2016-17 State Legislation Update	• Political Landscape – *Verbal Update* • CPCA Sponsored Bills and Bills of Interest Report • Analysis AB 387 (Thurmond) and AB 224 (Thurmond) • Analysis - SB 562 (Lara/Atkins) The Healthy California Act • Bill Tracking Report with CPCA Staff Recommended New Positions and Recommended Change in Positions	Burt Margolin & Christy Bouma Beth Malinowski Meaghan McCamman Beth Malinowski	D I D D A
VI. CA FY 17-18 State Budget	• State Budget Advocacy Update	Beth Malinowski	D
VII. Advocacy and Communications	• Advocacy Update • Communications/Social Media Update	Andie Patterson Kearsten Shepherd	I I
VIII. Adjourn		Kerry Hydash	A

California Primary Care Association

Executive Summary

Date: April 27, 2017

To: Legislative Committee

Federal Landscape

- The Republican controlled Congress is still working to repeal the ACA, and the McArthur Amendments are the latest attempt to help secure sufficient votes.
- The ACA repeal legislation dismantles the Medicaid Entitlement Program and creates the option for block grants.
- CPCA staff have developed internal principles to discuss block grants or per capita caps.
- A subset of Republican Governors submitted a proposal to Congress with ideas for how to reform Medicaid, which included changes to PPS.
- In March new HHS Secretary Price and CMS Director Verma circulated a letter to Governors pledging to be more flexible with states.

State Legislation

- CPCA is currently monitoring over 200 pieces of legislation including two sponsored bills, SB 323 (Mitchell) and SB 456 (Pan). Please see the bill tracking report to see the full list of bills we have taken positions on or are on our watch list.
- With significant member interest on two bills being authored by Assemblymember Thurmond, AB 244 (dental anesthesia) and AB 387 (minimum wage for trainees) and one bill co-authored by Senator Lara and Senator Atkins, SB 562 (The Healthy California Act, which would provide single-payor health care coverage to every person in California), we have provided memos including bill analysis, CPCA activity to date and recommended positions.
- Based on member dialog and after analyzing new bills and bill amendments CPCA is recommending new positions on over a dozen bills.

CA FY17-18 State Budget

- CPCA is currently monitoring advocacy on the
  - 340B Drug Discount Program: Protect our patient's access to discount drugs, pharmacy networks, and other health center programs that are funded by 340B program savings, by asking the Governor to rescind his 340B budget proposal.
  - Primary Care Workforce: California has a primary care workforce crisis and we cannot afford to lose ground we already gained. Please reinstate the $100 million workforce investment that the Governor and Legislature committed to last year.
  - Newly Qualified Immigrants (NQI): California's newest residents need the support and care provided to them by the Medi-Cal program and should not be transitioned to Covered California. If these patients are moved, the state's savings will be at the expense of immigrant's health and well-being. Oppose the shift of NQIs to Covered California.

- Behavioral Health Access to Care: Help us meet the unmet behavioral health needs of our community by asking the Governor to implement AB 1863 (Wood, Chap. 610, Stats. 2016) as directed by the legislation.

- With the May revise just around the corner we will soon have a clear indications of where the Governor stands on many of CPCA's priorities, Proposition 56 (tax revenue) and other key issues.

Advocacy

- Together community health centers, consortia and CPCA have engaged heavily in advocacy this year.
- The heavy push has helped refine and improve the program.

Media and Communications

- Media and communication plays an important role in providing the public with information about community health centers and the role we play in healthy communities.
- As a part of our advocacy efforts, CPCA and CaliforniaHealth+ Advocates aims to support accurate, positive media coverage through interviews with association staff and members, use of easy to understand fact sheets, consistent talking points, and simple social media messaging.
- Links to articles and resources included in this memo.

CALIFORNIA PRIMARY CARE ASSOCIATION

Legislative Committee

January 12, 2017

1:30 pm – 3:30 pm

Members: **David B. Vliet – Chair,** Robin Affrime, Isabel Becerra, Deirdre Bernard-Pearl, Doreen Bradshaw, Cynthia Carmona, Gregory Cramer, Rachel Farrell, Benjamin Flores, Timothy Fraser, Cathy Frey, Naomi Fuchs, Jane Garcia, Greg Garrett, Dean Germano, Franklin Gonzalez, John Gressman, Britta Guerrero, Nik Gupta, Haleh Hatami, Steve Heath, Sherry Hirota, Cathryn Hyde, Erica Jacquez, Constance Kirk, Deena Lahn, David Lavine, Deborah Lerner, Marty Lynch, Jyl Marden, Burt Margolin, Kevin Mattson, Louise McCarthy, Scott McFarland, Leslie McGowan, Angie Melton, Nichole Mosqueda, Amy Moy, Danielle Myers, Zettie Page, Victor Perez, Carole Press, Tim Pusateri, David Quackenbush, Tracy Ream, Tim Rine, Melinda Rivera, Gary Rotto, Corinne Sanchez, Kazue Shibata, Graciela Soto Perez, Deanna Stover, Terri Lee Stratton, Mary Szecsey, Edwin Tan, Vernita Todd, Henry Tuttle, Jason Vega, Chad Vargas, Christina Velasco, Richard Veloz, David B. Vliet, Paula Wilson, Angela Harris

Guests: Tiffany Robertson, John Severson, James Feldesman, Marisa Guevan, Brian Rasmussen, Jill Damian, Meryl Schlingheyde, Lucresha Renteria, Alicia Hardy

Staff: Carmela Castellano-Garcia, Beth Malinowski, Kelley Aldrich, Andie Patterson, Ben Avey, Meaghan McCamman, Deb Roth, Liz Oseguera, Ginger Smith, Mike Witte, Jana Castillo, Allie Budenz, Nataly Diaz, Val Sheehan, Christina Hicks, Tina Canupp,

Call to Order

The meeting was called to order by the chair at 1:43 pm.

Approval of Agenda

A motion was made and seconded to approve the agenda as written. **The motion carried.**

Approval of Minutes

A motion was made and seconded to approve the minutes as written. **The motion carried.**

Federal Landscape

Angie Melton gave members a timeline of what to expect when in the coming year;

- Now – early February — FY 2017 Budget Resolution and Reconciliation;
- March — FY 2018 President's Budget
  FY 2018 Budget Resolution with reconciliation instructions;
- March-June — FY 2018 Appropriations Hearings and Markups
- March 29-April 1 — NACHC's P & I Conference in DC
- April 28 — FY 2017 Continuing Resolution runs out;

- June/July — FY 2018 Budget Reconciliation passed;
- By end of September — FY 2018 annual discretionary appropriations,
  Health center fiscal cliff
  CHIP reauthorization and funding

Budget Process

Angie continued on to cover the Federal budget process, noting that this year they will have 2 Budget Resolutions and possibly 2 Budget Reconciliation Bills. The FY 2017 Appropriations are currently operating under a Continuing Resolution through April 28. The funds are continued at FY 2016 levels. Most staffers on Capitol Hill assume that there will be another Continuing Resolution through the end of FY 2017. FY 2018 Appropriations will start after the President's budget and the FY 2018 Budget Resolution sets the parameters for discretionary appropriations

ACA Repeal

Angie informed members that plans are changing on a daily basis and Republicans can't agree, so don't assume this is a forgone conclusion. The original Intent was for a budget reconciliation bill that repeals parts of the ACA and removes Planned Parenthood (and all abortion providers?) from Medicaid to be passed in late January/early February with the replacement to come later. Trump said the repeal and the replacement would happen almost simultaneously in a couple of weeks. Several Republican Senators are concerned about the idea of Repeal first without a comprehensive replacement plan, and a comprehensive replacement plan will take 60 votes to pass so the Democrats in the Senate will have to be involved. House Republicans are still saying that they will repeal the ACA with an implementation date 2-3 years in the future and then pass a number of smaller bills to replace those portions over a period of time.

Angie urged members to reach out to their congressional representatives and their Senators, we need to do whatever we can stop the repeal of the ACA and Title 10. They need to hear from California, they need to hear from provider groups, they need to hear from clinic staff and they need to hear from patients.

Medicaid Block Grant or Per Capita Cap

Angie noted this could be included in the second resolution and that PPS could be at risk. Block granting the Medicaid program is difficult because the states that did the Medicaid expansion are currently getting a 90/10 match for that population (CA gets a 50/50 match for regular Medicaid). Block granting gives more flexibility to governors and thus could allow them to eliminate PPS.

Health Center Trust Fund Fiscal Cliff

Angie conveyed to members that the ACA included additional funds for Health Centers; H.R. 2 (often known as MACRA) passed in 2015 extended those funds for 2 years (and included reauthorization and funding for NHSC and funding for THCGME). The additional funds run out September 30, 2017, so that funding needs an extension, preferably more than 2 years. CHIP program needs reauthorization and extension of funding before September 30 also, and states really wanted it to happen early in the year so that they would have funding information before their fiscal years start in the summer.

In closing, Angie urged members to attend NACHC's Policy and Issues Forum, it's of great importance this year.

Policy Prioritization

Andie Patterson reviewed her memo on CPCA's public positions, which clearly articulates CPCA's position on three issues at play in the state and federal political arena. All three of these issues and our positions come directly from CPCA's mission to support and advance health care coverage and access to all, making recommendations on challenging and politically charged issues – Immigration, Planned Parenthood and Abortion Services.

The November election has significantly changed the political dynamic for 2017 and as a result CPCA staff have made a few proposed revisions to the actions of our approved policy priorities, Andie highlighted the revisions and the chair asked for a motion to approve.

> A motion was made and seconded to approve CPCA's revised 2017 Policy Prioritization Plan. The motion carried. (T. Pusateri/I. Becerra)

State Landscape

Meagan Subers and Beth Malinowski started with a quick budget overview, noting that the 100m slated to OSHPD for workforce funding has been rescinded by Governor Brown through the proposed 2017-18 budget. According to HHS, the Governor looked to cut programs where money had yet to be given out. CPCA is committed to continue to fight for those dollars.

Christy Bouma, announced that this is a new 2-year legislative cycle, convened in December and the real work has begun this month, she then reviewed a brief timeline - budget (Jan 10), leg counsel deadline (Jan 17), bill introduction deadline (Feb 17).

Christy highlighted both Assembly and Senate Chairs that were announced in December, noting that both committees are focused on health care access discussions, hearings and briefings in which CPCA is very involved. Christy went on to say that the general ambiance is "*ready to fight*".

CPCA Sponsored Bills/Bills of Interest

Beth assured members that as attention focuses on advocacy to support ACA and Medicaid, CPCA expects 2017 to be a year of coalition efforts and fewer sponsored bills. CPCA still expects to sponsor a bill to address Drug Medi-Cal and Specialty Mental Health contracting. We are watching closely as bill introduction deadline approaches and post-deadline, CPCA will hold a Legislative Committee call to action items on bill positions. The California Legislature introduced a bill package geared towards protecting immigrant rights. The bill package is titled "*Immigrants Shape California,"* and includes SB 54 (De León, 2016), the California Values Act. We are particularly excited about this bill since it may have the greatest direct impact on clinics. CPCA has been working with stakeholder groups to ensure that the language in SB 54 reflect the needs of our members by removing mandatory language and leaving it an option for health centers to participate in the provisions of the bill.

> A motion was made and seconded for CPCA to take support if amended position on SB 54 (De Leon) and a support position on the additional bills that make up the immigration bill package which include; AB 3 (Bonta), AB 21 (Kalra), SB 6 (Hueso), SB 29 (Lara) and AJR 2 (Levine). The motion carried. (J. Garcia/D. Myers)

Advocacy

Beth reiterated the importance of attending NACHC's Policy and Issue Forum as well as CaliforniaHealth+ Advocates Day at the Capitol.

Medicare Part D / 340B Litigation

Jim Feldesman from Feldesman, Tucker, Leifer, Fidell, LLP, spoke to members on behalf of CARES, in regards to their current issues with the 340B Drug Discount Program and price controls from the pharmaceuticals manufactures. He encouraged members to speak to him directly at the reception if they were interest in more information.

Media and Communications

Ben reminded members that as a part of our advocacy efforts, CPCA and CaliforniaHealth+ Advocates aims to support accurate, positive media coverage through interviews with association staff and members, use of easy to understand fact sheets, consistent talking points, and simple social media messaging.

Adjourn

The meeting was adjourned at 3:40 pm.

Submitted by Kelley Aldrich

CALIFORNIA PRIMARY CARE ASSOCIATION
Legislative Committee On-line Meeting
March 8, 2017
2:00 – 3:00 pm

Members: **David B. Vliet – Chair,** Alex Armstrong, Tony Balistreri, Lucinda Bazile, Elizabeth, Bille, Lucrecia Campos-Juarez, Carl Coan, Gregory Cramer, Philip Curtis, Jerry Douglas, Reymundo Espinoza, Rachel Farrell, Timothy Fraser, Cathy Frey, Greg Garrett, Claudia Galvez, Dean Germano, Guillermo Gonzalez, Rod Grainger, Haleh Hatami, Virginia Hedrick, Cathryn Hyde, Lauren Kahn, Thomas Kim, Neil Kozuma, Deena Lahn, David Lavine, Marty Lynch, Jyl Marden, Alicia Mardini, Melissa Marshall, Julie Minardi, Nichole Mosqueda, Danielle Myers, Katja Nelson, Rochelle Neutra, Johnny O'Brien, Hector Orozco, Christine Pence, Jennifer Polzin, Joanne Preece, Pritika Ram, Mary-Michal Rawling, Tim Rine, Melinda Rivera, Sendy Sanchez, Michael Schaub, Steve Schilling, Andrew Signey, Ellen Silver, Cindy Stewart, Terri Stratton, Dong Suh, Sabine Talaugon, Tina Tvedt, Chad Vargas, Marcela Vargas, Christine Velasco, Julie Edgcomb, Gilbert Fimbres, V. Manuel Perez

Guests: Megan Subers

Staff: Beth Malinowski, Kelley Aldrich, Andie Patterson, Meaghan McCamman, Deb Roth, Liz Oseguera, Victor Christy, Daisy Po'oi, Ginger Smith

Call to Order
The meeting was called to order by the chair at 2:01 pm.

Approval of Agenda
A motion was made and seconded to approve the agenda as written. **The motion carried.**

Approval of Minutes
A motion was made and seconded to approve the minutes as written. **The motion carried.**

CPCA Sponsored Legislation
Beth Malinowski referred to the fact sheets sent out prior to the meeting and gave members a brief summary of CPCA's two sponsored bills, SB 323 by Senator Holly Mitchell and SB 456 by Senator Richard Pan.

CPCA's Complete 2017-18 Legislative Package
Beth Malinowski gave an overview of CPCA's 2017-18 bill package with staffs recommended positions in addition to apprising members on bills of significant interest. CPCA staff clarified that we are no longer seeking to move SB 6 to a "support, if amended position" and will maintain a SUPPORT position. Beth fielded questions and concerns from members, taking one recommended change in position on AB 148 (changed to a WATCH position until we have time to engage with the rural clinics). CPCA was also asked to look more closely at AB 207 and consider moving to SUPPORT position. After much discussion the chair called for a motion.

Motion

A motion was made and seconded to approve CPCA's complete 2017-18 legislative package, with the one recommended change in position on AB 148. (S. Schilling/C. Frey) The motion carried.

American Health Care Act

Beth gave a short analysis of the Republicans recently released ACA Repeal and Replace Bills, noting that CPCA is recommending a formal OPPOSE position. Beth and Andie fielded questions and the chair called for a motion.

Motion

A motion was made and seconded for CPCA to take a formal OPPOSE position on the American Health Care Act. (M. Lynch/D. Myers) One abstention was recorded. The motion carried.

Governor Brown's 2017-18 State Budget

Beth updated members on the ongoing advocacy efforts by CPCA around the budget. CPCA continues to work with coalition partners on our core areas of concern, 340B, Primary Care Workforce Funding, NQI Wrap and the delay in implementation of AB 1863 (MFT as billable providers). For members interested in being more involved in any of these advocacy efforts, Beth shared with members that ongoing peer networks and calls have been scheduled for this purpose. 340B budget advocacy is being discussed with the CFO Peer Network and 340B Peer Network, Primary Care Workforce Funding is being discussed with the Residency Peer Network and the NQI Wrap is being discussed in bi-weekly calls on Thursday at 3:00pm. If you need assistance joining any of these calls or groups, please feel free to email Kelley Aldrich at kelley@healthplusadvocates.org

Legislative Session Communications

David Vliet informed members that CPCA will be holding two additional on-line meetings to stay on top of the bill package and any changes that may arise, the first is April 4th (2 - 3 pm) and the second is June 1st (11 am – 12 pm).

Beth reminded everyone of the importance of attending both NACHC's P&I and Advocates Day at the Capitol and urged members to register. As part of her DAC update, Beth also shared that CPCA is still seeking participants for the DAC "Coffee with Clinics" health fair. Lastly, Beth shared that the capitol steps program will be "ACA Celebration" themed and looks to link our state lobby day to our federal advocacy push.

Adjourn

The meeting was adjourned at 2:55 pm.

Submitted by Kelley Aldrich

CALIFORNIA PRIMARY CARE ASSOCIATION
Legislative Committee On-line Meeting
April 4, 2017
2:00 – 3:00 pm

Members: **David B. Vliet – Chair,** Tanir Ami, Elizabeth Bille, Doreen Bradshaw, Sylvia Castillo, Carl Coan, Timothy Fraser, Cathy Frey, Greg Garrett, Claudia Galvez, Dean Germano, Ana Grande Lynnete, Guzman, Jann Hamilton Lee, Haleh Hatami, Cathryn Hyde, Tina Jagtiani, Neil Kozuma, Esen Kurdoglu, Deena Lahn, David Lavine, Julie Minardi, Hector Orozco, V. Manuel Perez, Jennifer Polzin, Joanne Preece, Craig Pulsipher, Mary-Michal Rawling, Tracy Ream, Tim Rine, Gary Rotto, Fernando Sanudo, Steve Schilling, Laura Sheckler, Andrew Signey, Sabine Talaugon, Vernita Todd, Jason Towey, Marcela Vargas, Lucinda Bazile, Gilbert Fimbres, Becky Lee,

Staff: Beth Malinowski, Kelley Aldrich, Victor Christy, Meaghan McCamman, Meagan Subers, Ben Avey, Liz Oseguera, Andie Patterson

Call to Order
The meeting was called to order by the chair at 2:02 pm.

Approval of Agenda
A motion was made and seconded to approve the agenda as written. **The motion carried.**

P&I Reflection
David Vliet thanked members for the record turnout at NACHC's Policy & Issues Forum in Washington, DC last week and noted that we had good meetings all around.

CPCA Sponsored Legislation
Beth Malinowski gave updates on CPCA's two sponsored bills, SB 323 by Senator Holly Mitchell and SB 456 by Senator Richard Pan and reminded members send in their letters of support.

Meaghan McCamman informed members that she will be sending out amendments to SB 323 in the next few days for member feedback.

New Bills and Recommended Changes in Bill Positions
Beth gave updates on a few bills of interest that CPCA is currently looking at and will bring back to the committee in May. Beth then reviewed each of the 29 bills that CPCA has recommended changes in position or taking a position on. The call was opened up for discussion and questions.

Motion
A motion was made and seconded to approve staff recommended positions or changes in position on the package of 29 bills presented. (S. Schilling/T. Fraser) The motion carried.

Governor Brown's 2017-18 State Budget

Beth updated members on the ongoing advocacy efforts by CPCA around the budget. CPCA continues to work with coalition partners on our core areas of concern, 340B, Primary Care Workforce Funding, NQI Wrap and the delay in implementation of AB 1863 (MFT as billable providers).

Legislative Session Communications

Beth reminded members that CPCA will be holding one additional on-line meetings to stay on top of the bill package and any changes on June 1st (11 am – 12 pm).

Adjourn

The meeting was adjourned at 3:00 pm.

Submitted by Kelley Aldrich

California Primary Care ASSOCIATION

DISCUSSION

Date: April 24, 2017

To: Legislative Committee

From: Andie Patterson, Director of Government Affairs

Re: Federal Affairs

MEMORANDUM

ACA Repeal and Medicaid Reform

The Republican-controlled Congress, Senate and White House has resulted in endless promises to repeal the ACA. To date the sole legislation with traction is the American Health Care Act (AHCA), built on Speaker Ryan's "A Better Way." As part of the ACA repeal conversation, the AHCA includes reforming Medicaid. This legislation was intended to be voted on in late March but Ryan was unable to secure the votes. Currently Congress is working to appease both centrist and tea party Republicans with various amendments. Most recently the McArthur amendment was circulated, and media reported it as an attempt to secure more votes. At this point in time, it does not appear there are sufficient votes in the House to bring the bill up for a vote.

In early March a group of Republican Governors circulated a proposal to reform Medicaid as well, about 9 pages in length, covering everything from block grants to FQHC PPS. This proposal did not receive much traction in the media or within Congress, at least from what staff has been able to ascertain. In anticipation of the proposal gaining more traction, Advocates staff has summarized and analyzed the Governor's proposal which can be found in resources below.

Lastly, in mid-March the new Secretary of HHS, Tom Price, and the new CMS Director, Seema Verma, issued a letter to Governors. While not stated the letter appears to be in response to the Republican Governor's proposal in early March. The letter is much shorter, only about 2 pages, and affirms their commitment to working with Governors, agreeing that there must be changes to make it more of a partnership where states receive more freedoms, but remains committed to the current regulatory vehicles in place, such as 1115 and 1332 Waivers. The letter does intonate that Waivers will be easier to get under the new leadership and will be finalized much more quickly. Further, waivers approved in one state could be used as models in other states.

What's Next?

With the nature of affairs today, it is nearly impossible to predict what will happen next and whether any of the proposals being circulated will gain traction. It does appear, even if the AHCA or a similar bill is not successful, the new administration will mean regulatory changes that fundamentally alter the current health care system. 1115 Waivers are being discussed at NACHC as the vehicle to change PPS and to reconstruct Medicaid. Staff remain vigilant in monitoring the situation and will apprise the Committee of major threats and opportunities.

Block Grants/ Per Capita Cap

Per CPCA Board direction, we have been opposed to fundamentally changing the Medicaid Entitlement Program to a block grant or per capita cap formula, principally because both formulas are avenues to provide less resources for California and because with flexibility to the state comes many risks to both patients and CCHCs.

We have maintained a public oppose position because keeping Medicaid as a federal entitlement program is what is best for patients and CCHCs, however, staff have begun to think about what to do in the advent that Medicaid is fundamentally altered at the federal level. We have prepared an internal principles document for internal conversations to begin thinking through what central aspects must be retained and what potentially could be changed, if the option was before us.

Questions to consider:

- Is the guiding framework comprehensive enough?
- Are the priorities for block grants/ per capita cap the right ones?
- What other elements should we be considering?

Resources

- American Health Care Act- the McArthur Amendment (Advocates) - April 21, 2017
- Analysis of Republican ACA Repeal Legislation (Advocates) - March 8, 2017
  - Block Grant/Per Capita Cap Principles (Advocates- INTERNAL USE ONLY) - April 2017
  - GOP Governor's Proposal – March 6, 2017
  - Governor's Proposal Analysis (Advocates) – March 2017
  - Price/Verma Letter to Governors - March 17, 2017

CPCA's 2017-18 Bill Tracking Report
4/27/2017

AB 1591 **(Berman D) Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/14/2017 Assembly Health *(text 3/28/2017)*

Introduced: 2/17/2017

Last Amend: 3/28/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides.This bill would include a licensed professional clinical counselor within those health care professionals covered under that definition.

Position	Assigned	Subject	Group
	Meaghan McCamman		Recommend Support

SB 528 **(Stone R) Pharmacy: automated drug delivery systems.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/13/2017 Senate Business, Professions And Economic Development *(text 3/28/2017)*

Introduced: 2/16/2017

Last Amend: 4/20/2017

Status: 4/20/2017-Read second time and amended. Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Pharmacy Law authorizes a pharmacy to provide pharmacy services to specified licensed health facilities through the use of an automated drug delivery system. Existing law authorizes a licensed clinic to make use of an automated drug delivery system, operated under the supervision of a pharmacist, but under the clinic's license and under which the clinic is responsible for the safety and security of the drugs in the system. This bill would provide an alternative program to authorize a pharmacy to provide pharmacy services to covered entities that are eligible for discount drug programs under federal law, as specified, through the use of an automated drug delivery system, as defined.

Position	Assigned	Subject	Group
	Deb Roth		Recommend Watch

01- Sponsor

SB 323 **(Mitchell D) Medi-Cal: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services.**

Current Text: Amended: 4/25/2017 Text

Current Analysis: 04/17/2017 Senate Health *(text 4/6/2017)*

Introduced: 2/13/2017

Last Amend: 4/25/2017

Status: 4/25/2017-Read second time and amended. Re-referred to Com. on APPR.

Is Fiscal: Y
Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would prohibit the costs associated with providing Drug Medi-Cal services or specialty mental health services from being included in the FQHC's or RHC's per-visit PPS rate, and would require the costs associated with providing Drug Medi-Cal services or specialty mental health services to be adjusted out of the FQHC's or RHC's clinic base rate as a scope-of-service change if the FQHC or RHC determines that the costs associated with providing Drug Medi-Cal services or specialty mental health services are within the clinic base rate, as specified.

Position	Assigned	Subject	Group
01- Sponsor	CCALAC, Meaghan McCamman	Behavioral Health	

SB 456 **(Pan D) Medi-Cal managed care: federally qualified health centers and rural health clinics: services that follow the patient.**
Current Text: Amended: 4/26/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 3/23/2017)*
Introduced: 2/16/2017
Last Amend: 4/26/2017
Status: 4/26/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would authorize a federally qualified health center (FQHC) and rural health clinic (RHC) to enter into an agreement with a public or private entity willing and qualified to provide services that follow the patient. The bill would describe those entities eligible to contract with an FQHC or RHC under the bill, and would define "services that follow the patient" as services that are not reimbursable on a per-visit basis pursuant to a specified provision, that promote continuity of care and contribute to overall patient wellness, as specified.

Position	Assigned	Subject	Group
01- Sponsor	Meaghan McCamman		

04- Support

AB 3 **(Bonta D) Public defenders: legal counsel: immigration consequences: grants.**
Current Text: Amended: 2/17/2017 Text
Current Analysis: 02/10/2017 Assembly Human Services *(text 12/5/2016)*
Introduced: 12/5/2016
Last Amend: 2/17/2017
Status: 2/21/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 2/16/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Social Services or a nonprofit organization contracting with the department, as provided, to issue requests for proposal and issue grants to qualified legal services projects, qualified support centers, or county offices of the public defender that meet specified requirements, to expand their programs in order to serve as regional legal services agencies capable of providing legal training, written materials, mentoring, and technical assistance to county offices of the public defender in this state on issues relating to the immigration consequences of criminal convictions.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

AB 9 **(Garcia, Cristina D) Sales and use taxes: exemption: sanitary napkins: tampons: menstrual sponges and menstrual cups.**
Current Text: Introduced: 12/5/2016 Text

Current Analysis: 03/10/2017 Assembly Revenue And Taxation *(text 12/5/2016)*
Introduced: 12/5/2016
Status: 3/28/2017-Coauthors revised.
Is Fiscal: Y
Location: 1/19/2017-A. REV. & TAX

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, on and after January 1, 2018, exempt from sales and use taxes the gross receipts from the sale in this state of, and the storage, use, or other consumption in this state of, tampons, sanitary napkins, menstrual sponges, and menstrual cups. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 10 **(Garcia, Cristina D) Feminine hygiene products: school and college bathrooms :shelter services.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/03/2017 Assembly Housing And Community Development *(text 3/7/2017)*
Introduced: 12/5/2016
Last Amend: 4/6/2017
Status: 4/17/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/6/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, with certain exceptions, requires every public and private school, as provided, to have restroom facilities that are open as prescribed during school hours, and at all times to keep every restroom maintained and cleaned regularly, fully operational, and stocked with soap and paper supplies. This bill would additionally require public and private schools to keep every restroom stocked with feminine hygiene products.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 21 **(Kalra D) Public postsecondary education: Access to Higher Education for Every Student.**
Current Text: Amended: 4/24/2017 Text
Current Analysis: 04/16/2017 Assembly Judiciary *(text 3/15/2017)*
Introduced: 12/5/2016
Last Amend: 4/24/2017
Status: 4/25/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/24/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would express findings and declarations of the Legislature relating to the possible impacts on public postsecondary educational institutions in this state of changes in federal immigration policies and enforcement. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski, Elizabeth Oseguera	Immigration, Workforce	

AB 62 **(Wood D) Public housing: smoke-free policy.**
Current Text: Amended: 3/27/2017 Text
Current Analysis: 04/26/2017 Assembly Housing And Community Development *(text 3/27/2017)*
Introduced: 12/9/2016
Last Amend: 3/27/2017
Status: 4/26/2017-Action From H. & C.D.: Do pass as amended.To APPR..
Is Fiscal: Y
Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require all public housing agencies, as defined, to implement a policy prohibiting the smoking of tobacco products, as defined, in all public housing living units, interior areas, and outdoor

areas within 25 feet of public housing and administrative buildings, except in designated smoking areas, by July 30, 2018. The bill would exempt dwelling units in a mixed-finance project from these provisions. By increasing the duties of local public housing agencies, this bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 74 **(Chiu D) Housing.**

Current Text: Introduced: 12/16/2016 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 12/16/2016)*

Introduced: 12/16/2016

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/21/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require Department of Housing and Community Development to, on or before October 1, 2018, establish the Housing for a Healthy California Program and on or before April 1, 2019, and every year thereafter, subject to on appropriation by the Legislature, award grants on a competitive basis to eligible grant applicants based on guidelines that HCD would draft, as prescribed, and other requirements. The bill would provide that an applicant is eligible for a grant under the program if the applicant meets specified requirements. This bill contains other related provisions.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman		

AB 160 **(Stone, Mark D) CalWORKs: eligibility.**

Current Text: Introduced: 1/12/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 1/12/2017)*

Introduced: 1/12/2017

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/8/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would provide that a parent or caretaker relative shall not be eligible for CalWORKs aid when he or she has received aid for a cumulative total of 60 months. This bill would increase the amount of exempted disability-based unearned income and other earned income, as specified. The bill would also make other, conforming changes. By increasing county administrative duties relating to the CalWORKs program, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 164 **(Arambula D) Food assistance.**

Current Text: Amended: 4/18/2017 Text

Current Analysis: 04/21/2017 Assembly Human Services *(text 4/18/2017)*

Introduced: 1/13/2017

Last Amend: 4/18/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require, on and after July 1, 2018, the State Department of Social Services to develop a mechanism to respond to changing needs for food assistance and to allow the department flexibility to provide nutrition benefits for specific populations. The bill would set forth criteria for the mechanism, including requiring the mechanism to be designed to issue nutrition benefits using EBT and designed in a manner that can target various populations, depending on the purpose of the specific benefit.

Position	Assigned	Subject	Group

AB 175 **(Chau D) Adult-use marijuana: marketing: packaging and labeling.**
Current Text: Introduced: 1/17/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 1/17/2017)*
Introduced: 1/17/2017
Status: 4/26/2017-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a manufacturer, prior to introducing an edible marijuana product into commerce in California, to submit the packaging and labeling to the Bureau of Marijuana Control for approval and would require the bureau to determine whether the packaging and labeling are in compliance with the requirements of prescribed provisions of AUMA, including the requirements that the packaging be child resistant and not attractive to children, as specified. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 186 **(Eggman D) Controlled substances: safer drug consumption program.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/26/2017 Assembly Floor Analysis *(text 3/23/2017)*
Introduced: 1/19/2017
Last Amend: 3/23/2017
Status: 4/26/2017-Read second time. Ordered to third reading.
Is Fiscal: N
Location: 4/26/2017-A. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #173 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS
Summary: Would, until January 1, 2022, authorize specified counties or cities within those counties to authorize the operation of supervised injection services programs for adults that satisfies specified requirements, including, among other things, a space supervised by healthcare professionals or other trained staff where people who use drugs can consume preobtained drugs, sterile consumption supplies, and access to referrals to addiction treatment.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Behavioral Health	

AB 191 **(Wood D) Mental health: involuntary treatment.**
Current Text: Introduced: 1/19/2017 Text
Current Analysis: 03/24/2017 Assembly Floor Analysis *(text 1/19/2017)*
Introduced: 1/19/2017
Status: 3/30/2017-Read third time. Passed. Ordered to the Senate. (Ayes 75. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.
Is Fiscal:
Location: 3/30/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Lanterman-Petris-Short Act authorizes a person who has been detained for 72 hours and who has received an evaluation to be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism under specified conditions. Current law further authorizes the person to be certified for an additional period not to exceed 14 days if that person was suicidal during the 14-day period or the 72-hour evaluation period, or an additional period not to exceed more than 30 days under specified conditions. Current law requires, for a person to be certified under any of these provisions, a notice of certification to be signed by 2 people, and, in specified circumstances, authorizes the 2nd signature to be from a licensed clinical social worker or a registered nurse who participated in the evaluation. This bill would include a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign the notice under specified circumstances.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Behavioral Health	

AB 210 **(Santiago D) Homeless multidisciplinary personnel team.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/21/2017 Assembly Privacy And Consumer Protection *(text 4/18/2017)*
Introduced: 1/23/2017
Last Amend: 4/18/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law authorizes counties to establish a child abuse multidisciplinary personnel team, as defined, to allow provider agencies to share confidential information in order to investigate reports of suspected child abuse or neglect or for the purpose of child welfare agencies making detention determinations, as specified. This bill would authorize counties to also establish a homeless adult, child, and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county to allow provider agencies to share confidential information, as specified, for the purpose of coordinating housing and supportive services to ensure continuity of care.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 236 **(Maienschein R) CalWORKs: housing assistance.**
Current Text: Introduced: 1/30/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 1/30/2017)*
Introduced: 1/30/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/8/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: As part of the CalWORKs program, a homeless family that has used all available liquid resources in excess of $100 is eligible for homeless assistance benefits to pay the costs of temporary shelter if the family is eligible for aid under the CalWORKs program. This bill would provide that homeless assistance is available to homeless families that would be eligible for aid under the CalWORKs program but for the fact that the only child or children in the family are in out-of-home placement pursuant to an order of the dependency court, if the family is receiving reunification services and the county determines that homeless assistance is necessary for reunification to occur.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 247 **(Garcia, Cristina D) Public health: childhood lead poisoning: Lead Advisory Taskforce.**
Current Text: Amended: 3/28/2017 Text
Current Analysis: 04/03/2017 Assembly Appropriations *(text 3/28/2017)*
Introduced: 1/30/2017
Last Amend: 3/28/2017
Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/9/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Under current law, known as the Childhood Lead Poisoning Prevention Act of 1991, the State Department of Public Health is required to establish procedures for environmental abatement and followup, and undertake other specified measures, designed to reduce the incidence of excessive childhood lead exposure in California. The bill would require, by April 1, 2018, the Office of Environmental Health Hazard Assessment to convene a Lead Advisory Taskforce, with a prescribed membership, to review and advise, as provided, regarding policies and procedures to reduce childhood lead poisoning in the state.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 274 **(Garcia, Cristina D) Sales and use taxes: exemption: food products.**

Current Text: Amended: 3/21/2017 Text

Introduced: 2/1/2017

Last Amend: 3/21/2017

Status: 3/22/2017-Re-referred to Com. on REV. & TAX.

Is Fiscal: Y

Location: 3/20/2017-A. REV. & TAX

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Assembly Constitutional Amendment 2 of the 2017–18 Regular Session, if approved by the voters, on and after April 1, 2019, would instead require that any sales or use taxes levied by the state or any of its political subdivisions apply to the sale of, or the storage, use, or other consumption in this state of, certain food products for human consumption, which include candy, confectionery, and snack foods. Assembly Constitutional Amendment 2, if approved by the voters, would authorize the Legislature to exempt the sale of, or the storage, use, or other consumption in this state of, any food product from sales and use taxes by a statute that becomes operative on or after November 7, 2018.

Position	Assigned	Subject	Group
04- Support	Victor Christy	SDoH	

AB 316 **(Waldron R) Workforce development.**

Current Text: Amended: 4/5/2017 Text

Current Analysis: 04/17/2017 Assembly Labor And Employment *(text 4/5/2017)*

Introduced: 2/6/2017

Last Amend: 4/5/2017

Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/20/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the Employment Training Panel within the Employment Development Department to submit an annual report to the Legislature that contains summaries of information related to projects operated by the panel. This bill would require the panel to solicit proposals and write performance-based contracts to fund projects that expedite and increase the number of middle-skill workers employed in an eligible industry. This bill would require projects funded by this program to comply with certain requirements.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 343 **(McCarty D) Public postsecondary education: holders of certain special immigrant visas.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/17/2017 Assembly Higher Education *(text 4/5/2017)*

Introduced: 2/7/2017

Last Amend: 4/20/2017

Status: 4/24/2017-Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/20/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would express legislative findings and declarations relating to persons provided with special immigrant visa status due to their displacement because of wars taking place in their home countries. The bill would exempt students who have been granted special immigrant visas pursuant to a specified federal statute, or are refugees admitted to the United States under a specified federal statute, and who, upon entering the United States, settled in California, from paying nonresident tuition at the California Community Colleges.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski, Elizabeth Oseguera	Immigration, Workforce	

AB 379 **(Gomez D) California Kickstart My Future Loan Forgiveness Program.**

Current Text: Amended: 4/4/2017 Text

Current Analysis: 04/17/2017 Assembly Higher Education *(text 4/4/2017)*

Introduced: 2/9/2017
Last Amend: 4/4/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 4.) (April 18). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the California Kickstart My Future Loan Forgiveness Program, under the administration of the Student Aid Commission, to provide student loan forgiveness awards for the purpose of alleviating the burden of federal student loan debt for recent graduates meeting specified requirements. The bill would, subject to an available and sufficient appropriation, authorize an eligible applicant to receive a student loan forgiveness award equal to 100% of his or her monthly federal income-driven repayment plan payments for 24 months of repayment under the federal program.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 391 **(Chiu D) Medi-Cal: asthma preventive services.**
Current Text: Amended: 3/22/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 3/22/2017)*
Introduced: 2/9/2017
Last Amend: 3/22/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 18). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law authorizes, at the option of the state, preventive services, as defined, to be provided by practitioners other than physicians or other licensed practitioners. This bill, which would be known as the Asthma Preventive Services Program Act of 2017, would require the State Department of Health Care Services to seek an amendment to its Medicaid state plan to include qualified asthma preventive services providers, as defined, as providers of asthma preventive services, as defined, under the Medi-Cal program.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski, Elizabeth Oseguera	Clinicians, Workforce	

AB 401 **(Aguiar-Curry D) Pharmacy: remote dispensing site pharmacy: telepharmacy.**
Current Text: Amended: 3/21/2017 Text
Current Analysis: 04/03/2017 Assembly Business And Professions *(text 3/21/2017)*
Introduced: 2/9/2017
Last Amend: 3/21/2017
Status: 4/4/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 4). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/4/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize a remote dispensing site pharmacy to use a telepharmacy system, as specified, and would require the board to issue a remote dispensing site pharmacy license to a remote dispensing site pharmacy that meets all the requirements for licensure. The bill would require a remote dispensing site pharmacy to be located in a medically underserved area, as defined, unless otherwise approved by the board. The bill would authorize a pharmacy located in this state to serve as a supervising pharmacy to provide telepharmacy services for up to 2 remote dispensing site pharmacies.

Position	Assigned	Subject	Group
04- Support	Ben Avey, Meaghan McCamman	Licensing	

AB 447 **(Gray D) Medi-Cal: covered benefits: continuous glucose monitors.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 2/13/2017)*

Introduced: 2/13/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #1 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid Program provisions. Existing law provides for a schedule of covered benefits under the Medi-Cal program. This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors that are medically necessary for the management and treatment of diabetes to the schedule of benefits under the Medi-Cal program.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Managed Care	

AB 462 **(Thurmond D) Mental Health Services Oversight and Accountability Commission: wage information data access.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/03/2017 Assembly Appropriations *(text 2/13/2017)*
Introduced: 2/13/2017
Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
Is Fiscal: Y
Location: 4/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would declare the intent of the Legislature to authorize the Mental Health Services Oversight and Accountability Commission to receive information held by other state agencies, as it relates to outcomes established under the MHSA or adopted by the commission under the MHSA for the purposes of monitoring those outcomes and improving the mental health system. The bill would authorize the Director of Employment Development to share information to enable the commission to receive quarterly wage data to assist the commission in fulfilling its duties under the MHSA.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 508 **(Santiago D) Health care practitioners: student loans.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/13/2017)*
Introduced: 2/13/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #59 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law authorizes a licensing board to deny a license to an applicant to become a health care practitioner or deny renewal of a license if he or she is in default on a United States Department of Health and Human Services education loan, including a Health Education Assistance Loan until the default is cleared or until the applicant or licensee makes satisfactory repayment arrangements. Current law requires a board, prior to taking these actions, to take into consideration the population served by the health care practitioner and his or her economic status. Current law requires that each board that issues citations and imposes fines retain the money from these fines for deposit into its appropriate fund. This bill would repeal these provisions.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 569 **(Gonzalez Fletcher D) Discrimination: reproductive health.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/26/2017 Assembly Labor And Employment *(text 2/14/2017)*

Introduced: 2/14/2017
Last Amend: 4/19/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 1.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would amend provisions of labor law relating to the obligations of an employer to prohibit an employer from taking any adverse employment action, as defined, against an employee based on his or her reproductive health care decisions, methods, or the use of any drug, device, or medical service related to reproductive health by an employee or employee's dependent. The bill would also prohibit requiring an employee to sign a code of conduct or similar document that purports to deny any employee the right to make his or her own reproductive health care decisions, including the use of a particular drug, device, or medical service.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

AB 703 **(Flora R) Professions and vocations: licenses: fee waivers.**
Current Text: Introduced: 2/15/2017 Text
Introduced: 2/15/2017
Status: 3/2/2017-Referred to Com. on B. & P.
Is Fiscal: Y
Location: 3/2/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require every board within the Department of Consumer Affairs to grant a fee waiver for application and issuance of an initial license for an applicant who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States if the applicant holds a current license in the same profession or vocation in another state, district, or territory. The bill would require that an applicant be granted fee waivers for both the application for and issuance of a license if the board charges fees for both.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 715 **(Wood D) Workgroup review of opioid pain reliever use and abuse.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 4/18/2017)*
Introduced: 2/15/2017
Last Amend: 4/18/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law creates the State Department of Public Health and vests it with duties, powers, functions, jurisdiction, and responsibilities with regard to the advancement of public health. This bill would require the department to convene a workgroup, comprised of members selected by the department, to review existing prescription guidelines and develop a recommended statewide guideline addressing best practices for prescribing opioid pain relievers.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Behavioral Health	

AB 727 **(Nazarian D) Mental Health Services Act: housing assistance.**
Current Text: Introduced: 2/15/2017 Text
Current Analysis: 04/13/2017 Assembly Floor Analysis *(text 2/15/2017)*
Introduced: 2/15/2017
Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
Is Fiscal: N
Location: 4/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law specifies the manner in which counties are to use the funds distributed from the Mental Health Services Fund, including using the majority of the funds for services provided by county mental health programs. Existing law specifies a target population for these programs, including seriously emotionally disturbed children or adolescents and adults or older adults who have a serious mental disorder. This bill would clarify that counties may spend MHSA moneys on housing assistance, as defined, for people in the target population.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 827 **(Rubio D) Department of Consumer Affairs: task force: foreign-trained professionals.**
Current Text: Amended: 4/3/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 4/3/2017)*
Introduced: 2/16/2017
Last Amend: 4/3/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/4/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Bagley-Keene Open Meeting Act, which requires state boards, commissions, and similar state-created multimember bodies to give public notice of meetings and conduct their meetings in public unless authorized to meet in closed session. This bill, the California Opportunity Act of 2017, would require the Department of Consumer Affairs to create a task force, as specified, to study and write a report of its findings and recommendations regarding the licensing of foreign-trained professionals with the goal of integrating foreign-trained professionals into the state's workforce, as specified.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski, Elizabeth Oseguera	Immigration, Workforce	

AB 834 **(O'Donnell D) School-based health programs.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 3/28/2017)*
Introduced: 2/16/2017
Last Amend: 4/20/2017
Status: 4/24/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/20/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Education to, no later than July 1, 2018, establish an Office of School-Based Health Programs for the purpose of, among other things, administering health-related programs under the purview of the State Department of Education and advising on issues related to the delivery of school-based Medi-Cal services in the state. The bill would authorize the office to develop a workgroup for the purpose of assisting the office's efforts that shall be representative of the diversity of California LEAs and include representatives of specified entities involved in the delivery of school-based Medi-Cal services, as specified.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	School Based HC	

AB 850 **(Chau D) Mental Health Services Oversight and Accountability Commission.**
Current Text: Introduced: 2/16/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/16/2017)*
Introduced: 2/16/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #76 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Would require the Governor to appoint an additional member to the Mental Health Services Oversight and Accountability Commission who has knowledge and experience in reducing mental health disparities, especially for racial and ethnic communities. The bill would state the finding and declaration of the Legislature that this change is consistent with and furthers the intent of the act.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 860 **(Cooley D) Mental Health Services Oversight and Accountability Commission: factfinding tour.**

Current Text: Amended: 4/6/2017 Text

Current Analysis: 04/18/2017 Assembly Governmental Organization *(text 4/6/2017)*

Introduced: 2/16/2017

Last Amend: 4/6/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 20. Noes 0.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Mental Health Services Oversight and Accountability Commission to comply with specified notice provisions required by the Bagley-Keene Act prior to the factfinding tour. The bill would require the commission to provide specified notice to members of the media of the proposed site tour and allow at least one member of the media to attend the site tour, as specified. The bill would prohibit the commission from taking any action, as described, during the site tour and from discussing among themselves any business of a specific nature that does not fall within the scope or purpose of the tour. The bill would require the commission to post a summary of the factfinding tour on its Internet Web site within 10 days after its completion.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 916 **(Quirk-Silva D) Workforce development: local workforce development board.**

Current Text: Introduced: 2/16/2017 Text

Current Analysis: 04/23/2017 Assembly Jobs, Economic Development, And The Economy *(text 2/16/2017)*

Introduced: 2/16/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The federal Workforce Innovation and Opportunity Act of 2014 provides for workforce investment activities, including activities in which states may participate. Current law contains various programs for job training and employment development, including work incentive programs, as specified, and establishes local workforce development boards to perform duties related to the implementation and coordination of local workforce development activities. This bill would add to those duties requirements to address the differing training needs of employers within the region based on size and legal structure of the business organization and to identify and promote strategies that support the training needs of emerging and dominant business types, as specified.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 992 **(Arambula D) CalWORKs: Baby Wellness and Family Support Home Visiting Program.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/28/2017)*

Introduced: 2/16/2017

Last Amend: 3/28/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/29/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would establish the Baby Wellness and Family Support Home Visiting Program that would require the State Department of Social Services to allocate funds to counties for the purpose of implementing or contracting with specified early home visiting programs to provide voluntary home visiting programs approved by the department and would authorize the funds to be used to coordinate early home visiting services with, among others, diaper bank services. The bill would require the department to develop and disseminate an informing notice to ensure that all assistance units, as specified, are aware of the program and their ability to participate.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 1005 **(Calderon D) Professions and vocations: fines: relief.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 4/17/2017)*
Introduced: 2/16/2017
Last Amend: 4/17/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Under current law, the Department of Consumer Affairs is under the control of the Director of Consumer Affairs and is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations. This bill would authorize boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate professions and vocations, when granted the authority to issue a citation, to instead issue a fix-it ticket in lieu of a fine. The bill would specify that any person who is issued a fix-it ticket in lieu of a citation would have 30 days in which to correct the violation before being issued the fine.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 1092 **(Cooley D) Medi-Cal: eyeglasses.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/5/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would under the Medi-Cal program, to the extent federal financial participation and any necessary federal approvals are obtained, restore coverage of one pair of eyeglasses provided every 2 years to an individual 21 years of age or older. The bill would authorize the department to implement those provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Medi-Cal	

AB 1134 **(Gloria D) Mental Health Services Oversight and Accountability Commission: fellowship program.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #92 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, which consists of 16 members, to oversee the administration of various parts of the act. Current law authorizes the commission to undertake specified activities in carrying out its duties and responsibilities. This bill would authorize the commission to establish a fellowship program for the purpose of providing an experiential learning opportunity for a mental health consumer and a mental health professional.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 1316 **(Quirk D) Public health: childhood lead poisoning: prevention.**

Current Text: Amended: 4/18/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 4/18/2017)*

Introduced: 2/17/2017

Last Amend: 4/18/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Childhood Lead Poisoning Prevention Act of 1991 required the State Department of Public Health (formerly the State Department of Health Services) between July 1, 1992, and July 1, 1993, to adopt regulations establishing a standard of care at least as stringent as the most recent United States Centers for Disease Control and Prevention screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. This bill would require the standard of care to be that all children be screened for blood lead levels, as specified, and would clarify that the lead screening would not be paid for by funds from the Childhood Lead Poisoning Prevention Fund.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 1520 **(Burke D) Lifting Children and Families Out of Poverty Act of 2017.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/21/2017 Assembly Human Services *(text 4/17/2017)*

Introduced: 2/17/2017

Last Amend: 4/17/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would make legislative findings and declarations regarding child poverty in California. The bill would state the intent of the Legislature to move toward reducing child poverty in this state by 50% over a 20-year period, commencing with the 2018-19 fiscal year and ending with the 2038-39 fiscal year. The bill would also state the intent of the Legislature to use a specified framework as guiding and nonbinding recommendations for purposes of enacting future legislation to fund programs or services that have been proven to reduce child poverty in California and to fund future innovations that are shown to achieve similar outcomes.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 1534 **(Nazarian D) Health care coverage: HIV specialists.**

Current Text: Amended: 4/6/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 4/6/2017)*

Introduced: 2/17/2017

Last Amend: 4/6/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a health care service plan contract that is issued, amended, or renewed on or after January 1, 2018, to permit an HIV specialist, as defined, to be an eligible primary care provider, as defined, if the provider requests primary care provider status and meets the plan's eligibility criteria for all specialists seeking primary care provider status. Because a willful violation of these requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	ACA Repeal, Managed Care	

ACA 2 **(Garcia, Cristina D) Sales and use taxes: food products.**
Current Text: Introduced: 1/18/2017 Text
Introduced: 1/18/2017
Status: 1/19/2017-From printer. May be heard in committee February 18.
Is Fiscal: Y
Location: 1/18/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This measure, on and after April 1, 2019, would require that any sales or use tax levied by the State of California or any of its political subdivisions apply to the sale of, or the storage, use, or other consumption in this state of, certain food products for human consumption. The measure would authorize the Legislature to exempt the sale of, or the storage, use, or other consumption in this state of, any food product from sales and use tax by a statute that becomes operative on or after November 7, 2018.

Position	Assigned	Subject	Group
04- Support	Victor Christy	SDoH	

AJR 2 **(Levine D) Latino Americans and Muslim Americans.**
Current Text: Introduced: 12/5/2016 Text
Introduced: 12/5/2016
Status: 1/30/2017-Referred to Com. on JUD.
Is Fiscal: N
Location: 1/30/2017-A. JUD.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This measure would commend Latino Americans and Muslim Americans for their economic, political, and cultural impact on California and the United States and respectfully request the President and the President-elect of the United States and Members of the United States Congress to respect the First Amendment of the United States Constitution and to reject efforts to build a wall along the United States-Mexico border, to monitor mosques, to police and profile Muslim Americans, or to adopt any immigration policy based on discrimination.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

HR 4 **(Rendon D) Relative to immigration.**
Current Text: Amended: 12/5/2016 Text
Introduced: 12/5/2016
Last Amend: 12/5/2016
Status: 12/5/2016-Introduced. Assembly Rule 63 suspended. (Ayes 55. Noes 25. Page 63.) Read and amended. (Page 64.) Read. Adopted. (Ayes 57. Noes 14. Page 64.).
Is Fiscal: N
Location: 12/5/2016-A. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: Relative to immigration.

Position	Assigned	Subject	Group

04- Support	Elizabeth Oseguera	Immigration	

HR 5 **(Burke D) Relative to Planned Parenthood.**
Current Text: Chaptered: 1/17/2017 Text
Current Analysis: 01/12/2017 Assembly Rules *(text 12/5/2016)*
Introduced: 12/5/2016
Status: 1/17/2017-Read. Adopted.
Is Fiscal: N
Location: 1/17/2017-A. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House							

Summary: Relative to Planned Parenthood.

Position	**Assigned**	**Subject**	**Group**
04- Support	Beth Malinowski		

HR 6 **(Burke D) Relative to women's reproductive health.**
Current Text: Chaptered: 1/30/2017 Text
Current Analysis: 01/25/2017 Assembly Judiciary *(text 1/9/2017)*
Introduced: 1/9/2017
Status: 1/30/2017-Coauthors revised. Read. Adopted.
Is Fiscal:
Location: 1/30/2017-A. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House							

Summary: Resolved by the Assembly of the State of California, That the Assembly urges the President of the United States and the United States Congress to express their support for a woman's fundamental right to control her own reproductive decisions, as well as their support for access to comprehensive reproductive health care, including the services provided by Planned Parenthood.

Position	**Assigned**	**Subject**	**Group**
04- Support	Beth Malinowski		

HR 15 **(Gomez D) Relative to United States immigration policy.**
Current Text: Chaptered: 2/13/2017 Text
Current Analysis: 02/01/2017 Assembly Rules *(text 2/1/2017)*
Introduced: 2/1/2017
Status: 2/13/2017-Coauthors revised. Read. Adopted.
Is Fiscal:
Location: 2/13/2017-A. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House							

Summary: Relative to United States immigration policy.

Position	**Assigned**	**Subject**	**Group**
04- Support	Elizabeth Oseguera	Immigration	

SB 6 **(Hueso D) Immigrants: removal proceedings: legal services.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 03/30/2017 Senate Floor Analyses *(text 3/29/2017)*
Introduced: 12/5/2016
Last Amend: 3/29/2017
Status: 4/4/2017-In Assembly. Read first time. Held at Desk.
Is Fiscal: Y
Location: 4/3/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Social Services, subject to the availability of funding, to contract with qualified nonprofit legal services organizations to provide legal services to unaccompanied, undocumented minors, as defined, who are transferred to the care and custody of the federal Office of Refugee Resettlement and who are present in this state. Existing law requires that the contracts awarded meet certain conditions.This bill would require the department to either contract with qualified nonprofit legal services organizations, or contract with a nonprofit agency to administer

funding to nonprofit legal services organization subcontractors, to provide legal services to individuals in removal proceedings who are not otherwise entitled to legal representation under an existing local, state, or federal program.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	Flag for Members

SB 29 **(Lara D) Law enforcement: immigration.**

Current Text: Introduced: 12/5/2016 Text

Current Analysis: 04/17/2017 Senate Appropriations *(text 12/5/2016)*

Introduced: 12/5/2016

Status: 4/17/2017-April 17 hearing: Placed on APPR. suspense file.

Is Fiscal: Y

Location: 4/17/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes a county board of supervisors on behalf of its sheriff, and a legislative body of a city on behalf of its chief of police, to contract to provide supplemental law enforcement services to private individuals, private entities, and private corporations in specified circumstances and subject to certain conditions. This bill would, commencing on January 1, 2019, prohibit a city, county, or city and county, or a local law enforcement agency from entering into, renewing, or extending the length of a contract with a private corporation, contractor, or vendor to detain immigrants in civil immigration proceedings for profit.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 30 **(Lara D) California-Mexico border: federally funded infrastructure.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/24/2017 Senate Governmental Organization *(text 4/17/2017)*

Introduced: 12/5/2016

Last Amend: 4/17/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 3.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the border between the United States and Mexico, which includes the southern border of California.This bill would make findings and declarations related to a wall on the border between California and Mexico. This bill contains other related provisions and other current laws.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 31 **(Lara D) California Religious Freedom Act: state agencies: disclosure of religious affiliation information.**

Current Text: Amended: 3/27/2017 Text

Current Analysis: 04/03/2017 Senate Floor Analyses *(text 3/27/2017)*

Introduced: 12/5/2016

Last Amend: 3/27/2017

Status: 4/4/2017-In Assembly. Read first time. Held at Desk.

Is Fiscal: Y

Location: 4/4/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits a state agency from including a question regarding an applicant's race, sex, marital status, or religion in any application form for employment. This bill would prohibit a state or local agency or a public employee acting under color of law from providing or disclosing to the federal government personal information regarding a person's religious beliefs, practices, or affiliation, as specified, when the information is sought for compiling a database of individuals based on religious belief, practice, or affiliation, national origin, or ethnicity for law enforcement or immigration purposes.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 54 **(De León D) Law enforcement: sharing data.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 03/30/2017 Senate Floor Analyses *(text 3/29/2017)*
Introduced: 12/5/2016
Last Amend: 3/29/2017
Status: 4/4/2017-In Assembly. Read first time. Held at Desk.
Is Fiscal: Y
Location: 4/3/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides that when there is reason to believe that a person arrested for a violation of specified controlled substance provisions may not be a citizen of the United States, the arresting agency shall notify the appropriate agency of the United States having charge of deportation matters. This bill would repeal those provisions.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 162 **(Allen D) Marijuana and medical cannabis: marketing.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/13/2017 Senate Business, Professions And Economic Development *(text 3/28/2017)*
Introduced: 1/19/2017
Last Amend: 4/19/2017
Status: 4/19/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, the Medical Cannabis Regulation and Safety Act (MCRSA), authorizes a person who obtains both a state license under MCRSA and the applicable local license to engage in commercial medical cannabis activity pursuant to those licenses, as specified. This bill would prohibit medical cannabis and nonmedical marijuana licensees from advertising using branded merchandise, as specified. This bill contains other related provisions and other current laws.

Position	Assigned	Subject	Group
04- Support	Victor Christy	Marijuana/Cannabis	Move from Support to Watch

SB 222 **(Hernandez D) Inmates: health care enrollment.**
Current Text: Introduced: 2/2/2017 Text
Current Analysis: 04/03/2017 Senate Health *(text 2/2/2017)*
Introduced: 2/2/2017
Status: 4/17/2017-Withdrawn from committee. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/17/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires Medi-Cal benefits to an individual who is an inmate of a public institution to be suspended effective the date he or she becomes an inmate of a public institution. Current law requires the suspension to end on the date that he or she is no longer an inmate of a public institution or one year from the date he or she becomes an inmate of a public institution, whichever is sooner. This bill instead would require the suspension of Medi-Cal benefits to end on the date he or she is no longer an inmate of a public institution or is no longer otherwise eligible for benefits under the Medi-Cal program.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SB 244 **(Lara D) Privacy: agencies: personal information.**
Current Text: Amended: 4/3/2017 Text

Current Analysis: 04/24/2017 Senate Judiciary *(text 4/3/2017)*
Introduced: 2/6/2017
Last Amend: 4/3/2017
Status: 4/25/2017-Action From JUD.: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require that personal information, as defined, and records containing personal information that are collected or obtained by the state, any state agency, or any subdivision of the state, including agents of the California State University and the California Community Colleges, as well as any private persons contracted to administer public services or programs or maintain data for state or local agencies, from an applicant for public services or programs be collected, recorded, or used only for the purpose of assessing eligibility for and providing those public services and programs for which the application has been submitted.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 300 **(Monning D) Sugar-sweetened beverages: health warnings.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 2/13/2017)*
Introduced: 2/13/2017
Status: 4/19/2017-April 19 set for first hearing canceled at the request of author.
Is Fiscal: Y
Location: 2/23/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would establish the Sugar-Sweetened Beverages Health Warning Act, which would prohibit a person from distributing, selling, or offering for sale a sugar-sweetened beverage in a sealed beverage container, or a multipack of sugar-sweetened beverages, in this state unless the beverage container or multipack bears a health warning, as prescribed.

Position	Assigned	Subject	Group
04- Support	Victor Christy	SDoH	

SB 309 **(Jackson D) License plates: Reproductive Freedom Fund.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/20/2017 Senate Transportation And Housing *(text 2/13/2017)*
Introduced: 2/13/2017
Status: 4/25/2017-VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Health Care Services to apply to sponsor a reproductive freedom license plate program, and would require the DMV to issue the license plates if the State Department of Health Care Services meets certain requirements. The bill would authorize the State Department of Health Care Services to accept and use donated artwork from California artists for the license plate. The bill would require the revenue generated from the license plates, as specified, to be deposited in the California Reproductive Freedom Fund, created by the bill, and to be used, upon appropriation, for the Family Planning, Access, Care, and Treatment program (Family PACT).

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SB 374 **(Newman D) Health insurance: discriminatory practices: mental health.**
Current Text: Amended: 4/3/2017 Text
Current Analysis: 04/19/2017 Senate Floor Analyses *(text 4/3/2017)*
Introduced: 2/14/2017
Last Amend: 4/3/2017
Status: 4/24/2017-Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Is Fiscal: Y

Location: 4/24/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill would require large group, individual, and small group health insurance policies to provide all covered mental health and substance use disorder benefits in compliance with those provisions of federal law governing mental health parity. The bill would authorize the Insurance Commissioner to issue guidance to health insurers, until January 1, 2019, regarding compliance with these requirements.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Behavioral Health	

SB 396 **(Lara D) University of California: California Medical Residency Training Pilot Program.**
Current Text: Amended: 4/4/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/4/2017)*
Introduced: 2/15/2017
Last Amend: 4/4/2017
Status: 4/26/2017-Action From HEALTH: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would request the Regents of the University of California to, on or before July 31, 2018, develop and implement a California Medical Residency Training Pilot Program for students interested in medical training in California who meet requirements adopted by the regents for receiving an exemption from paying nonresident tuition, as specified. The bill would encourage the regents to ensure that the program includes specified components. The bill would establish the California Medical Residency Training Program Fund in the State Treasury and would make moneys deposited into the fund available upon appropriation by the Legislature for the purposes of the pilot program.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

SB 575 **(Leyva D) Patient access to health records.**
Current Text: Amended: 4/3/2017 Text
Current Analysis: 04/24/2017 Senate Judiciary *(text 4/3/2017)*
Introduced: 2/17/2017
Last Amend: 4/3/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Existing law generally governs a patient's access to his or her health records. Existing law requires a health care provider to provide any patient, former patient, or the representative of a patient or former patient a copy, at no charge, of the relevant portion of the patient's health records upon presenting to the health care provider a written request and proof that the health records are needed to support an appeal regarding eligibility for specified public benefit programs. Existing law makes a violation of these provisions by certain health care providers an infraction. This bill would make those health care providers provide those patients with a copy of those health records at no charge to support a claim for eligibility for a public benefit program. The bill would specify additional public benefit programs to which these requirements would apply. The bill would make related conforming changes.

Position	Assigned	Subject	Group
04- Support	Ben Avey	Clinicians	

SB 613 **(De León D) Immigration status.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/24/2017 Senate Public Safety *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/27/2017-Action From PUB. S.: Read second time.To THIRD READING.
Is Fiscal: N
Location: 4/27/2017-S. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #2 SENATE SEN SECOND READING FILE - SENATE BILLS

Summary: Current law requires the Division of Juvenile Justice to cooperate with the United States Bureau of Immigration in arranging for the deportation of all aliens who are committed to it. This bill would repeal that provision. This bill contains other related provisions and other current laws.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 743 **(Hernandez D) Medi-Cal: family planning providers.**

Current Text: Amended: 3/23/2017 Text

Current Analysis: 04/18/2017 Senate Health *(text 3/23/2017)*

Introduced: 2/17/2017

Last Amend: 3/23/2017

Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 1.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: N

Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill would prohibit a Medi-Cal managed care plan from restricting the choice of the qualified provider, as defined, from whom a Medi-Cal beneficiary enrolled in the plan may receive family planning services. The bill would require a Medi-Cal managed care plan to reimburse an out-of-plan or out-of-network qualified provider at the applicable fee-for-service rate. The bill would make related legislative findings and declarations.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SR 7 **(De León D) Relative to immigration.**

Current Text: Enrolled: 12/6/2016 Text

Current Analysis: 12/05/2016 Senate Floor Analyses *(text 12/5/2016)*

Introduced: 12/5/2016

Status: 12/5/2016-Introduced. Held at desk. Consent granted to take up without reference to file. (Ayes 27. Noes 11.) Read. Adopted. (Ayes 27. Noes 11.)

Is Fiscal: N

Location: 12/5/2016-S. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: Would resolve that the Senate condemns in the strongest terms bigoted, racist, or misinformed descriptions of the immigrant community that serve only to foment hatred and violence. The Senate supports a comprehensive and workable approach to solving our nation's historically broken immigration system. The Senate implores the President-elect and Congress to develop rational immigration policies that recognize the contributions of immigrants to the nation, protects the economy, and are just and humane to immigrant families and children.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SR 9 **(Jackson D) Relative to Planned Parenthood.**

Current Text: Chaptered: 1/17/2017 Text

Current Analysis: 01/13/2017 Senate Floor Analyses *(text 12/5/2016)*

Introduced: 12/5/2016

Status: 1/17/2017-Read. Adopted. (Ayes 27. Noes 11.)

Is Fiscal:

Location: 1/17/2017-S. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: Resolved by the Senate of the State of California, That the California State Senate opposes all proposals to defund Planned Parenthood, to limit its ability to serve its clients, and to appoint judges who have a record of opposing equal health care rights for all women. The California State Senate will work with stakeholders and others to ensure that our Congressional representatives understand our firm commitment to women's rights and pledge to oppose any plans to defund Planned

Parenthood by the incoming administration.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SR 12 **(Atkins D) Relative to women's reproductive health.**

Current Text: Chaptered: 1/19/2017 Text

Current Analysis: 01/13/2017 Senate Floor Analyses *(text 1/9/2017)*

Introduced: 1/9/2017

Status: 1/19/2017-Read. Adopted. (Ayes 22. Noes 7.) Motion to reconsider made by Senator Atkins. Reconsideration granted. (Ayes 30. Noes 0.) Read. Adopted. (Ayes 24. Noes 7.)

Is Fiscal:

Location: 1/19/2017-S. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: Would resolve that the Senate urges the President of the United States and the United States Congress to express their support for a woman's fundamental right to control her own reproductive decisions, as well as their support for access to comprehensive reproductive health care, including the services provided by Planned Parenthood.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SR 16 **(De León D) Relative to immigration.**

Current Text: Enrolled: 1/31/2017 Text

Current Analysis: 01/30/2017 Senate Floor Analyses *(text 1/30/2017)*

Introduced: 1/30/2017

Status: 1/30/2017-Introduced. Referred to Com. on RLS. From committee: Ordered to third reading. Read. Adopted. (Ayes 26. Noes 11.)

Is Fiscal:

Location: 1/30/2017-S. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: WHEREAS, President Donald J. Trump signed an executive order on January 27, 2017, that desecrates our American values and panders to fears and nativist instincts that have resulted in some of our nation's most shameful acts. Resolved by the Senate of the State of California, That the Senate condemns this executive order as a discriminatory overreach that illegally targets immigrants based on their national origin and religion, and urges the President of the United States to immediately rescind the executive order.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

05- Support if Amended

AB 40 **(Santiago D) CURES database: health information technology system.**

Current Text: Amended: 4/19/2017 Text

Current Analysis: 04/24/2017 Assembly Public Safety *(text 4/19/2017)*

Introduced: 12/5/2016

Last Amend: 4/19/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Department of Justice to make the electronic history of controlled substances dispensed to an individual under a health care practitioner's care, based on data contained in the CURES database, available to the practitioner through either an online Internet Web portal or an authorized health information technology system, as defined. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
05- Support if	Meaghan	Clinicians	Move from

	Amended	McCamman	Support if Amended to Support

AB 456 **(Thurmond D) Healing arts: associate clinical social workers.**
Current Text: Amended: 3/27/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/27/2017)*
Introduced: 2/13/2017
Last Amend: 3/27/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #55 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law requires an applicant for licensure for associate clinical social worker to comply with specified educational and experience requirements and requires a person who wishes to be credited with experience toward licensure to register with the Board of Behavioral Sciences as an associate clinical social worker prior to obtaining that experience. This bill would authorize postgraduate hours of experience to be credited toward licensure so long as the person applies for registration as an associate clinical social worker the board receives the application within 90 days of the granting of the qualifying master's degree or doctoral degree and the applicant is granted registration by the board.

Position	Assigned	Subject	Group
05- Support if Amended	Beth Malinowski, Meaghan McCamman	Behavioral Health, Workforce	

06- Oppose

AB 298 **(Gallagher R) Immigration holds.**
Current Text: Introduced: 2/6/2017 Text
Current Analysis: 03/27/2017 Assembly Public Safety *(text 2/6/2017)*
Introduced: 2/6/2017
Status: 3/28/2017-In committee: Set, final hearing. Failed passage.
Is Fiscal: Y
Location: 2/13/2017-A. PUB. S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a local law enforcement official to cooperate with federal immigration officials by detaining an individual convicted of a felony on the basis of an immigration hold for up to 48 hours, as specified, after the person becomes eligible for release from custody if continued detention on the basis of the immigration hold would not violate federal law. By creating new duties for local officials, this bill would impose a state-mandated local program. The bill would also make conforming changes.

Position	Assigned	Subject	Group
06- Oppose	Elizabeth Oseguera	Immigration	

AB 1252 **(Allen, Travis R) State law: immigration: local government: state grants.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/17/2017 Assembly Public Safety *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/19/2017-From committee: Without further action pursuant to Joint Rule 62(a).
Is Fiscal: Y
Location: 4/18/2017-A. PUB. S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current state law prohibits a law enforcement official, as defined, from detaining an individual on the basis of a United States Immigration and Customs Enforcement hold after that individual becomes eligible for release from custody, unless, at the time that the individual becomes eligible for release from custody, certain conditions are met, including, among other things, that the individual has been convicted of specified crimes. This bill would repeal these state law provisions. The

bill would enact the Promoting Cooperative Law Enforcement to Detain Criminal Aliens and to Eliminate Sanctuary Jurisdiction Act of 2017.

Position	Assigned	Subject	Group
06- Oppose	Elizabeth Oseguera	Immigration	

SJR 4 **(Morrell R) Immigration: Kate's Law.**
Current Text: Introduced: 1/25/2017 Text
Current Analysis: 04/24/2017 Senate Public Safety *(text 1/25/2017)*
Introduced: 1/25/2017
Status: 4/26/2017-April 25 hearing canceled at the request of author.
Is Fiscal:
Location: 2/2/2017-S. PUB. S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This measure would call upon the United States Congress to immediately pass legislation, "Kate's Law," which would create a mandatory minimum federal sentence of 5 years in a federal penitentiary for an individual who has returned to the United States illegally after having been deported and previously convicted of a felony in the United States.

Position	Assigned	Subject	Group
06- Oppose	Elizabeth Oseguera	Immigration	

13- Watch

AB 15 **(Maienschein R) Denti-Cal program: reimbursement rates.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/03/2017 Assembly Appropriations *(text 3/23/2017)*
Introduced: 12/5/2016
Last Amend: 3/23/2017
Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/21/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, for the 2017–18 fiscal year, to double Denti-Cal provider reimbursement rates for the 15 most common prevention, treatment, and oral evaluation services based on the average rates per service established in the 2015–16 fiscal year. The bill would appropriate for the 2017–18 fiscal year such an amount as may be necessary to double the reimbursement rates from the Healthcare Treatment Fund to the department, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Oral Health	

AB 29 **(Nazarian D) Pharmacy benefit managers.**
Current Text: Amended: 3/28/2017 Text
Introduced: 12/5/2016
Last Amend: 3/28/2017
Status: 4/18/2017-In committee: Hearing postponed by committee.
Is Fiscal: N
Location: 4/6/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 5/2/2017 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair
Summary: Current law requires a pharmacy benefit manager that reimburses a contracting pharmacy for a drug on a maximum allowable cost basis to provide the contracting pharmacy with specified information regarding the data used to determine the maximum allowable cost of a drug. This bill would require, except as provided, a pharmacy benefit manager to disclose certain information to a purchaser or prospective purchaser, including, among other things, the aggregate amount of rebates, retrospective utilization discounts, and other income that the pharmacy benefit manager would receive from a pharmaceutical manufacturer or labeler in connection with drug benefits related to the

purchaser or prospective purchaser.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 76 **(Chau D) Adult-use marijuana: marketing.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/21/2017 Assembly Privacy And Consumer Protection *(text 3/28/2017)*

Introduced: 1/4/2017

Last Amend: 3/28/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit an operator, as defined, of an Internet Web site, online service, online application, or mobile application from marketing or advertising any marijuana, marijuana product, or marijuana business to a person who is under 21 years of age if the operator has actual knowledge that a person under 21 years of age is using its Internet Web site, online service, online application, or mobile application, and if the marketing or advertising is specifically directed to that person based upon information specific to that person, including, but not limited to, the person's profile, activity, address, or location.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 89 **(Levine D) Psychologists: suicide prevention training.**

Current Text: Introduced: 1/9/2017 Text

Current Analysis: 04/13/2017 Assembly Floor Analysis *(text 1/9/2017)*

Introduced: 1/9/2017

Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Is Fiscal: Y

Location: 4/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, effective January 1, 2020, require an applicant for licensure as a psychologist to complete a minimum of 6 hours of coursework or applied experience under supervision in suicide risk assessment and intervention. The bill would also require, effective January 1, 2020, as a one-time requirement, a licensed psychologist to have completed this suicide risk assessment and intervention training requirement prior to the time of his or her first renewal. The bill would also require, effective January 1, 2020, a person applying for reactivation or for reinstatement to have completed this suicide risk assessment and intervention training requirement.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 93 **(Medina D) Healing arts: marriage and family therapists: clinical social workers: professional clinical counselors: required experience and supervision.**

Current Text: Amended: 3/21/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/21/2017)*

Introduced: 1/9/2017

Last Amend: 3/21/2017

Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.

Is Fiscal: Y

Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #41 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law provides for the licensure and regulation of marriage and family therapists, clinical social workers, and professional clinical counselors by the Board of Behavioral Sciences, which is within the Department of Consumer Affairs. Current law requires trainees, interns, and applicants for licensure in those professions to comply with specified educational and experience requirements,

including, but not limited to, hours of supervised experience, and sets forth terms, conditions, and limitations for those hours of experience, including required supervision, as specified. This bill would revise and recast those supervised experience requirements, as specified.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 148 **(Mathis R) California Physician Corps Program: practice setting.**

Current Text: Amended: 3/27/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 3/27/2017)*

Introduced: 1/10/2017

Last Amend: 3/27/2017

Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Is Fiscal: Y

Location: 4/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Medically Underserved Account for Physicians, a continuously appropriated account, within the Health Professions Education Fund, to primarily provide funding for the ongoing operations of the program. Current law requires the foundation and the Office of Statewide Health Planning and Development to develop guidelines using specified criteria for selection and placement of applicants. Current law defines "practice setting," for these purposes. This bill would require, for purposes of this definition, and only for program participants who enroll in the program on or after January 1, 2018, as specified, that the clinic or the physician owned and operated medical practice setting have at least 30% of patients, if the area is rural, or at least 50% of patients, if the area is urban, who are from the above-described populations.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	Move from Watch to Oppose

AB 159 **(Jones-Sawyer D) State government: federal immigration policy enforcement.**

Current Text: Introduced: 1/12/2017 Text

Introduced: 1/12/2017

Status: 3/21/2017-In committee: Hearing postponed by committee.

Is Fiscal: N

Location: 1/30/2017-A. PUB. S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would prohibit a law enforcement official from cooperating with federal immigration officials by providing information about a juvenile held in a juvenile detention facility, or by detaining a juvenile on the basis of an immigration hold after that juvenile becomes eligible for release from custody, unless not cooperating would violate federal law and the juvenile has been convicted of specified crimes. This bill contains other existing laws.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

AB 180 **(Wood D) Medi-Cal.**

Current Text: Introduced: 1/18/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 1/18/2017)*

Introduced: 1/18/2017

Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.

Is Fiscal: Y

Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #44 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law requires the State Department of Health Care Services to develop and prepare one or more reports issued on at least a quarterly basis for the purpose of informing the California Health and Human Services Agency, the California Health Benefit Exchange, the Legislature, and the public about the enrollment process for all insurance affordability programs. This bill would instead require this report to be issued on at least a biannual basis and would make a conforming change.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 182 **(Waldron R) Heroin and Opioid Public Education (HOPE) Act.**

Current Text: Amended: 3/23/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 3/23/2017)*

Introduced: 1/19/2017

Last Amend: 3/23/2017

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/21/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, in consultation with stakeholders, to develop, coordinate, implement, and oversee a comprehensive multicultural public awareness campaign, to be known as "Heroin and Opioid Public Education (HOPE)." The bill would require the HOPE program to provide for the coordinated and widespread public dissemination of individual case stories and other generalized information that is designed to, among other things, describe the effects and warning signs of heroin use and opioid medication abuse, so as to better enable members of the public to determine when help is needed and identify the pathways that are available for individuals to seek help.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 205 **(Wood D) Medi-Cal: Medi-Cal managed care plans.**

Current Text: Amended: 4/19/2017 Text

Current Analysis: 04/23/2017 Assembly Health *(text 4/19/2017)*

Introduced: 1/23/2017

Last Amend: 4/19/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current state law establishes hearing procedures for an applicant for or beneficiary of Medi-Cal who is dissatisfied with certain actions regarding health care services and medical assistance to request a hearing from the State Department of Social Services under specified circumstances, and requires a request for a hearing to be filed within 90 days after the order or action complained of. This bill would implement various provisions in regard to those federal regulations, as amended May 6, 2016, governing Medicaid managed care plans. The bill would authorize a person to request a hearing involving a Medi-Cal managed care plan within 120 calendar days after the order or action complained of, and would exclude a request from the 120-calendar day filing time if there is good cause, as defined, for filing the request beyond the 120-calendar day period.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

AB 207 **(Arambula D) California State University: doctor of medicine degrees.**

Current Text: Amended: 2/22/2017 Text

Introduced: 1/23/2017

Last Amend: 2/22/2017

Status: 3/28/2017-In committee: Set, first hearing. Hearing canceled at the request of author.

Is Fiscal: Y

Location: 2/21/2017-A. HIGHER ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize California State University, Fresno, to award the doctor of medicine degree. This bill would require the degree to be distinguished from doctor of medicine degree programs at the University of California. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 224 **(Thurmond D) Dentistry: anesthesia and sedation.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 4/20/2017)*
Introduced: 1/26/2017
Last Amend: 4/20/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Dental Practice Act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. This bill would redefine general anesthesia for these purposes and additionally would define "deep sedation" to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Oral Health	

AB 244 **(Cervantes D) Maternal mental health.**
Current Text: Amended: 3/21/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 3/21/2017)*
Introduced: 1/30/2017
Last Amend: 3/21/2017
Status: 4/18/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/20/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would create a pilot program, in counties that elect to participate, designed to increase the capacity of health providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program would be privately funded. The bill would require the California Health and Human Services Agency to submit a report to the Legislature regarding the pilot program 6 months after the results of the pilot program are reported, as specified.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	Flag for Members

AB 254 **(Thurmond D) Local Educational Agency Pilot for Overall Needs.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/25/2017 Assembly Education *(text 4/17/2017)*
Introduced: 1/31/2017
Last Amend: 4/17/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on ED. (Ayes 13. Noes 1.) (April 18). Re-referred to Com. on ED.
Is Fiscal: Y
Location: 4/19/2017-A. ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Health Care Services, upon appropriation of funds, to establish the Local Educational Agency Pilot for Overall Needs (program) for the purpose of improving the mental health outcomes of students through a whole person care approach that is accomplished by providing funding to an eligible participant for the provision of direct health services, as defined. The bill would require the department to encourage eligible participants to participate in the program, to provide technical assistance to eligible participants, and to develop a request for proposals process to determine funding allocation.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, School	

AB 265 **(Wood D) Prescription drugs: prohibition on price discount.**
Current Text: Amended: 4/26/2017 Text
Current Analysis: 04/26/2017 Assembly Health *(text 3/27/2017)*
Introduced: 1/31/2017
Last Amend: 4/26/2017
Status: 4/26/2017-Read second time and amended.
Is Fiscal: Y
Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would expand the Sherman Food, Drug, and Cosmetic Law to prohibit, except as provided, a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with his or her insurance coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health plan on a lower cost-sharing tier that is designated as therapeutically equivalent to, or interchangeable with, the prescription drug manufactured by that person or if the active ingredients of the drug are available without prescription at a lower cost and are not otherwise contraindicated for the condition for which the prescription drug is approved.

Position	Assigned	Subject	Group
13- Watch	Deb Roth, Meaghan McCamman	Pharmacy	

AB 291 **(Chiu D) Housing: immigration.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 03/20/2017 Assembly Judiciary *(text 3/15/2017)*
Introduced: 2/2/2017
Last Amend: 3/29/2017
Status: 3/30/2017-Re-referred to Com. on P. & C.P.
Is Fiscal: N
Location: 3/29/2017-A. P. & C.P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/2/2017 1:30 p.m. - State Capitol, Room 126 ASSEMBLY PRIVACY AND CONSUMER PROTECTION, CHAU, Chair
Summary: The State Bar Act makes it a cause for suspension, disbarment, or other discipline for any member of the State Bar to report suspected immigration status or threaten to report suspected immigration status of a witness or party to a civil or administrative action or his or her family member, as defined, to a federal, state, or local agency because the witness or party exercises or has exercised a right related to his or her employment. This bill would expand that provision to make it a cause for suspension, disbarment, or other discipline for a member of the State Bar to report suspected immigration status or threaten to report suspected immigration status of a witness or party to a civil or administrative action or his or her family member, as defined, to a federal, state, or local agency because the witness or party exercises or has exercised a right related to the hiring of residential real property.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

AB 299 **(Calderon D) Hiring of real property: immigration or citizenship status.**
Current Text: Introduced: 2/6/2017 Text
Current Analysis: 03/16/2017 Assembly Floor Analysis *(text 2/6/2017)*
Introduced: 2/6/2017
Status: 3/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
Is Fiscal: N
Location: 3/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law prohibits any city, county, or city and county from compelling a landlord or any agent of the landlord to take any action, as specified, based on the immigration or citizenship status of

a tenant, prospective tenant, occupant, or prospective occupant of residential rental property.This bill would expand this prohibition to include a "public entity," which the bill would define to include the state, as defined, a city, county, city and county, district, public authority, public agency, and any other political subdivision or public corporation in the state.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

AB 315 **(Wood D) Pharmacy benefits management.**

Current Text: Amended: 4/5/2017 Text

Current Analysis: 04/20/2017 Assembly Business And Professions *(text 4/5/2017)*

Introduced: 2/6/2017

Last Amend: 4/5/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 1.) (April 18). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Pharmacy Law provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy. A violation of the Pharmacy Law is a crime. Current law also imposes requirements on audits of pharmacy services provided to beneficiaries of a health benefit plan, as specified. This bill would require pharmacy benefit managers, as defined, to be licensed by the California State Board of Pharmacy, as prescribed. The bill would make conforming changes to related provisions. Because a violation of these provisions under the Pharmacy Law would be a crime, the bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 340 **(Arambula D) Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.**

Current Text: Introduced: 2/7/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 2/7/2017)*

Introduced: 2/7/2017

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/21/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require, consistent with federal law, that screening services under the EPSDT program include screening for trauma, as defined by the bill and as specified. The bill also would require the Department of Health Care Services, in consultation with the State Department of Social Services and others, to adopt, employ, and develop, as appropriate, tools and protocols for screening children for trauma and would authorize the department to implement, interpret, or make specific the screening tools and protocols by means of all-county letters, plan letters, or plan or provider bulletins, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Meaghan McCamman	Behavioral Health, Clinicians	

AB 349 **(McCarty D) Civil service: preference: special immigrant visa holder.**

Current Text: Amended: 4/19/2017 Text

Current Analysis: 04/26/2017 Assembly Public Employees, Retirement And Social Security *(text 4/19/2017)*

Introduced: 2/8/2017

Last Amend: 4/19/2017

Status: 4/20/2017-Re-referred to Com. on P.E., R., & S.S. pursuant to Assembly Rule 96.

Is Fiscal: Y

Location: 4/20/2017-A. P.E.,R. & S.S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 Upon adjournment of Session - State Capitol, Room 127 ASSEMBLY PUBLIC EMPLOYEES, RETIREMENT AND SOCIAL SECURITY, RODRIGUEZ, Chair

Summary: Current provisions of the State Civil Service Act require that, whenever any veteran, widow or widower of a veteran, or spouse of a 100% disabled veteran achieves a passing score on an entrance examination, he or she be ranked in the top rank of the resulting civil service eligibility list.This bill would authorize any person who assisted the United States military and was issued a specified special immigrant also to be ranked in the top of the resulting eligibility list if he or she achieves a passing score on an entrance examination.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Immigration, Workforce	

AB 350 **(Salas D) Marijuana edibles: appealing to children.**

Current Text: Introduced: 2/8/2017 Text

Introduced: 2/8/2017

Status: 3/27/2017-Referred to Com. on HEALTH.

Is Fiscal: N

Location: 3/27/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/9/2017 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would specify that a marijuana product is deemed to be appealing to children or easily confused with commercially sold candy if it is in the shape of a person, animal, insect, fruit, or in another shape normally associated with candy, but would not prohibit a licensee from making an edible marijuana product in the shape of the licensee's logo. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 386 **(Gonzalez Fletcher D) Legal services for deported veterans.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/21/2017 Assembly Floor Analysis *(text 4/20/2017)*

Introduced: 2/9/2017

Last Amend: 4/20/2017

Status: 4/20/2017-Read third time and amended. Ordered to third reading.

Is Fiscal: Y

Location: 4/20/2017-A. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #157 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

Summary: Would require the State Department of Social Services to either contract with a qualified nonprofit legal services organization, or contract with a nonprofit agency to administer funding to nonprofit legal services organization subcontractors, to provide legal services to deported veterans, as defined. The bill would also authorize the department to include postconviction relief services to deported veterans in the contract. The bill would require the entities providing services pursuant to these contracts to meet specified conditions.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

AB 387 **(Thurmond D) Minimum wage: health professionals: interns.**

Current Text: Introduced: 2/9/2017 Text

Current Analysis: 03/29/2017 Assembly Labor And Employment *(text 2/9/2017)*

Introduced: 2/9/2017

Status: 3/30/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 2.) (March 29). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 3/30/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the minimum wage for all industries to not be less than specified amounts to be increased from January 1, 2017, to January 1, 2022, inclusive, for employers employing 26 or more employees and from January 1, 2018, to January 1, 2023, inclusive, for employers employing 25 or fewer employees, except when the scheduled increases are temporarily suspended

by the Governor, based on certain determinations. Current law defines an employer for purposes of those provisions. This bill would expand the definition of "employer" for purposes of these provisions to include a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health professional, as defined.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	Meet with Author

AB 395 **(Bocanegra D) Substance abuse treatment providers.**

Current Text: Amended: 3/20/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/20/2017)*

Introduced: 2/9/2017

Last Amend: 3/20/2017

Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.

Is Fiscal: Y

Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #54 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Would make legislative findings and declarations that it is in the best interest of the health and welfare of the people of this state to also coordinate medication-assisted treatments for substance abuse disorders. The bill would modify the specific controlled substances authorized for use in narcotic replacement therapy to include medication-assisted treatment and refer to medications, rather than controlled substances.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 416 **(Mathis R) Cannabis.**

Current Text: Introduced: 2/9/2017 Text

Introduced: 2/9/2017

Status: 2/10/2017-From printer. May be heard in committee March 12.

Is Fiscal: N

Location: 2/9/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would state the intent of the Legislature to enact legislation relating to CBD-enriched cannabis. This bill contains other existing laws.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 417 **(Wood D) Health coverage: small employers.**

Current Text: Introduced: 2/9/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 2/9/2017)*

Introduced: 2/9/2017

Status: 4/27/2017-Action From SECOND READING: Read second time and amended.Re-referred to APPR..

Is Fiscal: Y

Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #22 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law requires the board governing the California Health Benefit Exchange to establish the Small Business Health Options Program, otherwise referred to as the SHOP program, separate from the activities of the board related to the individual market, to assist qualified small employers in facilitating the enrollment of their employees in qualified health plans offered through the Exchange in the small employer market in a manner consistent with a specified provision of the federal Patient Protection and Affordable Care Act. This bill would change the name of the SHOP program to Covered California for Small Business and make related conforming changes.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

AB 422 **(Arambula D) California State University: Doctor of Nursing Practice Degree Program.**
Current Text: Introduced: 2/9/2017 Text
Current Analysis: 04/03/2017 Assembly Appropriations *(text 2/9/2017)*
Introduced: 2/9/2017
Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/15/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, until July 1, 2018, establishes the Doctor of Nursing Practice Degree Pilot Program, under which the California State University is authorized to establish a Doctor of Nursing Practice degree pilot program at 3 campuses to award Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements. This bill would repeal those provisions and would authorize the California State University to establish Doctor of Nursing Practice degree programs that offer Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 450 **(Chiu D) Employment regulation: immigration worksite enforcement actions.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/22/2017 Assembly Judiciary *(text 3/23/2017)*
Introduced: 2/13/2017
Last Amend: 3/23/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #28 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: This bill would impose various requirements on public and private employers with regard to federal immigration agency immigration worksite enforcement actions. Except as otherwise provided by federal law, the bill would prohibit an employer from providing a federal immigration enforcement agent access to a place of labor without a properly executed warrant and would prohibit an employer, or a person acting on behalf of the employer, from providing voluntary access to a federal government immigration enforcement agent to the employer's employee records without a subpoena. The bill would require an employer to provide an employee, and the employee's representative, a written notice containing specified information, in the language the employer normally uses to communicate employment information, of an immigration worksite enforcement action to be conducted by a federal immigration agency at the employer's worksite, unless prohibited by federal law. This bill contains other related laws and provisions.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera		

AB 470 **(Arambula D) Medi-Cal: specialty mental health services: performance outcome dashboard.**
Current Text: Amended: 3/28/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/28/2017)*
Introduced: 2/13/2017
Last Amend: 3/28/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/5/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the State Department of Health Care Services to develop a performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment mental health services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require the department, in collaboration with the California Health and Human Services Agency, to create a performance outcome dashboard, as specified, for specialty mental health services provided to eligible Medi-Cal beneficiaries.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	Meet with Author

AB 473 **(Waldron R) Mental health: criminal justice: pilot project.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/17/2017)*
Introduced: 2/13/2017
Last Amend: 4/17/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #2 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Would require the University of California Criminal Justice and Health Consortium to administer a 4-year statewide pilot project in 6 counties, as specified, for the purpose of assisting participating counties in creating cost-effective programming for the large population of mentally ill adults in county jail systems who have cooccurring substance use disorders, utilizing eligible funds from existing programs established to address mental illness in California communities for purposes of the pilot project activities.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	Meet with Author

AB 477 **(Ridley-Thomas D) Behavioral Health Stakeholder Advisory Panel.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 3/23/2017)*
Introduced: 2/13/2017
Last Amend: 3/23/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/23/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the Behavioral Health Stakeholder Advisory Panel, an independent, statewide advisory board to provide ongoing advice and assistance on behavioral health program needs and priorities to the California Health and Human Services Agency, including making recommendations on actions to improve the collaboration and processes of the multiple agencies involved in California's behavioral health delivery system. The bill would specify the membership of the panel, as appointed by the Secretary of California Health and Human Services, and members of the advisory panel would serve on a voluntary basis, without compensation.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 481 **(Thurmond D) California Mental Health Planning Council: name change.**
Current Text: Amended: 4/17/2017 Text
Introduced: 2/13/2017
Last Amend: 4/17/2017
Status: 4/18/2017-Re-referred to Com. on HEALTH. In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: N
Location: 2/27/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the California Mental Health Planning Council for the purpose of fulfilling certain mental health planning requirements mandated by federal law. This bill would rename the council as the California Behavioral Health Planning Council, including for purposes of the Bronzan-McCorquodale Act, the Lanterman-Petris-Short Act, the federal Substance Abuse and Mental Health Services Administration (SAMHSA), and mental health managed care.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	Move from Watch to

AB 488 **(Kiley R) Mental Health Services Act.**
Current Text: Introduced: 2/13/2017 Text
Introduced: 2/13/2017
Status: 2/27/2017-Referred to Com. on HEALTH.
Is Fiscal: Y
Location: 2/27/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would establish the Mental Health Services Fund Transparency and Accountability Office within the California Health and Human Services Agency, as specified. The bill would transfer various functions of the State Department of Health Care Services under the act to the office. Under this bill, the office would succeed to, and be vested with, all the duties, powers, responsibilities, and jurisdiction, vested in the department, regarding oversight of the Mental Health Services Fund, as specified.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 532 **(Waldron R) Drug courts: drug and alcohol assistance.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/24/2017 Assembly Public Safety *(text 4/19/2017)*
Introduced: 2/13/2017
Last Amend: 4/19/2017
Status: 4/27/2017-Action From SECOND READING: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #32 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Would, until January 1, 2020, would authorize a court to develop a program to offer mental health and addiction treatment services, as defined, to women who are charged with a misdemeanor offense or have a prior misdemeanor conviction. The bill would require the Judicial Council to, on or before January 1, 2020, send a report to the Legislature on the operation of these programs.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 587 **(Chiu D) State government: pharmaceuticals: procurement: collaborative.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/18/2017)*
Introduced: 2/14/2017
Last Amend: 4/18/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law authorizes the Department of General Services to explore additional strategies for managing prescription drug costs and investigate and implement those strategies in consultation with other specified state agencies. This bill would revise these provisions and instead require the department to convene the California Pharmaceutical Collaborative cochaired by the Deputy Director of the Procurement Division of the department and the Assistant Secretary of California Health and Human Services to address the rising cost of pharmaceuticals.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 637 **(Medina D) Community colleges: student equity plans.**
Current Text: Introduced: 2/14/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/14/2017)*

Introduced: 2/14/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #65 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law requires the student equity plan to include, for each community college in the community college district, campus-based research as to the extent of student equity by gender and for each of several specified categories of students. Current law also requires the student equity plan to include whether significant underrepresentation of any of these categories of students is found to exist in terms of access to, and completion of, basic skills, career technical education and workforce training, and transfer courses. This bill would require the campus-based research to use a standard definition and measure of "equity" provided by the Chancellor of the California Community Colleges.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 659 **(Ridley-Thomas D) Medi-Cal: reimbursement rates.**
Current Text: Amended: 3/21/2017 Text
Current Analysis: 03/31/2017 Assembly Health *(text 3/21/2017)*
Introduced: 2/14/2017
Last Amend: 3/21/2017
Status: 4/5/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 14. Noes 0.) (April 4). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 3/2/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law restricts the Medi-Cal reimbursement rate for clinical laboratory or laboratory services, as specified. Existing law requires that laboratory service providers submit annual data reports to the department, as specified, for the purpose of establishing rates for clinical or laboratory services based on the lowest amounts other payers are paying providers for similar services. This bill would change the frequency for submitting those reports to every 3 years beginning in 2019, and would require the data in those reports to be based on the previous calendar year.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

AB 706 **(Patterson R) Medical Board of California: licenses.**
Current Text: Introduced: 2/15/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 2/15/2017)*
Introduced: 2/15/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/2/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Under the Medical Practice Act, physician and surgeon's certificates, certificates to practice podiatric medicine, registrations of spectacle lens dispensers and contact lens dispensers, and certificates to practice midwifery expire on the last day of the birth month of the licensee during the 2nd year of a 2-year term. Under that act, registrations of dispensing opticians expire on the last day of the month in which the license was issued during the 2nd year of a 2-year term. This bill would instead have all of the above licenses expire at the end, as provided, of a 2-year period from the date the license was issued.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 710 **(Wood D) Department of Consumer Affairs: boards: meetings.**
Current Text: Amended: 3/27/2017 Text
Current Analysis: 04/17/2017 Assembly Business And Professions *(text 3/27/2017)*
Introduced: 2/15/2017
Last Amend: 3/27/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (April 18). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Current law generally requires these boards to meet at least 3 times each calendar year, and at least once in northern California and once in southern California per calendar year. This bill would require a board to meet once every other calendar year in rural northern California.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 751 **(Brough R) Alcohol and drug treatment facilities: nonmedical services.**
Current Text: Amended: 3/30/2017 Text
Introduced: 2/15/2017
Last Amend: 3/30/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/30/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the State Department of Health Care Services to license adult alcoholism or drug abuse recovery or treatment facilities, as defined. Current law requires a licensee to provide at least 1 of 3 nonmedical services, which are recovery services, treatment services, and detoxification services. The department is required to adopt regulations requiring records and procedures that are appropriate for each of the nonmedical services. This bill, among other things, would expand the list of nonmedical services to include medication services, counseling and therapy services, meals services, scheduling and appointments services, and planning and tracking services.

Position	Assigned	Subject	Group
13- Watch	Ben Avey	Licensing	

AB 753 **(Caballero D) Denti-Cal: improved access.**
Current Text: Amended: 3/29/2017 Text
Introduced: 2/15/2017
Last Amend: 3/29/2017
Status: 4/18/2017-In committee: Set, second hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/2/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Health Care Services to implement specified initiatives designed to significantly improve access to dental services for adults and children in the Medi-Cal program consistent with the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

AB 782 **(Acosta R) California Health Insurance Fairness Act: personal income tax: deduction: medical insurance.**
Current Text: Introduced: 2/15/2017 Text
Current Analysis: 03/24/2017 Assembly Revenue And Taxation *(text 2/15/2017)*
Introduced: 2/15/2017
Status: 3/27/2017-In committee: Hearing postponed by committee.
Is Fiscal: Y
Location: 3/2/2017-A. REV. & TAX

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/8/2017 2:30 p.m. - State Capitol, Room 126 ASSEMBLY REVENUE AND TAXATION, RIDLEY-THOMAS, Chair
Summary: Would, for taxable years beginning on or after January 1, 2017, allow a deduction from gross income under the Personal Income Tax Law for the amounts paid or incurred by a taxpayer

during the taxable year for medical insurance for medical care, as defined, and for transportation for and essential to that medical care, as provided. The bill would not allow as an itemized deduction, the amount allowed as a deduction from gross income as provided.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman		

AB 839 **(Garcia, Eduardo D) Medi-Cal: targeted case management.**

Current Text: Amended: 3/23/2017 Text

Current Analysis: 04/14/2017 Assembly Health *(text 3/23/2017)*

Introduced: 2/16/2017

Last Amend: 3/23/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would expand the definition of a local governmental agency for purposes of the Targeted Case Management Program Program to include a Native American Indian tribe, tribal organization, or subgroup of a Native American Indian tribe or trial organization. The bill would make conforming changes.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Medi-Cal	

AB 844 **(Burke D) California Marijuana Tax Fund: funding for support system navigation services: minimum performance standards.**

Current Text: Introduced: 2/16/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 2/16/2017)*

Introduced: 2/16/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would amend AUMA by requiring applicants for grants to support system navigation services, as described in AUMA, to meet specific minimum performance standards as a condition of grant eligibility, including, among other standards, operate 24 hours per day, 7 days a week, and 365 days a year. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	Meet with Author

AB 845 **(Wood D) Cannabidiol.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/28/2017)*

Introduced: 2/16/2017

Last Amend: 3/28/2017

Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.

Is Fiscal: Y

Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #75 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. This bill, if one of specified changes in federal law regarding the controlled substance cannabidiol occurs, would provide that a physician who prescribes and a pharmacist who dispenses a product composed of cannabidiol, in accordance with federal law, is in compliance with state law governing those acts.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 849 **(Acosta R) California Workforce Development Board: task force.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/17/2017 Assembly Labor And Employment *(text 3/23/2017)*
Introduced: 2/16/2017
Last Amend: 3/23/2017
Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 19). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/20/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would direct the California Workforce Development Board to convene and lead a task force with the goal of resolving inconsistencies among performance measures for the state's workforce education and training programs. The bill would require that the task force consist of 12 members, including a representative from each of 7 state departments. The bill would require the task force to consult with workforce and economic development officials, employers, and other agencies that administer workforce programs, as specified. The bill would require the task force to provide recommendations to the Legislature on or before an unspecified date.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 859 **(Eggman D) Elders and dependent adults: abuse or neglect.**
Current Text: Amended: 4/24/2017 Text
Introduced: 2/16/2017
Last Amend: 4/24/2017
Status: 4/25/2017-Re-referred to Com. on JUD.
Is Fiscal: N
Location: 3/2/2017-A. JUD.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 5/2/2017 9 a.m. - State Capitol, Room 437 ASSEMBLY JUDICIARY, STONE, Chair
Summary: The Elder Abuse and Dependent Adult Civil Protection Act provides for the award of attorney's fees and costs to, and the recovery of damages by, a plaintiff when it is proven by clear and convincing evidence that the defendant is liable for physical abuse or neglect, and the defendant has also been found guilty of recklessness, oppression, fraud, or malice in the commission of that abuse. This bill would instead apply a preponderance of the evidence standard to any claim brought against a residential care facility for the elderly or a skilled nursing facility, except as specified, for remedies sought pursuant to the above provisions, upon circumstances in which spoliation of evidence has been committed by the defendant, as specified.

Position	Assigned	Subject	Group
13- Watch	Victor Christy		

AB 882 **(Arambula D) Pupil health care services: School Nursing and Pupil Health Care Services Task Force.**
Current Text: Amended: 4/4/2017 Text
Current Analysis: 04/25/2017 Assembly Education *(text 4/4/2017)*
Introduced: 2/16/2017
Last Amend: 4/4/2017
Status: 4/26/2017-Action From ED.: Do pass as amended.To APPR..
Is Fiscal: Y
Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the School Nursing and Pupil Health Care Services Task Force consisting of 18 members, appointed as specified. The bill would specify that the main task of the task force shall be to identify model school health care services programs and practices that directly serve pupils that can be used by county offices of education and school districts to provide support and technical assistance to schools within each jurisdiction in order to improve the safety and quality of health care services to pupils.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	School Based HC, Workforce	

AB 893 **(Garcia, Eduardo D) Healing arts: employment: Pioneers Memorial Health Care District.**
Current Text: Amended: 3/27/2017 Text
Introduced: 2/16/2017
Last Amend: 3/27/2017
Status: 3/28/2017-Re-referred to Com. on B. & P.
Is Fiscal: N
Location: 3/23/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/2/2017 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair
Summary: Would authorize the Pioneers Memorial Health Care District, until January 1, 2022, to conduct a pilot program pursuant to which it also may employ licensees and charge for professional services rendered by those licensees if the medical staff concur by an affirmative vote that the professional's employment is in the best interest of the communities served by the district and the district does not direct or interfere with the professional judgment of a physician and surgeon, as specified. The bill would require the district to submit a report to the office containing data elements required by the office.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 904 **(Gallagher R) Prescription drugs.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 2/17/2017-From printer. May be heard in committee March 19.
Is Fiscal: N
Location: 2/16/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would declare the intent of the Legislature to enact legislation that would address high prescription drug costs.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 917 **(Arambula D) Student health: student suicide prevention policies.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/19/2017)*
Introduced: 2/16/2017
Last Amend: 4/19/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Board of Governors of the California Community Colleges and the Trustees of the California State University, and encourage the Regents of the University of California, before the beginning of the 2018–19 school year, to adopt, at a regularly scheduled meeting, a policy on student suicide prevention, as specified, that specifically addresses the needs of high-risk student groups. By imposing additional duties on community college districts, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, School Based HC	

AB 932 **(Ting D) Shelter crisis: homeless shelters and permanent supportive housing.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/22/2017 Assembly Judiciary *(text 4/19/2017)*

Introduced: 2/16/2017
Last Amend: 4/19/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 11. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, until January 1, 2027, upon a declaration of a shelter crisis by the City and County of San Francisco, authorize emergency housing to include homeless shelters and permanent supportive housing in the City and County of San Francisco. The bill, in lieu of compliance with state and local building, housing, health, habitability, planning and zoning, or safety standards, procedures, and laws, would authorize the City and County of San Francisco to adopt by ordinance reasonable local standards for homeless shelters and permanent supportive housing, as specified.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson	SDoH	

AB 948 **(Bonta D) Marijuana: taxation: electronic fund transfer.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 04/14/2017 Assembly Revenue And Taxation *(text 3/29/2017)*
Introduced: 2/16/2017
Last Amend: 3/29/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #16 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law, the Control, Regulate and Tax Adult Use of Marijuana Act of 2016 (AUMA), added by the approval of Proposition 64 at the November 8, 2016, statewide general election, provides for the licensure and regulation of certain commercial nonmedical marijuana activities. This bill would authorize the State Board of Equalization to exempt a person required to pay taxes imposed by AUMA, whose estimated tax liability under that law averages $20,000 or more per month, from the requirement to remit amounts due by electronic funds transfer if the board deems it necessary to facilitate collection of amounts due.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 966 **(Chau D) Pupil health: medication assistance.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 2/17/2017-From printer. May be heard in committee March 19.
Is Fiscal: N
Location: 2/16/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes a school nurse or other designated school personnel to assist any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon or ordered for him or her by a physician assistant, if the school district receives specified written statements from the physician and surgeon or physician assistant and from the parent, foster parent, or guardian of the pupil.This bill would make nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, School Based HC	

AB 977 **(Allen, Travis R) Workforce development.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 2/17/2017-From printer. May be heard in committee March 19.
Is Fiscal: N

Location: 2/16/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current state law provides that the California Workforce Development Board is the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California's workforce investment system and the alignment of the education and workforce investment systems to the needs of the 21st century economy and workforce. This bill would make a nonsubstantive change to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 989 **(Cooper D) Income tax: health savings accounts.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 4/6/2017)*
Introduced: 2/16/2017
Last Amend: 4/6/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/17/2017-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Personal Income Tax Law authorizes various deductions in computing income that is subject to tax under that law. This bill, for taxable years beginning on or after January 1, 2019, would allow a deduction in computing adjusted gross income in connection with health savings accounts in conformity with federal law. In general, the deduction would be an amount equal to the aggregate amount paid in cash during the taxable year by, or on behalf of, an eligible individual, as defined, to a health savings account of that individual, as provided.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

AB 1003 **(Bloom D) California Community Health Fund.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/19/2017)*
Introduced: 2/16/2017
Last Amend: 4/19/2017
Status: 4/26/2017-From committee: That the measure be retained in committee, and that the subject matter be referred to the Committee on Rules for assignment to the proper committee for study. (Ayes 5. Noes 0.) (April 25).
Is Fiscal: Y
Location: 4/26/2017-A. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for various programs that prevent disease and promote health.This bill would establish the California Community Health Fund in the State Treasury, and would require moneys in the fund to be used, upon appropriation by the Legislature, to diminish the human and economic costs of diabetes, obesity, heart disease, and dental disease, and to reduce inequitable disparities in health between population groups, in California. This bill contains other related provisions.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson	SDoH	Move from Watch to Support

AB 1032 **(Calderon D) State Department of Public Health.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 2/17/2017-From printer. May be heard in committee March 19.
Is Fiscal: N
Location: 2/16/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law imposes various functions and duties on the State Department of Public Health

with respect to the administration and oversight of various health programs and facilities relating to the prevention of disease and the promotion of health. Current law authorizes the department to adopt and enforce regulations for the execution of its duties.This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 1048 **(Arambula D) Health care: pain management and Schedule II drug prescriptions.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/19/2017)*
Introduced: 2/16/2017
Last Amend: 4/19/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #3 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Would authorize a pharmacist to dispense a Schedule II controlled substance as a partial fill if requested by the patient or the prescriber. The bill would require the pharmacy to retain the original prescription, with a notation of how much of the prescription has been filled, until the prescription has been fully dispensed, and would impose notification requirements on the pharmacy. The bill would require the pharmacy to collect the copayment, if any, for the entire prescription at the time of the first partial fill and would prohibit a pharmacy from charging an additional fee, service fee, or a higher rate or copayment for prescriptions that are dispensed as partial fills.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 1059 **(Gonzalez Fletcher D) Dual agency: commercial real estate transactions.**
Current Text: Amended: 3/30/2017 Text
Introduced: 2/16/2017
Last Amend: 3/30/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: N
Location: 3/30/2017-A. JUD.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a brokerage firm, broker, or any of its associate licensees from acting as an agent for both a seller and a buyer in the same commercial real estate transaction. The bill would prohibit a brokerage firm, broker, or any of its associated licensees from acting as a dual agent in connection with its representation of any principal. The bill would define various terms for purposes of carrying out these provisions.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	Remove from Watch

AB 1096 **(Bonta D) Marijuana: agreements with tribal governments.**
Current Text: Amended: 3/28/2017 Text
Introduced: 2/17/2017
Last Amend: 3/28/2017
Status: 4/19/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/27/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize the Governor to enter into agreements concerning medical and recreational marijuana with a federally recognized sovereign Indian tribe, as defined. The bill would authorize these agreements to include provisions regulating the activities of a licensee operating on and off the land of a federally recognized sovereign Indian tribe.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman,	Marijuana/Cannabis	

AB 1102 **(Rodriguez D) Health facilities: whistleblower protections.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/22/2017 Assembly Judiciary *(text 4/20/2017)*
Introduced: 2/17/2017
Last Amend: 4/20/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law prohibits a health facility from discriminating or retaliating against a patient, employee, member of the medical staff, or any other health care worker of the health facility because that person has presented a grievance, complaint, or report to the facility, as specified, or has initiated, participated, or cooperated in an investigation or administrative proceeding related to the quality of care, services, or conditions at the facility, as specified. Existing law makes a person who willfully violates those provisions guilty of a misdemeanor punishable by a fine of not more than $20,000 and makes a violation of those provisions subject to a civil penalty. This bill would increase the maximum fine for a misdemeanor violation of these provisions to $75,000.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1103 **(Obernolte R) Bicycles: yielding.**
Current Text: Amended: 4/6/2017 Text
Introduced: 2/17/2017
Last Amend: 4/6/2017
Status: 4/17/2017-Re-referred to Com. on TRANS. In committee: Hearing postponed by committee.
Is Fiscal: N
Location: 3/9/2017-A. TRANS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/8/2017 2:30 p.m. - State Capitol, Room 4202 ASSEMBLY TRANSPORTATION, FRAZIER, Chair
Summary: Current law, subject to exceptions, provides that a person riding a bicycle or operating a pedicab upon a highway has all the rights and is subject to all the laws applicable to the driver of a vehicle.This bill would, notwithstanding those provisions, authorize a person operating a bicycle approaching a stop sign, after slowing to a reasonable speed and yielding the right-of-way, to cautiously make a turn or proceed through the intersection without stopping, unless safety considerations require otherwise.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman		Remove from Watch

AB 1107 **(Nazarian D) Oncology Clinical Pathway Act of 2017.**
Current Text: Amended: 3/21/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 3/21/2017)*
Introduced: 2/17/2017
Last Amend: 3/21/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would enact the Oncology Clinical Pathway Act of 2017, requiring a health care service plan or health insurer that develops and implements a clinical pathway, as defined, to comply with certain requirements for cancer treatment. The bill would prohibit a plan or health insurer from, among other things, developing and implementing a clinical pathway that discourages patient access to clinical trials. Because a willful violation of the act by a health care service plan would be a crime, this bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
13- Watch	Meaghan	Managed Care	Remove from

AB 1135 **(Wood D) California Marijuana Tax Fund.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (April 18). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Public Health and the State Department of Education to establish an inclusive public stakeholder process to seek input from stakeholders to determine a disbursement formula for the funds provided to the State Department of Health Care Services from the California Marijuana Tax Fund and would require the findings of the stakeholder meetings to be given to the State Department of Health Care Services and considered by that department when determining funding priorities for those moneys.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	Meet with Author

AB 1140 **(Obernolte R) Income tax: health savings accounts.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 03/30/2017 Assembly Revenue And Taxation *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/3/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/6/2017-A. REV. & TAX

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, for taxable years beginning on or after January 1, 2017, would allow a deduction in computing adjusted gross income in connection with health savings accounts in conformity with federal law. In general, the deduction would be an amount equal to the aggregate amount paid in cash during the taxable year by, or on behalf of, an eligible individual, as defined, to a health savings account of that individual, as provided. This bill contains other related provisions.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

AB 1149 **(Arambula D) Workforce investment boards: funding.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/24/2017 Assembly Jobs, Economic Development, And The Economy *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would expand the types of services to which leveraged funds may be applied to include supportive services and would expand the types of leveraged funds that may be applied to the 10% credit, described above, to include specified federal, local, state, and private funds.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1177 **(Gray D) Health care coverage.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal: N

Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law states the intent of the Legislature to create a process by which the options for achieving universal health care coverage can be thoroughly examined. Current law requires the Secretary of the California Health and Human Services Agency to report back to the Legislature on the options for achieving health care coverage, including specified information. Current law requires the secretary to report back to the Legislature on or before December 1, 2001, on the results of the process, as specified.This bill would make technical, nonsubstantive changes to those provisions.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

AB 1188 **(Nazarian D) Health professions development: loan repayment.**
Current Text: Amended: 4/5/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 4/5/2017)*
Introduced: 2/17/2017
Last Amend: 4/5/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Mental Health Practitioner Education Fund and provides that moneys in that fund are available, upon appropriation, for purposes of the Licensed Mental Health Service Provider Education Program. This bill would add licensed professional clinical counselors and licensed professional clinical counselor interns to those licensed mental health service providers eligible for grants to reimburse educational loans.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Meaghan McCamman	Behavioral Health, Workforce	

AB 1215 **(Ridley-Thomas D) Mental Health Services Act: innovative programs: research.**
Current Text: Amended: 3/21/2017 Text
Introduced: 2/17/2017
Last Amend: 3/21/2017
Status: 3/22/2017-Re-referred to Com. on HEALTH.
Is Fiscal: N
Location: 3/20/2017-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/9/2017 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
Summary: Current law requires county mental health programs to expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission. This bill would encourage a county mental health program, if research is chosen for an innovative project, to conduct research of the brain and its physical and biochemical processes that may have broad applications, but have specific potential for understanding, treating, and managing mental illness, as specified.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 1225 **(Patterson R) State Department of Public Health: regulations and program flexibility.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 2/17/2017)*
Introduced: 2/17/2017
Last Amend: 4/20/2017
Status: 4/24/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Public Health to report to the Legislature annually on its efforts to update or modernize its regulations, as specified, including with regard to its use of program flex waivers. The bill would also require the department to focus on adopting amendments to regulations that tend to receive the highest number of program flex waivers, as specified. The bill would require a health facility that received program flexibility from the department to post a notice stating that it has been approved for program flexibility and where documents are available for inspection, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 1229 **(Salas D) Healing arts: Board of Vocational Nursing and Psychiatric Technicians of the State of California.**

Current Text: Introduced: 2/17/2017 Text

Current Analysis: 04/24/2017 Assembly Business And Professions *(text 2/17/2017)*

Introduced: 2/17/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the Board of Vocational Nursing and Psychiatric Technicians of the State of California, which is within the Department of Consumer Affairs, to license and regulate vocational nurses and psychiatric technicians and requires the board to appoint an executive officer to perform duties as delegated by the board. Current law repeals the provisions establishing the board and the board's authority to appoint an executive officer on January 1, 2018. This bill would provide that the repeal of the provisions regarding the operation of the board and the board's authority to appoint an executive officer render the successor entity to the board subject to review by the appropriate policy committees of the Legislature.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1240 **(Fong R) Health care coverage: essential health benefits.**

Current Text: Introduced: 2/17/2017 Text

Introduced: 2/17/2017

Status: 2/19/2017-From printer. May be heard in committee March 21.

Is Fiscal: N

Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law requires an individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2017, to, at a minimum, cover essential health benefits, and defines "essential health benefits" to include health benefits covered by other particular benchmark plans, including a certain plan offered during the first quarter of 2014. This bill would make a technical, nonsubstantive change to this provision.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

AB 1277 **(Daly D) Dentistry: Dental Board of California: regulations.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/17/2017 Assembly Business And Professions *(text 3/28/2017)*

Introduced: 2/17/2017

Last Amend: 3/28/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Dental Board of California to amend regulations on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. The bill, until December 31, 2018, would deem the adoption and readoption of the regulation an emergency and would exempt the board from describing facts showing the need for immediate action and from review by the Office of Administrative Law.

Position	Assigned	Subject	Group
13- Watch	Ben Avey, Beth Malinowski	Oral Health	

AB 1279 **(Salas D) Valley fever.**
Current Text: Amended: 4/25/2017 Text
Current Analysis: 04/26/2017 Assembly Health *(text 4/6/2017)*
Introduced: 2/17/2017
Last Amend: 4/25/2017
Status: 4/26/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require each county to ascertain and report the existence of every case of valley fever to the State Department of Public Health in a timely manner. By requiring the county to perform a new duty to collect and report information, this bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
13- Watch	Victor Christy	SDoH	

AB 1315 **(Mullin D) Mental health: early psychosis detection and intervention.**
Current Text: Amended: 3/30/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 3/30/2017)*
Introduced: 2/17/2017
Last Amend: 3/30/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish an advisory committee to the Mental Health Services Oversight and Accountability Commission for purposes of creating an early psychosis detection and intervention competitive selection process to, among other things, expand the provision of high-quality, evidence-based early psychosis detection and intervention services in this state by providing funding to the counties for this purpose. The bill would require a county that receives an award of funds for the purposes of these provisions to contribute local funds, as specified.This bill would prescribe the membership of the advisory committee, including the chair of the commission or his or her designee.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 1340 **(Maienschein R) Continuing medical education: mental and physical health care integration.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 16. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the Medical Board of California to consider including in its continuing education requirements a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues in children and young adults and their appropriate care and treatment.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	

AB 1349 **(Daly D) Diabetes: strategy for awareness and prevention.**
Current Text: Amended: 3/30/2017 Text
Introduced: 2/17/2017
Last Amend: 3/30/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/30/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Public Health and the State Department of Health Care Services to jointly develop a strategy for diabetes awareness and prevention, and to report that strategy and related findings to the Legislature and the Governor on or before July 1, 2018.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson	SDoH	

AB 1356 **(Eggman D) Higher Education Assistance Fund: personal income taxes: additional tax.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/24/2017 Assembly Higher Education *(text 4/6/2017)*
Introduced: 2/17/2017
Last Amend: 4/6/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/30/2017-A. HIGHER ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, for taxable years beginning on or after January 1, 2019, impose an additional tax of 1% on income that exceeds $1,000,000, as provided. The bill would deposit the revenues derived from this tax into the Higher Education Assistance Fund, a continuously appropriated fund established by this bill, for the purposes of funding student financial assistance for tuition and fees required of specified students enrolled at the University of California, the California State University, and the California Community Colleges. This bill contains other related provisions.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1368 **(Calderon D) Medi-Cal: authorization requests.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 3/30/2017)*
Introduced: 2/17/2017
Last Amend: 4/20/2017
Status: 4/24/2017-Read second time. Ordered to Consent Calendar.
Is Fiscal: N
Location: 4/24/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #183 ASSEMBLY CONSENT CALENDAR 2ND DAY-ASSEMBLY BILLS
Summary: Current law provides for a schedule of benefits and services under the Medi-Cal program, subject to utilization controls. Current law provides that specified utilization controls may be applied to any specific service or group of services that are subject to utilization controls, including prior authorization requirements. This bill would authorize a physician to designate a physician assistant or nurse practitioner to sign any authorization form required by the department for benefits and services under the Medi-Cal program, provided that the physician and the designated physician assistant or nurse practitioner are each enrolled as a Medi-Cal provider.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	Move from Watch to Support

AB 1382 **(Grayson D) Community colleges: STEM course fees.**
Current Text: Amended: 4/3/2017 Text

Introduced: 2/17/2017
Last Amend: 4/3/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/30/2017-A. HIGHER ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires community college districts to charge each student an enrollment fee of $46 per unit per semester. Current law requires this fee to be waived for students meeting prescribed requirements. This bill would additionally require the board of governors to waive the fee, for enrollment in science, technology, engineering, and mathematics (STEM) courses only, for a student who graduated from a California high school after attending a California high school for at least 2 academic years. The bill would specify that the fee shall be waived only for the student's enrollment in STEM courses within 4 academic years from the date of his or her high school graduation.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1389 **(Bigelow R) Employment safety: boiler and tank inspections.**
Current Text: Amended: 3/29/2017 Text
Introduced: 2/17/2017
Last Amend: 3/29/2017
Status: 4/6/2017-VOTE: Be re-referred to the Committees on [Labor and Employment] and [Judiciary]
Is Fiscal: N
Location: 4/6/2017-A. L. & E.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes a permit to be issued by or on behalf of the division for the operation of a tank or boiler if it is found to be in a safe condition. Current law requires the inspection required by these provisions to be made either by qualified safety engineers employed by the division or by certified inspectors. This bill would, in the same manner as provided by law for a public entity, exempt an insurer, its agents, employees, or service contractors from liability for injury caused by failure to make an inspection, or by reason of making an inadequate or negligent inspection, of a tank or boiler, for the purpose of determining whether it is in a safe condition for operation.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	Remove from Watch

AB 1466 **(Patterson R) Patient records.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal: N
Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes procedures for providing access to health care records or summaries of those records by patients and by persons having responsibility for decisions respecting the health care of others. Current law provides for the regulation of those patient records. Current law specifically requires licensed clinics, health facilities, adult day health care centers, and home health agencies that utilize electronic recordkeeping systems only to comply with additional requirements relating to patient records, except as specified. This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians	

AB 1488 **(Thurmond D) Health care: genetic diseases.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/17/2017)*
Introduced: 2/17/2017
Last Amend: 4/17/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the State Department of Public Health to create programs for the monitoring and treatment of various diseases, including cancer and cardiovascular disease. This bill, until January 1, 2024, would require the department to establish up to 4 Sickle Cell Disease Centers, that are responsible for coordinating care of people with sickle cell disease throughout California and for providing specified training and outreach services for patients with sickle cell disease and health care professionals.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman		

AB 1493 **(Patterson R) Clinics.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal: N
Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Under current law, the State Department of Public Health is responsible for the licensing and regulation of clinics, defined as an organized outpatient health facility that provides direct specified advice, services, or treatment to patients who remain less than 24 hours, and that may also provide diagnostic or therapeutic services to patients in the home, as specified. This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Ben Avey	Licensing	Meet with Author

AB 1532 **(Bloom D) State Department of Public Health: diabetes grant specialist.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/26/2017 Assembly Health *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal:
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #109 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law requires the State Department of Public Health, commencing on July 1, 2017, to annually post information on its Internet Web site summarizing the amount and source of funding directed to the department for programs and activities aimed at preventing or managing diabetes and the expenditures by the department on programs and activities aimed at preventing or managing diabetes. This bill would require the department to establish a grant specialist who shall identify and apply for grants related to the prevention and management of diabetes.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson, Victor Christy	SDoH	

AB 1538 **(Bonta D) Alameda Health System Hospital Authority: physician services.**
Current Text: Amended: 3/28/2017 Text
Introduced: 2/17/2017
Last Amend: 3/28/2017
Status: 3/29/2017-Re-referred to Com. on L. GOV.
Is Fiscal: N
Location: 3/27/2017-A. L. GOV.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/3/2017 1:30 p.m. - State Capitol, Room 126 ASSEMBLY LOCAL GOVERNMENT, AGUIAR-CURRY, Chair
Summary: Current law authorizes the Board of Supervisors of Alameda County to establish the Alameda Health System Hospital Authority for the management, administration, and control of the medical center in that county This bill would prohibit the hospital authority, before January 1, 2024,

from entering into a contract with any other person or entity to replace services being provided by physicians and surgeons who are employed by the hospital authority and in a recognized collective bargaining unit, irrespective of when they joined that bargaining unit, with services provided by that other person or entity without clear and convincing evidence that the needed medical care can only be delivered cost effectively by that other person or entity.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 1539 **(Chen R) Mental health.**
Current Text: Amended: 4/4/2017 Text
Introduced: 2/17/2017
Last Amend: 4/4/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 4/3/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides immunity from civil and criminal liability for the detention for specified licensed general acute care hospitals, licensed acute psychiatric hospitals, licensed professional staff at those hospitals, or any physician and surgeon providing emergency medical services in any department of those hospitals if various conditions are met, including that the detained person cannot be safely released from the hospital because, in the opinion of specified treating staff, the person, as a result of a mental disorder, presents a danger to himself or herself, or others, or is gravely disabled, as defined. This bill would expand the above definition of "gravely disabled" to also include a condition in which a person, as a result of a mental health disorder or chronic alcoholism, as applicable, is unable to provide for his or her medical care. The bill would make conforming changes.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 1560 **(Friedman D) Nurse practitioners: supervision.**
Current Text: Amended: 3/21/2017 Text
Introduced: 2/17/2017
Last Amend: 3/21/2017
Status: 3/22/2017-Re-referred to Com. on B. & P.
Is Fiscal: N
Location: 3/20/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 5/2/2017 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair
Summary: The Nursing Practice Act provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. The act authorizes a nurse practitioner to furnish or order drugs or devices under specified circumstances subject to physician and surgeon supervision. The act prohibits a physician and surgeon from supervising more than 4 nurse practitioners at one time for purposes of furnishing drugs or devices.This bill would delete that cap on the number of nurse practitioners a physician and surgeon may supervise at one time for purposes of furnishing drugs or devices.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	

AB 1584 **(Gonzalez Fletcher D) Insurance: production agents: license examinations: contracts.**
Current Text: Amended: 3/28/2017 Text
Introduced: 2/17/2017
Last Amend: 3/28/2017
Status: 3/29/2017-Re-referred to Com. on INS.
Is Fiscal: N
Location: 3/27/2017-A. INS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the Insurance Commissioner to give, at least once each month, in each of the cities in which he or she has an office, qualifying examinations for production agent licenses. Current law, from January 1, 2018, to January 1, 2024, inclusive, requires that the examination for a license as a life agent, life-only agent, and accident and health agent be provided in

English and Spanish. This bill would require a person granted a license, after taking an examination pursuant to the above-described provisions, to provide the consumer with contracts, policies, certificates, riders, and any other required notices written in Spanish if Spanish was principally used in the negotiation of the contract.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	Remove from Watch

AB 1589 **(Salas D) Pharmacy: pharmacist supervision: technicians.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 16. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal:
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits a pharmacy with one pharmacist from having more than one pharmacy technician and prohibits the ratio of pharmacy technicians to any additional pharmacists from exceeding 2:1, except as specified. This bill would require the California State Board of Pharmacy to review that ratio on a biennial basis and would require the board to provide a report to the Legislature with legislative recommendations if the board decides a change is necessary.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Deb Roth	Pharmacy, Workforce	

AB 1612 **(Burke D) Nursing: certified nurse-midwives: supervision.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 4/18/2017)*
Introduced: 2/17/2017
Last Amend: 4/18/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 4.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would repeal the requirement that a certified nurse-midwife be under the supervision of a licensed physician and surgeon. The bill would authorize a certified nurse-midwife to consult, refer, or transfer care to a physician and surgeon as indicated by the health status of the patient and the resources and medical personnel available in the setting of care. The bill would provide that a certified nurse-midwife practices within a variety of settings, including, but not limited to, the home setting. The bill would specify that nurse-midwifery care emphasizes informed consent, preventive care, and early detection and referral of complications.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1643 **(Bonta D) Health Care for All Commission.**
Current Text: Amended: 3/28/2017 Text
Current Analysis: 04/18/2017 Assembly Governmental Organization *(text 3/28/2017)*
Introduced: 2/17/2017
Last Amend: 3/28/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 2.) (April 19). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would create the 9-member Health Care for All Commission in the State Department of Health Care Services, for the purpose of investigating and making recommendations on improving health care access and affordability for all Californians. The bill would require the Governor, the Senate Rules Committee, and the Speaker of the Assembly to each appoint 3 members of the commission, and require the commission to elect its chair from among its members.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 1666 **(Kiley R) Health care service plans.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal: N
Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law charges the Department of Managed Health Care with the execution of the laws of this state relating to health care service plans to ensure that health care service plans provide enrollees with access to quality health care services.This bill would make a technical, nonsubstantive change to these provisions.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

AB 1685 **(Maienschein R) Children's mental health.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal:
Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, the Children's Mental Health Services Act, establishes an interagency system of care for children with serious emotional and behavioral disturbances that provides comprehensive, coordinated care. Current law states that the programs are intended to ensure services will be provided to severely mentally ill children and that they be part of the children's system of care. This bill would make technical, nonsubstantive changes to those provisions.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

ACR 8 **(Jones-Sawyer D) Post-traumatic "street" disorder.**
Current Text: Introduced: 1/10/2017 Text
Introduced: 1/10/2017
Status: 1/30/2017-Referred to Com. on HEALTH.
Is Fiscal: N
Location: 1/30/2017-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/9/2017 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
Summary: This measure would recognize post-traumatic "street" disorder as a mental health condition with growing implications for our state.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, Clinicians	

HR 12 **(Gomez D) Relative to United States immigration policy.**
Current Text: Introduced: 1/30/2017 Text
Introduced: 1/30/2017
Status: 1/30/2017-Introduced.
Is Fiscal:
Location: 1/30/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Relative to United States immigration policy.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

SB 8 **(Beall D) Diversion: mental disorders.**
Current Text: Amended: 2/21/2017 Text
Current Analysis: 04/03/2017 Senate Appropriations *(text 2/21/2017)*
Introduced: 12/5/2016
Last Amend: 2/21/2017
Status: 4/3/2017-April 3 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/3/2017-S. APPR. SUSPENSE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would authorize a court, with the consent of the defendant and a waiver of the defendant's speedy trial right, to postpone prosecution of a misdemeanor or a felony punishable in a county jail, and place the defendant in a pretrial diversion program if the court is satisfied the defendant suffers from a mental disorder, that the defendant's mental disorder played a significant role in the commission of the charged offense, and that the defendant would benefit from mental health treatment.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

SB 17 **(Hernandez D) Health care: prescription drug costs.**
Current Text: Amended: 4/25/2017 Text
Current Analysis: 04/19/2017 Senate Health *(text 3/14/2017)*
Introduced: 12/5/2016
Last Amend: 4/25/2017
Status: 4/25/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires health care service plans and health insurers to file specified rate information with DMHC or DOI, as applicable, for health care service plan contracts or health insurance policies in the individual or small group markets and for health care service plan contracts and health insurance policies in the large group market. This bill would require health care service plans or health insurers that file the above-described rate information to report to DMHC or DOI, on a date no later than the reporting of the rate information, specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided. DMHC and DOI would be required to compile the reported information into a report for the public and legislators that demonstrates the overall impact of drug costs on health care premiums and publish the reports on their Internet Web sites by January 1 of each year.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

SB 34 **(Bates R) Residential treatment facilities.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/20/2017)*
Introduced: 12/5/2016
Last Amend: 4/20/2017
Status: 4/26/2017-Action From HEALTH: Do pass as amended.To PUB. S..
Is Fiscal: Y
Location: 4/26/2017-S. PUB. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Health Care Services to report to the Legislature, on or before January 1, 2019, regarding the effect of the concentration of residential alcoholism or drug abuse recovery or treatment facilities in a community on the health and recovery of residents of

those facilities, as specified. The bill would also require, commencing January 1, 2019, the department to annually post on its Internet Web site information regarding the effect of the concentration of those facilities, including the number and nature of complaints submitted to the department regarding the concentration of those facilities and the findings of completed investigations by the department regarding the complaints.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

SB 43 **(Hill D) Antimicrobial-resistant infection: reporting.**

Current Text: Amended: 4/5/2017 Text

Current Analysis: 04/17/2017 Senate Health *(text 4/5/2017)*

Introduced: 12/5/2016

Last Amend: 4/5/2017

Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require specified general acute care hospitals and clinical laboratories to submit a report to the Department of Public Health , commencing July 1, 2019, and each July 1 thereafter, containing an antibiogram of the facility for the previous year. The bill would require the Antimicrobial Stewardship and Resistance Subcommittee of the Healthcare Associated Infections Advisory Committee of the department, on or before January 1, 2019, to develop and recommend to the department, the acceptable electronic format for the report and a method for the department to accurately estimate the number of deaths that result from antimicrobial resistant infections for specified types of antimicrobial infections.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians	Meet with Author

SB 68 **(Lara D) Public postsecondary education: exemption from nonresident tuition.**

Current Text: Amended: 3/29/2017 Text

Current Analysis: 04/17/2017 Senate Appropriations *(text 3/29/2017)*

Introduced: 1/5/2017

Last Amend: 3/29/2017

Status: 4/17/2017-April 17 hearing: Placed on APPR. suspense file.

Is Fiscal: Y

Location: 4/17/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would exempt a student, other than a nonimmigrant alien, from nonresident tuition at the California State University and the California Community Colleges if the student has a total of 3 or more years of attendance, or attainment in California of equivalent credits, at California elementary schools, California secondary schools, California adult schools, campuses of the California Community Colleges, or a combination of those schools, as specified, and the student graduates from a California high school or attains the equivalent, attains an associate degree from a campus of the California Community Colleges, or fulfills minimum transfer requirements established for the University of California or the California State University for students transferring from campuses of the California Community Colleges.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

SB 70 **(Bates R) Real estate: Uniform Standards of Professional Appraisal Practice.**

Current Text: Amended: 3/30/2017 Text

Introduced: 1/9/2017

Last Amend: 3/30/2017

Status: 4/13/2017-April 17 hearing postponed by committee.

Is Fiscal: Y

Location: 4/5/2017-S. B., P. & E.D.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Real Estate Law makes the Uniform Standards of Professional Appraisal Practice the minimum standard of conduct and performance for a licensee in any work or service performed that is addressed by those standards. This bill would instead provide, except as specified, that a licensee, with the consent of the client obtained in advance, is not required to comply with certain provisions of the Uniform Standards of Professional Appraisal Practice, including, among others, disclosure of prior services performed by the licensee on the property subject to an appraisal report.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	Remove from Watch

SB 148 **(Wiener D) State Board of Equalization: counties: cannabis-related business: cash payments.**
Current Text: Amended: 4/5/2017 Text
Current Analysis: 04/24/2017 Senate Appropriations *(text 4/5/2017)*
Introduced: 1/17/2017
Last Amend: 4/5/2017
Status: 4/24/2017-April 24 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/24/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would enact the Cannabis State Payment Collection Law and would authorize the State Board of Equalization or a county to collect cash payments from cannabis-related businesses for a state agency that administers fees, fines, penalties, taxes, or other charges payable by a cannabis-related business, if that state agency has entered into an agreement with the board or county. This bill would require a county to collect only if both the board of supervisors of the county and the county tax collector or county treasurer-tax collector approves of entering into an agreement with a state agency to make those collections.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

SB 152 **(Hernandez D) Medi-Cal.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/26/2017 Senate Floor Analyses *(text 3/23/2017)*
Introduced: 1/18/2017
Last Amend: 3/23/2017
Status: 4/25/2017-Read second time. Ordered to third reading.
Is Fiscal: Y
Location: 4/25/2017-S. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #66 SENATE SEN THIRD READING FILE - SEN BILLS
Summary: Current law requires the State Department of Health Care Services to develop and prepare one or more reports issued on at least a quarterly basis for the purpose of informing the California Health and Human Services Agency, the California Health Benefit Exchange, the Legislature, and the public about the enrollment process for all insurance affordability programs. This bill would instead require this report to be issued on at least a biannual basis and would make a conforming change.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 171 **(Hernandez D) Medi-Cal: Medi-Cal managed care plans.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/19/2017)*
Introduced: 1/23/2017
Last Amend: 4/19/2017
Status: 4/26/2017-Action From HEALTH: Do pass as amended.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current state law establishes hearing procedures for an applicant for or beneficiary of Medi-Cal who is dissatisfied with certain actions regarding health care services and medical assistance to request a hearing from the State Department of Social Services under specified circumstances, and

requires a request for a hearing to be filed within 90 days after the order or action complained of. This bill would implement various provisions in regard to those federal regulations, as amended May 6, 2016, governing Medicaid managed care plans. The bill would authorize a person to request a hearing involving a Medi-Cal managed care plan within 120 calendar days after the order or action complained of, and would exclude a request from the 120-calendar day filing time if there is good cause, as defined, for filing the request beyond the 120-calendar day period.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 179 **(Atkins D) Gender identity: female, male, or nonbinary.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/24/2017 Senate Judiciary *(text 4/17/2017)*
Introduced: 1/24/2017
Last Amend: 4/17/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 1.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would enact the Gender Recognition Act, delete the requirement that an applicant have undergone any treatment, and instead would authorize a person to submit to the State Registrar an application to change gender on the birth certificate and an affidavit attesting, under penalty of perjury, that the request for a change of gender is to conform the person's legal gender to the person's gender identity and not for any fraudulent purpose. By requiring the affidavit to be attested to under penalty of perjury, the bill would create a crime, and thus impose a state-mandated local program. This bill would authorize the change of gender on the new birth certificate to be female, male, or nonbinary.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 191 **(Beall D) Pupil health: mental health and substance use disorder services.**
Current Text: Amended: 3/28/2017 Text
Current Analysis: 04/24/2017 Senate Appropriations *(text 3/28/2017)*
Introduced: 1/30/2017
Last Amend: 3/28/2017
Status: 4/24/2017-April 24 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/24/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize a county, or a qualified provider operating as part of the county mental health plan network, and a local educational agency to enter into a partnership to create a program that includes, among other things, targeted interventions for pupils with identified social-emotional, behavioral, and academic needs and an agreement that establishes a Medi-Cal mental health provider that is county operated or county contracted for the provision of mental health and substance use disorder services to pupils of the local educational agency and in which there are provisions for the delivery of campus-based mental health and substance use disorder services through qualified providers or qualified professionals to provide on-campus support to identify pupils with an individualized education program (IEP), and pupils who do not have an IEP, but who a teacher believes may require mental health or substance use disorder services and, with parental consent, to provide those services to those pupils.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, School Based HC	

SB 192 **(Beall D) Mental Health Services Act Reversion Fund.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/03/2017 Senate Health *(text 3/28/2017)*
Introduced: 1/30/2017
Last Amend: 4/18/2017
Status: 4/18/2017-Read second time and amended. Re-referred to Com. on APPR.

Is Fiscal: Y
Location: 4/18/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would amend the Mental Health Services Act by instead requiring that any funds allocated since the 2008–09 fiscal year, except as specified, to a large, medium, small, or very small county, as defined, that have not been spent for their authorized purpose within 3 years of being allocated, and any interest earned on unspent funds, revert to the state for deposit into the newly established Mental Health Services Act Reversion Fund. The bill would authorize a very small county to apply for a waiver, subject to approval by the commission, requesting a delay of the reversion of funds, but not for more than 5 fiscal years from the time of allocation of funds.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

SB 199 **(Hernandez D) The California Health Care Cost, Quality, and Equity Atlas.**
Current Text: Amended: 3/30/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 3/30/2017)*
Introduced: 1/30/2017
Last Amend: 3/30/2017
Status: 4/4/2017-Set for hearing April 26.
Is Fiscal: Y
Location: 2/9/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Secretary of California Health and Human Services, in furtherance of the goal of creating the California Health Care Cost, Quality, and Equity Atlas, to convene an advisory committee composed of a broad spectrum of health care stakeholders and experts, as specified. The bill would require the secretary to charge the advisory committee with identifying the type of data, purpose of use, and entities and individuals that are required to report to, or that may have access to, a health care cost, quality, and equity atlas, and with developing a set of recommendations based on specified findings of the March 1, 2017, report.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 209 **(Cannella R) State Department of Health Care Services.**
Current Text: Introduced: 2/1/2017 Text
Introduced: 2/1/2017
Status: 2/9/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/1/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the State Department of Health Care Services within the California Health and Human Services Agency. Current law sets forth the department's powers and duties relating to, among other things, public health, licensing and certification of certain health facilities, and the state Medi-Cal program.This bill would state the intent of the Legislature to enact legislation relating to the powers and duties of the department.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

SB 223 **(Atkins D) Health care language assistance services.**
Current Text: Amended: 4/26/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 4/5/2017)*
Introduced: 2/2/2017
Last Amend: 4/26/2017
Status: 4/26/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: For specified vital documents that are not standardized but contain enrollee or insured specific information, current law does not require a health care service plan or health insurer to translate the documents into threshold languages identified by the needs assessment, but instead requires a written notice of availability of interpretation services in threshold languages identified by the needs assessment to be included with those vital documents. This bill would also require this written notice to be made available in the top 15 languages spoken by limited-English-proficient (LEP) individuals in California identified annually by the United States Census Bureau.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 241 **(Monning D) Medical records: access.**
Current Text: Introduced: 2/6/2017 Text
Current Analysis: 04/24/2017 Senate Judiciary *(text 2/6/2017)*
Introduced: 2/6/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would change the basis of the fee that a health care provider is authorized to charge from clerical costs to specified costs for labor, supplies, postage, and preparing an explanation or summary of the patient record. The bill would require the health care provider to provide the patient or patient's personal representative with a copy of the records in a paper or electronic copy, in the form or format requested if the records are readily producible in that form or format. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Ben Avey		Meet with Author

SB 288 **(Hernandez D) Health coverage: small employers.**
Current Text: Introduced: 2/9/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 2/9/2017)*
Introduced: 2/9/2017
Status: 4/26/2017-Action From HEALTH: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the California Health Benefit Exchange Board to establish the Small Business Health Options Program, otherwise referred to as the SHOP program, separate from the activities of the board related to the individual market, to assist qualified small employers in facilitating the enrollment of their employees in qualified health plans offered through the Exchange in the small employer market in a manner consistent with a specified provision of the federal act. This bill would change the name of the SHOP program to Covered California for Small Business and make related conforming changes.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 315 **(Nguyen R) California Massage Therapy Council: material for non-English speakers.**
Current Text: Amended: 4/25/2017 Text
Current Analysis: 04/26/2017 Senate Floor Analyses *(text 4/25/2017)*
Introduced: 2/13/2017
Last Amend: 4/25/2017
Status: 4/26/2017-Read second time. Ordered to third reading. Published April 26 at 4 a.m.
Is Fiscal: N
Location: 4/26/2017-S. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #75 SENATE SEN THIRD READING FILE - SEN BILLS
Summary: Would require the California Massage Therapy Council to assess its contact with non-English speakers. The bill would require the council, based on this assessment, to offer and make available all publicly available written and electronic materials provided to certificate holders and applicants in languages other than English that the council determines will be used by a substantial number of non-English speakers in contact with the council. The bill would exclude examinations, denial and disciplinary legal documents, and email communications from that requirement.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	Remove from Watch

SB 320 **(Leyva D) Public health: public postsecondary education: on-campus student health centers: abortion by medication techniques.**
Current Text: Amended: 4/25/2017 Text
Current Analysis: 04/18/2017 Senate Health *(text 3/16/2017)*
Introduced: 2/13/2017
Last Amend: 4/25/2017
Status: 4/25/2017-Read second time and amended. Re-referred to Com. on ED.
Is Fiscal: Y
Location: 4/19/2017-S. ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the University of California, under the administration of the Regents of the University of California, and the California State University, under the administration of the Trustees of the California State University, as 2 of the segments of public postsecondary education in this state.This bill would express findings and declarations of the Legislature relating to the availability of abortion by techniques at on-campus student health centers at public postsecondary educational institutions in the state. This bill contains other related provisions.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 379 **(Atkins D) Pupil health: oral health assessment.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 4/6/2017)*
Introduced: 2/14/2017
Last Amend: 4/6/2017
Status: 4/25/2017-Set for hearing May 1.
Is Fiscal: Y
Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 5/1/2017 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, LARA, Chair
Summary: Current law requires a public school, using a standardized notification form developed and posted online by the State Department of Education in consultation with interested persons, to notify parents and legal guardians of the oral health assessment requirement for students enrolled in kindergarten, or in specified curcumsances, first grade in a public school. This bill would require the department to also consult with the state dental director in developing and posting online the standardized notification form and would require the department, in consultation with those entities, to revise the standardized form as necessary. The bill would require the standardized form to include specified information on parental rights relating to schoolsite oral health assessments.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health, School Based HC	

SB 392 **(Bates R) Dentistry: report: access to care: pediatric dental patients: continuing education.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/17/2017)*
Introduced: 2/15/2017
Last Amend: 4/17/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 1.) (April 24). Re-referred to Com. on APPR.

Is Fiscal: Y
Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Dental Practice Act, among other things, prescribes requirements for a dentist who administers or orders the administration of general anesthesia on an outpatient basis for dental patients, including a requirement that the dentist holds a valid anesthesia permit issued by the board. This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

SB 412 **(Pan D) Clinics: licensing.**
Current Text: Introduced: 2/15/2017 Text
Introduced: 2/15/2017
Status: 2/23/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/15/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires any person, firm, association, partnership, or corporation desiring a license for a clinic to file a verified application with the State Department of Public Health, as provided. The department is authorized to issue a provisional license to a clinic if certain criteria are met.This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Ben Avey	Licensing	Meet with Author

SB 436 **(Allen D) Teachers: California STEM Professional Teaching Pathway Act of 2017.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/24/2017 Senate Appropriations *(text 4/6/2017)*
Introduced: 2/15/2017
Last Amend: 4/6/2017
Status: 4/24/2017-April 24 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/24/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the California STEM Professional Teaching Pathway for the purpose of recruiting, training, supporting, and retaining qualified science, technology, engineering, and mathematics (STEM) professionals, including military veterans, as mathematics and science teachers in California. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

SB 437 **(Atkins D) Health care coverage: joint senior level working group.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/6/2017)*
Introduced: 2/15/2017
Last Amend: 4/6/2017
Status: 4/26/2017-Action From HEALTH: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the Department of Managed Health Care and the Department of Insurance to maintain a joint senior level working group to ensure clarity for health care consumers about who enforces their patient rights and consistency in the regulations for these departments. Current law requires the joint working group to review and examine various processes in each departmen. This bill would also require the joint working group to review and examine timely access to

care and network adequacy as part of its review of the grievance and consumer complaint processes, and to review and examine the state implementation of federal health care reforms, including any changes in federal law, or rules, regulations, or guidance issued under federal law.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 457 **(Bates R) Out-of-Hospital Childbirths: physicians and surgeons: licensed midwives: certified nurse-midwives.**

Current Text: Amended: 4/17/2017 Text

Introduced: 2/16/2017

Last Amend: 4/17/2017

Status: 4/20/2017-Set for hearing April 24 in B., P. & E.D. pending receipt. April 24 set for first hearing canceled at the request of author.

Is Fiscal: Y

Location: 4/19/2017-S. B., P. & E.D.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would revise and recast specified provisions by requiring that a licensed physician and surgeon, a licensed midwife, and a certified nurse-midwife only attend cases of pregnancy and out-of-hospital childbirth, as defined, when specified conditions are met. For purposes of determining whether a patient or client satisfies these conditions, the bill would require the licensed physician and surgeon, licensed certified nurse midwife, or licensed midwife to use a self-screening form to identify patient or client risk factors for out-of-hospital childbirth.

Position	Assigned	Subject	Group
13- Watch	Ben Avey		

SB 476 **(Nguyen R) Discount Prescription Drug Program.**

Current Text: Introduced: 2/16/2017 Text

Introduced: 2/16/2017

Status: 3/2/2017-Referred to Com. on RLS.

Is Fiscal: N

Location: 2/16/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Discount Prescription Drug Program, requires the State Department of Health Care Services to negotiate drug discount agreements with drug manufacturers, as specified. Current law authorizes any licensed pharmacy and any drug manufacturer, as defined, to participate in the program. Current law establishes the California Discount Prescription Drug Program Fund into which all payments received under the program would be deposited and provides that moneys in the fund be made available, upon appropriation, to the department for purposes of the program. This bill would make a technical, nonsubstantive change to those provisions.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	Flag for Members

SB 501 **(Glazer D) Dentistry: anesthesia and sedation: report.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/20/2017)*

Introduced: 2/16/2017

Last Amend: 4/20/2017

Status: 4/24/2017-VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/24/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Dental Practice Act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation. This bill would repeal those provisions relating to the use of oral concious sedation for pediatric and adult patients. The bill would redefine general anesthesia for these purposes and additionally would define

"deep sedation" to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

SB 508 **(Roth D) Medi-Cal: dental health.**

Current Text: Amended: 4/6/2017 Text

Introduced: 2/16/2017

Last Amend: 4/6/2017

Status: 4/24/2017-April 26 set for second hearing canceled at the request of author.

Is Fiscal: Y

Location: 3/29/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize the State Department of Health Care Services, no sooner than July 1, 2019, and to the extent that federal financial participation is available and any necessary federal approvals have been obtained, to authorize a Dental Health Collaboration Pilot Program for Medi-Cal beneficiaries enrolled in Medi-Cal managed care health plans that serve the County of Riverside, the County of San Bernardino, or both of those counties, using a hybrid collaboration model that coordinates the efforts of participating health plans, dental managed care plans, and the department.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 510 **(Stone R) Pharmacies: compounding.**

Current Text: Introduced: 2/16/2017 Text

Current Analysis: 03/29/2017 Senate Floor Analyses *(text 2/16/2017)*

Introduced: 2/16/2017

Status: 3/30/2017-Read third time. Passed. (Ayes 37. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Is Fiscal: N

Location: 3/30/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under the Pharmacy Law, the California State Board of Pharmacy licenses and regulates the practice of pharmacy by pharmacists and pharmacy corporations in this state. That law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. That law requires a pharmacy to compound sterile products from one or more nonsterile ingredients in prescribed environments. This bill would repeal that compounding environment provision and make conforming renumbering changes to other provisions.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

SB 512 **(Hernandez D) Health and care facilities: stem cell clinics.**

Current Text: Amended: 4/17/2017 Text

Introduced: 2/16/2017

Last Amend: 4/17/2017

Status: 4/26/2017-Re-referred to Com. on HEALTH.

Is Fiscal: N

Location: 4/26/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides that certain types of specialty clinics, including surgical clinics, as defined, are eligible for licensure. Current law excludes from the definition of surgical clinic any place or establishment owned or leased and operated as a clinic or office by one or more physicians or dentists in individual or group practice, provided, however, that physicians or dentists may, at their option, apply for licensure. This bill would require a stem cell clinic, as defined, to post on site conspicuously in the entrance of the clinic and in at least one additional area where the clients wait to receive services, and to include in any print and digital advertising materials, a specified notice regarding the provision of stem cell therapies.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 515 **(Fuller R) Health care coverage: individual market.**

Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 3/2/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/16/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires a health care service plan or health insurer, on and after October 1, 2013, to offer, market, and sell all of the plan's or insurer's health benefit plans that are sold in the individual market for policy years on or after January 1, 2014, to all individuals and dependents in each service area in which the plan or insurer provides or arranges for the provision of health care services, as specified, but requires plans and insurers to limit enrollment in individual health benefit plans to specified annual open enrollment and special enrollment periods. This bill would make technical, nonsubstantive changes to these provisions.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

SB 516 **(Fuller R) Medi-Cal: Disease Management Waiver.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 3/2/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/16/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income persons receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Current law requires the department to apply for a waiver of federal law to test the efficacy of providing a disease management benefit, as described, to specified beneficiaries under the Medi-Cal program.This bill would make technical, nonsubstantive changes to these provisions.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 523 **(Hernandez D) Medi-Cal: emergency medical transport providers: quality assurance fee.**
Current Text: Amended: 4/24/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 4/6/2017)*
Introduced: 2/16/2017
Last Amend: 4/24/2017
Status: 4/24/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/24/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, commencing July 1, 2018, and subject to federal approval, impose a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider, as defined, subject to the quality assurance fee in accordance with a prescribed methodology. The bill would authorize the director to exempt categories of emergency medical transport providers from the quality assurance fee if necessary to obtain federal approval. The bill would require the Director of Health Care Services to deposit the collected quality assurance fee into the Medi-Cal Emergency Medical Transport Fund.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		Remove from Watch

SB 538 **(Monning D) Hospital contracts.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/17/2017)*
Introduced: 2/16/2017
Last Amend: 4/17/2017
Status: 4/26/2017-Action From HEALTH: Do pass as amended.To APPR..
Is Fiscal: Y

Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, the Health Care Providers' Bill of Rights, prescribes restrictions on the types of contractual provisions that may be included in agreements between health care service plans and health care providers and agreements between health insurers and health care providers. This bill, the Health Care Market Fairness Act of 2017, would prohibit contracts between hospitals and contracting agents, health care service plans, or health insurers from containing certain provisions, including, but not limited to, setting payment rates or other terms for nonparticipating affiliates of the hospital, requiring the contracting agent, plan, or insurer to keep the contract's payment rates confidential from any payor, as defined, that is or may become financially responsible for the payment, and requiring the contracting agent, plan, or insurer to submit to arbitration, or any other alternative dispute resolution program, any claims or causes of action that arise under state or federal antitrust laws after those claims or causes of action arise, except as provided.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Meaghan McCamman		

SB 554 **(Stone R) Nurse practitioners: physician assistants: buprenorphine.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/26/2017 Senate Floor Analyses *(text 4/17/2017)*
Introduced: 2/16/2017
Last Amend: 4/17/2017
Status: 4/26/2017-Read second time. Ordered to consent calendar.
Is Fiscal: N
Location: 4/26/2017-S. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #83 SENATE CONSENT CALENDAR FIRST LEGISLATIVE DAY
Summary: Would prohibit construing the Nursing Practice Act or any provision of state law from prohibiting a nurse practitioner from furnishing or ordering buprenorphine when done in compliance with the provisions of the Comprehensive Addiction Recovery Act, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	Meet with Author

SB 562 **(Lara D) The Healthy California Act.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/17/2017)*
Introduced: 2/17/2017
Last Amend: 4/17/2017
Status: 4/26/2017-Action From HEALTH: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the Healthy California Act, would create the Healthy California program to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Victor Christy	ACA Repeal, Clinicians	Flag for Members

SB 572 **(Stone R) Healing arts licensees: violations: grace period.**
Current Text: Amended: 3/27/2017 Text
Introduced: 2/17/2017
Last Amend: 3/27/2017
Status: 4/19/2017-April 24 hearing postponed by committee.
Is Fiscal: Y
Location: 3/2/2017-S. B., P. & E.D.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for the licensure and regulation of various healing arts professions by various boards, as defined, within the Department of Consumer Affairs. Currentlaw imposes certain fines and other penalties for, and authorizes these boards to take disciplinary action against licensees for, violations of the provisions governing those professions. This bill would prohibit the boards from taking disciplinary action against, or otherwise penalizing, healing arts licensees who violate those provisions but correct the violations within 15 days and who are not currently on probation at the time of the violations, if the violations did not cause irreparable harm and will not result in irreparable harm if left uncorrected for 15 days.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	

SB 608 **(Hernandez D) Medi-Cal: Hospital Quality Assurance Revenue Fund: direct grants.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/17/2017 Senate Health *(text 3/28/2017)*

Introduced: 2/17/2017

Last Amend: 3/28/2017

Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The California Constitution, pursuant to Proposition 52 as approved by voters at the November 8, 2016, statewide general election, prohibits a statute amending or adding to the provisions of the Medi-Cal Hospital Reimbursement Improvement Act of 2013 from becoming effective unless approved by the electors, as specified, but authorizes the Legislature, by a 2/3 vote in each house of the Legislature, to amend or add provisions that further the purposes of the act. Current law, as amended by Proposition 52, extends the operation of the Hospital Quality Assurance Revenue Fund as long as the act remains operative. This bill would, for the 2nd program period, require that direct grants in support of health care expenditures be paid to designated public hospitals, to be funded by the quality assurance fee, with the aggregate amount of the grants being $25,250,000 in the aggregate for the 2 subject fiscal quarters in the 2016–17 subject fiscal year, as defined, $60,500,000 for the 2017–18 subject fiscal year, and $69,000,000 in the aggregate for the 2018–19 subject fiscal year.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, Clinicians	Remove from Watch

SB 630 **(Skinner D) Jails: financing bonds.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/24/2017 Senate Public Safety *(text 4/20/2017)*

Introduced: 2/17/2017

Last Amend: 4/20/2017

Status: 4/27/2017-Action From PUB. S.: Read second time.To THIRD READING.

Is Fiscal: N

Location: 4/27/2017-S. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #3 SENATE SEN SECOND READING FILE - SENATE BILLS

Summary: Current law authorizes the State Public Works Board to issue revenue bonds, notes, or bond anticipation notes to finance the acquisition, design, and construction of approved adult local criminal justice facilities. The funds derived from those revenue bonds, notes, or bond anticipation notes are continuously appropriated for those purposes. This bill would require a county that plans to use certain of these funds for an adult local criminal justice facility proposal that is approved by the Board of State and Community Corrections on or after January 1, 2018, to certify in writing that it is not and will not for a period of 10 years following the completion of facility, lease housing capacity to any private or public entity, except for leases with the state or another county.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		Remove from Watch

SB 645 **(Roth D) State Department of Public Health.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 3/2/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/17/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law imposes various functions and duties on the State Department of Public Health with respect to the administration and oversight of various health programs and facilities relating to the prevention of disease and the promotion of health. Current law authorizes the department to adopt and enforce regulations for the execution of its duties.This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 647 **(Pan D) Health care coverage: consumer complaints: reporting.**
Current Text: Amended: 3/23/2017 Text
Introduced: 2/17/2017
Last Amend: 3/23/2017
Status: 4/18/2017-April 26 set for second hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/29/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill would require the Department of Managed Health Care and the Department of Insurance, no later than July 1, 2018, and annually on July 1 thereafter, to submit to the Legislature, and post on each department's Internet Web site, a record of all complaints received by each department regarding employee welfare benefit plans as defined under the federal Employee Retirement Income Security Act of 1974.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 707 **(Cannella R) Medi-Cal: Denti-Cal Advisory Group.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 3/9/2017-Referred to Com. on HEALTH.
Is Fiscal: Y
Location: 3/9/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, until January 1, 2023, establish the Denti-Cal Advisory Group in the Department of Health Care Services, as specified, for the purpose of studying the policies and priorities of Denti-Cal with the goal of raising the Denti-Cal utilization rate among eligible child beneficiaries to 60% or greater, providing assistance and advice to the department, the Legislature, and the Governor to ensure that proposed decisions relating to the Denti-Cal program are based on the best available evidence, and studying and evaluating how Denti-Cal program policies align with and support the implementation of the state oral health plan.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

SB 717 **(Stern D) Food choices.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 3/9/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/17/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would state that it is the intent of the Legislature to enact legislation that would develop and implement a coherent and comprehensive policy to improve access to more equitable, sustainable, and healthier food choices for all Californians.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson	SDoH	

SB 762 **(Hernandez D) Healing arts licensee: license activation fee: waiver.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/17/2017)*

Introduced: 2/17/2017

Last Amend: 4/17/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 9. Noes 0.) (April 24). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the holder of an inactive license or certificate to, among other things, pay the renewal fee in order to restore his or her license or certificate to an active status. Current law requires the renewal fee to be waived for a physician and surgeon who certifies to the Medical Board of California that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state. This bill would require the renewal fee to be waived for any healing arts licensee who certifies to his or her respective board that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

SB 796 **(Hill D) Healing arts: boards.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/17/2017)*

Introduced: 2/17/2017

Last Amend: 4/17/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (April 24). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Naturopathic Doctors Act establishes the Naturopathic Medicine Committee within the Osteopathic Medical Board of California for the licensure and regulation of naturopathic doctors. Current law requires the committee to consist of 9 members appointed by the Governor, including 2 public members. Existing law requires a public member to be a citizen of the state for at least 5 years preceding his or her appointment. This bill would instead require 7 professional members to be appointed by the Governor, one public member to be appointed by the Senate Committee on Rules, and one public member to be appointed by the Assembly Committee on Rules.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

SB 799 **(Hill D) Nursing.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/20/2017)*

Introduced: 2/17/2017

Last Amend: 4/20/2017

Status: 4/24/2017-VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/24/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Nursing Practice Act establishes the Board of Registered Nursing within the Department of Consumer Affairs and sets forth its powers and duties regarding the licensure and regulation of

registered nurses. Existing law requires the board to appoint an executive officer to perform duties delegated by the board. The act on January 1, 2018, repeals the provisions establishing the board and the executive officer position. This bill would extend the repeal date of those provisions to January 1, 2022.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	Meet with Author

SJR 1 **(Vidak R) Immigration.**

Current Text: Introduced: 12/5/2016 Text

Introduced: 12/5/2016

Status: 1/26/2017-Re-referred to Com. on JUD.

Is Fiscal: N

Location: 1/26/2017-S. JUD.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This measure would urge Congress and the President of the United States to work together to create a comprehensive and workable approach to reform the nation's immigration system according to specified principles.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

Total Measures: 217
Total Tracking Forms: 217

California Primary Care ASSOCIATION

DISCUSSION

Date: April 28, 2017

To: Legislative Committee

From: Beth Malinowski, Deputy Director of Government Affairs

Re: AB 387 (Thurmond): Minimum Wage: Health Professionals: Interns

MEMORANDUM

Overview

AB 387 (Thurmond), a bill that would expand the definition of "employer" to include the exercising of control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health professional, recently moved out of its first committee. This bill would create a minimum wage requirement for allied health professional trainees, including medical assistants. This bill would not impact requirements related to registered nurses or physician assistants.

While the bill did make it out of its first committee, significant opposition, including opposition from the hospital industry, allied health professional associations and allied health training institutions, will present significant challenges to the bill advancing without substantial debate. Since February, through a variety of venues, Health+ Advocates and health centers have been engaging with staff on this bill.

Health centers have raised substantial concerns – financial and operational – as well as a number of questions regarding the bill's intent. With differing interpretations on the federal definition of "allied health professionals," Health+ Advocates staff is currently in conversations with the author's office to get clarification on impact to behavioral health and oral health trainees. We've also received important questions regarding how the bill could impact school-based health centers or other health centers that are partnering with K-12 to allow students to have health center-based learning experiences. A full list of concerns and questions can be found below.

With an author that has shown a strong commitment to health centers and primary care workforce in his short time in office, using his 2015-16 role as Chair of the Budget Subcommittee #1 on Health and Human Services to advance $100 million for primary care residency, Advocates staff and lobbyists were committed to meeting with Assemblymember Thurmond prior to taking a formal position. On April 17th, California Health+ Advocates met with Assemblymember Thurmond and his staff. The initial meeting was very productive. Thurmond and his staff are very receptive to hearing health center feedback and concerns and are open to recommendations to improve the legislation. Acknowledging the many concerns and questions surrounding the bill's current language, he shared that he will be starting a stakeholder process to discuss the bill and express a commitment to include CaliforniaHealth+ Advocates in those conversations.

Staff Recommendation

California Health+ Advocates is looking forward to taking full advantage of the current opening to engage in robust dialog with the author's office. With a track record of supporting health center interests, and seeking to honor the commitment to process, **Advocates staff recommend that we continue to be highly engaged on this bill, inform the bill, but stay neutral at this time.**

In taking this approach, we have an opportunity to continue to differentiate ourselves from other segments of the health system that are aggressively opposing. After much deliberation, we believe there is more to gain with a neutral position than by taking an oppose position. We appreciate the challenges health centers have with the bill and are fully committed to protecting health center interests and believe we can do that most appropriately at this time by continuing the active dialogue with the author's office that can happen most constructively with a neutral position.

In addition to being committed to working with CPCA members to identify and debate potential amendments, Advocates staff will continue to regularly reevaluate the recommended position with membership. In particular, Advocates staff recognize that, if the bill moves to the second house in its current form and/or the stakeholder engagement process proves to not be fruitful, we will need to reevaluate our position quickly.

Bill Concerns and Outstanding Questions

On April 21st, as a follow-up to the previously referenced in-person meeting, California Health+ Advocates submitted a list of concerns and questions based on feedback from the CPCA membership. These concerns and questions can be found below:

Concerns

California's health centers, from rural Shasta County to San Diego, are expressing concerns regarding how minimum wage requirements will impact their ability to continue as training partners to educational institutions and their students. More specifically, health centers report:

- Financial Burden – Health centers are reporting significant financial concerns with respect to their ability to handle this new financial commitment.
- We Don't Bill By the Task, We Bill By the Visit– Unlike other care settings, settings that may be billing for a function or activity of a trainee, like a radiology tech performing an X-ray, we bill for the visit. More specifically, our payment system (PPS), only allows us to bill for certain types of visits by certain eligible provider types. For example, if a patient is seen by a physician and that physician determines that, in the same day, that patient also needs to receive an x-ray and a consultation with a nutritionist, our health center is only billing once.
- Prospective Payment System (PPS) Rate and Training Costs – The PPS rate, the rate we bill for the patient's visit, is unique to each health center site and reflects the costs associated with the unique characteristics of the care setting – types of providers and services that are offered. Our PPS rate, set my DHCS, cannot incorporate the costs of allied health professional training.
- Already Training At a Loss – With a few exceptions, heath centers do not have direct funds to support training. Where direct funding exists, it is for targeted trainees through limited grant support. Unlike other health settings, FQHC's are required to meet strict, HRSA defined, productivity standards. Trainees often slow down patient flow, and can have a negative impact on a health center's ability to meet standards, but health centers persist through because the benefits outweigh the risks.

- Federal Policy Environment and Health Center Impact – There is tremendous insecurity in our field today. Every day, health center leaders, as they work to steer their health centers through these challenges, are making difficult decisions about what programs they may need to cut or reduce. They are discussing the need to use their space and resources differently. While we are hopeful health centers will continue to be committed to workforce, this requirement, at this time, could make it particularly difficult for them to do so.
- Unintended Costs to Trainees – There could be both direct and indirect costs to trainees. Educational institutions, seeking to maintain their employer partners, may offer to reimburse the employer for minimum wage costs, these costs would likely be passed onto students in the form of higher tuition. Similarly, if fewer training sites are available, educational partners will drive up tuition as fewer slots will be available. There may also be indirect costs, for example, longer wait time to complete requirements, will place students out of work for longer.
- Exacerbating Workforce Supply/Demand Challenges - Across too many of our health professions, there is a supply/demand imbalance, with greater need than there is supply. Financial concerns that lead to health centers limiting their number of trainees, or canceling their educational partnerships, will translate to training programs restricting their programs and/or closing. This will only expand the supply challenges.
- Losing our Pipeline – Many health centers report using their training partnership as an opportunity to recruit the best and brightest. If financial concerns force them to make the difficult decision to stop or limit training, they will lose that pipeline.
- David vs Goliath – Recruitment and retention challenges will only get worse for health centers as they begin competing with larger health systems earlier in the pipeline. This will occur in either a scenario where health centers opt out of training at a higher rate than more resource rich institutions or in a scenario where wage differentiation begins to occur at the trainee level.
- Operational Realities – Some health centers share that their concern is not financial, but operational. Currently trainees are not incorporated into certain health center human resource processes and programs and health centers are concerned that additional support staff may be needed to implement the bill's requirements.

Questions

- School-Based Health Centers – federally qualified health centers are proud to operate nearly half of the school-based health center in California. With health centers imbedded in the k-12 learning environment, especially at the High School, health centers are being asked to provide opportunities for students to shadow and learn basic skills that they may later apply to a career in health. Do you expect this bill may apply to these learning opportunities?
- Health Career Academies – More and more districts are committing to health career academies, where coursework is designed to prepare students for completing some allied health certificates as part of their high school experience. Many health centers, either school-based health centers, or health centers in the community, are asked to partner with these academies to provide students with job-site training. Do you expect this bill will apply to allied health professional students at the high school level?
- Oral Health Trainees – The existing federal law, in its definition of responsibilities, does not explicitly reference oral health or oral health trainees. Is it the author's intent to apply the minimum wage requirement to those training in oral health professions (Ex. Dental Assistants)?
- Behavioral Health Trainees – Similarly, the existing federal law, in its definition of responsibilities, does not explicitly reference behavioral health." Is it the author's intent to

apply the minimum wage requirement to those training in behavioral health professions (Ex. MFT, LPCC, MSW)? Our reading is that these professions are among those excluded.

- Residency - A resident is someone still fulfilling licensure requirements (licensed after 1st year) and is someone who has also received one of the exempted degrees. While residents are paid, is it fair to say that this bill does NOT apply to those fulfilling their residency requirements?
- What would an "equivalent degree" be under AB 387? Used in several places in the federal definition sited.
- If you are employed in allied health profession where certification or licensure is not a requirement of your current job, and you choose to move forward with fulfilling licensure and certification requirements through your current work or in another care setting, would AB 387 apply?
- While much of the dialog on the bill has surround the minimum wage requirement, what are other requirements you foresee this bill mandating? For example, will a trainee's job site be required to provide workers' compensation and/or other employment based benefits?

The author's office has acknowledged receipt of our concerns and questions. We will continue to keep the membership appraised to our engagement with the authors' office – including dialog on the health center concerns as well as any clarifying answers we receive to the questions found above. HR Peer Network, Workforce Committee, Legislative Committee and Weekly Wednesday Government Affairs calls will all be utilized as venues for discussion.

California Primary Care ASSOCIATION

INFORMATIONAL

Date: April 26, 2017

To: Legislative Committee

From: Beth Malinowski, Deputy Director of Government Affairs

Re: AB 224 (Thurmond): Dentistry: Anesthesia and Sedation

MEMORANDUM

Overview

AB 224 (Thurmond) implements recent recommendations from the California Dental Board regarding safe access to dental sedation and anesthesia services for pediatric dental patients. In particular, the bill establishes new requirements for minimal, moderate, and deep sedation for pediatric patients receiving those dental services.

We believe that this bill will **indirectly** impact all health centers, because of its effect on the referral networks that health centers partner with to provide sedation and anesthesia services for health centers pediatric patients. We do not believe that this bill will **directly** impact a majority of health centers, with the important exception of our larger health center systems that offer more complex dental services on and offsite. CPCA members, especially dental directors with more robust dental programs, have expressed strong opinions regarding this bill (see Concerns section). Recognizing this, we do not believe the concerns we have received are necessarily representative of the membership as a whole. Lastly, we have also had dialog with at least one dental director and one consortia executive who strongly believe that, operational or implementation concerns aside, this bill is strongly built on principles of patient safety and greater standard of care for pediatric cases.

Activity to Date

As this bill deals with the specifics of anesthesia and sedation for pediatric patients, the majority of feedback and engagement has been from the CPCA Dental Director Peer Network. After receiving initial concerns upon the bill's introduction, we've tracked the bill closely. We've also had regular dialog with the California Dental Association (CDA) who opposes the legislations and spoken with Pediatric Dental Initiative Surgery Center, one of 18 surgery centers in California providing pediatric dental surgery, who strongly supports the bill. Both institutions have requested that CaliforniaHealth+ Advocates take their respective position on this bill.

On April 17, when CaliforniaHealth+ Advocates met with Assemblymember Thurmond and his staff on AB 387, we also used that meeting opportunity to express that some health center had strong concerns with this bill. Legislative staff expressed interest in better understanding impact to health center and their patients. We committed to get additional information to the staff on current health center dental services and referral networks.

Staff Recommendation

At this time, staff recommend that we continue to be highly engaged on this bill, inform the bill, and stay neutral.

As stated above, CaliforniaHealth+ Advocates staff have already begun engaging with Thurmond's office on this bill and there is interest from the office to continue to hear our concerns. Additionally, recognizing that we have not heard from the majority of members, and those members we have heard from present a diversity of perspectives on why to oppose and/or support this bill, it is difficult for CaliforniaHealth+ Advocates to take a definitive position at this time.

Concerns

Bill concerns are centered around impact of implementation on timely access to pediatric dental services. In particular, impact to access of services within health center as well as impact to referral networks.

- Impact on Delivery of Care within a Health Center: In addition to the bills moderate sedation requirements, this bill also impacts the ability to do minimal sedation using multiple medications. A proposed "one dose one drug" limit could impact the number of visits needed to complete procedures. This may delay care and complicate a patient's ability to complete their care plan. While there is current pressure to reduce the number of visits, this may in fact have the unintended consequence of increasing the number of visits.
- Impact on Referral Networks: Dental directors regularly report that there is a short supply of dentists and oral surgeons who treat pediatric patients with Medi-Cal. These requirements may further limit these pediatric dental practices that are willing to take Medi-Cal patients. As institutions like oral health surgery centers who currently take Medi-Cal pediatric patients are able to more easily adapt to the new requirements, they may be inundated with new pediatric cases. As a result, this bill could have the unintended consequence of overburdening an already burdened referral networks.

Current Member Inquiry

We continue to gather information on services provided to this population to respond to questions from the author's offices and to determine how elements of the bill will impact health centers. Current questions include:

1. What types of dental services are being performed in your health center on your pediatric patients?
2. What type of dental services are being referred out for your pediatric patients?
    a. When referring, who do you refer to, e.g. oral surgeons, hospitals, other outpatient centers, etc.?
3. Do you provide moderate sedation (conscious sedation) at your health center site to your pediatric dental patients? If yes, who provides the service and what other dental team members are required to be in the room during that process? What percentage of your pediatric population requires this type of sedation?
4. If you refer out for moderate sedation (conscious sedation), what are the location(s) to which you refer? Are any of these farther than 10 miles away? What is the average number of referrals/month? What is the average wait time for an appointment?

5. Do you provide deep sedation/general anesthesia at your health center site or through agreements with other entities to your pediatric patients? If yes, which health center staff provides the anesthesia service and what other dental team members are required to be in the room during that process? What percentage of your pediatric population requires deep sedation/general anesthesia?
6. If you refer out for deep sedation/general anesthesia, what are the location(s) to which you refer? Are any of these farther than 10 miles away? What is the average number of referrals/month? What is the average wait time for an appointment?

Additional Details Regarding AB 224 Sedation Requirements:

Minimal Sedation: Defined as a drug-induced state during which patients respond normally to verbal commands, the bill would require that for care of a patient under 13 years of age:

- A dentist possess specified licensing credentials, and would require any dentist who desires to administer or order the administration of minimal sedation to apply to the board, and to submit an application fee.
- A dentist who orders the administration of minimal sedation shall be physically present in the treatment facility while the patient is sedated.
- A dentist is limited to administering a single dose of a single drug via the oral route, plus a mix of nitrous oxide and oxygen that is unlikely to produce a state of unintended moderate sedation.
- A minimum of one staff member, in addition to the dentist, trained in the monitoring and resuscitation of pediatric patients shall be present.

Conscious Sedation/Moderate Sedation: This bill would replace the term conscious sedation with moderate sedation, meaning a drug-induced depression of consciousness during which a patient responds purposefully to verbal command, and the bill would require that for care of a patient under 13 years of age:

- A dentist obtains a pediatric endorsement, requiring a specified number of didactic instruction and clinical cases as well as advanced life support and airway management training.
- A dentist who orders the administration of moderate sedation shall be physically present in the treatment facility while the patient is sedated.
- Additionally, for a child under 7 years of age, that there be at least 2 support staff persons, with one staff member serving as a dedicated patient monitor.

Deep Sedation/General Anesthesia: Deep sedation means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, while General Anesthesia means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation.

- The bill require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, inclusive, that at least three people be present - the dentist and at least two support staff unless there is a dedicated general anesthesia provider present.
- The bill also would require at least 2 people to be present during procedures on children under 7 years of age with one being the operating dentist, and the other being either a general anesthesia permit holder or a nurse anesthetist directly supervised by a general anesthesia permit holder.

California Primary Care ASSOCIATION

DISCUSSION

Date: April 28, 2017

To: Legislative Committee

From: Meaghan McCamman, Assistant Director of Policy

Re: SB 562 (Lara): The Healthy California Act

MEMORANDUM

Summary

Senator Ricardo Lara (D-Bell Gardens) and Senator Toni G. Atkins (D-San Diego) have co-authored the *Californians for a Healthy California Act* (SB 562), which would provide single-payor health care coverage to every person in California. This bill was created in response to fears of a federal repeal of the Affordable Care Act (ACA), which provides health care coverage to millions of Californians and is currently threatened under the Trump Administration. President Trump's executive order on repealing the Affordable Care Act states that the federal government should "provide greater flexibility to States and cooperate with them in implementing healthcare programs" other than the ACA. This bill is one example of how California could take advantage of the Trump Administration's promised 'flexibility' to bring even greater coverage to the state.

Short and Simple: Health centers support health care as a human right, and this bill begins a conversation around how California could move in the direction of universal coverage.

Recommended Position

The Healthy California Act could be considered an initial "reaction piece" to spark a necessary conversation about how California can ensure and even expand coverage despite a hostile federal climate. The likelihood that SB 562 will pass in this legislative session is very low - among other issues, there is no clear funding source for the universal health care program outlined in the bill, and many other details are scant. For this reason, CPCA staff has recommended that this bill remain on CPCA's "watch" list until we learn more about both the politics and policy surrounding the Healthy California Act. CPCA has a long history of advocating for a single-payor, universal health care system, and will be heavily engaged with the Author's office as this bill continues through the legislative process.

Healthy California Highlights:

- Provides comprehensive universal single-payer health care coverage to **all** residents of California
- Benefits are fully comprehensive
- No co-pays, cost sharing, premiums, deductibles, or other out of pocket costs for the program
- All licensed providers in good standing in California can enroll to serve patients under Healthy California

- Fee-for-Service delivery system but allows for capitated arrangements
- All payments that would otherwise come to California or Californians for health care, including Medi-Cal, CHIP, Medicare, ACA, or other subsidies would be paid to the state and added to the Healthy California Trust Fund to finance the single-payer system.

Community Clinics and Health Centers

To acknowledge up front, community clinics and health centers (CCHCs) are not explicitly called out anywhere in this legislation, though the definition of "Essential Community Providers" includes "safety net clinics, safety net health care providers, or rural hospitals." Essential community providers are also explicitly allowed to enroll patient under capitated programs and receive cost-based reimbursement. If this bill were to move forward, it would be incumbent on California Health+ Advocates to ensure that the important role of CCHCs in California's delivery system is recognized and that Federally Qualified Health Centers and other CCHCs are differentiated from other "essential community providers" in terms of enrollment, benefits, and reimbursement.

In Depth: Proposed Benefits

SB 562 seeks to provide comprehensive universal single-payer health care coverage for the benefit of all residents of the state of California. Covered benefits would include all medical care determined to be medically appropriate by a health care provider, and the bill specifies a long list of services to be covered, which runs the full range from inpatient and outpatient services, mental health and substance use, dental and vision for adults and children, acupuncture, long term services and supports, adult day health care, case management and care coordination, and ancillary care or social services covered by county integrated health and human service programs and regional centers. The benefits encompass everything covered by Medicare, Medi-Cal, CHIP, Knox-Keene, and the ACA's essential health benefits, and adds that benefits could include "any additional health care services authorized to be added to the program's benefits."

The legislation notes that plans would need to be developed to eventually add coverage for long term care benefits and to determine how to handle the health benefits of former employees who retire out-of-state, but paid into coverage while living and working in California.

In short: the Healthy California Act seeks to provide a comprehensive set of benefits to all Californians, and encompasses the social supports that are available to beneficiaries with special needs through county HHS and regional centers. No one's coverage would be less comprehensive under this plan – everyone would receive as much or more as they are today.

In Depth: Eligibility

Under the Healthy California Program, every resident of the state will be eligible for a comprehensive package of services, without fee, payment, premium, copayment, coinsurance, deductible, or any other cost sharing. Institutions of higher education may purchase coverage for out-of-state students during their time in California.

To help consumers enroll and navigate the care delivery system, the Healthy California Board may contract with non-profit organizations to provide assistance to consumers, and will offer a similar arrangement to assist providers serving under the program.

In short: the Healthy California Act will go much farther than the ACA, providing full and equal coverage to everyone in the state regardless of income, age, immigration status, or any other factor.

In Depth: Provider Network & Reimbursement

Any health care provider who is located in and licensed to practice in California and is otherwise in good standing may participate in the Healthy California provider network. Enrollees have broad choice in selecting their primary care provider, and are also expected to select a care coordinator who will be responsible for administrative tracking and medical recordkeeping for that beneficiary. The PCP can serve as a member's care coordinator, but doesn't have to – the member can choose from a broad variety of organizations, individuals, companies, non-profits, or government entities to serve the care coordination role. In this legislation, the role of the care coordinator is critical – in fact, providers who serve a patient will not be reimbursed for services unless that patient is enrolled with a care coordinator at the time the service is provided.

Enrollees have the option of enrolling with a comprehensive integrated health care delivery system (like Kaiser), a group medical practice, or an essential community provider (like CCHCs) that offer comprehensive services. Once enrolled, the patient has three months to elect out of the comprehensive integrated system, or must remain a member of that system for a year. While the rest of the Healthy California provider network will be paid on a fee-for-service basis, integrated health care delivery systems, essential community providers, and group medical practices may elect to be capitated or receive a non-capitated cost-based reimbursement.

Collective negotiation of rates and payment methodologies is explicitly allowed under SB 562. Health care providers will elect a representative who will be responsible for the collective bargaining and negotiation with the Healthy California program on behalf of a provider type.

In short: under SB 562, every provider in the state has the opportunity to be a part of a broad fee for service provider network. While the legislation attempts to address the different payment methodologies of specific provider types – capitated for Kaiser, cost-based for CCHCs – significant changes will have to be made to ensure that the reimbursement mechanisms described in the bill reflect the nuances of each provider type.

In Depth: Cost Controls

The bill includes intent language, but no details, intended to "address the high cost of prescription drugs and ensure they are affordable for patients."

In short: potentially one of the most controversial aspects of the bill, this section must be negotiated and fleshed out before the bill can move forward.

In Depth: Financing

Under SB 562, existing federal health care payments would be paid to the Healthy California program and placed in a "Healthy California Trust Fund," and the Healthy California program would assume responsibility for all benefits and services previously paid for with those federal funds. Any federal funds for Medi-Cal, CHIP, Medicare, demonstrations under the ACA, and "any other federal programs so that any federal funds and other subsidies that would otherwise be paid to the state of California, Californians, and health care providers would be paid by the federal government to the state of

California and deposited in the Healthy California Trust Fund." This explicitly includes the advanced premium tax credits that individuals receive for buying coverage under Covered California, any cost sharing subsidies, and even small business tax credits would be paid to the state and held in the Healthy California Trust Fund.
If the state is unable to obtain the federal waivers necessary to truly create a single-payor account, the goal is to ensure that all sources of funding will be pooled with other funds and that the provision of services will appear seamless both to program members and participating providers.
The bill does include intent language, but no details, that requires the development of a revenue plan to fund the program.

In short: No state in the nation has been able to figure out how to finance a single-payor system. This bill leaves unanswered questions about financing that, if they are not solved, will preclude this idea from moving forward.

In Depth: Governance

The Healthy California Program and expenditures from the Healthy California Trust Fund would be governed by the Healthy California Board. This board would be comprised of 9 members with demonstrated and acknowledged expertise in health care and a diversity of expertise, culture, ethnicity, and geography. Members of the board cannot be currently affiliated with providers, even facilities or clinics, nor the trade associations for providers. Members of the board will be appointed by the Governor, Senate, and Assembly, subject to 4 year terms, and must include representatives from labor, the general public, registered nurses, and other medical providers.

The board will collect a variety of data to promote transparency, assess adherence to patient care standards, compare patient outcomes, and review utilization, and will be tasked with the promotion of public health.

In short: the governance of this program is heavy on organized labor and short on safety-net providers. Moving forward, CPCA must ensure that FQHCs and other CCHCs are explicitly included on both the board and the stakeholder advisory committees.

In Depth: Information Protection

This bill explicitly prohibits the Healthy California Program from disclosing to anyone, including federal law enforcement or immigration enforcement, any information obtained in the program.

In short: this critical section addresses fears that the Trump Administration will use any means necessary to enforce draconian immigration policies. Under the rules outlined in this bill, it's clear that the Healthy California program will not cooperate with federal immigration enforcement.

Recommended Positions & Changes in Position Report
4/27/2017

Move from Support if Amended to Support

AB 40 **(Santiago D) CURES database: health information technology system.**
Current Text: Amended: 4/19/2017 Text
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.
Location: 4/25/2017-A. APPR.

Position	Assigned	Subject
05- Support if Amended	Meaghan McCamman	Clinicians

AB 456 **(Thurmond D) Healing arts: associate clinical social workers.**
Current Text: Amended: 3/27/2017 Text
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Location: 4/27/2017-A. CONSENT CALENDAR

Position	Assigned	Subject
05- Support if Amended	Beth Malinowski, Meaghan McCamman	Behavioral Health, Workforce

Move from Support to Watch

SB 6 **(Hueso D) Immigrants: removal proceedings: legal services.**
Current Text: Amended: 3/29/2017 Text
Status: 4/4/2017-In Assembly. Read first time. Held at Desk.
Location: 4/3/2017-A. DESK

Position	Assigned	Subject
04- Support	Elizabeth Oseguera	Immigration

SB 162 **(Allen D) Marijuana and medical cannabis: marketing.**
Current Text: Amended: 4/19/2017 Text
Status: 4/19/2017-Read second time and amended. Re-referred to Com. on APPR.
Location: 4/19/2017-S. APPR.

Position	Assigned	Subject
04- Support	Victor Christy	Marijuana/Cannabis

Move from Watch to Oppose

AB 148 **(Mathis R) California Physician Corps Program: practice setting.**
Current Text: Amended: 3/27/2017 Text
Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
Location: 4/20/2017-S. DESK

Position	Assigned	Subject
13- Watch	Beth Malinowski	Workforce

Move from Watch to Support

AB 481 **(Thurmond D) California Mental Health Planning Council: name change.**
Current Text: Amended: 4/17/2017 Text
Status: 4/18/2017-Re-referred to Com. on HEALTH. In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 2/27/2017-A. HEALTH

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

AB 1003 **(Bloom D) California Community Health Fund.**
Current Text: Amended: 4/19/2017 Text
Status: 4/26/2017-From committee: That the measure be retained in committee, and that the subject matter be referred to the Committee on Rules for assignment to the proper committee for study. (Ayes 5. Noes 0.) (April 25).
Location: 4/26/2017-A. RLS.

Position	Assigned	Subject
13- Watch	Andie Patterson	SDoH

AB 1368 **(Calderon D) Medi-Cal: authorization requests.**
Current Text: Amended: 4/20/2017 Text
Status: 4/27/2017-Action From CONSENT CALENDAR: Read third time.Passed Assembly to SENATE.
Location: 4/27/2017-S. SENATE

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

Recommend Support

AB 1591 **(Berman D) Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor.**
Current Text: Amended: 3/28/2017 Text
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.
Location: 4/18/2017-A. APPR.

Position	Assigned	Subject
	Meaghan McCamman	

Recommend Watch

SB 476 **(Nguyen R) Discount Prescription Drug Program.**
Current Text: Introduced: 2/16/2017 Text
Status: 3/2/2017-Referred to Com. on RLS.
Location: 2/16/2017-S. RLS.

Position	Assigned	Subject
	Deb Roth, Meaghan McCamman	Pharmacy

SB 528 **(Stone R) Pharmacy: automated drug delivery systems.**
Current Text: Amended: 4/20/2017 Text
Status: 4/20/2017-Read second time and amended. Re-referred to Com. on APPR.
Location: 4/20/2017-S. APPR.

Position	Assigned	Subject
	Deb Roth	

SB 641 **(Lara D) Controlled Substance Utilization Review and Evaluation System: privacy.**
Current Text: Amended: 4/20/2017 Text
Status: 4/24/2017-Withdrawn from committee. Re-referred to Com. on APPR.
Location: 4/24/2017-S. APPR.

Position	Assigned	Subject
	Elizabeth Oseguera	Behavioral Health, Clinicians

Remove from Watch

AB 1059 **(Gonzalez Fletcher D) Dual agency: commercial real estate transactions.**
Current Text: Amended: 3/30/2017 Text
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Location: 3/30/2017-A. JUD.

Position	Assigned	Subject
13- Watch	Beth Malinowski	Workforce

AB 1103 **(Obernolte R) Bicycles: yielding.**
Current Text: Amended: 4/6/2017 Text
Status: 4/17/2017-Re-referred to Com. on TRANS. In committee: Hearing postponed by committee.
Location: 3/9/2017-A. TRANS.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	

AB 1107 **(Nazarian D) Oncology Clinical Pathway Act of 2017.**
Current Text: Amended: 3/21/2017 Text
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Location: 4/25/2017-A. APPR.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

AB 1389 **(Bigelow R) Employment safety: boiler and tank inspections.**
Current Text: Amended: 3/29/2017 Text
Status: 4/6/2017-VOTE: Be re-referred to the Committees on [Labor and Employment] and [Judiciary]
Location: 4/6/2017-A. L. & E.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

AB 1584 **(Gonzalez Fletcher D) Insurance: production agents: license examinations: contracts.**
Current Text: Amended: 3/28/2017 Text
Status: 3/29/2017-Re-referred to Com. on INS.
Location: 3/27/2017-A. INS.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

SB 70 **(Bates R) Real estate: Uniform Standards of Professional Appraisal Practice.**
Current Text: Amended: 3/30/2017 Text
Status: 4/13/2017-April 17 hearing postponed by committee.
Location: 4/5/2017-S. B., P. & E.D.

Position	Assigned	Subject
13- Watch	Beth Malinowski	Clinicians, Workforce

SB 315 **(Nguyen R) California Massage Therapy Council: material for non-English speakers.**
Current Text: Amended: 4/25/2017 Text
Status: 4/26/2017-Read second time. Ordered to third reading. Published April 26 at 4 a.m.
Location: 4/26/2017-S. THIRD READING

Position	Assigned	Subject
13- Watch	Deb Roth	Pharmacy

SB 523 **(Hernandez D) Medi-Cal: emergency medical transport providers: quality assurance fee.**
Current Text: Amended: 4/24/2017 Text
Status: 4/24/2017-Read second time and amended. Re-referred to Com. on APPR.

Location: 4/24/2017-S. APPR.

Position	Assigned	Subject
13- Watch	Beth Malinowski	

SB 608 **(Hernandez D) Medi-Cal: Hospital Quality Assurance Revenue Fund: direct grants.**
Current Text: Amended: 3/28/2017 Text
Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (April 19). Re-referred to Com. on APPR.
Location: 4/20/2017-S. APPR.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Behavioral Health, Clinicians

SB 630 **(Skinner D) Jails: financing bonds.**
Current Text: Amended: 4/20/2017 Text
Status: 4/27/2017-Action From PUB. S.: Read second time.To THIRD READING.
Location: 4/27/2017-S. THIRD READING

Position	Assigned	Subject
13- Watch	Beth Malinowski	

Total Measures: 22
Total Tracking Forms: 22

California Primary Care ASSOCIATION

INFORMATIONAL

Date: April 25, 2017

To: Legislative Committee

From: Beth Malinowski, Deputy Director of Government Affairs

Re: CA FY17-18 Budget Strategy

MEMORANDUM

Overall Budget Priorities

Concerned with potential changes to the 340B program, elimination of the primary care workforce investment made last year, changes to Newly Qualified Immigrant healthcare program, and delays to a law that will improve access to behavioral health services, CaliforniaHealth+ Advocates is currently prioritizing advocacy on:

- **340B Drug Discount Program:** Protect our patient's access to discount drugs, pharmacy networks, and other health center programs that are funded by 340B program savings, by asking the Governor to **rescind his 340B budget proposal.**
- **Primary Care Workforce:** California has a primary care workforce crisis and we cannot afford to lose ground we already gained. Please **reinstate the** $100 million workforce investment that the Governor and Legislature committed to last year.
- **Newly Qualified Immigrants (NQI):** California's newest residents need the support and care provided to them by the Medi-Cal program and should not be transitioned to Covered California. If these patients are moved, the state's savings will be at the expense of immigrant's health and well-being. **Oppose the shift of NQIs to Covered California.**
- **Behavioral Health Access to Care:** Help us meet the unmet behavioral health needs of our community by asking the Governor to **implement AB 1863 (Wood, Chap. 610, Stats. 2016)** as directed by the legislation.

Budget Strategy

Targeted budget advocacy is being focused on key members of the Budget Committee and their staff. This advocacy is happening through individual meetings with key members of the legislature, their staff, or committee staff. In particular, with all of our items being heard in the Health & Human Services Subcommittees (Sub 1 in the Assembly and Sub 3 in the Senate) we are giving particular attention to educating those members and staff that can impact our priorities early in the process. Senate and Assembly leadership also plays a key role in final negotiations, and meetings with their offices is also being prioritized. Here is a full list of our targets:

Senate

Senator de Leon, Pro Tem (SD 24)
Senator Mitchell, Chair, Budget & Fiscal Review (SD 30)
Senator Pan, Chair, Subcommittee 3 on Health and Human Services (SD 6)

Members of Senate Subcommittee 3 on Health and Human Services (Sub 3):
Senator Monning (SD 17)
Senator Stone (SD 28)

Assembly

Assemblymember Rendon; Speaker (AD 76)
Assemblymember Ting, Chair, Budget (AD 19)
Assemblymember Arambula, Chair, Subcommittee 1 on Health and Human Services (AD 31)
Members of Assembly Subcommittee 1 on Health and Human Services (Sub 1):
Assemblymember Harper (AD 74)
Assemblymember Mathis (AD 26)
Assemblymember Rubio (AD 48)
Assemblymember Wood (AD 02)
Assemblymember Ting, alternate (AD 19)
Assemblymember Obernolte, alternate (AD 33)

In cases where our advocacy efforts are building on prior 2015-16 legislative priorities, we are also engaging our prior legislative champions. For example, while not on a key budget committees, Assemblymember Gray continues to be an active part of our residency advocacy. In addition to meetings with the legislature, we are also meeting with the Governor's office, Department of Finance, and other key agencies, as appropriate.

Working with Partners

On all four of our priority areas, we are fortunate that we are not alone in our concerns. CaliforniaHealth+ Advocates is working with a full range of associations and groups from health system associations and professional associations to consumer groups. CaliforniaHealth+ Advocates is taking a lead role in many of these collaborations, with us leading in material development, scheduling for joint meetings, and coordinating calls. Among our current partners are:

- California Associations of Marriage of Family Therapists
- California Hospital Association
- California Medical Association
- California Academy of Family Physicians
- Planned Parenthood Affiliates of California
- California Pan Ethnic Health Network
- California Immigrant Policy Center
- Western Center on Law and Poverty

Tobacco Tax Initiative (Proposition 56) Funding and the State Budget

The Tobacco Tax Initiative, which went into effect on April 1, is currently at the center of a bitter budget battle. As has been previously reported, the Governor's proposed 2017-18 state budget includes the redirection of tax revenues generate through the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) to offset general fund obligations. At its core, the Proposition sought to address the payments to Medi-Cal providers, along the lowest in the nation.

Although the measure was written to explicitly prohibit the governor from using the new revenue to offset general fund obligations, with the proposed redirection of $1.2 billion, Governor Brown's budget

does exactly that. Prop 56 proponents are not the only ones raising questions with the Governor's proposal. In February, the Legislative Analyst's Office (LAO) also stated that the Governor's spending plan "may be problematic," because the proposal does not go far enough to bolster Medi-Cal spending.

CDA and CMA unveiled an alternative budget proposal on March 16 in response to Gov. Jerry Brown's plan to divert $1.2 billion of Proposition 56 funds to cover general cost increases in the Medi-Cal budget. The CDA-CMA proposal provides supplemental payments that correspond with a provider's level of participation in the Medi-Cal and Denti-Cal programs and directly incentivizes additional care. According to a CDA press release, the proposal would be straightforward for the Department of Health Care Services to administer and can be implemented regardless of Medicaid funding decisions at the federal level.

While core Proposition 56 coalition partners, like CDA, CMA, and CHA, are working with legislators to prevent the proposed diversion of the ne tobacco tax funds, a number of interest groups, including consumer advocates, have come forward with their own proposals for how to spend the funds. Among these proposals is a proposal being advanced by the Health4All Coalition to allocate $80-$90 million in funding from Proposition 56 to expand full-scope Medi-Cal to low-income undocumented young adults who are ages 19-26 and whose incomes are at or below 138% of the federal poverty level. This investment is estimated to less than 1/10 of the $1 billion the tax is expected to generate. CaliforniaHealth+ Advocates has not taken a position on this or any of the additional proposals that are beginning to surface regarding the distribution of the funds aimed at supporting Medi-Cal and Denti-Cal Services.

We are partnering with California Dental Association (CDA) and other oral health advocates to support the allocation of Proposition 56 funding for the statewide Dental Director (Dr. Jay Kumar) and State Oral Health Plan related activities. While the measure intends for a portion of tax revenues to be dedicated for the prevention and treatment of dental disease, including that caused by tobacco products, advocacy is needed to guarantee that Dr. Kumar and his team have the needed flexibility to administer these funds. The $30 million, to be administered by Dr. Kumar and the Oral Health Program, have the potential to represent the first substantial investment in oral public health in decades. With this in mind, CaliforniaHealth+ Advocates is working with CDA and others to support the development of statutory language that will ensure the needed flexibility is provided to properly and successfully disperse funds. CaliforniaHealth+ Advocates recently signed a coalition letter (see resource section) to protect these oral health dollars.

Lastly, we are tracking closely conversation regarding the allocation of $40 million to the UCOP for the administration of physician training funds. The Governor's proposed budget does not honor this commitment.

Resources

- Navigating the State Budget Process (California Budget and Policy Center Resource)
- NQI Wrap Residency Funding – Coalition Sign-On Letter
- Tobacco Tax Initiative Funding For the State Oral Health Plan – Coalition Sign-On Letter
- Primary Care Residency Funding – Coalition Sign-On Letter
- AB 1863 Implementation – CaliforniaHealth+ Advocates Letter

California Primary Care ASSOCIATION

INFORMATIONAL

Date: April 24, 2017

To: Legislative Committee

From: Andie Patterson, Director of Government Affairs

Re: Advocacy Efforts to Date

MEMORANDUM

I. Summary

Community health centers have been consistently under threat since the Presidential Election last November and have been called to action frequently since that time. Whether it has been to help better explain our value or specifically oppose legislation, our advocacy efforts have been necessary and important. A list of Advocacy opportunities provided to members are listed below.

II. Actions

- November 23: Resource webpage announced – Healthcare 2017
- December 5: Health Care in America webinar, with analysis on potential policies.
- December 9: Health centers asked to submit letters to Congress detailing their local value and inviting legislators for health center tours.
- December 12: Webinar recording and comprehensive policy analysis provided.
- January 5: Congress is back – Request for letters, patient and staff stories, and increased social media.
- January 12: NACHC request to contact Congress.
- January 19: Request to contact Senator Feinstein regarding Tom Price confirmation.
- January 20: 340B survey that responds to Governor's budget proposal.
- January 26: Request to contact Senator Feinstein regarding Tom Price confirmation
- January 27: I Stand with Immigrants campaign request
- February 2: Renewed request to schedule health center tours

- February 9: Back to basics – request for letters, phone calls, tours, social media, and patient/staff stories.

- March 13: Post card and picture campaign rolled out. Reminder about ACA celebrations on March 23.

- March 15: Request to submit positive Obamacare stories to White House portal.

- March 17: Request to submit letters and phone calls on Trump "skinny budget."

- March 20: Request to get signatures for NACHC's House Funding Cliff letter.

- March 22: Request for letters, calls, emails, social media opposing American Health Care Act.

- March 23: ACA Celebration Activities statewide.

- March 23: AHCA Vote Delayed – Request to call, call, call members to oppose AHCA.

- March 24: AHCA defeated.

- March 29: Request for co-signers on House Funding Cliff letter.

- April 3: Request for Letters of Support on SB 323 and SB 456.

- April 6: AHCA revived – request to oppose.

- April 10: Request for Letters of Support on SB 323 and SB 456

- April 21: AHCA revived – Request to oppose

III. Lessons Learned

Due to member input, we have made many alterations to the advocacy program.

- Advocacy Alerts are now scheduled for Mondays, or as soon as we learn of an important new element, rather than Thursdays, to facilitate greater participation by members and because Congress wraps up the week on Thursday.

- A monthly advocacy newsletter is now produced to summarize the most important policy issues impacting health centers, highlight last month's work and success, as well as discuss current advocacy campaigns.

- It is our understanding that health center staff are not allowed to use social media, so we have refrained from using this medium in advocacy campaigns.

- We are aiming to better tailor the advocacy we are asking of health center staff, and conducted an ongoing survey monkey to better understand who are our "advocates" and how do they want to engage. This will continue as an ongoing project for the year to come.

- We are working to delineate "asks" based on an individual's role in the health center. For example, we are trying to send organizational requests, such as letters of support to CEOs rather than to line staff, and send easier quicker messages of support to all staff that have elected to engage.

  Our advocacy campaign continues to evolve and mature using the lessons learned from health center leaders. Some health centers and consortia have elected to engage directly and regularly, while some choose to be more selective. Many have elected to not participate citing time as the main obstacle. Advocates staff aim to increase levels of participation and effectiveness and will continue to refine/improve the program until we achieve that end.

IV. Resources

- Healthcare 2017 Resource Webpage
  - Information sub-page
  - Campaign sub-page

- Immigration Resources Webpage

- State Budget 2017 Resources Webpage

- Advocacy Structure and How to Get Involved Webpage

- Health Center Advocacy Trainings (free and on demand)
  - Lobbying and Advocacy 101 – What You Can Do
  - Lobbying and Advocacy 102 – Rules and Reporting for Non-Profits
  - Working Together: 501c3, 501c4, and Coalitions

California Primary Care Association

INFORMATIONAL

Date: April 14, 2017

To: Legislative Committee

From: Ben Avey, Assistant Director of Public Affairs

Re: Media and Communications Update

MEMORANDUM

Overview

Media and communication plays an important role in providing the public with information about community health centers and the role we play in healthy communities. As a part of our advocacy efforts, CPCA and CaliforniaHealth+ Advocates aims to support accurate, positive media coverage through interviews with association staff and members, use of easy to understand fact sheets, consistent talking points, and simple social media messaging.

Media

- In Kern County, Expanded Mental Health Services On Hold Thanks To State Budget Concerns - Valley Public Radio March 28, 2017
- Californians Speak After GOP's Obamacare Repeal Attempt Falls Flat - CaliforniaHealthline, March 27, 2017
- GOP health plan withdrawal offers reprieve to some California consumers - Sacramento Bee, March 24, 2017
- GOP pulls health care overhaul off House floor - KPCC, March 24, 2017
- KPFA 94.1 FM, Berkeley - Talkies Radio Show, March 23, 2017. Interview with Carmela Castellano-Garcia discussing the ACA and TrumpCare. Interview begins at the 30 minute mark.
- Save Our Safety Net Press Conference - CBS 13 News on CW31, KMAX CW – Sacramento
- GOP health care bill would send California's costs skyrocketing – San Francisco Chronicle, March 22, 2017
- California estimates GOP health bill would cost $24B by 2027 – KPCC, March 22, 2017
- If feds strip Planned Parenthood funds, state hit hard - Record Bee, March 21, 2017
- CaliforniaHealth+ Advocates releases "Value of Community Health Centers Today and Tomorrow" report – Capitol Morning Report, March 14, 2017 (no link)
- Economic value of community health centers touted - Daily Democrat, March 13, 2017
- Back to the ER – Poor Families Will Be Hardest Hit by Republican Health Bill - New America Media, March 10, 2017
- Back to the ER – Poor Families Will be Hardest Hit by Republican Health Bill – International Examiner, March 14, 2017
- California Primary Care Association (CPCA) and PointCare Partner to Provide Coverage – PR Newswire, March 14, 2017
- New Santa Rosa Community Health Centers clinic to care for developmentally disabled – Santa Rosa Press Democrat, March 13, 2017

- If feds strip Planned Parenthoods funding, California would be especially hard hit – CalMatters, March 2, 2017
- Health Care Advocacy - Sonoma County Gazette, March 1, 2017
- Senator Hernandez Introduces SB 743 to Preserve Freedom of Choice in Family Planning Care - Essential Health Access, February 28, 2017 (No link)
- A Look Into An ACA-Created Teaching Health Center, Capitol Public Radio, February 15, 2017
- Obamacare's murky state forces Bay Area clinics to scale back, San Francisco Chronicle, January 21, 2017
- If GOP defunds Planned Parenthood clinics, health centers can't handle patient flood - Sacramento Bee, January 20, 2017
- Democrats to McCarthy: Repealing Obamacare will hurt your district the most - The Bakersfield Californian, January 20, 2017
- California's Community Clinics, Big ACA Beneficiaries, Worry About Their Future – CaliforniaHealthline, January 19, 2017
- Planned Parenthood's California branch braces for loss of federal funding - Capitol Public Radio, January 19, 2017
- Haight Ashbury Free Clinic morphs into health care conglomerate - Mercury News, January 17, 2017
- 'Defunding' Planned Parenthood is an attack on women's health: Editorial - Penn Live, January 9, 2017
- With talk of Obamacare repeal local health professionals uncertain - KRCR News, January 6, 2017
- Obamacare Repeal Will Bring Lean Times To 9,000 Clinics For The Poor – BuzzFeed, December 2, 2017

Fact Sheets and Information

- Capitol Link Report and Talking Points
- *Healthcare 2017 - Republican Healthcare Reform Concept Proposal Talking Points*
- *Healthcare 2017 Statistics/Executive Talking Points*
- *Healthcare 2017 General Talking Points*
- *2017-18 Proposed Budget – Analysis, Impact, and Talking Points*

Template Advocacy Letters

- *SB 323*
- *SB 456*

CEO Speaking Engagements

Since our last Board Meeting in January, CPCA's President and CEO has been active throughout the state speaking to a number of organizations on issues that impact CCHCs and their patients. Below, please find a listing of Carmela's recent speaking engagements:

- HealthManagement+ Welcome Address
- ITUP Conference
- CPCA Quality Care Conference Welcome Address
- National Summit on Family Philanthropy Plenary
- Western Migrant Health Forum Plenary
- CLI Cohort 9 Luncheon Keynote

- Sacramento Urban League Empowerment Summit Breakout Session
- Pueblo Fest Keynote
- NACHC P&I Delegation Welcome Address
- CPCA CFO Conference Welcome Address

Resources

- Facebook: https://www.facebook.com/Carmela-Castellano-Garcia-950620554956341/?fref=nf
- Twitter: www.twitter.com/CarmelaCGarcia
- Website: www.CarmelaCastellano.com

CEO Blogs

As many of you already know, CPCA's CEO launched a website earlier this year to highlight her multi-faceted work. In positioning herself as a thought leader in the areas of health care, policy, advocacy, non-profits, philanthropy, diversity, leadership and other issues, she has started a blog that delivers new, fresh content on a bi-monthly basis. Below is a listing of her most recent blogs:

- Leading the Charge: California's Primary Care Workforce Shortage – March 20
- TrumpCare – It's As Bad As We Imagined – March 13
- Californians will suffer under ACA repeal – January 30
- Don't Be Misled: HSAs and Tax Credits Are Not the Answer for Low-Income People – January 24

Resources

- Website: http://carmelacastellano.com/category/blog/

Web and Social

CaliforniaHealth+ Advocates – www.healthplusadvocates.org
Facebook – www.facebook.com/healthplusadvocates
Twitter – www.twitter.com/healthplusadv

California Primary Care Association – www.cpca.org
Facebook – www.facebook.com/californiaprimarycareassociation
Twitter – www.twitter.com/CPCA

Carmela Castellano-Garcia – www.carmelacastellano.org
Facebook – www.facebook.com/CarmelaCGarciaCPCA
Twitter – www.twitter.com/carmelacgarcia

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330 Committee

May 4, 2017
12:30 p.m. – 2:00 p.m.
Corinne Sanchez, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Corinne Sanchez	A
II. Approval of Agenda	• Executive Summary	Corinne Sanchez	A
III. Approval of Minutes	• January 12, 2017 330 Committee Minutes	Corinne Sanchez	A
IV. Pay-for-Performance	• Memo: P4P	Meaghan McCamman	D
V. Proposed State Plan Amendment	• Memo: SPA Process Update	Ginger Smith Andie Patterson	A
VI. PPS Issues	• PPS Survey	Andie Patterson Ginger Smith	D
VII. Payment Reform	• Memo: Payment Reform Status Update	Andie Patterson	D
VIII. Legal	• Memo: Legal Update	Deb Roth	I
IX. Adjourn		Corinne Sanchez	A

California Primary Care Association

Executive Summary

Date: April 19, 2017
To: 330 Committee
From: Andie Patterson, Director of Government Affairs

MEMORANDUM

P4P

- A county FQHC lost an appeal before the California Department of Health Care Services relating to whether their P4P incentive payments were properly excluded from their Medi-Cal PPS reconciliation.
- At issue in the appeal was whether the P4P incentive payments received by the FQHC from their managed care plan met the definition of 'financial incentives' that are required by federal and state law and policy to be excluded from reconciliation.
- CPCA attorney Larry Garcia will lead a discussion on how this might impact other FQHC P4P incentive programs and potential next steps.

Proposed State Plan Amendment

- The first two topics CPCA is discussing with DHCS regarding their proposed amendments to the Medicaid State Plan are productivity standards and a 90 day requirement for submitting an initial rate setting application.
- DHCS is open to considering new productivity levels for MDs and Mid-levels and proposed the following, which majority of members support:
    - Physician's new proposed standard for 1.0 FTE = 3,200 resulting in a decrease of 1000 visits/year
    - Mid-Level's new proposed standard for 1.0 FTE = 2,600 resulting in an increase of 500 visits/year
- CPCA is working with DHCS to define what DHCS considers productive and non-productive time for the productivity FTE calculation. With member support, CPCA provided DHCS with recommendations for their consideration.
    - Productive Time (FTE included in the FTE calculation for productivity standards)
    - Direct care – time scheduled to provide face-to-face care to patients to include telehealth when provider is present for visit
    - Non-Productive Time (FTE excluded from the FTE calculation for productivity standards)
    - Indirect care – any provider time that is not associated with direct care or admin/unavailable. Examples include, but are not limited to: care management (such as, reviewing test results, emails, texts, follow-up calls, charting, patient portal activities, transition of care, on-call activities, etc.), huddles, eConsults (communication with specialty providers that's patient specific)
    - Admin/unavailable – administrative/supervisory duties, ECHO (provider to provider

consult that's not patient specific), meetings, trainings, vacation, sick, holiday, CME, etc.

- DHCS recognizes the need to develop a process for requesting an exception to the productivity standards. With member input, CPCA is preparing recommendations for DHCS to consider.
- CPCA advocated for DHCS to develop a document that will outline how the productivity standards methodology is applied and what supporting documentation will be required to avoid any future inconsistencies with A&I auditors.
- DHCS' SPA proposal language for a 90 day requirement for submitting an initial rate setting application is supported by most members. The 90 day requirement has been a long standing DHCS practice.

PPS Survey

- Over the last few months more and more health center CFOs and consultants have brought to CPCA's attention the challenges faced when working with Audits and Investigations to do a PPS rate setting or scope change.
- Members have requested that something be done to combat A&I's one on one challenges to FQHCs.
- In response CPCA has developed a small workgroup of CFOs and consultants, and CFOs have agreed to do participate in a detailed survey of their experience with A&I
- Using the data from the survey, CPCA staff working with the workgroup as well as other experts will develop a strategy aimed at improving the situation for FQHCs.

Payment Reform

- The implementation of the pilot is dependent on CMS approving the concept. The SPA has not yet been drafted as CMS has not yet signed off on the concept.
- The new administration has signaled a willingness to be open to waivers.
- There are questions the Committee and Board should consider in advance in the advent that our APM is not approved by CMS.

Legal Issues

- In the retrospective claims case, the state filed its opening brief on appeal. The plaintiffs' brief is due June 19, 2017.

CALIFORNIA PRIMARY CARE ASSOCIATION

330 COMMITTEE
January 12, 2017
10:40am – 11:40am

Members: Corinne Sanchez – Chair, Robin Affrime, Jane Garcia, Alex Armstrong, Isabel Becerra, Doreen Bradshaw, Cynthia Carmona, Terri Stratton, Cathy Frey, Cathryn Hyde, Marty Lynch, Greg Garrett, Franklin Gonzalez, Britta Guerrero, Nik Gupta, Dean Germano, Haleh Hatami, Steve Heath, Erica Jacquez, Tina Jagtiani, Constance Kirk, Deanna Stover, Soyla Griffin, Angela Harris, Jyl Marden, Danielle Myers, Zettie Page, Victor Perez, Joanne Preece, Carole Press, Christy Ward, Tim Pusateri, David Quackenbush, Tracy Ream, Tim Rine, Jacqueline Ritacco, Melinda Rivera, Tiffany Robertson, Gary Rotto, Mary Renner, Vernita Todd, Kevin Mattson, Alicia Hardy, Laura Scheckler, Richard Veloz, Ben Flores, Mary Szecsey, Leslie McGowan, David Vliet, David Lavine, Henry Tuttle, Graciela Soto Perez, Christine Velasco, Deborah Lerner, Louise McCarthy, Naomi Fuchs, John Severson, Lucrisha Renteria

Guests: Nichole Mosqueda, Chad Vargas, Rachel Farrell, Kazue Shibata, Karen Lauterbach, Edwin Tan, Angie Melton

Staff: Carmela Castellano-Garcia, Andie Patterson, Deb Roth, Daisy Po'oi, Ginger Smith, Ben Avey, Meaghan McCamman, Nataly Diaz, Meghan Nousaine, Bao Xiong

I. Call to Order
Corinne Sanchez, Committee Chair, called the meeting to order at 10:49am.

II. Approval of Agenda
A motion was made to approve the agenda as presented. **The motion carried. (Gupta, Fuchs)**

III. Approval of Minutes
A motion was made to approve the minutes of October 25th, 2016. **The motion carried. (McCarthy, Frey)**

IV. Year in Review
Andie Patterson gave an overview of what we projected in 2015 and what happened in 2016 as it relates to Payment Reform, Behavioral Health, PPS/DHCS issues, 330 Program Challenges and Legal.

V. Proposed State Plan Amendment
A notice of general public interest was released by DHCS alerting us to their proposed changes to PPS in a forthcoming State Plan Amendment. The changes include adding Marriage and Family Therapists (MFTs) and Dental Hygienists as billable providers. FQHCs/RHCs will be required to submit a Change in Scope-of-Service Request with A&I once they start billing for the service(s) and have at least 12 months of visits and costs. Additionally there is a proposed policy change related to four walls. The SPA includes making the use of productivity standards part of the standard rate setting and change in scope process.

VI. Inpatient Billing
In mid-December, DHCS informed CPCA staff of a planned policy change related to FQHC and RHC billing for inpatient services. The new policy would permit FQHC/RHC employed practitioners to provide services in a hospital setting for the purpose of continuation of care, but require the practitioner to bill Medi-Cal at the fee-for-service rate for services and not at the FQHC's/RHC's PPS rate. It is CPCA's position that inpatient PPS billing should remain at the health centers discretion as the policy currently stands. CPCA does not agree with the DHCS interpretation of CMS policy for Medicaid PPS billing.

The Department has set the effective date for February 1, 2017, but CPCA is fighting to roll back the policy and at the very least the implementation date.

VII. Payment Reform

The implementation of the pilot is dependent on CMS approving the concept. CPCA has paused meeting with health plans and health centers locally until we learn what CMS's decision will be. One productive meeting was held in San Diego in November. The SPA has not yet been drafted. The election results only deepen our expectation that payment reform will happen in California and across the country. All health centers should be preparing accordingly.

VIII. Medicaid Integrity Program (MIP) Audits

CPCA and member advocacy resulted with CMS presenting a positive compromise to the MIP audits.
CMS will not be applying the extrapolation methodology to the existing audits, will pause any additional audits until education is provided to the health centers, and then will only reinitiate audits 18 months post. CPCA will work with DHCS to develop the educational tools.

IX. Behavioral Health

CPCA continues negotiations with DHCS to ensure that FQHCs can serve as Drug Medi-Cal providers and Specialty Mental Health Providers. CPCA developed a draft toolkit with Blue Shield of California Foundation (BSCF), Harbage, and the California Behavioral health Director's Association (CBHDA) to galvanize FQHC/County partnerships. A draft copy of the toolkit can be found in the "resources" section of the Behavioral Health memo. CPCA is also engaging with the California Healthcare Foundation (CHCF), BSCF, and CBHDA to build a statewide coalition around improving the continuum of behavioral health care in California. California was not awarded a CCBHC grant .

X. DHCS

DHCS will issue an All Plan Letter to Managed Care Organizations regarding the new Medi-Cal benefits for acupuncture services after DHCS receives an approved State Plan Amendment from CMS. DHCS Fiscal Intermediary, Xerox State Healthcare, LLC is changing their name to Conduent State Healthcare, LLC beginning January 3, 2017. In 2017, DHCS (Medi-Cal) will begin converting all FQHC, RHC, & IHS/MOA local codes (e.g. Z-codes, Code 18, etc.) to HIPAA-compliant codes.

XI. Legal

The briefing schedule for the retrospective claims litigation has been extended to allow time for settlement possibilities to be considered. Our reply brief is due February 17, 2017. A settlement would obviate the need for briefing but it is unlikely a complete settlement would be achieved by the date of the next 330 Committee meeting.

XII. Adjourn

The meeting was adjourned at 11:55am. **The motion carried. (Gupta, Fuchs)**

Respectfully submitted,

Daisy Po'oi
Meeting Minutes Recorder

California Primary Care ASSOCIATION

DISCUSSION

Date: May 4, 2017
To: 330 Committee
From: Meaghan McCamman, Assistant Director of Policy
Re: P4P - FQHC Incentive Program Adverse Decision

MEMORANDUM

I. Background:

On January 12, 2017, a county health center and hospital in San Mateo lost an appeal before the California Department of Health Care Services ("DHCS") relating to whether their P4P incentive payments were properly excluded from their Medi-Cal PPS reconciliation. Under the Final Decision, the FQHC stands to lose more than $600,000 for the past year, and up to $3 million for the last 5 years as a result of adjustments made by DHCS that have resulted in the receipt of "*overpayments*" by these providers from the Medi-Cal program.

At issue in the appeal was whether the P4P incentive payments received by the FQHC from their managed care plan met the definition of 'financial incentives' that are required by federal and state law and policy to be excluded from reconciliation. DHCS contends that the San Mateo P4P incentive payments were **not** the type that should be excluded because the incentives were not tied to cutting costs or reducing utilization of services, coupled with benchmarks or measures used to determine if the goal has been reached. Rather, the San Mateo P4P payments were linked to providing preventative care already required under managed care contracts as well as payment incentive designed to improve the quality of care of health plan enrollees treated by the FQHC. In the Final Decision, the Administrative Law Judge agreed with DHCS, noting that San Mateo's P4P incentives were not linked to reduction-in-utilization outcomes nor linked to reductions in patient costs. Rather, they were linked to "*single instances of preventative services being provided or associated activities being performed.*"

This administrative decision is one new piece of very little existing guidance for FQHCs or DHCS in understanding FQHC P4P incentive programs. Moreover, the incentives approved by DHCS in the Final Decision are not consistent with "value-based" contracting goals of improving clinical outcomes for enrolled patient populations but only available to reduce the cost of care. Until there is greater clarity around what meets the definition of "incentive," health centers may be in danger of disagreements with DHCS auditors over inclusion or exclusion of these payments during reconciliation.

II. Applicable Law Governing Supplemental Payments to FQHCs

A) *Welfare and Institutions Code 14132.100(h)*

"if an FQHC or RHC services are partially reimbursed by a third-party payer, such as a managed care entity…the department shall reimburse an FQHC or RHC for the difference between its

per-visit PPS rate and receipts from other plans or programs on a contract-by-contract basis and not in the aggregate, and ***may not include managed care incentive payments that are required by federal law to be excluded from the calculation***."

B) *42 CFR §405.2469(a)(2)*

"***Any financial incentives provided to Federally Qualified Health Centers under their Medicare Advantage Contracts, such as risk pool payments, bonuses, or withholds, are prohibited from being included in the calculation of supplemental payments due to the Federally Qualified Health Center."***

C) *September 27, 2000 State Medicaid Directors Letter*

"MCOs frequently use their own funds to include financial incentives in their own contracts with subcontracting providers. Financial incentives provide the subcontractor with an incentive to ***reduce unnecessary utilization of services or otherwise reduce patient costs***. Such incentives may be negative, such as withholding a portion of the capitation payments. If utilization goals are not satisfied, the subcontractor forgoes the withheld amount in whole or in part. Incentives may also be positive, such as a bonus that is paid if desired utilization outcomes are achieved. In both cases, we believe the incentive amounts (whether positive or negative) are separate from the MCO's payment for services provided under the subcontract, do not include any additional federal funding, and should not be included in the state's calculation of supplemental payments due to the FQHC/RHC.

Inclusion of incentive amounts (whether positive or negative) in calculating supplemental payments would negate the financial impact the incentive is designed to provide, since the FQHC/RHC would get the same total amount of money, regardless of ***whether it meets the utilization or other goals set by the MCO***. For this reason, we have determined that the state's quarterly supplemental payment obligation should be determined using the baseline payment under the contract for services being provided, without regard to the effects of financial incentives ***that are linked to utilization outcomes or other reductions in patient costs***."

III. Next Steps

CPCA has arranged a series of two webinars to ensure that FQHCs, and their partner Medi-Cal managed care plans, have all of the available information regarding FQHC participation in P4P incentive programs. The webinars were presented at the end of April and links to the recorded sessions will be posted by the time of this meeting.

At the 330 Committee we will have a discussion concerning how else CPCA can support FQHCs in reducing exposure related to incentive programs and enable FQHCs to participate in value-based contracting alternative arrangements.

IV. Resources

- San Mateo Medical Center FQHCS Administrative Hearing Final Decision
- September 27, 2000 State Medicaid Directors Letter

California Primary Care ASSOCIATION

ACTION

Date: April 18, 2017

To: 330 Committee

From: Ginger Smith, Director of Health Center Operations

Re: Medicaid State Plan Amendment - Proposed Changes to the Prospective Payment Reimbursement: Productivity Standards and 90-Day Requirement

MEMORANDUM

I. Background

Late December 2016, the Department of Health Care Services (DHCS) issued a Notice of General Public Interest informing the public that they intend to submit a State Plan Amendment (SPA) proposing changes to the *Prospective Payment Reimbursement* section of the California Medicaid State Plan. The public notice does not include significant detail on many of the proposed changes. The proposed SPA will address several issues including:

- Productivity Standards,
- Four Walls,
- Three Comparable Clinics,
- 90 day Requirement,
- Administrative Costs,
- Marriage and Family Therapists (MFT),
- Change in Scope of Service Requests.

The original timeline for DHCS to submit proposed amendments to the Centers for Medicare & Medicaid Services (CMS) was March 31, 2017, but since they proposed to push back the implementation of the MFT billable provider to July 2018 as part of the state budget for 2017-18, the March 31 deadline is no longer valid. The new deadline to submit and effective date of the amendments are open, but must be done in advance of the July 2018 MFT implementation date. The Department has committed to working collaboratively with CPCA until we get through the proposed changes.

The first topics being discussed are productivity standards and a 90 day requirement for submitting an initial rate setting application. CPCA, along with staff from the California Association of Public Hospitals (CAPH), are meeting with DHCS bi-weekly and sharing and securing input from members after each meeting with DHCS, and then taking back any feedback to DHCS. As DHCS shares the draft SPA language for each issue, we will collectively review and provide feedback. In addition, prior to submitting any amendments to CMS, DHCS will provide a 30 day public comment period in advance of submission.

II. Issue

Productivity Standards

In 2014, CMS conveyed support for DHCS' use of the productivity standards as an audit tool for test of reasonableness, even after acknowledging that the Medicare productivity standards are obsolete. CMS

advised DHCS to work with CPCA in clarifying policy on how DHCS uses productivity standards to find outliers and provide context for conditions and circumstances that warrant a modification or waiver of application of Medicare productivity standards to Medicaid PPS rate setting. At the January 2017 330 Committee meeting, members supported CPCA working with DHCS to develop a more appropriate productivity baseline and to create a process for requesting an exception. DHCS is aware that although CPCA agreed to have conversations with them on productivity standards, it does not mean we agree and concede to DHCS' use of productivity standards.

Productivity Standards Today:

- Currently, the minimum productivity standard for physicians and mid-levels is 4,200 visits and 2,100 visits, respectively for 1.0 FTE. This equates to an average visit time of approximately 30 minutes for physicians and 1 hour for mid-levels.
- Only a provider's productive (seeing patients/direct patient care) time is part of the FTE calculation. A provider's non-productive (not seeing patients/admin) time, which needs to be better defined, is not included in the application of the minimum productivity standard.
- DHCS does not apply productivity standards for staff in the following positions: dentist, dental hygienist, DOs, podiatrists, optometrist, chiropractic, psychiatry, psychologist, LCSWs, and CPSP. MFTs will be eventually added to this list.
- No clear process for requesting an exception.

DHCS is open to:

1. Considering a lower productivity level for MDs from the current standard created in the '70s;
2. Defining what DHCS considers productive and non-productive time for the productivity FTE calculation and what documentation will be requested by DHCS to support reported FTE;
3. Developing a process for requesting an exception with the type of documentation health centers can provide to support an exception; and
4. Developing a document that illustrates how the productivity standards methodology is applied to avoid any future inconsistencies with DHCS Audits & Investigations (A&I) auditors.

1. **New productivity level standards – lower productivity level for MDs**

DHCS and CPCA agreed to research data sources, beyond UDS and OSHPD, available on provider productivity levels. A vast majority of CPCA members support lowering the current MD productivity standard level. A suggestions was made for CPCA to purchase the Medical Group Management Association (MGMA) 2016 *Provider Compensation and Production Report* and share the report's data with members. The MGMA summary data (available under 'Resources') was reviewed and most members supported CPCA sharing the data with DHCS. It is important to note that the MGMA data indicated productivity levels are higher for most mid-level providers from the current Medicare standard of 2,100. Members participating in the CPCA calls understood the risk involved with sharing the mid-level data.

DHCS reviewed the MGMA data submitted and stated that since MGMA data is not California specific and does not represent only FQHCs/RHCs, they had decided to analyze data from Medicare Cost Reports. DHCS pulled close to 1500 2013/2014 Medicare Cost Reports from California FQHCs and RHCs and shared an analysis of the data with CPCA (available under 'Resources'). In response, CPCA consulted with BKD to assist in verifying the accuracy of the data DHCS provided. Like the MGMA data, findings showed that mid-level productivity is higher than the current 2,100 and MD productivity data, on average, was slightly lower than the current 4,200. DHCS confirmed that if the physician productivity levels are decreased, the mid-level productivity will need to increase.

Using UDS or OSHPD Data

DHCS and CPCA have concerns with using UDS or OSHPD data for establishing a new productivity baseline. UDS and OSHPD data sets are self-reported and are not audited. Additionally, UDS and OSHPD capture FTE at one point in time, not an average FTE over a year. Finally, UDS and OSHPD capture FTE associated with unproductive and productive time and does not differentiate. It is DHCS' opinion that using these data sets could result in an inaccurate depiction of actual productivity and therefore would result in an invalid baseline.

Preliminary Proposal from DHCS

Based on data from the Medicare cost reports, DHCS proposed the following as new productivity standards that would be used for testing the reasonableness of provider productivity on rate setting and change-in-scope applications.

- Physician's new proposed standard for 1.0 FTE = 3,200 resulting in a **decrease** of 1000 visits/year
- Mid-Level's new proposed standard for 1.0 FTE = 2,600 resulting in an **increase** of 500 visits/year

Majority of CPCA members support the new proposed productivity standards.

2. **Defining productive/non-productive time**

DHCS audits a provider's productive and non-productive FTE when applying productivity standards; however, only a provider's productive FTE is included in the application of the productivity standards. DHCS will require health centers to provide documentation that supports both the productive and non-productive FTE. Most health center payroll systems have the ability to capture vacation, holidays, sick, etc. but do not easily capture the other non-clinical time (such as administrative/supervisory duties, meetings, training, etc.). **CPCA encourages all health centers to start developing internal processes to document provider non-productive time.**

At members' request, CPCA expressed to DHCS our desire to define productive and non-productive time to avoid any inconsistencies with A&I auditors. DHCS was open to the request and asked for CPCA and CAPH to provide a recommendation for their consideration. After receiving member input and their support, CPCA recommends sharing the following definitions for productive and non-productive time with DHCS.

Productive Time (FTE included in the FTE calculation for productivity standards)

- Direct patient care – time scheduled to provide face-to-face care to patients to include telehealth when provider is present for visit

Non-Productive Time (FTE excluded from the FTE calculation for productivity standards)

- Incident to direct patient care – provider time that is not associated with direct patient care time, executive/medical administrative time or unavailable for direct patient care time. Examples include, but are not limited to: care management (such as, reviewing test results, emails, texts, follow-up calls, completing charting, transition of care, on-call activities, etc.), huddles, eConsults (communication with specialty providers that's patient specific)
- Executive/Medical Administrative – time spent conducting administrative and supervisory duties
- Unavailable for direct patient care – non-work but paid time such as vacation, sick, and holidays and worked and paid time such as CME, conferences, mandatory meetings, and trainings

3. **Exception process**

DHCS recognizes the need to develop a process for requesting an exception to the productivity standards and asked CPCA and CAPH to provide input on how we would like to see the process occur to include a list of reason(s) for an exception and the data/documentation a health center can provide to support an exception. A request for an exception is only necessary if a provider cannot meet the standard and has reasonable justification for not meeting the standard to include data and documentation to support the justification.

After a long conversation about an array of exceptions, members concluded that CPCA should not advocate for listing out reasons for an exception since the list would be extensive and would inadvertently not include everything needed. Members did request that CPCA share a list of examples. Members also felt strongly that the data and documentation to support an exception would vary for each exception, but supported CPCA sharing a list of examples. CPCA is still working with members to determine the potential data/documentation that a health care can provide to support an exception request. Once available, CPCA will share it with DHCS for their consideration. In addition, members would like to see the exception process incorporated into the rate setting/change-in-scope application process versus waiting until the 15-day letter is issued.

Possible reasons for requesting an exception - examples shared with DHCS included, but not limited to:

a. significant amount of:
    - Homeless patients (compared to all visits) or are designated as 330 (h) clinics
    - Telemedicine visits
    - HIV/AIDS patients or designated as HIV/AIDS clinic
    - Dual eligible and SPDs
    - Elderly
    - Limited English Proficiency (LEP) patients
    - Contract physicians (locums only)
    - New providers
    - Developmentally disabled population
    - High proportion of patients with behavioral health needs/diagnoses
b. Adolescent teen clinics – school based health centers
c. FQHCs with residency programs
d. Mobile clinics – lack of space and time lost from getting to and from locations for services
e. FQHCs with primary care providers providing substance abuse and mental health services
f. FQHCs located in areas with low populations/ minimum coverage situations where the visit volume is too low to meet the minimum productivity standards but available physician coverage is needed – rural areas
g. Catastrophic events that do not allow the clinic to practice as usual – building retro fit, fire and police shut down, loss of power, loss of heating, etc.
h. Specialty: including specialist visits and when a primary care provider performs highly specialized services (Some that come to mind are: wound care clinic, addiction medicine clinic, diabetes clinic)

4. **Application of productivity standards amongst auditors**

CPCA shared concerns with inconsistencies amongst DHCS A&I auditors and how they are applying productivity standards. DHCS agreed to develop a document that will outline how the productivity

standards methodology is applied and what supporting documentation will be required to avoid any future inconsistencies with auditors.

In addition, CPCA was informed that DHCS recently is applying the productivity standards when issuing an interim PPS rate for a new site. CPCA shared with DHCS that 42 C.F.R. § 405.2467(b) **prohibits** the use of productivity standards in the initial interim FQHC rate utilized prior to finalization of the cost-based PPS rate. DHCS agreed to internally review and get back to CPCA.

III. 90-Day Requirement

The second SPA proposal issue discussed between CPCA and DHCS was a 90-day requirement for submitting an initial rate setting application. The SPA proposal states that the effective date for a new site's rate is retroactive to the date that the licensed FQHC or RHC was first qualified by the applicable federal agency as an FQHC or RHC if the FQHC/RHC submits a rate setting application package to DHCS within 90 days from the date of the federal agency's written notification of approval. Otherwise, the effective date will be the date the rate setting application package was received by DHCs. The 90 days starts the date of the federal agency's notification. Even if a new site is not officially licensed or enrolled into the DHCS provider master file, a FQHC/RHC should submit the initial rate setting application within the 90 days and DHCS will hold the application until the site is licensed and designated as a community health center in the provider master file. The majority of CPCA members are supportive of this proposed SPA language since this has been a long standing DHCS practice.

IV. Discussion

- Does the Committee agree with the positions discussed to date?
- Can staff move forward on the DHCS proposed productivity figures?
- Are there any concerns or issues staff needs to be aware of as the SPA negotiations continue?

V. Resources

- MGMA data shared with DHCS: http://www.cpca.org/cpca2013/assets/File/Peer-Networks-Workgroups/MGMA_Productivity.pdf
- 2013/2014 Medicare Cost Reports Verified Data: http://www.cpca.org/cpca2013/assets/File/Peer-Networks-Workgroups/2013_2014%20Medicare%20Cost%20Report%20Data.pdf
- The SPA notice can be found here: http://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA17-001_PN.pdf
- When SPA language is available, it will be posted here: http://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pro_SPA.aspx
- Once submitted to CMS, the SPA will be posted in the "Pending" category here: http://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending_2017.aspx

California Primary Care ASSOCIATION

DISCUSSION

Date: April 27, 2017

To: 330 Committee

From: Andie Patterson, Director Government Affairs

Ginger Smith, Director or Health Center Operations

Re: Draft PPS Survey

MEMORANDUM

1. Individual information
    a. Corporation
    b. Name
    c. Position
    d. Email
    e. Phone
    f. Number of years you have worked with A&I while in health centers

Overarching Experience

2. What is your experience with A&I? Please respond to the following statements with either : Strongly Agree/ Agree/Disagree/ Strong Disagree/ NA
    a. A&I is flexible
    b. A&I is easy to work with
    c. A&I auditors understand FQHCs
    d. A&I's policies are fairly and consistently applied
    e. A&I is a partner to me and my organization
    f. A&I is transparent and clear in how they audit rates and reconciliations
3. Please briefly share your experience in narrative.
4. Is your experience today different than in the past? Please describe the difference, and when you noticed the difference occur.

Reconciliations

5. Please describe your experience with the most recent reconciliation submitted to A&I
    a. NPI
    b. Date submitted
    c. FQHC Consultant name, if you worked with one
    d. Did you have difficultly attaining the 60% receivable?
    e. Please describe your experience
6. Please describe your experience with A&I in terms of your notice of proposed adjustments or last audited reconciliation with A&I

a. NPI
b. What FY?
c. FQHC Consultant name, if you worked with one
d. Please describe your experience
e. Has A&I ever denied the manage care payment on a reconciliation because the clinic delayed in submitting MCO claims and the code 18?
f. Based on the variances on the audit, are you preparing to submit an appeal?

Scope Changes / Initial Rate Setting

7. Have you received an audit report on an initial rate setting or change in scope since January 2016 or have you attempted to do a 3 comparable clinic rate setting since January 2016? If yes please proceed.
8. For each scope change or new rate answer the following questions:
    a. Site Name and NPI
    b. Choose one: New Rate or Scope Change
    c. Date started (entrance visit)
    d. Date completed (exit conference)
    e. Date you actually receive your differential
    f. Auditor(s) name(s) who worked on the case
    g. FQHC Consultant name, if you worked with one
    h. Describe the overall experience
    i. Did you get the rate you were seeking?
    j. If not did it go up or down?
    k. By how much? Please provide a dollar amount for the differential – indicate positive or negative.
    l. If the rate went down, how much revenue will you lose annually from the difference?
    m. Did the auditors identify any of the following? In the open text space please indicate if this is a new practice or consistent with years past. Please also describe any nuance you believe is important as well. *For example, productivity was used in the past but not like recent experiences where A&I applied 100% FTE to every provider.*
        - A&I negates the expense of a lease, and makes up the purchase price, referred to as virtual purchase
        - A&I adjusts your rate that was based on 3 comps later for actual costs
        - A&I used productivity standards on interim rates
        - A&I just argues the rate is too high so some costs end up unallowable.
        - A&I negates internal X-ray/ internal lab costs based on the fact that Medicare doesn't allow
        - If A&I believes the costs of something are too high they institute the "prudent buyer" principle in Medicare and deduct costs
        - A&I denies or doesn't accept a Scope change but requests multiple pages of documentation to justify the application
        - A&I deducts costs miscellaneously – such as nursing or pharmacy
        - A&I cancels your Drug Medi-Cal contract
        - A&I allocated administrative cost to non-allowable programs that already have administrative costs allocated to them, or that don't consume administrative expense proportionally (e.g. pharmaceuticals)
        - On the Home Office Cost report, has A&I insisted on the inclusion of out-of-scope items
        - Other? pls describe

n. If you did not agree with A&I's finding did you have to appeal? Please describe the appeal process and where you are at in the process.
o. What happened during the appeal? Did you win or lose?

Additional Global Questions

9. Have you experienced delays in provider enrollment, or other regulatory elements, that have led to a delay in the effective date of the PPS rate?
10. Have you ever moved a site, and been told by A&I that you now must file for a new rate?
11. The state in December issued a notice of interest for a new State Plan Amendment. These policies and strategies as they relate to PPS rates have not been approved by CMS yet. Please indicate if any of these policies have been applied to recent rates?
    a. Administrative Caps
    b. Executive compensation caps
    c. Other

Gauging Impact

12. Are the unknown A & I changes deterring your growth, do you have projects on hold?
13. Do you have plans to reduce capacity (from full time to intermittent) at future sites because of the current contentious relationship between health centers and A&I?
14. Is there anything related to rates or your experience with A&I not covered that you believe CPCA should be aware of?

California Primary Care ASSOCIATION

DISCUSSION

Date: April 24, 2017

To: 330 Committee

From: Andie Patterson, Director Government Affairs

Re: Status of Payment Reform Work

MEMORANDUM

A. Capitation Pilot

Procedural Progress and New Federal Administration

The pilot is in a continued delay due to CMS not yet having signed off conceptually on the APM pilot. Currently the state is in dialogue with CMS about the pilot which CMS on the whole is supportive of, however, they are concerned specifically about the risk triggers (e.g. 5/ 7.5/ 10%). Just last week CMS indicated not being able to sign off on the APM as is because of the triggers. DHCS' position is that if CMS will not approve of the pilot with that provision they will not move forward. The state will be now submitting a letter advocating for CMS to approve the APM, with CPCA and CAPH to follow suit. CPCA has also requested that NACHC submit a letter supporting the APM. The letters will argue essentially that the elements of the California APM are consistent with federal law which requires the FQHCs receive at least what they would have otherwise received.

The protracted delay has already led to the state indicating a possible start date now in the summer of 2018.

Potential Risk

While the new HHS Administration has signaled signing off on what states want, the delay in approval of the APM and the critique of PPS not being "value oriented" leaves us a bit apprehensive as to whether the APM will be approved. Perhaps CMS will allow the APM but only in an 1115 Waiver. Should this occur, we already know the state will not move forward with an APM that drops the triggers (5/7.5/10%) and that they would be inclined to move forward with a waiver. This will force a challenging conversation for the CPCA board.

During the NACHC P&I committee meetings, there were multiple discussions about the potential for waivers, and less on whether they would happen but rather which state would be first.

Issues to consider

Staff advise early deliberation on whether or not we would be amenable to advancing the APM through the vehicle of an 1115 Waiver, if CMS ultimately denies the APM in the State Plan Amendment. CPCA staff recommend that if the Committee is amenable, we would advance the APM signed into law through SB 147 (2015) that includes all the provisions that protect health centers and their payment methodology:

1. Voluntary (by organization and by site)
2. Rate based on current PPS and health center's member utilization
3. 4 PMPM rates by site (mitigates risk to health center)
4. Risk triggers up (5/7.5/ 10%) and down (30%)
5. 120 day opt-out capability

Risks to consider: 1115 Waivers have been a vehicle we have not wanted to engage with in relation to FQHC provisions because 1115 Waivers are where CMS can, theoretically as it has not yet happened, waive the state having to pay FQHCs PPS. Essentially, so long as the state can prove to CMS they are furthering the objectives of the Medicaid program waiving PPS or other Medicaid provisions is possible. Another major issue with Waivers is the "slippery slope." If we engage in a Waiver, could we waive just one minor provision? Or does it make it easier to waive more and more provisions moving forward? Is there a stop to what gets waived? These are serious risks to consider, especially in the current political environment. There is now a new federal administration offering publically to be friendlier to 1115 Waivers (i.e. Price/Verma letter to Governors in March) and what states want flexibility on, as well as a California DHCS that too would like some flexibility, especially when it comes to FQHCs.

Protections: There are protections we have though when it comes to 1115 Waivers. The legislature must approve a Waiver DHCS wants to submit and to date health centers have maintained strong champions in the legislature. The legislature, we believe, understands the value and role of FQHCs and would not allow the state to dismantle or fundamentally undermine health centers.

While not an ideal situation to have to entertain an 1115 Waiver, the APM is a proposal we developed with the state and plans and are comfortable with the provisions. The only difference we are debating is the vehicle to the change. We have a relationship with the state and legislature where we can negotiate the parameters, rather than the parameters being given to us to accept. If our APM is in an 1115 Waiver, that is theoretically, a positive advancement for other health centers that are in states where Governors intend to do much more aggressive, and harmful reforms to the PPS system. California's APM essentially protects health centers fundamental payment system, allows the health center to practice and deliver care however they determine is most appropriate, keep resources if visits go down substantially, select which sites they want to test out the payment with, and much more. This is a strong APM that protects health centers as we move into a more value, capitation oriented health care delivery system. We have come too far on the APM in California to go back. Health centers are prepared to move forward and we need to continue advancing reform and patient care transformation initiatives.

<u>Health Plans</u>
CPCA has paused meeting with health plans and health centers until we learn what CMS' decision will be.

<u>Areas to Watch</u>
Non-Traditional Services
We are not further along in the vetting of non-traditional services. The delay in the CMS decision has slowed down the conversation. The main issue facing us however is to have a huge number of codes that are not exactly right or simplifying the list and letting go of some nuance. While the non-traditional services conversation and exploration is frustrating we have not found a better vehicle to bridge the gap between FFS and capitation. The goal is to create a path to pay health centers for value, but we have to have a starting point from whence to count.

Rate Setting: Data Challenges/Solutions
Optumas is just concluding the data analysis/ rate modeling project. They took a subset of health centers in the pilot and looked deeply into their data in order to pull out trends that can then be used in negotiations with the state. The data analysis demonstrates the concerns we have outlined in the rate setting paper. Visits per assigned members are low and 2014 and 2015 utilization is low as a result of the ACA expansion.

CPCA/CAPH/JSI have developed and shared a rate setting paper with the state to initiate conversations on the data limitations health centers are faced with in year one of the pilot. Identified challenges include lower than expected behavioral health utilization, lower than expected utilization with the Medi-Cal expansion population in the first years, assignment and corresponding utilization challenges. Once the demonstration is approved we will fully commence these conversations.

California Primary Care ASSOCIATION

INFORMATIONAL

Date: April 18, 2017

To: 330 Committee

From: Deb Roth, Staff Attorney

Re: Legal Update

MEMORANDUM

Retrospective Dental Claims Litigation

Settlement prospects have faded since January. As a reminder, the State appealed the Sacramento Superior Court's decision from December 2016. That decision, in favor of the health center plaintiffs, granted the writ to require the state to process the outstanding claims.

The state has filed its appellate brief, which includes much of the same argument made before, that the court cannot grant the relief requested because the courts cannot award money damages against the State. This argument should fail just as it did at the superior court level because the plaintiffs are not asking for *money* damages, they are asking the state to process and pay claims.

The state has raised a few new issues that were not part of the case until now. In particular, the state asserts the relief plaintiffs seek ("money damages") violates the separation of powers doctrine because it would require the legislature to appropriate funds or pay funds not yet appropriated. Second, the state argues the 9th Circuit CARHC decision cannot operate retroactively because the state lacked sufficient notice.

Our attorney, Kathryn Doi, believes well established case law will prevent these issues from being raised for the first time on appeal and is working to develop the substantive arguments to respond. Because of the need to research and address the new issues, the parties stipulated to a new deadline of June 19, 2017, although the intent is to submit the brief by mid-May.

Workforce Committee

Thursday – May 4, 2017
2:00 - 3:00 PM

Dean Germano, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Dean Germano	A
II. Approval of Agenda	• Agenda • Executive Summary	Dean Germano	A
III. Introductions		Dean Germano	D
IV. Workforce Priority 8 – Workforce Policy Convening	• Convening Report (Draft Version) *(Guest Facilitator– Laura Hogan)*	Beth Malinowski	D
V. Workforce Priority 4 – Residency Training	o Federal Funding Update o Song-Brown Update	Beth Malinowski	D
VI. Workforce Priority 5 – Loan Repayment	• HPSA Score	Nataly Diaz	D
VII. Workforce Priority 6 – Medical School	• Kaiser Medical School Update	Nataly Diaz	I
VIII. Workforce Priority 7 – Advocacy	• Advocacy – Workforce-related Legislation • Licensing Board Engagement Update	Beth Malinowski Nataly Diaz	D
IX. Workforce Immigration	• Visa Program Changes & Workforce Implications	Liz Oseguera	I
X. Adjourn		Dean Germano	A

California Primary Care Association

Executive Summary

Date: April 27, 2017

To: Workforce Committee

WORKFORCE COMMITTEE / EXECUTIVE SUMMARY

Workforce Priority 1 – Public Awareness

- The CaliforniaHealth+ workforce video project wrapped up this quarter, and is intended to educate aspiring health professionals, legislators, patients, and others about community health centers and the CaliforniaHealth+ brand.

Workforce Priority 2 – Documentation & Communication

- CPCA and Gallagher Surveys would like to invite you to participate in the *Gallagher Integrated Physician Compensation and Production Survey*. Please note that this an additional opportunity and does not replace the CPCA Salary Survey.
- California's regional clinic consortia and the California Primary Care Association (CPCA), under the leadership of RAC and the CPCA Workforce Committee, will work with the University of California, Davis (UCD) to conduct a second statewide community clinic and health center workforce evaluation.
- CPCA was a proud partner on a primary care workforce report released by UCSF's Healthforce Center on February 16, 2017 titled, *California's Primary Care Workforce: Current Supply, Characteristics, and Pipeline of Trainees.*

Workforce Priority 3 – California AHEC Partnership

- CPCA worked alongside the statewide CA AHEC to develop an application for the FY2017 AHEC funding opportunity.

Workforce Priority 4 – Residencies and Training

- In late January, CPCA, along with CAFP, participated in the Commission's two day Funding and Policy Meeting. We were successful in moving the Commission to adopt an application and scoring criteria that better reflects a commitment to service to the underserved.

Workforce Priority 5 – Loan Repayment

- NACHC proposed changes to the Shortage Designation Modernization Project. Although no new timeline has been proposed, HRSA still plans to generate an impact analysis to better understand the potential changes.
- CPCA commissioned a research project with the support of Kaiser Permanente Community Benefit to understand the current loan forgiveness programs and explore future models for public/private loan forgiveness programs.

Workforce Priority 6 – Medical School Update

- CPCA and the Kaiser Permanente School of Medicine developed a robust partnership and identified several opportunities for joint collaboration.

Workforce Priority 7 – Advocacy

- CaliforniaHealth+ Advocates, CMA, CAFP and other coalition partners submitted a letter to the legislature to urge a rejection of the Governor's proposal, which eliminates the $100M investment made in last year's budget to help combat the primary care workforce crisis in California.
- CPCA staff received valuable feedback from members regarding AB 387 (Thurmond) and AB 148 (Mathis) and has shared those concerns with legislative staff.

Workforce Priority 8 – Workforce Policy Convening

- In March, CPCA hosted a tremendously successful workforce convening that was born out Horizon 2030: Meeting California's Primary Care Workforce Needs.
- Our next steps are the development of a new master document that we can build on with our members and partners to create an action oriented primary care workforce strategy.

CALIFORNIA PRIMARY CARE ASSOCIATION

Workforce Committee

January 12, 2017

9:40 am – 10:40 am

Members:	**Dean Germano – Chair,** Doreen Bradshaw, Cathy Frey, John Gressman, Nik Gupta, Deborah Lerner, Louise McCarthy, Scott McFarland, Nicole Mosqueda, Danielle Pedersen, Joanne Preece, David Quackenbush, Mary Renner, Tim Rine, Corinne Sanchez, Vernita Todd, Richard Veloz
Guests:	Ben Flores, Tiffany Robertson, Mary Szecsey, Jason Vega, Leslie McGowan, Rachel Farrell, Erica Jacquez, Chad Vargas, Isabel Becerra, David B. Vliet, Henry Tuttle, Constance Kirk, Graciela Soto Perez, Christine Velasco, Naomi Fuchs, Kevin Mattson, Steve Heath, John Severson, Deanna Stover, V. Manuel Perez, Robin Affrime, Cynthia Carmona, Karen Lauterbach, Laura Sheckler, Soyla Griffin
Staff:	Carmela Castellano-Garcia, Beth Malinowski, Nataly Diaz, Andie Patterson, Mike Witte, Meaghan McCamman, Deb Roth, Val Sheehan, Meghan Nousaine, Ginger Smith, Victor Christy, Shadi Kanaan

Call to Order

The meeting was called to order by the chair at 9:40 am.

Approval of Agenda

A motion was made and seconded to approve the agenda as written. **The motion carried.**

Approval of Minutes

A motion was made and seconded to approve the minutes as written. **The motion carried.**

Introductions

Chair of the Workforce Committee, Dean Germano, introduced himself, CPCA staff members Beth Malinowski and Nataly Diaz and gave members a brief description of the committee and why it was established.

Workforce Priority 3 – California AHEC Partnership / Guest Speaker

Ivan Gomez, Program Director, California Statewide Area Health Education Center gave members background, an overview and the mission of the California Statewide AHEC Program and the National AHEC System. He touched briefly on the types of organizations that participate, what it is that AHECs do, then went on to discuss and take questions regarding HRSA's Overarching Goals for AHEC redesign.

Staff thanked Dr. Gomez and assured members that CPCA will continue to collaborate with the California AHEC leadership and announced to release of the FY2017 AHEC FOA.

Workforce Initiative Update

Staff gave update on the following workforce initiatives

- Priority 1 – Public Awareness
  - Hoping to release the CaliforniaHealth+ video campaign around Day at the Capitol
  - Can be used for workforce and advocacy
- Priority 2 – Documentation and Communication
  - UCSF Healthforce Center released the first draft of the primary care workforce report, the final expected this month (January 2017)
  - Behavioral Healthcare Workforce report anticipated release is spring 2017
- Priority 4 – Residencies and Training
  - Starting in February 2017, CPCA launches a new Residency Peer Network. Please email Nataly Diaz at ndiaz@cpca.org if you are interested in joining.
  - In the fourth quarter of 2016, work continued on the implementation of the $100 million general fund commitment with two stakeholder engagement meetings. Final implementation decisions are expected later this month.
  - CPCA is in conversation with legislative staff to identify opportunities to use California's Employment Training Panel (ETP) to support healthcare workforce.
- Priority 5 – Loan Repayment
  - The State Loan Repayment Program - CMSP application cycle will open on January 30, 2017 and close on March 30, 2017. An OSHPD webinar and factsheet are expected to be released soon.
  - Work on HRSA's Shortage Designation Modernization Project continues. HRSA BHW has delayed the start date for the auto-HPSA scores to be calculated under the new system indefinitely. A new "population served" approach has also been proposed.
  - Final public/private loan forgiveness program research report is expected to be released in later this month.
- Priority 6 – Medical School Update
  - CPCA is working with Christine Cassel and her team at the Kaiser Permanente School of Medicine (KP SOM) to identify collaborative opportunities
- Priority 7 – Advocacy
  - 2017 is going to be a critical year for Federal workforce advocacy.
  - CPCA continues to develop relationships with the Medical Board of California. Board representatives will be present at the Clinicians Committee Meeting on Friday, January 13th.
- Priority 8 – Workforce Policy Convening
  - Media and communication plays an important role in providing the public with information about community health centers and the role we play in healthy communities.
  - We are excited to share that CPCA will be hosting our workforce policy convening, *Healthcare Workforce Convening: A Pathway to Building a Long-Term Primary Care Strategy*, on March 13-14, 2017.

Adjourn

The meeting was adjourned at 10:45 am.

Submitted by Kelley Aldrich

California Primary Care ASSOCIATION

DISCUSSION

Date: May 4, 2017

To: Workforce Committee

From: Nataly Diaz, Senior Program Coordinator and Liz Oseguera, Senior Policy Analyst

Re: Workforce Initiative Update

[redacted]

I. Priority Primary Care Activities

- PRIORITY 1: PUBLIC AWARENESS
  - CH+ Workforce Video & Campaign

    The CaliforniaHealth+ workforce video project wrapped up this quarter, and the final version of the video was previewed by the CPCA and CaliforniaHealth+ boards of directors at an offsite strategic planning retreat on February 23rd. A distribution plan for the video has been developed that includes using the video in conjunction with Day at the Capitol (DAC) activities and highlighting it on email and social media. Additional intended uses for the video include showing the video at health careers conferences to introduce aspiring health professionals to community health centers (CHCs), sending a link to the video to legislators and policymakers to educate them about CHCs, and encouraging all CPCA members to incorporate the video into their social media and other communications channels to better educate patients and others about the CaliforniaHealth+ brand.

- PRIORITY 2: DOCUMENTATION & COMMUNICATION

  - Physician Compensation Survey CPCA and Gallagher Surveys would like to invite you to participate in the *Gallagher Integrated Physician Compensation and Production Survey (Gallagher Survey)*. Gallagher Surveys, the producers of the annual CPCA Salary Survey, is conducting the survey in conjunction with Gallagher Integrated, their sister office who specializes in physician compensation. The 2017 Gallagher survey will provide valuable insight regarding clinical and total cash compensation paid, productivity, and pay practices for employed physicians, as well as market trends relating to physician compensation. Participate now until June 6th and you will receive a free copy of the survey results when published!

    Please note that this survey does not replace the CPCA Salary Survey that will be distributed in August 2017, but it is an opportunity for CPCA members to receive an additional survey and access to a robust set of physician data that covers both their peer group and the wider market. We hope that your organization can participate.

    To participate, log in with your username and password to access the questionnaire at www.surveys.ihstrategies.com. If you need your username and password, please contact

the survey team at Comp.Surveys@IHStrategies.com. For general survey questions, please email Nataly at ndiaz@cpca.org.

- RAC Workforce Survey
  California's regional clinic consortia and the California Primary Care Association (CPCA), under the leadership of RAC and the CPCA Workforce Committee, will work with the University of California, Davis (UCD) to conduct a second statewide community clinic and health center workforce evaluation to understand workforce priorities, staffing needs, health professions training, and retention/recruitment challenges in California community health centers. This survey is designed to inform local, regional, state, and federal workforce advocacy and programming to address existing and emerging workforce needs. This effort is aligned with Priority #2 in the CPCA Horizon 2030 Report, which calls for the need to improve documentation and communication of emerging primary care workforce problems and consequences.

- Primary Care Workforce Research
  CPCA was a proud partner on a primary care workforce report released by UCSF's Healthforce Center on February 16, 2017 titled, *California's Primary Care Workforce: Current Supply, Characteristics, and Pipeline of Trainees.* This report is the first in a series of three workforce-related reports funded by Kaiser Community Benefit. The UCSF report provided a quantitative confirmation of what was illustrated in CPCA's *Horizon 2030* report – that California is in a primary care workforce crisis that if left unaddressed, will have devastating results for not only the Safety Net, but the entire health care system in California. A draft of the second report in the series, focusing on the projection of primary care providers in the next decade, should be released in April 2017. CPCA's staff and external reviewers will continue to provide feedback on all UCSF reports.

- PRIORITY 3: PARTNERSHIPS
  - Area Health Education Centers (AHEC)
    CPCA worked alongside the statewide CA AHEC to develop an application for the FY2017 AHEC funding opportunity. The application, submitted in March by the CA AHEC, included interprofessional community-based training, health careers promotion and preparation, and practice transformation professional education. The application also includes a request to federally fund the Community Health Association Inland Southern Region (previously the Community Clinic Association of San Bernardino County) as regional AHEC site and transfer the Central Valley AHEC to the Central Valley Health Network. CPCA continues to work alongside the CA AHEC to promote education, advocacy, and policy for a diverse and competent health workforce in California's underserved communities.

  - Community Health Workers/Promotoras
    According to the CPCA Salary Survey, more than 45 community health centers have incorporated CHWs into their care team. To help increase the usage of CHWs, CPCA is offering this multi-part training program to introduce health centers and regional associations to different ways in which this workforce can be utilized to help patients and health center staff. Register now!

1. The Benefits of Utilizing CHWs / Promotoras in a Health Center (*May 16, 1-2:30 p.m.*)
2. How to Fund a CHWs/ Promotoras (May 23 1-2 p.m.)
3. Data Collection and Evaluation for CHW / Promotora Programs (May 30 1-2:30 p.m.)

- PRIORITY 4: RESIDENCIES AND TRAINING
  - Budget – Residency Funding Implementation

    While we ramped up our budget advocacy to support the general fund investment, our work also continued with the Song-Brown Commission to guarantee the best environment for implementation. In late January, CPCA, along with CAFP, participated in the Commission's two day Funding and Policy Meeting. We are excited to report that, at this meeting, final recommendations were made, and actions taken, on all key implementation areas. Decisions were made regarding application design and scoring, as well as the future or applicant presentations. Of particular note, we were successful in moving the Commission to adopt an application and scoring criteria that better reflects a commitment to service to the underserved. To see full meeting minutes, please click here.

    Additionally, CPCA recommended candidates were interviewed by the Governor's appointments staff to find a health center representative to fill future openings on the commission.

  - Provider Visa Changes – J1 and H-1B

    Many of our health centers utilize J1 and H-1B visas to bring people from other countries into residency programs, trainings, or opened positions.

    J1 visas are provided to individuals seeking academic training in the United States, including individuals applying to residency programs. To apply for a J1 individuals usually apply through the Conrad 30 Waiver program, which allows states to accept up to 30 visa-holding medical students per year. There are waivers that allow states to bypass the 30 resident cap and grant more J1 visas.

    H-1B visas are an employer-sponsored nonimmigrant visa that allows persons who are not citizens or permanent residents of the U.S. to work in a specialty occupation for up to six years. As for H1B visas, there is a cap of 65,000 per fiscal year. There is also an exemption from the annual cap for the first 20,000 new H-1B beneficiaries who have earned a Master's degree or higher from a U.S. institution of higher education. This H-1B visa quota is reached very quickly, often within 1-2 weeks. Luckily, there are exemptions to this quota where specific organizations can obtain H-1B visas if they're cap exempt.

    See memo titled *Visa Program Changes and Workforce Implications*, for additional details on how changes to visa programs may impact primary care workforce training, recruitment, and retention.

  - Residency Peer Network

The new CPCA Residency Peer Network is off to a great start and we are discussing federal and state advocacy for the Teaching Health Center Program and $100M towards primary care residency training. In addition, the group continues to reserve a portion of its agenda to share best practices, successes, and challenges that are effective in enhancing or developing a residency program within a community health center. If you are interested in joining these monthly calls, please email Nataly Diaz at ndiaz@cpca.org.

- PRIORITY 5: LOAN REPAYMENT
  - HPSA Rescoring

    The Auto-HPSA Workgroup, which includes NACHC, continues to convene with HRSA to evaluate the Shortage Designation Modernization Project. Through this work, HRSA seeks to create a single, fully automated and transparent shortage designation business process that leverages standardized, national data for timely and accurate designations. See memo titled *HPSA Rescoring Process Update* for more details and important questions for consideration.

  - Kaiser Grant for Public/Private Loan Forgiveness Program Research

    CPCA commissioned a research project with the support of Kaiser Permanente Community Benefit to understand the current loan forgiveness programs and explore future models for public/private loan forgiveness programs. Consultant Melissa Schoen delivered a presentation of the report findings to CPCA, SFCC, and RAC representatives and is solidifying her project based on the feedback received. Report findings included a detailed analysis of case studies and a discussion of the pros and cons of each program. The report may be used to inform policy discussions related to recruitment and retention.

- PRIORITY 6: MEDICAL SCHOOLS
  - Kaiser Permanente School of Medicine

    Kaiser Permanente School of Medicine and CPCA met on 2/2/17 to discuss mutual opportunities for partnership between the School of Medicine and the community health clinics. Through the discussion, we acknowledged the power and potential for the KP School of Medicine and CPCA to work together and creating synergy between the School, practice space, and community clinics. Both organizations have goals of creating intentional training that promotes a culture of support and wellness and is focused on expanding the pipeline of diversity and community-oriented students. We identified the following opportunities for partnership that meet both organizations' needs:
    - Liaison of Colleges and Medical Education (LCME) and Executive Self-Study Taskforce– CPCA, through the participation of Mike Witte, MD will provide feedback, counsel, and direction on ways to embed the community clinic voice into all aspects of the School. This would be an opportunity to shape the School of Medicine's foundation – including giving advice on curricular components, admissions requirements, clinical experiences, etc.
    - Admissions – Create dialogue between KP SOM and CPCA to hone in on the attributes desired to produce a "heart student" – a student concerned with the well-being and health of the community and collectively discuss and leverage

data to determine the ideal student profile. CPCA could be a partner to provide consultative feedback and input on admissions criteria and a key stakeholder in the development of the criteria. Longer-Term Goal - Ensure Community Clinic representative on admissions committee.

- Curriculum Development – Through the Health System Science (HSS) and Diversity and Inclusion (D&I) threads within the Curriculum, leverage Dr. Mike Witte, CPCA's Chief Medical Officer, alongside other community health center physicians, to weave in the community health perspective. Areas of focus can include working with low-income, uninsured, and underserved communities, providing culturally competent care, evaluating social determinants of health to provide high-quality health care, and advocating for patients and their communities.

- PRIORITY 7: ADVOCACY
  - Federal Advocacy
    In Late March, Rep. Cathy McMorris Rogers (R-WA) and Rep. Nikki Tsongas (D-MA) began circulating a joint letter in the U.S. House of Representatives to Energy & Commerce Chairman Walden and Health Subcommittee Chairman Burgess urging continued funding for the Teaching Health Center program. Over 70 Members of Congress, including members of California's congressional delegation, signed-on.

  - Budget Advocacy
    The Governor's proposed budget eliminates the $100 million investment made in last year's budget to help combat the primary care workforce crisis in California. Specifically, the 2017-18 budget reverses this year's $33 million investment, and eliminates the remaining $67 million in future years. For the past two months, CaliforniaHealth+ Advocates, CMA, CAFP and other coalition partners have been meeting regularly with key members of the legislation to discuss the implications of this and to urge a rejection of the Governor's proposal. In March, we had an early victory in this fight as the Assembly Budget, Subcommittee on Health and Human Services (Sub 1), took decisive action. The committee voted unanimously to reject the Governor's proposal. We have a long road ahead and are preparing now for our first hearing in the Senate, currently scheduled for April 27, 2017. In preparation for this next hearing, a coalition letter was submitted to the legislature (link in resource section).

  - AB 387 (Thurmond) Minimum Wage: Health Professionals: Interns
    AB 387 (Thurmond), a bill that would expand the definition of "employer" to include the exercising of control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health professional, has just moved out of its first committee. This bill would create a minimum wage requirement for allied health professional trainees, including medical assistants. This bill would not impact requirements related to registered nurses or physician assistants. With differing interpretations on the federal definition of "allied health professionals," we are currently in conversations to get clarification on impact to behavioral health and oral health trainees. We've also received

important questions regarding what this could mean for school-based health centers or other health centers that are partnering with K-12 to allow students to have health center-based learning experience. On April 17th, CaliforniaHealth+ Advocates met with Thurmond's staff. Our initial meeting was very productive. Thurmond and his staff are very receptive to hearing our feedback and concerns and are open to recommendations to improve the legislation. Thurmond is currently considering the creation of a stakeholder group to discuss the bill, and will plan to include CaliforniaHealth+ Advocates in those conversations. Considering the author's willingness to dialog, staff continue to not recommend a position at this time.

- AB 148 (Mathis) California Physician Corps Program: Practice Setting

  AB 148 (Mathis), a bill to change practice setting requirement for Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) eligibility, has quickly moved through the Assembly without significant opposition. As I expressed on our March Legislative Committee On-Line Meeting, I remain concerned that this bill may have unintended negative impact on FQHC physicians seeking STLRP funds, especially for those in rural settings. We believe this bill will make it easier for physicians at a physician owned and operated medical practice located in a rural MUA to be eligible for funds. In rural areas, It would change the "50% requirement" to a "30% requirement" - at least 30% of patients are uninsured, Medi-Cal beneficiaries, or beneficiaries of another publicly funded program that serves patients who earn less than 250% of the federal poverty level. By reducing this eligibility threshold from 50% to 30%, the number of providers eligible for the fund will increase. The resulting increase in eligible applicants will also increase the competition for our health center-based providers. We appreciate the feedback we recently received from health centers on this topic. Feedback overwhelmingly highlighted concerns similar to those identified by staff and staff will be moving forward with recommending an oppose position on this bill.

  A full list of all workforce-related bills can be found in our Workforce Bill Report (link in resource section).

- Licensing Boards

  CPCA hosted a webinar in conjunction with the California Medical Board in January to share with members their expedited licensing process, documents needed for physician licensure in California, and licensing program timelines. To access this webinar, check out the CPCA On-Demand Trainings on the CPCA website. CPCA is in conversation with the Board of Registered Nursing to evaluate the potential of providing a similar webinar for nurse licensure. Contact Nataly Diaz at ndiaz@cpca.org with questions or concerns.

- PRIORITY 8: MULTI-YEAR STRATEGIC PLAN
  - Policy Convening

    In March, CPCA hosted a tremendously successful workforce convening that was born out of the recommendations of the 2016 CPCA commissioned report – Horizon 2030: Meeting California's Primary Care Workforce Needs. Our objectives were three-fold: (1) Advance promising solutions that increase and diversify the health care workforce to ensure communities across the state benefit from a skilled and culturally competent workforce; (2)

Identify potential policy collaboration among participating organizations and their constituents to overcome health care workforce challenges; and (3) Seek ways to test new models that safely broaden scope of practice rules/regulations in the safety net.

The tables allowed for sharing of strategies, ideas, and policy goals across the field and will be the first step in a longer-term process to identify partners willing to work together to develop programmatic and policy solutions to address industry-wide primary care workforce needs. The four tables covered the following themes:

1. Table 1: Cracking the Diversity Ceiling: Higher Education and Medical School
2. Table 2: Preparing for Careers in Community Health: Residency and Post-Graduate Fellowship
3. Table 3: Addressing Upstream Health While Growing the Care Team: Allied Health Professions
4. Table 4: Creating Careers in Community Health: Workforce Recruitment and Retention

Our next steps are the creation of a new master document that we can build on with our members and partners. This document will be used to create an action oriented primary care workforce strategy. We are also looking to re-convene our workforce partners to continue strategy development.

- PRIORITY 9: PAYMENT REFORM AND TEAM-BASED CARE
  - CP3 Update

    Please refer to the CP3 update provided in the Clinicians Committee packet.

II. Resources

- UCSF Report – California's Primary Care Workforce: Current Supply, Characteristics, and Pipeline of Trainees
- Workforce Bill Tracking Report
- Primary Care Residency Budget Funding Coalition Letter
- Federal Teaching Health Center Reauthorization Letter to Energy and Commerce
- RAC Workforce Evaluation Proposal

CPCA Healthcare Workforce Policy Convening Meeting Summary
March 13 – 14, 2017

Purpose and Background

The California Primary Care Association (CPCA) convened a series of four roundtables over two days aimed at launching a primary care workforce coalition that would focus on workforce policy strategies and innovative workforce practices. Building from the call to action in the 2016 CPCA report, *Horizon 2030: Meeting California's Primary Care Workforce Needs*[1], 60 participants representing academia, educational institutions, provider associations, health centers, health plans, health system, and the public sector engaged in robust conversations on the current state of primary care workforce. The participants focused on strategies for addressing our workforce challenges as the first step to developing long-term policy solutions as well as supporting programmatic ideas to address industry-wide primary care workforce needs. A full participant list is included in the Appendix A.

The discussions were organized to focus on the following outcomes:

- Advance promising solutions that increase and diversify the health care workforce to ensure communities across the state benefit from a skilled and culturally competent workforce
- Identify potential policy collaboration among participating organizations and their constituents to overcome health care workforce challenges
- Seek ways to test new models that safely broaden scope of practice rules/regulations in the safety net

Each roundtable followed a similar format for discussion, focusing on a unique aspect of the challenge:

- Table 1 - Cracking the Diversity Ceiling: Higher Education and Medical School
- Table 2 - Preparing for Careers in Community Health: Residency and Post-Graduate Fellowship
- Table 3 - Addressing Upstream Health while Growing the Care Team: Allied Health Professions
- Table 4 - Creating Careers in the Community: Workforce Recruitment and Retention

In anticipation of the sessions, invitees were asked to offer advance thoughts about the discussion through a short survey. 43 organizations responded to the survey overwhelmingly indicated a commitment to expanding and diversifying the primary care workforce

[1] See Appendix C for a list of Horizon 2030 Priority Recommendations

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Session Introduction

Carmela Castellano-Garcia, CEO, California Primary Care Association welcomed each roundtable session underscoring significant and growing primary care workforce shortages and challenging the group to draw together for action. Beth Malinowski, CPCA Deputy Director of Government Affairs, then provided a contextual framework for the roundtable discussions using a recent study[2] from the Healthforce Center at the University of California, San Francisco. Highlights from that report include:

- Nearly all regions of California have shortages of primary care physicians
- The numbers of Nurse Practitioners (NPs) and Physician Assistants (PAs) in California are growing more rapidly than the numbers of physicians, but physicians still constitute the majority of primary care clinicians
- Latinos and African Americans are underrepresented among California's primary care clinicians
- NPs and PAs constitute a larger share of the primary care workforce in rural regions than in urban regions
- One-third of physicians and one-third of NPs in California are over age 55, which suggests that California will face a more severe shortage of primary care clinicians in the coming decade regardless of whether the Affordable Care Act is repealed

The report also highlighted that training is currently not organized to meet California's needs:

- Training programs for MDs, DOs, NPs, and PAs are clustered in Los Angeles, San Diego, and the San Francisco Bay Area
- The number of medical residents in primary care overstates the number of primary care physicians in training
- Primary care specialties are among the least popular specialty choices for graduating seniors from allopathic (MD) medical schools in the U.S.
- Latinos remain highly underrepresented among graduates in all four professions—they make up 3% of DOs, 7% of MDs, 9% of NPs, and 14% of PAs despite accounting for 38% of the California population

The Healthforce Center's findings were consistent with the 2016 CPCA commissioned report, "*Horizon 2030: Meeting California's Primary Care Workforce Needs*[3]*,"* which found California would need **8,243 additional primary care physicians, or 32 percent of our current workforce, by 2030**. The report further concluded that strategic policy and programming work was need in five areas: 1) Career Awareness & Education; 2) Residencies & Graduate Medical Education (GME) Funding; 3) Primary Care Transformation& Financing Innovations; 4) Recruitment & Retention; 5) State & Regional Strategies and Infrastructure. Together these two reports framed the Convening conversations.

[2] https://healthforce.ucsf.edu/publications/california-s-primary-care-workforce-current-supply-characteristics-and-pipeline

[3] https://www.cpca.org/cpca2013/assets/File/Policy-and-Advocacy/Health%20Care%20Reform/2016-02-09-CPCA-WorkforceReport%20v4.pdf

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The factors highlighted from each report provided the backdrop for which each roundtable discussion was asked to consider challenges and solutions.

Roundtable Discussion Summaries

The following paragraphs provide an overview of each roundtable's discussion. Where applicable, challenges, opportunities, and promising strategies are highlighted.

Table 1 - *Cracking the Diversity Ceiling: Higher Education and Medical School*

This session brought together partners from higher education and health care organizations to discuss how to advance solutions to diversify the workforce and ensure culturally and linguistically appropriate care. For community health centers, the issue of diversity is significant.

There was consensus among the group that a continuum of programs, scaled and expanded to operate successfully, is needed to support diverse students at every stage of education and career with more intentional connections into primary care. There are emerging challenges related to the nurse practitioner (NP) and physician assistants (PA) pipeline. The increasing academic requirements are becoming a professional barrier for many. Convening participants expressed that we are losing diversity among NP and PA pools as a result of the current pathway. NPs and PAs are increasingly moving out of primary care and into specialty care practice, a well. Recognizing the linkage between training location and practice, training NPs and PAs in community health centers is seen as part of the solution to retaining these professions in primary care practice. As additional solutions for addressing NP and PA pipeline are identify, we must explore how to better incorporate the community college system. While the student population of California's community colleges is diverse and representative of the workforce we are aiming to attract to primary care, nursing and physician assistant programs that have previously existed at the community college-level have closed.

Data indicates there are sufficient numbers of diverse students entering their undergraduate education with the intention of pursing clinical careers and going to medical school but they drop from the pre-med path; often while completing their undergraduate requirements. Therefore, program and policy should address the underlying barriers that are factors in losing diverse candidates before and during clinical training and medical school. This may include greater investment in pipeline support programs. With many pipeline programs reliant on limited term grants, longer term support must be created to maintain and expand the operational challenges that currently limit community organizations, like health centers, from serving to support pipeline programs. In addition, it is important to expand programs that encourage and remove financial barriers for students and trainees. This is needed both for those first seeing careers in healthcare and for existing healthcare workers who are looking to advance in their careers through additional clinical training and education. As additional resources are directed in this area, measures of success must be identified and may include more diverse students successfully entering graduate training and/or medical school, graduating their degree program, completing a residency in primary care, and choosing primary care practice for underserved populations and geographies.

The below statements provide an overview of specific strategies that can be scaled to support **diverse students entering and completing advanced practice training and/or medical school** such as:

- Undergraduate academic enrichment and social support to get on, and stay on, the path to advanced practice training and/or medical school. For example, UC Irvine mentoring begins in undergraduate years, targets undergraduates for jobs as health coaches or scribes. The Health Scholars Program helps undergraduates and graduates gain experience in medical settings.
- Post- Baccalaureate support for students to enhance and help remediate academic preparation for advanced training or medical school.
- Over the last several years funding for PRIME has dropped significantly imposing challenges that risk the stability of these programs. PRIME should be sustained and expanded with new incentives to medical schools to train diverse physicians; target students from medically underserved areas; incorporate community health center settings; work in underserved areas for at least two years. As expansion is considered, attention should be given to creating nursing and other PRIME programs that move beyond the clinician.
- Link medical school and residency more intentionally, especially for those seeking primary care practice. The University of California, Davis School of Medicine Accelerated Competency-based Education in Primary Care (ACE-PC) program shortens training by a full year, reduces costs to the student, and imbeds students in a curriculum and training program designed for primary care.

The discussion posed a continuum of strategies that are all important to achieving a diverse clinical workforce including:

- A more **intentional career track** within health centers among the existing diverse staff. Offer support for community health workers, scribes, and others to move through educational path to medical school and other advanced training. Offer financial incentives to make primary care clinical practice attractive and feasible.
- Medical school slots are under capacity for California's population so a successful pipeline will require **new medical school capacity**. There are new opportunities among for-profit schools and Kaiser is operating its own medical school, but significant investment is needed to support primary care focused medical schools.
- **Residency slots are too limited and should be expanded too**. California does not have a sufficient supply of primary care residency slots. Funds are needed to support innovative, community-based residency models, including Teaching Health Centers.
- **Fully integrate international health care professionals** by expanding the UCLA International Medical Graduate (IMG) Program and Welcome Back Program to support and guide health care professionals receiving training in other countries to gain licensure for practice in California. These programs, attracting persons from Cuba, Mexico, and other parts of the globe, are seen as a model for quickly expanding the diversity of primary care providers.

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- One participant summed up the opportunities as "**exposure, incentives, funding**." Ensure the right people in the right places through programs that offer primary care experience from high school through residency.
- When choosing a health career path, knowledge of, and access to, **loan repayment** incentives for primary care. The National Health Service Corps, State Loan Repayment Program, and Steven Thompson Loan Repayment Program, all models for incentivize primary care through loan repayment, are under resourced. Moving beyond traditional forms of loan repayment, employers could offset the costs of those completing primary care training by offering tuition and cost of living support.

Table 2 - *Preparing for Careers in Community Health: Residency and Post-Graduate Fellowship*
This session brought together leaders in physician residency programs, nurse practitioner post-graduate training, and physician assistant training to discuss how innovations can be replicated and supported. Residency and post-graduate fellowship opportunities play a critical role in where and how a physician, NP, or PA chooses to practice. For example, we know that internal medical students are choosing to subspecialize in non-primary care specialties and often do not stay in primary care long-term. The group called for a ten year, state-level plan that addresses primary care workforce needs that includes residency-specific strategies, along with actionable opportunities aligned to best practices. Participants discussed the need for financing and accreditation changes to support expansion of new training models that reflect today's clinical practice. The discussion also highlighted the need to support educational and career preparation for students as young as high school interested in becoming clinicians and noted there may be an opportunity for school-based health centers in this effort.

Address the need for NP/PA post-graduate training and onboarding
It is imperative that post-graduate training programs provide skill building opportunities for NPs/PAs to provide culturally appropriate and sensitive care to high-need, underserved populations. CHCs are employing a variety of models to prepare new graduates and enhance CHC recruitment.

- In 2007, Community Health Center (CHC, Inc.), a Connecticut health center, launched the nation's first residency training program for new family nurse practitioners committed to practice careers as primary care providers in community health centers. This program, designed to provide new nurse practitioners with the depth, breadth, volume, and intensity of clinical training necessary to serve as primary care providers in the complex setting of the country's health centers, has become a model for health centers across the nation. Building off of this model, and through the support of the National Nurse Practitioner Residency & Fellowship Training Consortium, NP post-graduate residency programs now operate in California.
- Postgraduate Advanced Practice Fellowship Program for Physician Assistants (PAs) are also increasing in California. Some institutions are even choosing to co-located NP and PA post-graduate training. For example, Shasta Community Health Center's (SCHC) NP/PA Post Graduate Fellowship Program is specifically designed for new graduates and newly licensed clinicians in the area of primary care. Through a unique collaboration between A.T. Still University and health centers a new PA training program is being

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designed that will focus on all practice-based training. Such a model may have implications for the future design of not just PA training, but PA post-graduate fellowship.

- Onboarding models also recognize the skill and experience challenge by including four months to meet productivity standards with a smaller panel of patients and other resources to extend learning. One clinic hires NP/PA with 80% pay for a six-month training period that includes face-to-face preceptor time and 100% chart review.

Modifying Physician Residency to Meet Community Need

Community-based residency training is a successful tool to prepare and ensure success for primary care physicians. A primary focus on inpatient training is less useful to prepare physicians for the way care is delivered today. A balance of training and patient care; participating in team-based primary care; and early exposure to community practice is a best practice. There are financing and accreditation barriers to expansion of community-based residency. It requires new partnerships and GME funding strategies. Other strategies include:

- A short-term strategy to increase primary care physicians is to facilitate transfers, mid-residency, to primary care residencies.
- Expand the Teaching Health Centers (THC) as a successful model for residency training and offer support for health centers to build training capacity and pipeline support. While there are currently just six teaching health centers in California, from a recent CPCA member inquiry, there is significant interest in growing the program. There is also significant student interest – each year 100-200 4th year medical students apply for each available slot. However with current federal funding jeopardized, policy solutions must be identified to provide long term funding stability for these programs. State Medicaid GME is an alternative that must be explored to finance expansion.
- While not a strategy involving recent graduates, one additional concept is to encourage retiring or other interested physicians to retrain as primary care physicians. UC San Diego Physician Retraining and Reentry Program is a potential model.

Table 3 - *Addressing Upstream Health while Growing the Care Team: Allied Health Professions*

In the context of the upcoming health center alternative payment methodology pilot, increasing strides in whole-person health care, and recognition of the need to address upstream factors impacting health, this session focused broadly on members of the care team and their changing roles. Maximizing the care team is critically related to payment reform as primary care delivery moves from enhanced Medi-Cal rates to capitation.

Participants discussed the new and evolving roles of allied health workers and other care team members beginning with a brainstorm of the functions that support primary care. Community partnerships are also important to consider in support of the care team. Paramedicine is one example of an emerging resource and partnership to support increased primary care access.

The expanded primary care team:

- Medical Assistants (MA)
- Licensed Vocational Nurses (LVN)
- Registered Nurses (RN)
- Community Health Workers (CHW)/Promotores/Patient Navigators
- Medical Scribes
- Clerks/Front Office Staff
- Call Center Staff
- Care/Case Managers
- Behaviorists
- Pharmacists
- Informaticists
- Health Educators
- Oral Health (i.e. Dental Hygienists)
- Health Coaches

Working in small groups, participants offered actionable recommendations to program, policy, or financing to use every member of the care team effectively.

Policy Recommendations

- Develop RN scope of practice for the primary care setting rather than the traditional hospital role.
- For RNs to see patients under protocol/supervision, explore the opportunity afforded by LVN scope of practice that allows remote MD supervision.
- Advance standards for "competency with benchmarks, rather than certification" for MAs to standardize training.
- Review the East Bay Workforce Partnership report (May 2017) to identify policy recommendations around MA, CHW, and Promatora roles and scope of practice.
- Identify opportunities for addressing policy barriers that block the ability to bill for health coaches, promotoras or navigators that are community-based.
- Billing restrictions for same day mental health and physical health visits remain an issue for most CHCs although APM sites will not have this restriction.
- Remove barriers to expanding the use of telehealth for behavioral health visits.

Program Recommendations

- Conduct a workforce assessment to identify roles and best practices for RN/LVN/MA.
- Expand MA training programs in primary care settings and identify the role of apprenticeship models for MA training (SEIU/CHC LVN apprenticeship collaboration as a model).
- Create standardized career pathways (MA to RN)
- Review the East Bay Workforce Partnership report (May 2017) to identify best practices around MA, CHW, and Promatora compensation, roles, scope of practice, and training programs.
- Expand and sustain community college training for CHWs. A current barrier is the requirement to document job availability to maintain courses.
- Scribes are an emerging occupation. There is a need to complete a market analysis and disseminate the opportunities and requirements related to this staff role. This has the

potential to be an important step in the career ladder (MA to scribe; college graduate into health field) and it supports clinician satisfaction. Formal training is required and Meaningful Use requires certification. Scribe University at Shasta CHC is a model.

- Share best practices about how to link call center and clerk positions to the care team and begin to set benchmarks for success. Career ladder opportunity through advancement to analytic role or clinical role. Not every care setting will require a call center; it remains unclear what scale creates the right economy of scale to operate a call center.
- The care coordinator/care manager role is to focus on panel management for a care team (case management usually involves assistance with an individual person). Basic role definition is needed e.g. compile job description and credential requirements; determine the right number/ratio to support a care team.
- Analytics are needed to determine the right care team model for at risk patients on a panel (e.g. chronic disease, homeless, mental illness). There may be an economy of scale in the APM pilot sites to identify a panel manager role and develop the business case.
- Developing interagency coordination as part of the role for care coordinators/care manages is critical as many new initiatives have a care management element or incentive that may mean multiple care managers for a single patient.
- Provide guidance about hiring of those with criminal records and equivalency of lived experience to credentialed experience.

Financing Recommendations

1. Expanded loan repayment support for behaviorists.
2. It is important to note that many of the policy recommendations above would positively impact financing models.

Table 4 - Creating Careers in the Community: Workforce Recruitment and Retention

Underserved communities have long struggled to maintain an adequate number of high quality health care professionals. In both remote, rural communities and in the urban core, clinicians and staff are difficult to recruit and retain. Retention is an especially important strategy in the face of substantial numbers of retirement age staff in key roles. While loan repayments and scholarships are solutions, they are insufficient to address current and future needs. In addition to discussing new approaches to loan repayment and scholarship, this session discussed alternatives for creating and sustaining careers in community health.

Participants explored the unique challenges of rural and urban communities and discussed effective strategies for each. The discussion identified the many concerns and solutions for recruitment and retention common to both rural and urban communities. There is a need to develop, administer and benchmark recruitment and retention best practices. Discussion also highlighted the importance of finding common ground to work across individual health care organizations at the regional level rather than have each proprietary entity trying to solve local

workforce shortages. Health care plans as partners in recruitment and retention was also discussed. Refer to the next page for an overview of these challenges and potential solutions.

Challenges

- For some, there exists a small pool of local potential staff that makes turnover especially difficult. This is particularly acute in rural and frontier communities.
- Work may be part-time; require odd hours; support multiple roles.
- No or low peer support (small organizations) and no teaching center.
- College courses are not always available. Workforce development comes from onsite training and distance learning
- Rely on telehealth for many distant services, including specialty care.
- Travel is endemic to rural life and is a cost to staff.
- There is a different payer mix and business model because rural providers are often sole providers in their communities.

Actionable Examples

- California Medical Association (CMA) offers support for back-office functions to physicians to maintain operations during turnover.
- County Medical Services Program (CMSP), working on recruitment/retention for MDs and allied health staff, committed more than $4 million to fund expansion of the State Loan Repayment Program (SLRP) and the Allied Health Loan Repayment program (AHLRP).
- Inland Empire Health Plan: The health plan has a role to organize and finance systemic solutions. For the Inland Empire, there is $31M funding to subsidize early years of practice as well as bonus payments if the providers stays for three years. Through this program, successfully added 185 new providers – specialists, primary care providers, NP, PA, LCSW. This is expensive but successful. The health plan views this as a cost of doing business and cost avoidance of fines.
- UC Riverside is recruiting specifically for medical students with documented interest in rural, underserved communities. There is weight given for life experience in addition to credentials.
- Medical Society best practice is to post all positions for the local area and collaborate on recruitment.
- MiMentor: Latino physicians formed networks to link Latino pre-clinical workforce via social media to encourage them into health field.
- Clinic Consortia are supporting collaborative recruitment through outreach to schools for the region.
- Follow the lead of Kaiser: CHCs need competitive compensation and an analysis of successful competencies and personality for a team care environment. According to one participant, Kaiser's success is less about money and more about infrastructure, leadership opportunities, and a career path within Kaiser to be part of leadership.

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- Massachusetts' clinics created fellowship funding for MDs to spend time out of clinical setting.
- Group Health: Data indicated they were losing MDs in their 50s so there was an extensive redesign of the work practice to extend the years of service.

Potential Solutions

- "Grow your own" from within the community has been effective because it prioritizes developing staff who are likely to stay.
- Recruitment strategies focused on finding students interested or have ties to place (i.e. rural track training).
- Create residency opportunities in rural CHCs.
- To address no or low peer support (small organizations), offset these challenges by finding opportunities to formally recognize and build into positions professional interests and maintaining life balance.
- Creating a safe space between state and regional stakeholders and health plans to identify both local challenges and flexible ways to address challenges.
- Identify opportunity for OSHPD to expand loan repayment without match using license fees and foundation grants.
- Money is important but creating a learning work environment is key, including the opportunity for additional professional development and opportunities to train the next generation.
- Organizational culture is important: Providers want balance and time to be spent on providing care. Key question's for organizations to consider: What are the administrative duties; how much paperwork; is there a culture of support; can provider contribute to the mission via SDOH, QI or other special interests; is it a culture of empowerment?

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MOVING FORWARD: POLICY SOLUTIONS

Throughout the two days, policy and financing recommendations were advanced to address primary care workforce challenges. More funding is needed and financing should be modernized to match the way primary care is delivered today. This means supporting career development and training for the primary care team, addressing the need for various residency opportunities and training as well as ensuring that funding incentivizes primary care and careers in underserved communities. This also means better incorporating allied health professionals and nursing into care redesign, and supporting these professions through this change. In addition, participants stressed that there are many programs and best practices that do not operate across the state or at the scale required to address health workforce challenges. The following policy solutions[4] are a summary of the solutions discussed.

1. Prioritizing Primary Care: Create a long-term strategy around unified policy solutions that increase funding for prioritized primary care workforce, including allied health professionals, and targets support for underserved communities. Revenue sources might include tax revenues, hospital community benefit, Song Brown funding, and the state budget allocation of $100M.
2. State GME Strategy: Advocate for a state GME Medicaid match. Such a strategy could include utilization of the $100M in the budget (FY 16-17 CA Budget), 340B funding (if state takes it back), or an all-payor model as match for Medicaid GME. While often compared to state GME, Song Brown funding does not include Medi-Cal funds and is not currently a stable consistent financing source.
3. Song-Brown Stabilization: Recognizing GME funding is long term, Song-Brown funding stabilization must continue too to better target primary care slots, rank programs by community need, the success in graduates practicing in underserved communities in California, and high diversity student body. Attention should be given to how it can support NP, PA, and nursing positions too.
4. Residency Redesign and Accreditation Council for Graduate Medical Education (ACGME) Advocacy: Overhaul residency accreditation and align accrediting body to prioritize community residency programs as a best practice to promote primary care and underserved locations rather than primarily hospital settings.
5. Increase Scholarships and Loan Repayment: In addition to public sources of loan repayment, advocate for expanded financial investment from local Medi-Cal health plans and philanthropy to pay student debt if the provider remains in the underserved community. Consider opportunities to expand loan repayment opportunities to allied health, nursing and behavioral health.
6. Early Exposure: Fund programs to increase diverse high school and college students' exposure to primary care career. Disseminate reports and best practices to expand and standardize career pathway opportunities and identify policy barriers that inhibit success (ex. HIPPA training, vaccination requirements).

[4] While the roundtable discussions were held specifically to further policy solutions, we wanted to capture and honor the programmatic solutions that were offered, and have captured those in Appendix B at the end of this summary.

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7. 330 Funding and Training: Create a new HRSA funding formula for teaching in CHCs to offset loss in productivity: teaching time = x visits or a new 330 funding program, section 330E to support CHCs providing training, residency, and other workforce education.

Closing: Working together in new and different ways to promote solutions

The evidence is compelling that there is an urgent need for greater effort to expand and diversify the primary care workforce. Advocacy is needed and there is value in a broad coalition to better articulate constituent benefits. There are coalitions and organizations concerned with workforce, however their purpose is not advocacy. It will be important to coordinate and build on these efforts – to knit advocacy and other efforts together for impact.

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APPENDIX A: INVITED PARTICIPANTS

Table 1: Cracking the Diversity Ceiling: The Role of Higher Education and Medical School

1. Adriana Mora, Latino Coalition for a Healthy California
2. Anabel Arroyo, Coalition of Orange County Community Clinics
3. Beth Roemer, Kaiser Permanente School of Medicine
4. Carmela Castellano-Garcia, California Primary Care Association
5. Cathryn Nation, University of California Office of the President
6. Cathy Martin, California Hospital Association
7. Crystal Crawford, California Wellness Foundation
8. Dean Germano, Shasta Community Health Center
9. Efrain Talamantes, Latino Physicians of California
10. George Flores, The California Endowment
11. Ivan Gomez, California Area Health Education Center Program
12. Janet Coffman, UCSF Philip R. Lee Institute for Health Policy Studies
13. Jean Nudelman, Kaiser Permanente Community Benefit Program
14. Jeff Oxendine, California Health Professions Consortium and California Health Workforce Alliance
15. Jessie Ryan, The Campaign for College Opportunity
16. Kalanie Lipscomb, Office of Statewide Health Planning and Development,
17. Katherine Flores, UCSF Fresno Latino Center for Medical Education and Research
18. Kevin Barnett, California Health Professions Consortium and California Health Workforce Alliance
19. Linda Zorn, California Community Colleges
20. Marianna Kong, San Francisco Department of Public Health and UCSF Department of Family and Community Medicine
21. Mark Henderson, UC Davis School of Medicine
22. Rebecca DeLaRosa, Latino Coalition for a Healthy California
23. Richard Figueroa, The California Endowment
24. Richard Riemer, Touro University
25. Robert Montoya, Consultant
26. Sarah de Guia, California Pan-Ethnic Health Network
27. Tonya Fancher, UC Davis School of Medicine
28. Winston F. Wong, Kaiser Permanente Community Benefit Program

Table 2: Preparing for Careers in Community Health – The Role of Residency and Post-Graduate Fellowship

1. Beth Roemer, Kaiser Permanente School of Medicine
2. Carmela Castellano-Garcia, California Primary Care Association
3. Cathryn Nation, University of California Office of the President
4. Cathy Martin, California Hospital Association
5. Conrad Amenta, California Academy of Family Physicians
6. Crystal Crawford, California Wellness Foundation
7. Dean Germano, Shasta Community Health Center
8. Efrain Talamantes, Latino Physicians of California
9. Ellen Piernot, Golden Valley Health Centers
10. Eric Henley, Lifelong Medical Care

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11. Gary Cloud, A.T. Still University
12. Gloria J. Robertson, Health Workforce Policy Section
13. Jean Nudelman, Kaiser Permanente Community Benefit Program
14. Jeff Oxendine, California Health Professions Consortium and California Health Workforce Alliance
15. Katherine Flores, UCSF Fresno Latino Center for Medical Education and Research
16. Kevin Barnett, California Health Professions Consortium and California Health Workforce Alliance
17. Kristine Himmerick, Healthforce Center at UCSF
18. Margaret Flinter, Community Health Center, Inc.
19. Marianna Kong, San Francisco Department of Public Health and UCSF Department of Family and Community Medicine
20. Mark Henderson, UC Davis School of Medicine
21. Richard Riemer, Touro University
22. Susan Reyes, Office of Senator Ed Hernandez
23. Surani Hayre-Kwan, California Association for Nurse Practitioners
24. Theresa Anderson, California Academy of Physician Assistants
25. Tonya Fancher, UC Davis School of Medicine
26. Winston F. Wong, Kaiser Permanente Community Benefit Program
27. Yvonne Chong, California Medical Association

Table 3: Addressing Upstream Health While Growing the Care Team: The Expanding Role of Allied Health Professions

1. Adriana Mora, Latino Coalition for a Healthy California
2. Allison Homewood, California Association of Public Hospital and Health Systems
3. Amy Turnipseed, Partnership HealthPlan of California
4. Bekka Rosenbaum, Jewish Vocational Services
5. Carmela Castellano-Garcia, California Primary Care Association
6. Chris Perrone, California Health Care Foundation
7. Earl Lui, California Wellness Foundation
8. Dean Germano, Shasta Community Health Center
9. Diane Ravnik, Department of Industrial Relations
10. Erika Sockaci, AltaMed Health Services Corporation
11. Evelyn Gonzalez, Community Health Councils
12. Gary Gugelchuk, Western University of the Health Sciences
13. Ivan Gomez, California Area Health Education Center Program
14. Jean Nudelman, Kaiser Permanente Community Benefit Program
15. Jeff Oxendine, California Health Professions Consortium and California Health Workforce Alliance
16. Joe Lee, Community Health Center Network
17. Karissa Moreno, Clinica Romero
18. Linda Zorn, California Community Colleges
19. Lisel Blash, Healthforce Center at UCSF
20. Maria Lemus, Vision y Compromiso
21. Marianna Kong, San Francisco Department of Public Health and UCSF Department of Family and Community Medicine
22. Mary Renner, Central Valley Health Network

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23. Rebecca Miller, Service Employees International Union – United Healthcare Workforce West
24. Richard Figueroa, The California Endowment
25. Richard Thomason, Blue Shield of California Foundation
26. Sandra Shewry, California Health Care Foundation
27. Winston F. Wong, Kaiser Permanente Community Benefit Program

Table 4: Creating Careers in the Community: Workforce Recruitment and Retention

1. Allison Kellen, County Medical Services Program
2. Amy Turnipseed, Partnership HealthPlan of California
3. Brad Gilbert, Inland Empire Health Plan
4. Carmela Castellano-Garcia, California Primary Care Association
5. Crystal Crawford, California Wellness Foundation
6. David Lavine, Health Alliance of Northern California
7. Dean Germano, Shasta Community Health Center
8. Erika Sockaci, AltaMed Health Services Corporation
9. Ivan Gomez, California Area Health Education Center Program
10. J. Nwando Olayiwola, UCSF Center for Primary Care Excellence
11. Jean Nudelman, Kaiser Permanente Community Benefit Program
12. Jeff Oxendine, California Health Professions Consortium and California Health Workforce Alliance
13. Joe Lee, Community Health Center Network
14. Jose Alberto Arevalo, Latino Physicians of California
15. Karissa Moreno, Clinica Romero
16. Lisa Fisher, Community Clinic Association of Los Angeles County
17. Marianna Kong, San Francisco Department of Public Health and UCSF Department of Family and Community Medicine
18. Neal Kohatsu, Department of Health Care Services
19. Norlyn Asprec, Office of Statewide Health Planning and Development Health Professions Education Foundation
20. Scott McFarland, Western Sierra Medical Clinic
21. Sunita Mutha, Healthforce Center at UCSF
22. Winston F. Wong, Kaiser Permanente Community Benefit Program
23. Yvonne Chong, California Medical Association

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APPENDIX B: POSSIBLE PROGRAMMING SOLUTIONS TO CONSIDER

1. Identify ways, on a statewide basis, to bring best practices to scale around increasing student diversity and supporting career choices of primary care practice for underserved communities.
2. Expand NP/PA post-graduate training and residency programs.
3. Support Welcome Back Centers and identify other programs to increase the number of international health care professionals.
4. Improve retention of the existing health workforce through improved satisfaction, such as teaching opportunities and career ladders.
5. Advance a comprehensive primary care team that includes behavioral health services and medical scribes to enter visit information in the electronic health record.
6. Consider a campaign to bolster public and policy maker understanding of the link between access to health care and workforce. Use Health4All model for a MedEd Campaign.

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APPENDIX C - HORIZONS 2030 REPORTS: PRIORITY RECOMMENDATIONS

The Horizons 2030 study was undertaken for the California Primary Care Association (CPCA) to examine emerging issues, challenges and opportunities to build primary care workforce and capacity in the state of California. CPCA commissions this inquiry to inform proactive solutions to the growing shortages of primary care providers and the corresponding impact on health access, quality, and cost.

Overarching Priority Recommendations

1. EDUCATE the public and key stakeholders about growing primary care access, quality, and cost challenges, utilizing compelling data and patient voices, to make the case for urgent action and investment in primary care capacity expansion.

2. IMPROVE documentation and communication of emerging primary care workforce problems and consequences.

3. SECURE additional investment and partnerships to accelerate primary care transformation within CHCs including pilot projects, training, technical assistance, and shared learning.

4. INCREASE the number of primary care residencies in California with a priority focus on residencies in community health centers and medically underserved regions.

5. EXPAND loan repayment funds and provisions to incent new and existing providers to practice in CHCs.

6. ADVOCATE for funds to expand medical schools targeting candidates committed to primary care practice in underserved areas (i.e. UC PRIME Program and UC Riverside Medical School.)

7. DEVELOP formal ongoing relationships between CPCA and other key advocacy organizations and build an inclusive broad-based coalition to focus explicitly on primary care access and workforce-related policy solutions.

8. DEVELOP state level public-private entity with the necessary expertise, capacity, and relationships to advance collaborative primary care workforce solutions. Convene a process for development of a multi-year strategic plan for California to strengthen primary care capacity and access.

9. ACCELERATE and expand payment reform and pilot projects that align financial incentives and regulations with new team-based primary care models.

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California Primary Care ASSOCIATION

DISCUSSION

Date: April 20, 2017

To: Workforce Committee

From: Nataly Diaz, Senior Program Coordinator of Workforce Development

Re: HPSA Rescoring Process Update

MEMORANDUM

Background

The HRSA Auto-HPSA Workgroup, which includes NACHC, continues to convene with HRSA to evaluate the Shortage Designation Modernization Project. Through this work, HRSA seeks to create a single, fully automated and transparent shortage designation business process that leverages standardized, national data for timely and accurate designations.

CPCA is participating in the NACHC Shortage Designation Team. Although no new timeline has been proposed, HRSA still plans to generate an impact analysis to better understand the potential changes and obtain feedback from state Primary Care Offices (PCOs), Primary Care Associations (PCAs), and community health centers.

Issues

Today, designation and scoring is done manually and this creates large variance in the way HPSAs are calculated because non-standard data sets and other individual-site-provided data are used. The proposed changes to the system are described below.

A. Organizational vs. Site Scoring

Currently, each site is scored individually and averaged to get an organizational score. We continue to advocate for organizational-level scoring because it allows for transfer of providers within an organization's sites based on emerging needs. Site-level scoring creates a heavier burden on each site to collect detailed site-level information with no additional funding. It is also unclear if, or how, part-time, temporary, or mobile sites would be scored, therefore, site-level scoring is inappropriate for non-traditional health center site. NACHC is advocating for organizational-level scoring and HRSA continues to be receptive to NACHC's position.

B. Service Area Definition

There has also been a contentious debate on how a service area is defined. HRSA proposes that a 30-minute travel radius using car travel be utilized to create a polygon around the facility being scored. NACHC offered a different option and recommended that the UDS zip code table be used to define a service area. More specifically, that services area is defined by the areas in which 75% of the patients come from (see Resource Section). Using this method, satellite sites will be taken into account because community health centers report all of their

sites in a combined dataset within the UDS report. This proposal also takes into account that the physical location of a FQHC does not necessarily reflect the location of the population served. If NACHC's proposal is adopted, the HRSA would work with their contractors to enable service area defined by ZIP code in the Shortage Designation Management System. HRSA is currently considering adoption of NACHC's recommended methodology.

C. Provider to Population Ratio

UDS data is currently used to calculate the provider to population ratio, which is the score that carries the most weight in HPSA scoring. Whole physician FTEs are reported for the provider measure. The population measure is calculated through the number of patients seen in a UDS report. NACHC proposes that the data sources for both the provider and population measures be changed to more accurately capture physician shortage and a health center's capacity to serve additional patients. NACHC offered that physician FTE in the service area be collected by state PCO and multiplied by the percentage of time spent seeing patients on Medicaid and sliding fee scale. The FTE devoted to serving patients outside of the service area would then be subtracted from the FTE for the facility being designated. The rationale behind this is to make sure the numerator (population) and denominator (physician FTE) match in terms of service area.

In regards to the population data, NACHC also proposed that the population under 200% FPL be captured through the Census. Our State PCO, OSHPD, agrees with this proposal because it more accurately reflects the populations that a CHC could be serving with increased capacity compared to the number of patients they currently are seeing with limited physician capacity. Overall, it could paint a clearer picture of physician supply/demand. Utilizing UDS data for this specific measurement could give a false impression that almost all health centers have no physician shortages. While the current methodology tends to produce lower scores, CHCs may get a larger score by using the Census data for the population specific measurement. HRSA is currently considering adoption of NACHC's recommended methodology.

D. Calculating Nearest Source of Care

There is continued agreement that the Geographic Information System should be used to calculate the nearest source of care. While there is similarity in identifying the nearest provider that specifically serves patients using Medicaid and sliding fee scale, the difference lies in NACHC's proposal where they ask that the nearest source of care not be any other type of HPSA. NACHC argues that HPSAs and auto-HPSAs by definition have a shortage of health professionals and thus cannot be expected to be the nearest source of care for another area with a shortage of physicians. HRSA is currently considering adoption of NACHC's recommended methodology.

E. Poverty Measure

Lastly, NACHC continues to advocate that UDS data be utilized to calculate the poverty measure. UDS data is currently used to calculate population at 100% FPL, and NACHC has been successful in advocating for its continued use in this measurement. Nationally, 70.9% of health center patients are

below 100% FPL, while only 15.5% of the general population is below 100% FPL.HRSA is currently leaning towards maintaining this poverty measure.

Discussion

- What is the best way to continue to engage this group in HRSA's HPSA Rescoring effort? What is the best way to get timely feedback from health centers?
- Who at health centers is best positioned to provide HPSA-related feedback?
- What concerns do you have around the proposed HPSA scoring methodology?

Resources

- NACHC Auto HPSA Recommendations 04.19.17

California Primary Care ASSOCIATION

INFORMATIONAL

Date: April 25, 2017

To: Workforce Committee

From: Nataly Diaz, Senior Program Coordinator and Liz Oseguera, Senior Policy Analyst

Re: Visa Program Changes and Workforce Implications

MEMORANDUM

Overview

It is our understanding that there are three distinct changes to visa programs that may impact our primary care workforce: 1) travel ban, 2) temporary H-1B petition premium processing suspension, and 3) H-1B cap-exempt employer changes. Below is an explanation of the impact that the visa changes could have on health centers.

Additionally, CPCA is soliciting feedback on how the travel ban has impacted your health center to support a lawsuit that California is participating in.

Travel Ban Executive Order

The initial travel ban, asserted by the president as protection from terrorism, was signed on January 27, 2017. The order was perceived by many as a ban on people of the Muslim faith. Within days litigation was filed in several states challenging the order's constitutionality and within a week a nationwide restraining order was in place. The President has revoked this order.

The second executive order, dubbed "Muslim Ban 2.0" by critics, prohibits the admission of nationals holding a nonimmigrant visa from six countries (Iran, Libya, Somalia, Sudan, Syria and Yemen) for 90 days. Countries will have 50 days of the request date to submit the information requested by the administration. If information is not provided; that country will be placed on a ban list until further notice the travel ban is not currently in effect. US District Court Judge Derrick Watson blocked the executive order on the grounds that it likely violates the Establishment Clause of the Constitution by disfavoring Muslims. The U.S. Fourth Circuit Court of Appeals will hear oral arguments over President Trump's travel ban executive order on May 8, 2017.

Members have shared general feedback that, if approved, the executive order may limit their physician recruitment efforts. If the ban is extended for a longer period, then health centers will see a drop of culturally competent providers from these six countries (and all countries that the administration chooses to add to the ban list). Additionally, health centers may see an immediate impact if they are in the process of applying for a J1 of H-1B visa with an individual from the banned countries.

Temporary H-1B Petition Premium Processing Suspension

Through April 3, 2017, health centers were able to expedite the application process of their H-1B physicians by submitting a form and paying an additional fee. This ensured that applications were approved within 3-6 months. The expedited process was good, but created a significant backlog of applications. Because of this backlog, the U.S. Citizenship and Immigration Services (USCIS) decided to temporarily suspend the premium processing for all H-1B petitions (including those from CHCs) for at least six months. While the suspension is in effect, health centers will not be able to expedite physician's H-1B application. As a result, application processing could take longer than six months.

H-1B Cap-Exempt Employer Changes

As of January 17, 2017, USCIS imposed new rules to qualify employers as eligible for the H-1B cap exemption. The exemption applies to institutions of higher education (or related non-profit entities), non-profit research organizations, and government research organizations. Previously, health centers did not qualify for a cap exemption unless they were affiliated with one of the three entities mentioned above. Under the new rule, USCIS has added a fourth option where a non-profit can claim the exemption from the H-1B quota by demonstrating that it has entered into a formal written affiliation agreement with an institution of higher education for the purposes of fundamentally contributing to research or education. We are still researching to determine if CHCs apply to this fourth version.

Lawsuit: Travel Ban and Request for Member Feedback

In March 2017, California joined a lawsuit with Washington, Massachusetts, New York, and Oregon challenging the constitutionality of the President's Muslim travel ban. The California Attorney General's Office (AG) is gathering evidence of harm to California businesses, professionals, organizations, and communities directly impacted by the President's Second Executive Order. This evidence can include: data/statistics, trends seen in practice, anecdotal stories, etc. Examples of harm may include: physicians unable to enter the county and the impact on their hospitals and patients, patients who were unable to receive treatment because they or their physician was unable to enter the country, decrease in patient visits or increase in ER visits since the executive order was signed, etc.

In an effort to support the AG in this process, and better understand the impact on our end, please respond to the questions noted below by sending an email to Elizabeth Oseguera, liz@healthplusadvocates.org.

While we will share your answers with the AG, your answers will be kept confidential. Due to the sensitive nature of individual stories and situations, the AG is not looking for individuals to come forward at this time. Anecdotal stories can be conveyed through member organizations or other groups.

Please answer these specific questions:

- Has your practice seen a decrease in patient visits due to the Second Executive Order banning entry from several predominantly Muslim countries?
- Have there been any physicians who were unable to enter the county due to the travel ban? If so, how did that impact your clinic's ability to serve patients?

- Have there been any patients who were unable to enter the country to receive treatment due to the travel ban?
- Has your clinic hired physicians on J-1 visas in the past 5 years? If so, how many? Were any physicians from the 6 banned counties or the Middle East/Northern Africa generally?
- Have you seen any changes in physician recruitment since the travel ban was enacted?

If you have other examples of how the travel ban is impacting you negatively, please bring it to our attention as we want to cast a wide net and make the case for how this ban is harming our health centers and their patients. Again, all information regarding the queries above or any questions you have regarding the request can be directed to Elizabeth Oseguera, liz@healthplusadvocates.org.

Resources

- CPCA's Summary of Executive Orders on Visas
- Copy of Travel Ban Executive Order
  - https://www.gpo.gov/fdsys/pkg/FR-2017-03-09/pdf/2017-04837.pdf
- USCIS: H-1B Fiscal Year 2018 Cap Season
- Retention of EB-1, EB-2, and EB-3 Immigrant Workers and Program Improvements Affecting High-Skilled Nonimmigrant Workers: Exemptions from the H-1B Numerical Cap

Ag Worker Health Committee

Thursday, May 4, 2017
3:00 p.m. – 3:30 p.m.
Leslie McGowan, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Leslie McGowan	A
II. Approval of Agenda	• Executive Summary	Leslie McGowan	A
III. Approval of Minutes	• January 12, 2017 Ag Committee Minutes	Leslie McGowan	A
IV. Immigration Update	• *See Government Programs*	Elizabeth Oseguera	D
V. Access 2020 Campaign		Cathy Frey	D
VI. NACHC P&I Ag Committee Update		Cathy Frey	D
VII. Advocacy Center of Excellence (ACE) / Hispanic Advocacy Center Excellence (HACE) Program		Cathy Frey / Elizabeth Oseguera	D
VIII. Open Forum o How can CPCA help support health centers in enrolling into the ACE or HACE programs?		Leslie McGowan / Mary-Michal Rawling	D
IX. Migrant Health Coordinator	• Memo: 1332 waiver, Immigration Resource Page, One California Campaign, NACHC's Conference for Agricultural Worker Health, Department of Pesticide Regulation Update & H-2A Visa Workers	Elizabeth Oseguera	I
X. Adjourn		Leslie McGowan	A

California Primary Care ASSOCIATION

Executive Summary

Date: April 18, 2017

To: Ag Worker Health Committee

From: Elizabeth Oseguera, Senior Policy Analyst

MEMORANDUM

Immigration Update

- At the request of members, CPCA has been working with immigrant rights organizations and legal counsel to develop materials that provide information on the legal rights of clinics, and their patients, in regards to Immigration and Customs Enforcement (ICE) actions.

Access 2020 Campaign

- Cathy Frey will provide an update on training development for California's health centers to increase Ag worker population numbers and the possible partnership between the Central Valley Health Network (CVHN) and CPCA.

NACHC P&I Ag Committee Update

- Cathy Frey will be providing an update on what was discussed during the Committee on AG Worker Health at NACHC's P&I conference in March.

Advocacy Center of Excellence (ACE) / Hispanic Advocacy Center Excellence (HACE) Program

- Cathy Frey will provide the committee an update on the work that NACHC is doing around the Hispanic Advocacy Center Excellence (HACE), a new iteration of NACHC's Advocacy Center of Excellence (ACE). Specifically, HACE is an initiative to institutionalize grassroots advocacy at health centers by engaging Hispanic patients and community members in advocacy and giving them a role in the health center movement.

Open Forum: Interest / Goals of the Committee

- Committee members will have an opportunity to express their thoughts around the advocacy program, ACE/HACE, that is ran by NACHC. Specifically, we will have Mary-Michal Rawling from Golden Valley speak on best practices to enroll into the ACE program. Members will be given an opportunity to ask questions and brain storm ideas around this.

Migrant Health Coordinator Update

- CPCA will provide an update on policy changes, upcoming events and opportunities around migrant health and advocacy.
- **One California Campaign -** Under the proposed budget, $15 million has been set aside to fund qualified and culturally competent services that ensure immigrant residents understand their rights and access affirmative immigration remedies or citizenship. The One California Campaign

is seeking to increase the funding to $30 million. CPCA has supported these efforts in the past and has pledged its commitment to be in support this year as well.

- **Outreach and Enrollment to H-2A Visa Workers -** CPCA and LHA are working in partnership with the North Western PCA to increase outreach efforts to the H-2A visa worker population. This includes reaching out to Mexican Consulates in these states, grower associations and governmental entities.

CALIFORNIA PRIMARY CARE ASSOCIATION
AG WORKER HEALTH COMMITTEE
January 12, 2017
3:45pm – 4:15pm

Members: Leslie McGowan - Chair, Robin Affrime, Ben Flores, Cathy Frey, David Lavine, Nichole Mosqueda, Danielle Myers, Christine Noguera

Guests: Jason Vega, Isabel Becerra, Joanne Preece, Graciela Soto-Perez, Christine Velasco, Steve Heath, Deanna Stover, Karen Lavterbach

Staff: Elizabeth Oseguera, Daisy Po'oi, Andie Patterson, Mike Witte

I. Call to Order
Leslie McGowan, Chair, called the meeting to order at 3:46pm.

II. Approval of Agenda
A motion was made to approve the agenda as presented. **The motion carried. (Myers, Frey)**

III. Approval of Minutes
A motion was made to approve the minutes of October 25th, 2016. **The motion carried. (Frey, Flores)**

IV. Open Forum
Committee members had the opportunity to express their thoughts around the issues they would like for the committee to address or further explore given the new administration. It was mentioned that the lack of water supply in the valley is a big issue. CPCA will track legislation around water distribution and water access to see how the committee can take action. It was also suggested that CPCA should look into the state water board plan and write an op-ed around water access for Californians.

V. Year in Review
Liz Oseguera gave an overview of what the Ag committee projected in 2015 and what happened in 2016 as it relates to DACA/DAPA, Ag Worker Access 2020 Campaign work with Cathy Frey at CVHN, the Hispanic Advocacy Program and partnerships with Farmworker Justice, Covered CA, The Mexican Consulate and the California Immigrant Policy Center with regards to work around H-2A visa workers. CPCA will continue to support these efforts as we look ahead into 2017.

VI. Healthcare Facility Safe Zones for Undocumented Californians
On December 5th, 2016 members of the California Legislature introduced a bill package geared towards protecting immigrant rights. The bill package is titled "*Immigrants Shape California,"* and includes SB 54 (De León, 2016) California Values Act. For more information please refer the Legislative Committee Section.

VII. Access 2020 Campaign
Cathy Frey provided an update on the training development for California's health centers to increase Ag worker population numbers and the possible partnership between the Central Valley Health Network (CVHN) and CPCA.

VIII. Advocacy Center of Excellence (ACE) / Hispanic Advocacy Center Excellence (HACE) Program
Cathy Frey provided an update on the work that NACHC is doing around the Hispanic Advocacy Center Excellence (HACE), a new iteration of NACHC's Advocacy Center of Excellence (ACE). Specifically, HACE is

an initiative to institutionalize grassroots advocacy at health centers by engaging Hispanic patients and community members in advocacy and giving them a role in the health center movement.

IX. Migrant Health Coordinator

CPCA is currently on the planning committee for the Western Forum for Migrant and Community Health. The Forum will be taking place in San Francisco from February 22-24, 2017. CPCA partnered with the U.S. Department of Agriculture to provide a session titled *SNAP Employment, Training and Funding for CHWs* around federal funding available for Community Health Worker training programs. CPCA has also partnered with CPCA also partnered with the California Endowment, the National Immigrant Law Center, the Latino Coalition for a Healthy California and the Redwood Community Health Coalition to provide a session titled Driving the Message on Immigrant Health.

XI. Adjourn

The meeting was adjourned at 4:15pm.

Respectfully submitted,
Daisy Po'oi, Meeting Minutes Recorder

Date: April 18, 2017

To: Ag Worker Health Committee

From: Elizabeth Oseguera, Senior Policy Analyst

Re: Migrant Health Coordinator Update

MEMORANDUM

I. 1332 Waiver Update

In the end of September California submitted our state 1332 waiver to the Federal Department of Health and Human Services (HHS). The waiver would have allowed undocumented and DACA recipients to purchase an unsubsidized health plan through our state marketplace. In February Senator Lara decided to withdraw the waiver application to protect information and privacy of the vulnerable communities from the current administration that has pledged to be anti-immigrant.

II. California Health+ Advocates Immigration Resource Page

CaliforniaHealth+ Advocates has created an immigration resource page where we've compiled materials created by CPCA and our immigrant partners. Among the materials on the immigration resource page are those created by CPCA, including, Frequently Asked Questions (FAQs) document that was prepared in partnership with FTLE and NILC, summaries of executive orders impacting immigration and Know Your Rights materials for patients and clinics. Please contact Liz Oseguera, Liz@heallthplusadvocates.org, with any additional resources that could be added to our webpage. Under the resource section please find the link to the immigration resource page.

III. One California Campaign

To advance immigrant integration in California, a diverse set of stakeholders partnered to form the One California coalition to advocate for a state budget proposal adopted as the Immigration Services Funding administered by the California Department of Social Services. Under this program, qualified nonprofit organizations may apply for competitive grants to provide education, outreach, and application assistance to immigrant community members eligible for either deferred action programs, naturalized citizenship, or other immigration remedies.

Under the proposed budget, $15 million has been set aside to fund qualified and culturally competent services that ensure immigrant residents understand their rights and access affirmative immigration remedies or citizenship. As immigrants face severe anti-immigrant federal immigration policies, the One California Campaign seeks to increase this funding to $30 million. CPCA has supported these efforts in the past and has pledged its commitment to be in support this year as well. On May 3rd the Assembly budget committee will be hearing this funding request.

IV. NACHC's Conference for Agricultural Worker Health

The Conference for Agricultural Worker Health is the only conference dedicated solely to the health and wellbeing of America's migratory and seasonal agricultural workers. The conference will take place in Savannah, Georgia May 22–24, 2017. Conference attendees will learn more about the 2020 Access campaign, share effective strategies on utilization of community health workers and promotoras to reach the migrant patients, and network with colleagues who have dedicated their lives to serving America's migratory and seasonal agricultural population. Information on how to register can be found under the resource section below.

V. Department of Pesticide Regulation - Draft Regulations for Pesticide use near Schools

In December 2016 the Department of Pesticide Regulation (DPR) proposed regulations with the intent of protecting students and staff from the harmful effects of pesticides by creating buffer zones around schools and daycare centers. The regulations specified time in which pesticides could not be sprayed and created a ¼ mile buffer zone distance. Although these regulations would put protections in place, CPCA felt that DPR should expand the protections offered in the draft regulations by restricting the application of specified pesticides made within one mile of a school site during anytime or date of the week. Thus, CPCA submitted a comment letter to DPR in December.

In March DPR made revisions to its draft regulations that removed some of the protections that were originally included in the draft regulations, such as requiring County Agricultural Commissioners to post 48-hour notice on their websites of planned applications of restricted materials within the school buffer zone to ensure concerned community members can access this information. CPCA believed that this was important to include, along with other protections, so we submitted a second comment letter.

To view the comment letters submitted to DPR please see the resource section down below.

VI. Outreach and Enrollment to H-2A Visa Workers

During the Western Forum for Migrant and Community Health CPCA provided a presentation on the work it has been doing with Farm Worker Justice (FWJ), the Latino Health Alliance (LHA), Covered California and the Mexican Consulate regarding H-2A visa workers. Attendees from California clinics showed an interest for increasing outreach efforts to this population.

The growth of the use of temporary foreign agricultural workers on H-2A visas raises important issues regarding health and access to health care that require special attention. In 2016 California had 11,106 H-2A visa workers. These workers are, by many accounts, the hardest to reach Migrant Seasonal Agricultural Workers (MSAW) population because they are more isolated, more dependent on their employer, subject to special restrictions as non-immigrant visa holders, and less familiar with the U.S. health care system.

CPCA and LHA are working in partnership with the North Western PCA to increase outreach efforts to this population. This includes reaching out to Mexican Consulates in these states, grower associations and governmental entities. With the help of CPCA, LHA, who is leading the H-2A efforts in California, has been in communication with the Employment Development Department and Mexican Consulates in California.

VII. Resources

- CaliforniaHealth+ Advocates Immigration Resource Page
  - http://capca.nationbuilder.com/immigrant_resources

- Registration for NACHC's Conference for Agricultural Worker Health
  - http://www.nachc.org/conferences/agricultural-worker-health/

- Comment Letters for DPR's Pesticide Regulations around Schools and Daycare Centers
  - December 2016 Comment Letter
  - March 2017 Comment Letter

Rural Committee

May 4, 2017
3:40pm-4:10pm

Lucresha Renteria, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Lucresha Renteria	A
II. Approval of Agenda	• Executive Summary	Lucresha Renteria	A
III. Approval of Minutes	• January 2017 Rural Committee Meeting	Lucresha Renteria	A
IV. Convenings to Discuss the Future of Rural Health Care	• Convening Agenda • Grid: Discussion Notes • Grid: Strategy Identification	Doreen Bradshaw/ Cathy Frey/Deanna Stover	D
V. Rural Advocacy and Prop 64	• Prop 64 overview	Meaghan McCamman	D
VI. NRHA Meeting Update		David Lavine and other attendees	D
VII. 340B in Rural North		Deb Roth	D
VIII. Rural Health Events	• Running List	Meaghan McCamman	I
IX. Adjourn		Lucresha Renteria	I

California Primary Care Association

Executive Summary

Date: May 4, 2017
To: Rural Committee
From: Meaghan McCamman, Assistant Director of Policy

MEMORANDUM

Convenings to Discuss the Future of Rural Health Care

- Rural Consortia leaders will provide an overview of three Rural Convenings that were developed soon after the November election for the purpose of bringing together cross-industry collaboration to serve as a voice for rural health under the new Administration. Rural consortia will provide an overview of the findings and discussion in those meetings that were already held.

Rural Advocacy and Prop 64

- Proposition 64, the Adult Use of Marijuana Act, creates a new trust fund to address the devastating impacts of the war on drugs. This fund can be used for a variety of purposes, including substance use disorder treatment, education, and prevention, alleviating the environmental impact of the illegal marijuana industry, and creating reentry programs for drug related offenders. This discussion will guide rural engagement in Prop 64 conversations.

NRHA Meeting Update

- Attendees of the recent meeting with the National Rural Health Association will provide an update and overview of the discussion.

340B in the Rural North

- To build upon discussion in the Government Programs Committee, this will allow for conversation around the impact of 340B proposed changes to those in rural areas.

Rural Health Events

- A running list of all events in California related to rural health is provided.

CALIFORNIA PRIMARY CARE ASSOCIATION
RURAL COMMITTEE
January 12, 2017
11:40am – 12:10pm

Members: Lucresha Renteria, Chair, Doreen Bradshaw, Cathy Frey, Scott McFarland, Nichole Mosqueda, Danielle Myers, David Vliet, Nik Gupta, Constance Kirk, Henry Tuttle, Graciela Soto-Perez, Christina Velasco, Deborah Lerner, Tim Rine, Mary Szecsey

Guests: Leslie McGowan, Rachel Farrell, Isabel Becerra, Deanna Stover

Staff: Meaghan McCamman, Daisy Po'oi, Andie Patterson, Meghan Nousaine, Nataly Diaz, Jana Castillo, Mike Witte, Allie Budenz, Bao Xiong, Ginger Smith

I. Call to Order
Lucresha Renteria, Chair, called the meeting to order at 11:59am.

II. Approval of Agenda
A motion was made to approve the agenda as presented. **The motion carried. (Szecsey, Frey)**

III. Approval of Minutes
A motion was made to approve the minutes of October 25th, 2016. **The motion carried. (Bradshaw, Myers)**

IV. Year in Review
Meaghan McCamman gave an overview of what we projected for the future in 2015, what happened during 2016, and what we foresee coming in 2017 as it relates to the economic impact of CCHS to the rural community, network adequacy issues, substance use disorder and workforce.

V. CMSP Discussion
If the Trump Administration has its way, the coverage expansions under the ACA will be rescinded and many Californians may become uninsured. The rural committee hopes to begin a discussion with CMSP and other county indigent programs about how to ensure continued access to care for those who will be impacted by the Trump policy changes.

VI. Rural Health Advocacy
Capitol Link is evaluating a breakout of how rural CCHCs fare versus other CCHCs in the state. Doreen Bradshaw shared that she is working with several statewide associations, including CHA, CPCA, CSRHA, and others, to strategize on defending the gains made under the ACA in rural California.

VII. Rural Health Events
A list of rural health events was shared with the committee regarding

VIII. Adjourn
The meeting was adjourned at 12:14pm

Respectfully submitted,
Daisy Po'oi, Meeting Minutes Recorder

Rural Health Convening
Facilitators Agenda

Objectives

- Learn about potential impact in regards to the ACA from all healthcare industries
- Develop strategies to navigate potential changes to rural healthcare in rural communities
- Increase the collective voice regarding issues affecting rural healthcare

Target Audience

- Participants includes executives and/or designated leadership staff of organizations and providers who play a direct role in the provision of safety-net services for rural California communities. Safety-net service providers include physical and behavioral health; public health; and social and community services.

Approx. Time	Agenda Item	Facilitator Notes
20-30 min.	**Welcome, Introductions & Purpose for the Day** *Doreen Bradshaw, California Community for Rural Health Improvement*	Welcome Review outcomes for the day (slide) Pass microphone around room for introductions
30-45 min.	**The Policy Landscape for Rural Health Care** *Deborah Kelch, Executive Director, Insure The Uninsured Project*	Introduce Deborah Kelch (brief bio) Deborah's slides 30 min. presentation 15 min. questions
30 min.	**Reflections on ACA Impact In Rural CA** *Please breakout into the following discussion groups:* • Hospitals • Clinics / Health Centers • County Agencies • Community Based Organizations	15 min. Discuss successes and challenges for patients and for your organization in life after ACA implementation. (summarize feedback in grid 1) 15 min. From your industry perspective, identify your biggest concerns or threats to your industry

	• Healthplans • Other Providers	with proposed changes to healthcare. What are you doing to address them and/or prepare? (summarize feedback in grid 1)
15 min.	Report Back from Group Discussions	
	Break	
30-45 min.	**Identification of Strategies** *Breakout groups for small group discussion. Ensure that each group has at least one representative from hospitals, clinics, county agencies and community based organizations.*	From a community health system perspective, please have breakout groups identify strategies to prepare for or address health care policy changes for each of these audiences and record them on flip chart pages. Patients Staff Community Legislators
20-30 min.	**Report out from Collaborative Discussions**	What else did we miss? What do you need to educate your community about potential changes to the ACA?
15 min.	**Wrap-up & Closing Thoughts**	Identification of next steps
	Adjourn	

Regional Convenings to Discuss Health Care 2017 for Rural California

Reflections on ACA Impact In Rural California by Industry

Brief summary of breakout discussions on successes each industry or segment achieved under the ACA, some remaining challenges they encountered under the ACA and the perceived threats to the industry in the future under repeal and/or replace plans for the ACA.

CLINIC / HEALTH CENTER		
Successes Under the ACA	**Challenges Under the ACA**	**Future Concerns or Threats to Industry? How are leaders preparing?**
• Increase in # of insured patients • Increase in Medi-Cal patients • Underinsured could be covered on sliding scale • Behavioral health parity and focus on integration with primary care	• Patients underinsured • Inconsistent enrollment • Workforce shortages (Primary Care, Behavioral Health, Substance Abuse) • Lack of Specialty Care coverage for Medi-Cal patients • County based coverage as barrier; especially tribal health	<u>Biggest Threats/Concerns</u> • Elimination of Medicaid expansion -currently using expanded funds to improve quality of care -Medi-Cal paying "bills" (current financial stability threatened) • Specialty coverage • Protections for rural health at the State and Federal levels • How to cover kids currently on CHIP? • How will FQHCs/RHCs be affected? <u>How are leaders preparing?</u> • Protect women's health, alternative treatment, specialists • Have strong representation at the State and Federal levels • Increase education to State officials • Educate patients

COUNTY AGENCIES		
Successes Under the ACA	**Challenges Under the ACA**	**Future Concerns or Threats to Industry? How are leaders preparing?**
• Medi-Cal enrollment increased • Covered CA coordination and hand off • Behavioral health– FFP increased for Medicaid Expansion population • Drug Medi-Cal Organized Delivery System Waiver • Built capacity for expansion • Immunization clinics- shifted from county to managed care.	• New primary care capacity-how do we keep it open? • IHSS realignment-backfill? • Behavioral health -often no general funding -IGT funding is ending -Need for BH beds	• Loss of coverage -threatens clinics and hospitals -patients on Covered CA lose coverage • Indigent health-may even be bigger than before as were so successful in enrolling people in coverage and bringing people into the health care system -Will CMSP go bankrupt? -Declining realignment dollars <u>How are leaders preparing?</u> • Budget planning-IHSS, CalWorks, mental health
COMMUNITY BASED ORGANIZATIONS		
Successes Under the ACA	**Challenges Under the ACA**	**Future Concerns or Threats to Industry? How are leaders preparing?**
• Increased enrollment • Reduction in uninsured • COHS model of managed care • Increased collaboration • Preventive services 100% covered • Closure of Medicare Part D Donut Hole	• Little outreach and education in rural areas • Choice by consumers not to enroll because of government reporting/perceived intrusion • Provider access • No access to small business tax credit	<u>Concerns/Threats</u> • Consumer and provider confusion • Uncertainty regarding innovation • Access to primary and specialty care providers <u>How are leaders preparing?</u> • Collaboration • Participating in legislative process • Inform public through media, press release • Community education -Advocates for fact-based, unbiased information

HOSPITALS		
Successes Under the ACA	**Challenges Under the ACA**	**Future Concerns or Threats to Industry? How are leaders preparing?**
• Meaningful coverage • Coverage but limited access • Bad debt decreased • Partnership HealthPlan relationship • Enhanced ability to include specialty care	• Medicare reductions • Slow gains across health care system in quality	<u>Concerns or Threats</u> • Medicaid cuts that helped to fund the ACA could reduce the base level for CA funding • Uninsured population increases would impact hospitals • Access decreases with cuts in Medicaid revenue • Reduced ability to sustain specialists <u>How are leadership preparing?</u> • Advocacy • Proceeding conservatively on projects
PATIENTS		
Successes Under the ACA	**Challenges Under the ACA**	**Future Concerns or Threats to Industry? How are leaders preparing?**
• Affordability • Essential benefits • Access for Medi-Cal beneficiaries • Managed care • Partnership HealthPlan in Northern region • Needed solutions/options • Coverage for pre-existing and adult children • Substance abuse treatment • Care Coordination (Whole Person Care pilot in Shasta County) • Prevention	• Affordability-not good for some • Access • Provider reimbursement under the exchange • Narrower provider network • Increased premiums for network choice • Understanding the options	<u>Concerns or Threats</u> • Affordability/Access • Physician shortage • Uncertainty • Must go outside network for specialty care • Removing the individual mandate • Healthcare issue unaddressed • Increased utilization of the ER • Bad for the economy-loss of jobs <u>Preparation-What should we tell patients?</u> • Get healthy now • Get preventive services • Establish with a primary care physician now • Have a conversation locally with consumers • Keep people calm • Offer resources, education, information

Regional Convenings to Discuss Health Care 2017 for Rural California

Identification of Strategies to Navigate Changes to Health Care

This is a summary of strategies identified through breakout discussions on things that rural health care providers and health system partners can do now to address potential changes to the healthcare system. The ideas are stratified based on the target audience of the specific communication or action strategy.

Strategies to Address Potential Changes to Rural Health Care Systems by Audience			
Patients	**Staff**	**Community**	**Legislators**
Communication is key. Develop messaging that galvanizes not polarizes. Patients need reassurance. Inform and encourage patients that health care will continue. Develop talking points and educational materials about the policy change process (i.e. bill is not a law). Provide consistent education using social media, lobby monitor, clinic newsletters, bulletin boards and messaging from providers. Tell patients to maintain coverage and get as healthy as they can now. Encourage wellness and preventive care.	Provide ongoing education about potential changes as they are debated through e-mails, social media, staff meetings, town hall style meetings, lunch & learns, etc. Message about the process. Listen to staff. Identify their fears and concerns. Provide opportunities to discuss them. Build up staff so they can build up patients. Train staff on specific messaging. Have them speak to patients in the waiting room. Streamline operations where possible. Tell them that everyone needs to be mindful of expenditures.	Develop standardized messaging on how potential policy changes might impact the community. Share patient stories through community meetings, newsletters, newspapers and social media. Host forums/town hall meetings. Engage community organizers to help with events. Partner with organizers outside of the health care system. Communicate with Cal Fire, USFS, schools, families, churches. Utilize the local healthcare collaboratives to develop broad based messaging.	Tell the story using data. Make sure legislators know how many of their constituents will be affected. Develop a strong relationship with legislators and their staff. Have local health care leaders meet with legislators together to discuss impact to the rural health care delivery system. Provide economic impact studies and discuss the potential loss of jobs if the ACA is repealed. Have direct communication and involvement with local Board of Supervisors.

Strategies to Address Potential Changes to Rural Health Care Systems by Audience			
Patients	**Staff**	**Community**	**Legislators**
Encourage patients to continue to see their primary care doctor. Discourage patients from going to the ER for primary care; only for emergencies. Engage patients to be an advocate for their own health. Encourage patients to tell their own story and capture it to share.	Stress that what is successful today is not turning back. Be sure to capture innovations or best practices.	Encourage community members to contact their representative to voice concerns.	The ACA could use some repair. Have conversations about less subsidies and higher costs in rural communities. Save the parts that are working. Managed care has been a blessing for rural health care and moved us to systems thinking. Organize peaceful protesting avenues to ensure rural communities' voices are heard. Encourage local leaders to stay tuned to updates from CCRHI.

California Primary Care Association

DISCUSSION

Date: May 4, 2017
To: Rural Committee
From: Meaghan McCamman, Assistant Director of Policy
Re: Ensuring Fair Rural Funding Under Proposition 64

MEMORANDUM

I. Background:

Proposition 64, the Adult Use of Marijuana Act, approved by voters November 2016, created two new excise taxes on marijuana. Revenue from the two taxes will be deposited in a new California Marijuana Tax Fund and distributed to a variety of agencies to support a variety of causes. For more information about the use of the revenue, please refer to the Proposition 64 Memo in the Government Programs Committee Packet.

For the purposes of this discussion regarding rural funding, there are a few programs supported by the Marijuana tax that are particularly relevant:

- $10 million, increasing each year by $10 million until settling at $50 million in 2022, for grants to local health departments and community-based nonprofits supporting "job placement, mental health treatment, substance use disorder treatment, system navigation services, legal services to address barriers to reentry, and linkages to medical care for communities disproportionately affected by past federal and state drug policies."
- 60 percent of remaining funds (after mandatory allocations) to youth programs, including drug education, prevention, and treatment.
- 20 percent of remaining funds (after mandatory allocations) to prevent and alleviate environmental damage from illegal marijuana producers.

II. Why is this in Rural Committee?

CPCA has begun to engage with other SUD stakeholders in a coalition to determine how to expend the estimated $640 million per year that is earmarked for MH and SUD treatment, education, and prevention. Even outside the SUD conversations, there are discussions happening around the Capitol that will impact where the resources available under Prop 64 end up. In the conversations in which we are taking part, CPCA stands nearly alone in bringing up rural issues. Rural needs an engagement strategy that goes beyond the SUD conversations and engages more advocates than just CPCA. Below are a list of questions to get us started on a

Prop 64 Rural Action Plan:

1. One of the ideas that has come up is the development of a formula for the allocation of funds to counties, perhaps based on the MHSA/Prop 63 formula, perhaps not.
   - *Question for the Committee: How is rural treated in the division of funds under Prop 63? Is that a formula that we'd want to emulate (if funding is determined to go to the counties, which is not a given)?*
   - *If not, how should allocations be made in a way that works for rural areas?*

2. When the funding allocation has been discussed at SUD coalition meetings, focus on intervention and recovery efforts to be funded under Prop 64 has been largely on the urban areas impacted by the War on Drugs, rather than rural areas.
   - *Can we articulate how the illegal drug trade has impacted rural communities? What resources can we use to make this argument?*

3. CPCA has been engaged in conversations around the funding streams under Prop 64 associated with SUD treatment and prevention, but has not engaged in conversations around alleviating the environmental impact of the illegal marijuana industry, nor on conversations around 'job placement' for those impacted by the war on drugs.
   - *Is there a role for CPCA in those spaces? If not, what about rural counties? How can rural CCHCs engage through their county representatives?*
   - *Other options besides counties?*

4. The economies of the rural north are arguably going to be some of the hardest hit with the changes to recreational marijuana law.
   - *What strategies should we use to articulate this to policymakers to ensure that the resources available under Prop 64 are directed toward alleviating the potentially crippling impact of these changes?*

5. CPCA has stood mostly alone when advocating for rural interests in Prop 64 funding.
   - *Who can we target to serve as rural champions in the Capitol? What is our plan for engaging these targets?*

California Primary Care ASSOCIATION

INFORMATION

Date: May 4, 2017
To: Rural Committee
From: Meaghan McCamman, Assistant Director of Policy
Re: Rural Events 2017

MEMORANDUM

Educational Conferences

The CPCA Rural Committee has requested that staff maintain a list of rural-specific conferences in order to ensure that California Rural is represented whenever possible in rural educational, networking, and policy venues. The following is a list of upcoming rural-specific conferences:

22nd Annual NRHA Health Equity Conference
May 9
San Diego, CA

40th Annual Rural Health Conference
May 9-12
San Diego, CA

Rural Hospital Innovation Summit
May 9-12
San Diego, CA

Rural Medical Education Conference
May 9
San Diego, CA

2017 10th Annual California Association of Rural Health Clinics Meeting
Jun 26 - 28, 2017
Folsom, CA

Executive Committee

Thursday, May 4, 2017
4:10-5:10p

Naomi Fuchs, Chair

Agenda

ORDER OF BUSINESS		RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I.	Call to Order		Naomi Fuchs, Chair	A
II.	Approval of Agenda	• Executive Summary	Naomi Fuchs, Chair	A
III.	Approval of Minutes	• Minutes from Jan. 12, 2017	Naomi Fuchs, Chair	A
IV.	CEO Report		Carmela Castellano-Garcia	I/D
V.	NACHC Region IX Representative		Carmela Castellano-Garcia	I/A/D
VI.	Personnel Policy Changes	• 2017 Employee Handbook Updates ○ Policy # 5005 ○ Policy # 5010 ○ Policy # 5020	Carmela Castellano-Garcia	I/A/D
VII.	College for Health Communities & the Underserved (CHC-U)	• *Memo:* Investment in creating a CHC-specific college	Carmela Castellano-Garcia	I
VII.	EMR Update	• *Memo*: CPCA Epic Partnership Development	Carmela Castellano-Garcia	I/A/D
VIII.	Strategic Planning Update	• *Memo:* Strategic Planning 2017-2020 • Final Draft • Strategic Initiatives	Carmela Castellano-Garcia	I/A/D
IX.	Executive/Closed Session	• *Handouts will be provided*	Naomi Fuchs, Chair	I/D/A
X.	Adjourn		Naomi Fuchs, Chair	A

California Primary Care Association

Executive Summary

Date: May 4, 2017

To: Executive Committee

From: Carmela Castellano-Garcia

EXECUTIVE SUMMARY

Following is the Executive Summary for the Executive Committee meeting:

IV. CEO Report
- CPCA President and CEO Carmela Castellano-Garcia will provide an update.

V. NACHC Region IX Representative
- The Committee will be asked to recommend approval of the representative to the CPCA Board of Directors.

VI. Personnel Policy Changes
- The Committee will review changes to three (3) CPCA Employee Handbook personnel policies and recommend approval to the CPCA Board of Directors.

VII. College for Health Communities & the Underserved (CHC-U)
- The Committee will review information about a potential partnership around an academic institution to train physician assistants and, ultimately, other providers.

VIII. EMR Update
- The Committee will review information related to a potential partnership with Epic, and will be asked to recommend approval to the CPCA Board of Directors that CPCA continue to work with Epic to develop a contract and business plan for a CA-specific community health center offering.

IX. Strategic Planning Update
- The final iteration of the 2017-2020 Strategic Plan will be presented for recommended approval to the CPCA Board of Directors.

X. Executive/Closed Session
- The Committee will enter into Closed Session to discuss the annual CEO assessment process.

EXECUTIVE COMMITTEE MEETING

January 12, 2017

Meeting Minutes

Members Present :	Naomi Fuchs (Chair), Sherry Hirota, Kevin Mattson, Louise McCarthy, Scott McFarland, Danielle Myers, Christine Noguera, Tracy Ream, David Vliet
Members Absent:	Kerry Hydash
Guests:	Nancy Shemick, consultant; Dean Germano, Mary Szecsey, Cathy Frey, Paula Wilson, Jane Garcia
Staff:	Carmela Castellano-Garcia, Robert Beaudry, Heather Wright

1. Call to Order

Chair Naomi Fuchs called the meeting to order at 4:17p.

2. Approval of Agenda

Motion

A motion was made and seconded to approve the agenda as presented (Myers/Ream). **The motion carried.**

3. Approval of Minutes

Motion

A motion was made and seconded to approve the Oct. 25, 2016, minutes as presented (Ream/Vliet). **The motion carried.**

4. CEO Report

Carmela Castellano-Garcia, President and CEO, provided her first post-election update, noting we're in for the fight of our lives under this new administration and we'll be taking NACHC's lead. She feels good about the unity of the Association. She will be proposing the addition of an additional Board meeting during the Region IX Leadership Conference being held in Maui this June, with a focus on the Strategic Plan and possibly advocacy.

5. Update on EMRs

Conversations with EMR vendors continue, and discussions with Epic are moving ahead the most quickly. CPCA leadership had a call with Epic CEO Judy Fauklner in December and discussed bringing their product to California at a discounted rate for CCHCs and evolve the product to make as valuable to California FQHCs as possible. Epic was initially interested in entering the CA FQHC market via hospitals, but is open to exploring a relationship with CPCA as well. An in-person visit to their headquarters in Wisconsin has been planned for March and a member CIO will also attend. CPCA recognizes that the option for health centers to work with hospitals and OCHIN should remain even if the Association were to develop a direct relationship with the vendor.

It was noted that CPCA has been in long-standing conversations with other EHR providers, but none have been as open to supporting FQHCs specifically as Epic has. Despite possible cost prohibitions, members have expressed willingness to explore this option. NextGen is the vendor currently dominating the CA market share and Athena's product was also discussed. An interest survey of the membership is being developed.

There was further discussion about vendor pros/cons and members agree this conversation is an evolution that will take time to negotiate. There was discussion about CPCAs service model/role. Robert Beaudry noted that CPCA is also talking with other PCAs about their experiences. It was mentioned that Ventures could potentially serve as the vehicle for this work.

6. Strategic Planning Update

Carmela presented a Strategic Plan update, noting the Executive Committee also serves as the Strategic Planning workgroup. A handout of the draft Straw Man proposal was provided and members were directed to the PowerPoint slides in the meeting packet. Peter Lee has agreed to speak at the upcoming Board Retreat.

Carmela recapped efforts undertaken to date, including the eight (8) statewide regional meetings, external stakeholder interviews, development of a Straw Man proposal, modified to include an Advocacy goal. It was proposed to restructure the plan to have one (1) Bold Step (previous plan had three (3)). Discussion about calling out social determinants of health arose.

Motion

A motion was made and seconded to consider the second proposed Bold Step in the Straw Man to bring to the Board of Directors (McCarthy/Myers). **The motion carried.**

The proposed goal areas were reviewed. Goal 4 was moved to become Goal 1 and renamed "Be a leader for health access and coverage". Calling out SDOH is important and it will be added to Goal 3 accordingly. It was noted there could very well still be opportunities to be transformative in this new environment.

7. Executive Closed Session

Chair Naomi Fuchs called the Committee into Closed Session for the purpose of discussion the CEO Assessment process in 2017.

8. Adjourn

Chair Naomi Fuchs adjourned the meeting at approximately 5:10p.

2017 Employee Handbook Updates

Policy	Change
5005 Vacation	Changes the vacation buyout from anniversary year to calendar year to align with vacation leave tracking.
5010 Insurance and Pension Benefits	Changes Pension to Retirement plan.
5020 Leaves of Absence	Updates Domestic Violence policy to include Sexual Assault and Stalking Accommodations (California Law Update).

Annual leave credit is accrued according to the following schedule:

Senior Management Staff (as defined by CEO and employment agreement):

Year 1 through 4	15 days per year
Year 5 through 14	20 days per year
Year 15 and after	25 days per year

Other Staff:

Year 1 and 2	10 days per year
Year 3 and 4	15 days per year
Year 5 through 14	20 days per year
Year 15 and after	25 days per year

Vacation accrual commences with an employee's first day of work and continues thereafter unless broken by an absence without pay, a leave of absence or termination of employment. Part-time employees will accrue vacation by the pro-rated percentage of scheduled hours.

Vacation can accrue up to a maximum of 280 hours of pay. Once this cap is reached, no further vacation will accrue until some vacation is used. When some vacation is used, vacation compensation will begin to accrue again. There is no retroactive grant of vacation compensation for the period of time the accrued vacation compensation was at the cap. ~~On their anniversary date, E~~employees may cash-out up to one third of their annual vacation allotment ~~time~~ each calendar year if time has been accrued.~~.~~

Vacation schedules must be coordinated and cleared with your supervisor. It should be recognized that in some cases it may be difficult to fit in vacation time and that vacations may have to be deferred.

An employee whose employment terminates will be paid for accrued unused vacation days on a pro rata basis.

If an employee is ill while on vacation, the employee may use accrued sick leave. The employee may reschedule the vacation with approval from their supervisor.

Employees on unpaid leave do not accrue vacation time.

Health Insurance: CPCA presently provides a comprehensive health plan including medical, dental, vision, accidental death and dismemberment, long-term disability and life for full-time employees. Coverage begins on the first of the month following hire date and ends at the end of the month of employment. Employees may choose to enroll dependents under plans that allow. The employee's share of premiums must be paid monthly to continue coverage. In the event of an increase in medical insurance premium rates or other necessitating financial conditions, all employees may be required to contribute to the cost of increased dependent or personal premiums to retain coverage.

CPCA reserves the right to change or eliminate health plan or other benefits; to the extent there is an inconsistency between this description and the applicable insurance policy, the insurance policy will control.

State Disability Insurance: Each employee contributes to the State of California to provide disability insurance pursuant to the California Unemployment Insurance Code. Contributions are made through a payroll deduction. Disability insurance is payable when you cannot work because of illness or injury not caused by employment at CPCA or when you are entitled to temporary workers' compensation at a rate less than the daily disability benefit amount.

Paid Family Leave: All employees who are covered by the State Disability Insurance (SDI) program are also covered for PFL benefits. The PFL program provides a maximum of six weeks of paid family leave benefits for workers who take time off of work to care for a child, spouse, parent or domestic partner who is seriously ill and unable to care for themselves, or to bond with a new child.

Unemployment Compensation: CPCA contributes each year to an Unemployment Trust Fund on behalf of its employees.

Social Security: Social Security is an important part of every employee's retirement benefit. CPCA pays a contribution to each employee's Social Security taxes.

Workers' Compensation: At no cost to you, you are protected by the Association's workers' compensation insurance policy while employed by CPCA. The policy covers you in case of occupational injury or illness.

Employees who are injured in a work- related incident will be referred a specified worker's compensation clinic for medical treatment for up to 30 days, unless prior to a work-related injury, CPCA has received from the employee a written notice that the employee wishes to be treated by his or her own physician. In all cases, employees may seek treatment from their own physician after 30 days, should they so desire.

~~Pension~~ Retirement Plan: CPCA, at its discretion, may make a contribution based on a percentage amount of an employee's salary to a 403 (b) investment account for eligible employees in order to assist in planning for their retirement. Any contribution will be made to the employee's account monthly with vesting complete after one year of employment. In addition, a 457 (b) plan is available to employees at the Director level and above.

CPCA reserves the right to change or eliminate ~~pension~~ retirement plan or other benefits; to the extent there is an inconsistency between this description and the applicable ~~pension~~ retirement plan policy, the ~~pension~~ retirement plan policy will control.

Tax Deferred Savings Program: Employees are eligible at the start of employment to contribute to a 403 (b) tax deferred savings program.

The benefits manager will provide plan descriptions and information on all benefit plans.

Leave of Absence without Pay

CPCA may grant leaves of absence without pay for up to four months to employees in certain circumstances, with the approval of the CEO, after all accrued vacation days and floating holiday have been used. It is important to request any leave in writing as far in advance as possible, to keep in touch with your supervisor during your leave, and to give prompt notice if there is any change in your return date. If your leave expires and you have not contacted your supervisor or the Association, it will be assumed that you do not plan to return and that you have terminated your employment.

Upon return from leave, you will be offered the same position, if available. The Association cannot guarantee reinstatement.

Eligible employee benefit premiums will continue to be paid by CPCA for a maximum of four (4) months.

Medical Leave

A medical leave of absence may be granted for non-work-related temporary medical disabilities (other than pregnancy, childbirth and related medical conditions) for the period of actual disability for up to four months with a doctor's written certificate of disability. Requests for leave should be made in writing as far in advance as possible. If you are granted a medical leave CPCA will pay you sick pay for the period of time equivalent to your accumulated sick pay earned. You also may use any paid vacation time previously accrued.

Upon return from a non-work related medical leave, you will be offered the same position, if available. The Association cannot guarantee reinstatement.

Eligible employee benefit premiums will continue to be paid by CPCA for a maximum of four (4) months.

Employees who are absent because of their own disability may be eligible for State Disability Insurance (SDI) benefits. SDI payments do not begin until after you have been absent from work for 7 calendar days. If you have accrued sick leave, sick leave will be used for the first 7 days before SDI payments begin. If you do not have accrued sick leave, but do have accrued vacation, vacation will be substituted for the unpaid absence.

SDI benefits do not replace all of your usual wages. Your SDI benefits will be supplemented with any accrued and unused sick leave. If you have no sick leave, or once you exhaust your sick leave, accrued and unused vacation will be used to supplement your SDI benefits.

Paid Family Leave

The State of California provides paid family leave for eligible employees covered under the State Disability Insurance plan. The wage benefit covers periods when an employee is unable to work

because of a need to care for a qualified dependent. Benefits cover a maximum of six weeks during a twelve-month period.

Payments do not begin until after an employee has been absent from work for seven calendar days. Employees may use accrued vacation leave pay for that first week. PFL benefits do not replace all of your usual wages. Your PFL benefits will be supplemented with any accrued and unused sick leave. If you have no sick leave, or once you exhaust your sick leave, accrued and unused vacation will be used to supplement your PFL benefits.

Military Leave

Employees who wish to serve in the military and take military leave should contact the benefits manager for information about their rights before and after such leave. You are entitled to reinstatement upon completion of military service provided you return or apply for reinstatement within the time allowed by law.

Military Spouse Leave

Employees who work more than 20 hours per week and have a spouse in the Armed Forces, National Guard or Reserves who have been deployed during a period of military conflict are eligible for up to 10 unpaid days off when their spouse is on leave from military deployment.

Employees must request this leave in writing to Human Resources within two business days of receiving official notice that their spouse will be on leave. Employees requesting this leave are required to attach to the leave request written documentation certifying the spouse will be on leave from deployment.

Jury Duty or Witness Leave

CPCA encourages employees to serve on jury selection or jury duty when called. Normal compensation will continue to be paid while serving up to a maximum of ten working days. You should notify your supervisor of the need for time off for jury or witness duty as soon as a notice or summons from the court is received. You may be requested to provide written verification from the court clerk of having served. If work time remains after any day of jury selection or jury or witness duty you will be expected to return to work for the remainder of your work schedule.

Domestic Violence, Sexual Assault or Stalking Leave and Accommodation

Employees who are victims of domestic violence, sexual assault and stalking are eligible for unpaid leave. While the leave is generally unpaid, employees can use their paid sick time under California's Healthy Workplaces, Healthy Families Act for the purposes described below.

You may request leave if you are involved in a judicial action, such as obtaining restraining orders, or appearing in court to obtain relief to ensure your health, safety, or welfare, or that of your child. Please

provide reasonable advance notice of the need for leave unless advance notice is not feasible. Contact your supervisor or Human Resources.

Employees who are victims of domestic violence, sexual assault or stalking and need a reasonable accommodation for their safety at work should contact Human Resources and discuss the need for an accommodation. If you are requesting such a reasonable accommodation, you will need to submit a written statement signed by you, or by an individual acting on your behalf, certifying that the accommodation is for the purpose of your safety at work.

For reasonable accommodation requests, the Association will also require certification demonstrating that you are the victim of domestic violence, sexual assault or stalking. The Association may request recertification every six months from the date of the previous certification. You should notify the Association if an approved accommodation is no longer needed.

The Association will engage in an interactive process with the employee to identify possible accommodations, if any, which are effective and will make reasonable accommodations unless an undue hardship will result.

California Primary Care Association will, to the extent allowed by law, maintain the confidentiality of an employee requesting leave or accommodation under these provisions.

~~**Domestic Violence Leave**~~

~~Employees who are victims of domestic violence are eligible for unpaid leave. You may request leave if you are involved in a judicial action, such as obtaining restraining orders, or appearing in court to obtain relief to ensure your health, safety, or welfare, or that of your child.~~

~~Employees should provide notice and certification of your need to take leave under this policy. Certification may be sufficiently provided by any of the following:~~

- ~~A police report indicating that the employee was a victim of domestic violence;~~
- ~~A court order protecting or separating the employee from the perpetrator of an act of domestic violence, or other evidence from the court or prosecuting attorney that the employee appeared in court; or~~
- ~~Documentation from a medical professional, domestic violence advocate, health care provider, or counselor that the employee was undergoing treatment for physical or mental injuries or abuse resulting in victimization from an act of domestic violence.~~

~~CPCA will, to the extent allowed by law, maintain the confidentiality of an employee requesting leave under this provision.~~

Victims of Crime Leave

Employees who are victims of a violent crime or relatives of victims may take time off from work to attend judicial proceedings related to the crime. Before you are absent for such a reason, you must provide documentation of the scheduled proceeding. Such notice is typically given to the victim of

the crime by a court or government agency setting the hearing, a district attorney or prosecuting attorney's office or a victim/witness office.

If advance notice is not possible, employee must provide appropriate documentation within a reasonable time after the absence.

Any absence from work to attend judicial proceedings will be unpaid, unless employee chooses to use accrued vacation.

California Primary Care ASSOCIATION

INFORMATIONAL

Date: May 4, 2017

To: Executive Committee

From: Carmela Castellano-Garcia

Re: Investment in creating a CHC-specific college / Partnership with NACHC and AT Still University

MEMORANDUM

I. Background

Aligned with CPCA's goal to foster beneficial relationships that help address the primary care workforce shortage specific to the safety net, CPCA has continued to facilitate ongoing discussions with Dr. Gary Cloud, Vice President of Strategic Partnerships at A.T. Still University, around new and innovative health center-specific education models. One particular educational model that has been routinely discussed is the *College for Health Communities & the Underserved*, or CHC-U. CHC-U is a nonprofit organization based out of Arizona and is a newly formed academic institution born out of a partnership between NACHC and A.T. Still University. Some of CHC-U's governing principles are outlined below:

- Access for CHC Employees and community members who are identified & engaged by CHCs.
- Health Center-centric learning that is competency-based and grounded in team-delivered, outcomes-focused, community-oriented primary care
- Centrally-coordinated content that is acquired & organized by service-committed administration, and locally delivered by trained, calibrated, and compensated practitioners & professionals who incorporate training into their practice
- Addresses dramatic shortage of the health center movement's critical resource of compassionate, community-minded, culturally-adept, health-center-ready healers

CHC-U's partnership with ATSU enables them to leverage ATSU's existing accreditation status and trusted health center-specific content expertise, and together they are looking for investments partners to obtain equity in CHC-U's first health professions workforce enterprise – a Physician Assistant program. CHC-U is poised to develop and offer this first program (slated to be located in the San Diego area) before the end of this decade.

II. Next Steps

CPCA staff recently met with Dr. Cloud to discuss CHC-U's needed investment of $2M, $500,000 of which has already been secured through NACHC. CPCA will continue discussions with CHC-U leadership and stakeholders, including Dr. Cloud and NACHC staff, to determine whether there exists a partnership opportunity between CHC-U and CPCA. CHC-U has suggested that CPCA become an investor in the College. Further information about a potential partnership and investment strategies will be brought to the Board of Directors in July.

California Primary Care ASSOCIATION

Discussion

Date: May 4, 2017

To: Executive Committee and Board of Directors

From: Carmela Castellano-Garcia

Re: CPCA Epic Partnership Development

MEMORANDUM

Executive Summary

CPCA is currently exploring development of a business partnership with Epic, the leading provider of Electronic Health Records software, to make this product more readily available to California Clinics and Health Centers.

CPCA believes this partnership has the potential to offer a variety of benefits to California CHCs, including:

- Providing a new option for CHCs to acquire the Epic product rather than to have it hosted by a hospital system or an out of state vendor, enabling CPCA members to use the Epic product while retaining full data ownership and control.
- Reducing the total cost of ownership through group purchasing, leveraging of potential philanthropic initiatives at Epic, and through potential interaction with other funders and funding mechanisms.
- Creating a California-specific instance of the Epic platform that will assist CHCs in meeting current Health Center needs (such as UDS and PCMH) while allowing us to more nimbly meet new needs (such as payment reform).
- Improving provider satisfaction with Electronic Health Records by providing the Epic platform, which is widely considered to be the best and most usable Electronic Health Record with the highest physician satisfaction scores.
- Creating a single point of integration for all CHCs that participate in the initiative. This would mean that a single hospital interface, for example, could support all CHCs that share patients with that hospital. The same would be true for labs, imaging, specialists, HIEs and RHIOs, and payers (claims data).

This memo provides a summary of CPCA and member findings after a site visit to Epic headquarters in early March, an analysis of member interest in the Epic platform based on a member survey conducted in early 2017, and a brief overview of key project planning next steps.

Epic March 2017 Site Visit and Executive Meeting

On March 3, 2017, a team of CPCA staff and member representatives spent a day meeting with Epic leadership and key staff members at Epic's corporate headquarters in Madison, Wisconsin:

> *California Primary Care Association attendees*: Carmela Castellano-Garcia, President and CEO, CPCA; Andy Principe, President, Starling Advisors; Anna Maria Izquierdo-Porrera, MD, CMO, BlueNovo; Mike Witte, MD, CMO, CPCA; Robert Beaudry, EVP/COO, CPCA; Roopak Manchanda, President, BlueNovo; Wunna Mine, CIO, Golden Valley Health Centers
>
> *Epic attendees*: Judy Faulkner, CEO; Bre Loughlin, RN, Clinical Informatics Nurse; Chad Sundell, Team Lead; Chris Mast, MD, Director; Jackie Gordee, Sales Executive; Jenna Timm, Executive Relationships and Customer Success; Joel Jones, PharmD, Population Health, Clinical Informatics; Matt Doyle, R&D Team Lead; Mike Neher, Technical Implementation; Mukesh Allu, Software Developer; Ryan Krause, Intern; Sean Bina, Vice President Access Application

CPCA onsite time with Epic was focused on understanding their FQHC-centric capabilities, organizational understanding of FQHCs and commitment and interest in FQHCs. The CPCA team's key takeaways are below, and the CPCA team felt after this site visit that Epic's evident commitment to FQHC providers as well as their demonstrated technical capacity supported continued exploration of this partnership opportunity.

- <u>FQHC Commitment and Feature Set</u>
    - *Commitment of Epic Leadership* - CEO (Judy Faulkner) spent several hours with the CPCA team, reiterated her commitment to FQHCs and the CPCA team felt she demonstrated a keen understanding of FQHCs
    - *Familiarity with FQHC needs* - Judy's husband, Dr. Gordon Faulkner is a practicing Pediatrician at Access Community Health FQHC in Madison, WI
    - *FQHC Content Knowledge:*
        - Epic presented a team of subject matter experts who focus on FQHCs
        - Among the discussions and overview were Epic dental capabilities (interface with Dentrix and a pre-built dental platform- Wisdom); behavioral health integration pre-existing with group visits and enhanced feature set in next release (next year) via a new module; sliding fee scale; and reporting support for UDS
        - CPCA team met Epic UDS product manager; Epic team has been supporting UDS for multiple years
        - The Epic product manager demonstrated UDS functionality now pre-built into Epic and is also participating in the Mitre HRSA workgroup to further automate UDS

- Continuity of Care
    - One of the key mission/belief/drivers for Epic is the development of a longitudinal care record and continuity of care between hospitals and ambulatory settings (patient-centric care)
    - Epic has made significant inroads on interoperability (via Epic Care Everywhere) with all Epic instances (databases) nationally interoperating. Epic does the address book management but patient portability is available across all Epic instances; Epic Care Link further enhances capability. They currently have interoperability working with eClinicalWorks, NextGen and several other EHR products
    - For a CHC not on a hospital-based instance, Epic understands and buys into how a CPCA Epic instance would enable interoperability with other Epic instances (locally and nationally) at hospital partners. This will be a significant positive impact on continuity of care for CHC patients

- Unified Single Instance (Database)
    - Epic is typically deployed as a single instance with personalization and branding features available at individual site levels
    - This approach has delivered significant value (total cost of ownership, return on investment) with customers in reduced deployment costs, reduced support and maintenance costs, standardization, single points of integration with 3rd party vendors such as labs, and improved fiscal metrics
    - This approach will also activate population health at all levels; Epic product Health Planet provides population health management
    - CHCs need to be aware of this approach as being quite different from how systems such as NextGen are implemented – this approach is more in line with how cloud based EHRs would be deployed in the future (very little customization available and large focus on personalization/configuration)

- Patient Engagement/Non-traditional touches
    - The Epic team demonstrated a feature rich mobile application and a web portal for patients (English/Spanish)
    - Telemedicine is integrated into the product and mobile platform (they mentioned more than 50% of Kaiser visits are done virtually since 2016.)

CPCA Member Interest in Epic Platform

As part of this partnership exploration, the CPCA team conducted a member survey from March 2017 through April 2017 to assess current EHR and HIT-related member needs, as well as specific interest in the Epic platform. Sixty-eight CPCA members completed the survey, and the responses indicate a prominent level of interest in the Epic platform as well as support for competitive pricing negotiated through CPCA. Key findings relevant to the Epic partnership exploration are included on the next page:

Level of Interest in Epic Platform:

Question	Percent of Respondents	Clinical Providers Represented (Total FTEs)
Considering replacing their Certified Electronic Health Record (CEHRT) at some point between 2017-2020	26% of total survey respondents	659
Considering Epic in some capacity, either in partnership with a local hospital, with OCHIN or by some other means	77% of respondents considering changing their CEHRT	626
Are interested, or possibly are interested in an Epic offering under terms negotiated through CPCA	38% of respondents considering a move to the Epic platform	535

Key Project Planning Next Steps

CPCA has engaged a multi-disciplinary planning team, including member representation from both Golden Valley Health Center and Shasta Community Health Centers. Key steps over the next six weeks include assessment of various business models, engaging legal counsel, initiating the negotiation process with the Epic team, assessment of potential impact on CPCA member key partners and providing detailed Epic capacity demonstrations to key member stakeholders. The CPCA multi-disciplinary planning team will meet bi-weekly to provide guidance as this process continues. The goal of our key steps would be to initiate a pilot with a health center or two to validate our business model.

A key planning step is assessing the optimal division of responsibility and support between the CHC, Regional Consortia, CPCA and Epic level. The planning group has drafted the initial roles and responsibilities outlined in the grid below:

Lead Entity	Epic	CPCA/Blue Novo	CHC/RAC

Activities	• Bug fixes
	• Upgrades/updates
	• Code changes
	• Vendor troubleshooting
	• Hosting issues
	• Ongoing support for implementations, including:
	  ○ Project management
	  ○ Train-the-trainer
	  ○ Go-Live support
		• Issue troubleshooting
		• System errors
		• Enhancement requests
		• Advanced configuration
		• Workflow changes & optimizations
		• Management of ongoing health center implementations
		• Ongoing trainings development and participation (as-needed)
			• Support could be either staffed or contracted (for example provided at a regional level)
			• User management
			• Break/fix
			• Login/Password Issues
			• Helpdesk – IT/laptop/computer
			• Internet/Wide Area Network connectivity
			• May provide ongoing refresher trainings, staff orientation onboarding training

California Primary Care Association

ACTION

Date: May 4-5, 2017

To: Executive Committee and Board of Directors

From: Carmela Castellano-Garcia

Re: Strategic Planning 2017-2020 Final Draft & Strategic Initiatives

MEMORANDUM

I. BACKGROUND

In February 2017, the CPCA and CaliforniaHealth+ Advocates governing boards came together for a day and a half retreat to review the research and analysis that formed the foundation of the Strategic Plan straw man, as well as to debate and revise the goals that will guide the Association's work through 2020. The attached Strategic Plan serves as the final draft that incorporates all governing board input and I respectfully ask for the Board's approval to adopt the Strategic Plan framework as submitted.

We are also asking for feedback around the Strategic Plan Initiatives attachment, which depicts the types of large scale programs, training and technical assistance initiatives that CPCA staff feel are aligned with the strategic goals and would support long term community health center (CHCs) sustainability and viability statewide.

As a reminder, once the plan is approved by the Board, the CPCA staff will create both detailed workplans and identify success measures that will help the Association determine success moving forward. The June Board meeting will be used to further analyze additional policy/advocacy issues that may impact the Strategic Plan, such as the May Budget revise, any additional information around the CHC funding fiscal cliff, or other state and federal policy/regulatory changes that should be addressed. In July, staff will submit for the Board's review and approval a high-level strategic evaluation plan and suggested outcomes reporting format.

II. RETREAT OUTCOMES

On February 23 & 24, the CPCA and Advocates Board came together in Napa, CA to provide input into the final draft of the 2017-2020 Strategic Plan. It is important to note that prior to the retreat, CPCA's Executive Committee requested an additional goal be added to the Strategic Plan straw man around advocacy. The resulting draft document, which served as the basis for retreat discussions, included the following content:

Strategic Bold Step: Community Health Centers ensure health equity for all people

- *Goal 1: Be a Leader for Health Access and Coverage*
- *Goal 2: Transform the Health System*
- *Goal 3: Develop a Robust CHC Workforce*
- *Goal 4: Demonstrate the Value Proposition of Community Health Centers*

Overall, participants agreed that the one Bold Step felt more like a vision than a "step," and requested that it be changed to a strategic vision statement. While participants agreed that each of the four Goals should, in fact, be priorities for the Association – there was overall consensus that they should be listed as "Bold Steps" rather than "Goals." Participants discussed the objectives listed under each former goal (not shown in this memo), all of which further defined the desired change CPCA would strive to achieve. Participants provided wordsmithing suggestions for these objectives, and once again suggested a change in terminology from "Objectives" to "Goals." At the end of the Retreat, Nancy Shemick reviewed the suggested changes and points of consideration, facilitated consensus among participants around the Strategic Plan framework, and tasked staff with aggregating all suggested revisions and putting together a final draft for Board review – which is attached and overviewed below.

Bold Vision: Advancing health equity for all people

- *Bold Step1: Be a Leader in Advocating for Health Access and Coverage*
- *Bold Step 2: Transform the Health System*
- *Bold Step 3: Cultivate a Robust CHC Workforce*
- *Bold Step 4: Promote the Value of Community Health Centers*

In addition to strategic plan discussions, both Burt Margolin and Peter Long spoke at the retreat. Burt spoke about today's political environment, underscoring the uncertainty of our political landscape. Peter talked about the importance of maintaining focus on future goals in spite of the uncertain times. A retreat evaluation reported that 100% of respondents felt that we "met" or "somewhat met" each stated retreat objective, with 100% of respondents stating that we "met" the objective of agreeing to a strategic plan framework. 91% of participants felt the speakers contributed to the strategic plan discussions, and they also rated the retreat venue 4 out of 5 stars. One key piece of feedback is to spend less time reviewing material/information that has already been shared and more time in interactive discussion and activity.

III. STRATEGIC INITIATIVES

At the conclusion of the retreat, staff were tasked with gathering all feedback collected during the retreat around potential activities and initiatives that would support strategic plan implementation. In addition to the collected feedback, staff also worked in small groups to identify programs or large-scale projects that should be considered when creating strategic plan work plans over the next three years. Attached to this memo is a list of those large-scale initiatives and a description of each. Being mindful that detailed work plans or a staffing analysis have yet to be completed as it relates to the resources it would take to undertake each endeavor, the ideas are being offer to the Board of Directors for input.

IV. DISCUSSION/ACTION ITEMS

1. Action Item – 2017-2020 Strategic Plan Approval
2. Strategic Initiatives Discussion
    a. Are there clarifications needed around the suggested Strategic Initiatives?
    b. Are there any additions or considerations staff should acknowledge as they create workplans around the Strategic Plan/Initiatives?

Attachments:

- ***2017 – 2020 Strategic Plan Final Draft***
- ***Strategic Plan Initiatives***

BOLD VISION

Advancing health equity for all people.

BOLD STEP 1 – BE A LEADER IN ADVOCATING FOR HEALTH ACCESS AND COVERAGE

Lead a state-wide advocacy agenda that supports a robust system of health for the communities we serve.

GOALS

1. In partnership with the Regional Associations of California, build advocacy strategies that are executed with clear and effective messaging
2. Lead, build, strengthen and expand coalitions and partnerships that advance health center advocacy agency.
3. Facilitate the development of a culture of advocacy in community based health centers
4. Partner with the California Health+ Advocates to strengthen their capacity and influence to effectively advocate for polices that enable CHCs to make their communities healthier.
5. Lead state-wide dialogue and initiatives that promote continued outreach, enrollment and eligibility activities that ensure coverage and care for all.

BOLD STEP 2 – TRANSFORM THE HEALTH SYSTEM

Advance health system transformation at the national, state, and local levels to promote health equity for all.

GOALS

1. Identify and facilitate learning around innovative approaches to delivering highly effective and efficient care.
2. Build and strengthen integrated delivery networks and bridge gaps across siloed delivery systems to advance the health outcomes of communities.
3. Increase advocacy around issues related to social determinants of health that affect the health outcomes of CHC patients.

BOLD STEP 3 – CULTIVATE A ROBUST CHC WORKFORCE

Support the development of a strong healthcare workforce that is responsive to and reflective of California's diverse communities.

GOALS

1. Promote the visibility of community based primary care workforce.
2. Advance resources and support for primary care provider/staff training.
3. Expand opportunities to support community members entering the health care workforce.
4. Position CHCs as employers of choice.
5. Grow and diversify health professions to better reflect California's diverse communities.
6. Reduce the barriers associated with hiring primary care providers

BOLD STEP 4 –PROMOTE THE VALUE OF COMMUNITY HEALTH CENTERS

Identify and articulate a shared vision promoting the value of community health centers to California communities and the health system as a whole.

GOALS

1. Support CHC's ability to enhance internal cultures of quality and make strategic, data-informed decisions regarding operations and care delivery.
2. Create a shared CHC "value vision" that underscores the important role of community health centers in affecting population health and social determinants of health.
3. CHCs have the necessary skills and resources to influence and forge partnerships that impact community health.

Strategic Plan Initiatives 2017-2020

BOLD VISION

Advancing health equity for all people.

Bold Initiatives

BOLD STEP 1 – BE A LEADER IN ADVOCATING FOR HEALTH ACCESS AND COVERAGE
Lead a state-wide advocacy agenda that supports a robust system of health for the communities we serve.

BOLD INITIATIVES

- **CaliforniaHealth+ Advocates – Advocacy Capacity:** Continue to develop and grow the advocacy capacity and influence of both CaliforniaHealth+ Advocates, as well as member organizations, to ensure the highest impact possible.
- **CaliforniaHealth+ Advocates – Political Capacity:** Continue to plan for and enhance Advocate's political capacity to engage political candidates, fundraise for political efforts, and make meaningful contributions that support health center success.

BOLD STEP 2 – TRANSFORM THE HEALTH SYSTEM
Advance health system transformation at the national, state, and local levels to promote health equity for all.

BOLD INITIATIVES

- **Alternative Payment Methodology Pilot (APM):** Continue with APM development and implementation, while exploring alternatives to PPS
- **Expanded System Delivery Technical Assistant Program**: CPCA to create educational opportunities and resource guides that support community health center's primary care delivery within MediCare, allowing health centers to proactively manage their again patient populations. This would include the possibility of creating a Chronic Care Management technical assistance and support program that would allow health centers to positively affect patient health outcomes and position them to take advantage of MediCare managed care supplemental resources that support chronic care management efforts.
- **Stronger Statewide EHR Vendor Relationships**: Strengthen EHR/HIT vendor relationships that support CHCs data aggregation and reporting capacity including the potential of offering a CHC-specific EHR integrated HIT solution with support and training.

DRAFT

Strategic Plan Initiatives 2017-2020

BOLD STEP 3 – CULTIVATE A ROBUST CHC WORKFORCE

Support the development of a strong healthcare workforce that is responsive to and reflective of California's diverse communities.

BOLD INITIATIVES

- **Coordinate Statewide Workforce Policy Agenda:** Serve as the coordinating force behind a multi-stakeholder workforce policy discussion that results in statewide workforce policies and strategies that address primary care workforce shortages and support innovation in health care workforce solutions.
- **CHC Academy**: In partnership with subject matter experts and other health care delivery partners; CPCA to create an online training and learning system. This training and learning management system would expand access to existing medical training options by creating content specific to the unique staff development needs of CHCs, and allow health center leaders to accelerate the development of well-trained staff, particularly in areas where there are shortages of qualified people to fill critical roles.
- **Employer of Choice Campaign**: CPCA to identify best practices around, and develop program development guides for, effective recruitment, retention and staff development strategies. CPCA to further support workforce recruitment and retention efforts by promoting a statewide ***Employer of Choice*** branding campaign with pipeline partners, employers and other important stakeholders.
- **CHC Leadership Development & Innovation Program:** CPCA to identify the core tenants of health center innovation and success going into a new era of primary care delivery, and create a dedicated website and technical assistance program for health center CEOs.

BOLD STEP 4 –ARTICULATE THE VALUE OF COMMUNITY HEALTH CENTERS

Identify and articulate a shared vision promoting the value of community health centers to California communities and the health system as a whole.

BOLD INITIATIVES

- **Capitation Payment Preparedness Program (CP3)**: Continue to develop the APM technical assistance and training program, and leverage the work to articulate the impact health centers are having around health system delivery transformation.
- **CaliforniaHealth+:** Continue to expand the CHC brand by exploring brand standards, continuing to work on the value of the brand and what it does for health centers, increasing the number of health centers who have adopted the brand, and by leveraging the brand activities to support an Employer of Choice Campaign (Bold Step 3 Initiative)
- **Quality Improvement & HIT Management+ Program**: To create a statewide quality improvement framework offered through both cohort-based and individual technical assistance offerings, that would help health centers develop and maintain quality assurance and quality improvement programs that continuously assesses clinical services, operations and management needs.

DRAFT

Clinicians Committee

Friday, May 5, 2017

8:30 a.m. – 10:00 a.m.

Anitha Mullangi, Chair

Ellen Piernot, Co-Chair

ORDER OF BUSINESS		RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I.	Call to Order		Ellen Piernot	A
II.	Approval of Agenda		Ellen Piernot	A
III.	Approval of Minutes		Ellen Piernot	A
IV.	CMO Report	• Memo	Mike Witte	I
V.	Legislative Update	• Refer to Legislative Committee Packet	Beth Malinowski	I
VI.	Workforce Update	• Refer to Workforce Committee Packet	Nataly Diaz	I
VII.	Integrated Care—Dental and Behavioral	• Memo	Allie Budenz and Emili LaBass	I
VIII.	CP3/Managed Care/Data	• Memo	Cindy Keltner	I
IX.	Vaccine for Adults Program CDPH program update	• Guest Speaker and Discussion	Nisha Gandhi	I/D
X.	Adjourn			A

CALIFORNIA PRIMARY CARE ASSOCIATION
CLINICIANS COMMITTEE
January 13th, 2017
8:30am-10:00am

Members: Anitha Mullangi, Chair, Deb Farmer, Cathy Frey, Deborah Lerner, Danielle Myers, Ellen Piernot, Graciela Soto-Perez, Dean Germano, Doug Lewis

Guests: Nik Gupta, Zettie Page, Kazme Shibata, Marty Lynch, Alex Armstrong, Christine Velasco, Doreen Bradshaw, Scott McFarland, Heather Lucas-Ross, Tim Rine, David Vilet, Ben Flores, Richard Velos

Staff: Carmela Castellano, Garcia, Dr. Mike Witte, Lucy Moreno, Tina Canupp, Emili LaBass, Beth Malinowski, Nataly Diaz, Val Sheehan, Charlotte Reische, Ginger Smith, Jodi Samuels, Allie Budenz, Victor Christy, Shadi Kanaan, Andie Patterson, Nenick Vu, Jana Castillo, Tiffany Ruvalcaba

I. Call to Order
Anitha Mullangi, Chair, called the meeting to order at 8:33am.

II. Approval of Agenda
A motion was made to approve the agenda as presented. **The motion carried. (Hayes-Neutra, Myers)**

III. Approval of Minutes
A motion was made to approve the minutes of October 26th, 2016. **The motion carried. (Myers, Hayes-Neutra)**

IV. Clinicians Peer Network Development
Mike Witte discussed the need to establish a formal training program spearheaded by CPCA but partnered with outside establishments. Further development to be discussed after more discussion with Kaiser program currently in the works for virtual mentoring.

V. CPCA CMO Report
Mike Witte reviewed his CMO report with priorities of focus being workforce, provider and employer choice, and increasing outreach to safety-net clinicians.

VI. Medicaid Threat and APM
Andie Patterson discussed the governor's budget cuts and possible impacts the repeal of the ACA may have on CPCA and our members. Urged everyone to stay involved and contact representatives to show need for ACA to remain in place.

VII. CP3 & Data Report
Lucy Moreno provided an update on the 73 sites currently participating in the CP3 program, as well as data collected for the hot topic of social determinates of mental health with 180% increase in mental health issues.

VIII. Integrated Care- Dental/Behavioral
Emili LaBass and Allie Budenz provided update on MFT as a billable provider will not be happening until July 1, 2018. There is also an idea circulating for MD pediatrics to train for dental health.

IX. Legislative Update
Beth Malinowski provided a brief update and notified everyone interested to participate in weekly update

calls every Tuesday at 11am to keep up with new changes to policy and proposed legislature.

X. Workforce Update

Nataly Diaz gave a brief update on workforce and the upcoming priorities for the 2017 year.

XI. Kim Kirchmeyer, Executive Director, California Medial Board

Guest Speaker Kim Kirchmeyer discussed the current process for licensing and how to expedite the process by ensuring complete submissions are made. She informed the group of the update of CURES program to eliminate abuse of prescription drugs and the penalties involved if not adhered to.

XII. Updates: Future Conferences and Trainings

Mike Witte reminded group of upcoming conferences and events including the WCN Region IX Clinical excellence conference in June on Maui, HI.

XIII. Adjourn

The meeting was adjourned at 10:05am.

Respectfully submitted,
Janelle Mollgaard, Meeting Minutes Recorder

IMPORTANT:

HOLD THE DATES: JUNE 4-6 for REGION 9 CLINICAL EXCELLENCE CONFERENCE:

On Maui, Hawai'i:
https://www.cpcaevents.org/CPCA/Reg/Event_Display.aspx?EventKey=2WCN2017&WebsiteKey=1f7852c8-9d58-4f9c-a348-037713bc8b3d

DATE: May 5, 2017

To: Clinicians Committee

From: Dr. Mike Witte

Re: CMO Quarterly Report

CMO Guiding Principle:

Working together, each member organization, each consortium, and CPCA—can strategically manage our opportunities to move our Health Centers to become centers of excellence in this new world of primary healthcare, and community health.

Priorities:

- **Workforce:**
  - Pipeline development of our future healthcare teams.
  - Building teams for the future primary care workforce.
- **Provider and Employer of Choice:**
  - Recruiting, Training, and Retaining the best workforce under a value-based care model of work.
- **Increasing Outreach To Safety-Net Clinicians:**
  - Develop meaningful involvement of enhanced numbers of safety net clinicians in health center and health system transformation.

Priorities and Directions for 2017:

1. Develop the concept of a **Clinician Peer Network**, as an expansion of the concept of the Clinicians Committee of the Board.
   a. Expand the clinician data base.
   b. Define our "universe" of clinicians. How do we define clinicians as we evolve into team care?
   c. Are there caucuses to identify? RN/PA/NP/MD/etc. that meet separately?
      i. Identify Clinician Leaders: Behavioral, Dental, Medical, Specialty Services
      ii. Reach out to and meet with Clinical Leaders in the Regional Associations.
      iii. Enhance networking possibilities: conferences, in-the-field outreach, webinars, etc.
2. Determine priorities and develop trainings and other ways to reach out to clinicians.
3. Work in partnership with State AHEC to further support the 13 regional AHECs.
4. Establish and/or support existing MA training/certification programs.
5. Survey and categorize best practices in behavioral health integration.
6. Survey and categorize best practices in dental and oral health integration.

7. Develop new workflows with providers in CP3 pilots.
8. Incorporate Social Determinants of Health into primary care:
    a. Best practices in working with Community Based Organizations.
9. Survey best practices in the use of scribes. Consider the development of a Scribe Academy.
10. Develop Shared Decision-making training, using the principles developed in the workshops developed by AHRQ.
11. Support Motivational Interviewing Training.
12. Develop New Partnerships/relationships in the primary care world:
    a. Who are our potential partners: State Agencies: DHCS, DMHC, CDPH, MBC, BRN
    b. CMA, CAFP
    c. Sutter Medical Foundation, Dignity, Et Al.
    d. Kaiser
    e. Academic Centers: UCSF, UC Davis
    f. Weitzman Institute
13. Work toward development of a training Academy at CPCA, to make workforce training available to all CPCA member organizations and their staff.

Activities during this past quarter :

- **Sutter Medical Foundation:** Developing "straw man" partnership, using complicated diabetes patient management, in providing enhanced care, with development of shared savings in Managed Care MediCal patients.
- **AHEC/CPCA partnership:** CPCA has signed a partnership agreement with the State AHEC and is working actively with their staff to enhance the relationship and funding opportunities for the 13 regional AHECs.
- **Kaiser Medical School:** I have participated in several meetings with the Kaiser team developing the curriculum for the Kaiser Medical School, to open in Pasadena in 2019. The Study group is reviewing the elements of student selection and curriculum required by Accrediting bodies.
- **OHE meeting:** I am continuing to meet regularly with CDPH Office of Health Equity Advisory Committee. This is large diverse group from around California that meets quarterly to investigate ways to improve equity for all populations in California, with an emphasis on underserved and at-risk communities and people of color. This group naturally works on social determinants of health as its core strategy.
- **MediCal P4P Committee:** The Integrated Health Association facilitates and organizes regular meetings among MediCal Managed Care Organizations, State Agencies, and Chief Medical Officers who meet regularly to reach agreement on "Core Measures" for Quality Incentives for MediCal Managed Care. The payers have agreed on nine core measures and are developing supplemental and "developmental" measures to continually assess and re-assess value as measured in risk-adjusted outcomes.
- **CMA Mode of Practice Forum:** I am working with staff and with CMA's VP of Strategic Development to evaluate the possibility of increasing membership in CMA among our physicians, with the intention of development of a Mode of Practice for CHC physicians within CMA. We are planning a meeting in San Diego to see if there is an appetite for a pilot program among organizations in the San Diego Regional Association.
- **DMHC Committee on Unified Provider Directory:** Multi-stakeholder group of providers and payers to develop a standardized directory for all NPI-identified providers in California. Legislated under SB 137 of 2016 as an undertaking required of Blue Shield by CDI to allow them to become a Managed Care MediCal provider.

- **CCHP Group to develop eConsult in Primary Care:** Group meets regularly to develop to evaluate and develop best practices in eConsult models and payment.
- **Palliative Care Workshop:** Part of three person Palliative Care Faculty for a day-long Pre-Conference conducted by CAFP on April 7.
- **Region 9 Clinical Excellence Conference:** The agenda for the (HRSA) Region 9 Clinical Conference on Maui is nearly complete. This will be a dynamic and very worthwhile conference for clinicians and CHC leaders alike.

INFORMATIONAL

Date: May 5, 2017

To: Clinicians Committee

From: Allie Budenz, Associate Director of Quality Improvement of Health Center Operations, Emili LaBass, Senior Program Coordinator of Health Center Operations

Re: Integrated Care Memo

MEMORANDUM

2017 Integrated Care Summit

CPCA third Integrated Care summit is fast approaching! This summit will focus on transforming how primary, dental, behavioral health clinician's work together with the goal of providing administrative and clinical leadership personnel with opportunities, ideas, and resources to improve the integration of these components of patient care. For the past two years, ICS has sold out early in registration cycle. Registration for this year's event is nearly at capacity at the time of writing.

California Oral Health Network

In March, CPCA submitted an application for an oral health grant jointly funded by the DentaQuest Foundation and the California Wellness Foundation. This grant would provide up to three years of continuous funding for an entity to coordinate a statewide oral health coalition – the California Oral Health Network. Status and notification of award are pending.

The need for a California Oral Health Network has emerged from a nationwide conversation on oral health, which acknowledged that the system of healthcare we have in place today is not working for people's overall health and wellbeing, and that it is time to work together to build a new future. The network will enable agents of change – including policymakers, providers, public health activists, and grassroots organizers - to come together to create the changes we want to see and advance our shared oral health goals.

Behavioral Health

CPCA is re-engaging the Behavioral Health Work Group as a place to provide recommendations on policy and legislation related to behavioral health. Regular BHWG meetings will piggy-back off the quarterly Behavioral Heath Peer Network (BHPN) meetings. BHPN members are encouraged to contribute to the WG meetings and BHPN will continue to be a place to consider operational best practices and provide time for peer to peer exchange.

Additional updates on behavioral health policy and practice developments can be found in the Government Programs packet. Topics included in Government Affairs packet are:

- 42 CFR Part 2 (Confidentiality Rule) Final Rule
- Proposition 64, Adult Use of Marijuana Act

- SB 323
- MHSA Innovations and PEI regulations
- Drug Medi-Cal Organized Delivery System Waiver Developments

Patient Centered Medical Home

Health centers are working diligently to become recognized under the NCQA 2014 standards before the September 2017 submission deadline so they can eventually take advantage of 2017 standards streamlined renewal process. CPCA has fielded a number of questions from members asking for support in navigating the NCQA process. The majority of sites are on the June 31st recognition deadline to meet the HRSA 2016 supplemental award requirements.

Due to the HRSA supplemental funding, NCQA appears to be inundated with Health Centers seeking recognition. Some health center grantees have not yet received their application survey tool from NCQA and also can't take advantage of the mock survey. Mock Surveys are put on hold due to lack of NCQA reviewer availability.

PCMH supplemental awardees should keep their HRSA PO's updated of their timelines and delays.

California Primary Care Association

INFORMATION

Date: April 20, 2017
To: Clinicians
From: Lucy Moreno, Data Informatics
Allie Budenz, Associate Director-Quality Improvement
Nenick Vu, Associate Director-Managed Care
Cindy Keltner, Deputy Director-Health Center Transformation
Re: CP3 Update: Payment Reform Readiness

MEMORANDUM

I. State Update

In the fall 2016, the State Department of Health Care Services (DHCS) submitted a concept paper to CMS to begin the Alternative Pilot Methodology (APM) State Plan Amendment (SPA). Although DHCS and CMS continue to have conversations, the speed of the review has been slowed down due to change in administration. We continue to await sign off from CMS to begin the SPA negotiations in California. The pilot is currently set to launch in January 2018.

II. Technical Assistance

Non-Traditional Touches

In collaboration with CP3 organizations, CPCA narrowed down a list of over 300 potential codes document non-traditional touches or services to only 150 codes. CPCA has contracted with an expert certified coder who is reviewing the codes and identifying the fewest quantity of codes that will document the breadth and depth of services. The further analysis should be completed by the end of May, 2017 at which time we plan to share the list with CP3 sites to conduct a final review prior to sending to DHCS.

Managed Care

CPCA worked with Manatt to solicit targeted input from subject matter experts and key stakeholders (including two meetings with CP3 pilot sites) in the development of a managed care curriculum. We identified six operational areas to offer training that will enhance health centers' readiness to be successful in payment reform. These trainings will be delivered in a series of sessions (each offered in both Northern and Southern CA) that will bring together interdisciplinary clinic teams. The idea is that health centers bring key members of the team and take lessons and action plans back to the site/organization for implementation and to refine processes. The trainings will start in June and go through September.

Meetings with Health Plans:

CP3 met with Molina's policy and administrative staff on January 25, 2017. CP3 gave an overview of APM Pilot timeline, as well as received updates regarding Molina's preparation efforts. Molina has assigned a staff member to specifically work with pilot sites and is interested in developing standardized templates for encounter data, non-traditional touches, enrollment reports, and patient assignment.

As part of CPCA's biannual meetings with Anthem health plan, CP3 gave an overview of the APM Pilot on March 21, 2017 as well as a list of the pilot sites in the CP3 program.

In the next few months, CP3 will work with Central Valley Health Network to hold meetings between pilot sites, IPAs, and other health plans to ensure effective coordination in the Central Valley. CP3 is also in the process of coordinating with the Community Clinic Association of Los Angeles County to hold an APM Pilot meeting in the late spring/early summer between health plans, IPAs, and pilot sites in Los Angeles County. Efforts are also underway to begin scheduling a follow up meeting for San Diego County and its health plans with Integrated Health Partners.

Monthly CP3 site check-ins

CP3 staff as well as RAC coaches (where applicable) continue to meet monthly with each pilot site to review progress and identify areas where additional support is needed. Although there is a shift in priorities in the current administration, the site check-ins have confirmed that there is still a huge interest in sites preparing for new payment changes that are to come.

Social Determinants of Health (SDOH)

As a part of our technical assistance for preparedness for payment reform we are forming a small advisory group to support work around Social Determinants of Health (SDOH) in the APM. The advisory group will work with staff to recommend strategies the CP3 Team will prioritize in supporting our APM sites to better assess and address SDOH. CP3 will be working with the pilot sites with the goal of sharing SDOH information and resources initially with other sites in the pilot but ultimately share lessons learned with the entire CPCA membership.

The CP3 team, in collaboration with NACHC, AAPCHO and regional association consortia's, are working on the PRAPARE implementation grant funded by Blue Shield. CP3 lead, Lucy Moreno participates in the project planning calls and will be largely involved in scanning of the SDOH collection efforts across CP3 sites that are outside of the project Consortia. There are 8 health centers participating in this pilot, of which 5 of those clinics are also participating in the CP3 project.

Health Information Technology and the Electronic Health Record (EHR)

CPCA's Capitation Payment Preparedness Program (CP3) recognizes the ongoing need for fostering a collaborative approach with EHR vendors to prepare them to meet the new functional requirements and move in the direction of payment reform. On April 6, 2017, the CP3 team organized a meeting in conjunction with CPCA's CFO and Billing manager conference. Registered CFO's and EHR vendor contacts participated in the CP3 discussion on capacity of their EHR's to facilitate a smooth transition to implementation of the payment reform pilot. At present, CP3 team is working to schedule a follow up meeting so that CP3 sites and consortia's may bring additional staff and departments to participate in this discussion.

III. Hand Out(s)

- None

Discussion

Date: April 24, 2017

To: Clinicians Committee

From: Lucy Moreno, Data Informaticist

Re: Data Capacity for California Clinic and Community Health Centers

MEMORANDUM

I. Background

CPCA continues to encourage CCHC's to take advantage of their data to better tell their story and demonstrate their value. CPCA is continuing to work on the data capacity that will guide health centers to more accurately manage and analyze health center data.

II. Data Capacity

Training and technical assistance

CPCA has engaged in conversations with several consortia's to discuss the local data and quality capacity as well as identifying the state needs on these topics. We plan to meet with all consortia's across the state to ensure we have accurate representation of all. We have had very fruitful discussion and will be aggregating this information upon meeting with all consortia's. Using this information we plan to identify a strategy to move forward with the data and quality capacity at CPCA.

CPCA hosted the first Azara DRVS user group on February 13, 2017. During this meeting, 22 users participated in the discussion. The meeting covered topics such as software updates and training. In addition, two member clinics provided best practices to the users in the group. These users covered the details on their progress for improving clinical quality measures and empanelment with the use of DRVS.

Value Based Care

CPCA's Capitation payment preparedness program (CP3), continues to work on preparing clinics o readiness for payment reform. CPCA's data capacity allows for data collection of important measures to transition from volume to value based care. Currently, CPCA is working through its value-based care pilot on alternatives for care via non-traditional services. CPCA has contracted with an expert coder to provide a further analysis of the nontraditional touches. This will provide us with a summary of codes in which we will be providing to CP3 clinics for review and eventually to the state.

Some of the non-traditional services include, but are not limited to: email/phone/group/wellness visits/home visits, case management or nurse advice line. Non-traditional services allow the use

of care teams operating at the top of their license to provide high value care and improve patient engagement and outcomes. Currently, the non-traditional encounters will not be billable, however the value they bring to community health centers is of upmost importance to provide value based care. In order for our value-based care to literally show value, these encounters must be measured and value placed on them. CPCA will work with our pilot sites to learn how they are providing non-traditional services to enhance the value of the care provided to their patients.

Finance Committee

Friday, May 5, 2017
9:30am – 10:00am
Kevin Mattson, Chair

CPCA Finance Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Kevin Mattson	I
II. Approval of Agenda		Kevin Mattson	A
III. Approval of Minutes	• January 12, 2017 • April 17, 2017 (Budget)	Kevin Mattson	A
IV. Approval of Financials	• Financials ending February 28, 2017	Sandy Birkman	A
V. Financial Policies	• Financial Policies & Procedure Manual	Sandy Birkman	A
VI. Other Business		Sandy Birkman	I
VII. Adjournment		Kevin Mattson	A

CALIFORNIA PRIMARY CARE ASSOCIATION

FINANCE COMMITTEE
January 12, 2017

Committee Members Present: Kevin Mattson, Chair, Cathy Frey, Nik Gupta, Graciela Soto-Perez, Mary Szecesey, Ben Flores, Naomi Fuchs

Staff: Carmela Castellano-Garcia, Sandy Birkman, Janelle Mollgaard, Deb Roth, Mike Witte, Meghan Nousaine, Tina Cannupp, Lucy Moreno, Charlotte Reische, Shadi Kanaan, Emily Shipman, Nataly Diaz

I. Call to Order

Kevin Mattson, Chair, called the meeting to order at 8:02 am.

II. Approval of Agenda

A motion was made and seconded to approve the agenda as presented. **The motion carried.** (Szecesey, Gupta)

III. Approval of Minutes

A motion was made and seconded to approve the minutes of July 14, 2016 as presented. **The motion carried.** (Szecesey, Gupta)

IV. Approval of Financials

A motion was made and seconded to approve the financials ending May 31, 2016. **The motion carried.** (Gupta, Farmer)

V. Other Business

Birkman provided an overview of expectations of income and expenditures for the coming year, and notified all of completion of audit and healthy finances.

VI. Adjournment

Business being concluded, a motion was made to adjourn at 8:15am.

Respectfully submitted,

Janelle Mollgaard
Recording Secretary

CALIFORNIA PRIMARY CARE ASSOCIATION

FINANCE COMMITTEE
April 17,2017

Committee Members Present: Kevin Mattson, Chair, Tony Ballstreri, Nik Gupta, Stephanie Robertson, Mary Szecsey

Staff: Robert Beaudry, Sandy Birkman

I. Call to Order

Kevin Mattson, Chair, called the meeting to order at 1:00pm

II. Approval of Budget FY 17/18

Sandy presented the budget for CPCA, CaliforniaHealth Plus Advocates, and CPCA Ventures answering questions as it was reviewed.

A motion was made and seconded to recommend approval of the budget FY 17/18 as presented. The motion carried. (Gupta/Szecsey)

III. Adjournment

A motion was made to adjourn the meeting at 1:23pm. The motion carried. (Gupta/Szecsey)

Respectfully submitted,

Sandra S. Birkman
Director of Finance & Operations

TOTAL ORGANIZATIONAL BUDGET											
4/1/17 - 3/31/18											
CPCA, ADVOCATES, VENTURES											
			CPCA		**CA Health+ Adv**		**Ventures**		**TOTAL BUDGET**		**PRIOR YEAR**
	INCOME										
1	Membership Dues		$ 1,962,500		$ 587,500				**$ 2,550,000**		$ 1,950,000
2	Conference		$ 800,000						**$ 800,000**		$ 550,000
3	Miscellaneous		$ 68,200		$ 300,000		$ 200,000		**$ 568,200**		$ 577,500
4	Annual Sponsorship		$ 217,600						**$ 217,600**		$ 240,000
5	Training Income		$ 815,000						**$ 815,000**		$ 700,000
6	Clinic Operations Support		$ 671,500						**$ 671,500**		$ 650,000
7	Bureau Grant		$ 2,889,496						**$ 2,889,496**		$ 2,889,496
8	State Funding		$ 310,000						**$ 310,000**		$ 250,000
9	Foundation Grant		$ 2,647,469						**$ 2,647,469**		$ 2,092,096
10	Anticipated Other Funding		$ -		$ -		$ -		**$ -**		$ 203,665
11	**TOTAL INCOME**	90.52%	**$ 10,381,765**	7.74%	**$ 887,500**	1.74%	**$ 200,000**		**$ 11,469,265**		$ 10,102,757
	EXPENSES										
12	Personnel	92.94%	$ 4,364,065	4.52%	$ 212,154	2.54%	$ 119,239		**$ 4,695,458**		$ 4,348,283
13	Fringe		$ 1,151,341		$ 55,160		$ 31,002		**$ 1,237,503**		$ 1,130,554
14	Occupancy		$ 345,290		$ 15,000		$14,710		**$ 375,000**		$ 375,000
15	Building Repair/Maintenance		$ 8,842				$6,158		**$ 15,000**		$ 15,000
16	Communications		$ 49,176		$ 1,074		$750		**$ 51,000**		$ 50,000
17	Postage & Delivery		$ 9,000						**$ 9,000**		$ 14,400
18	Supplies		$ 85,486		$ 4,200		$2,250		**$ 91,936**		$ 85,000
19	Printing		$ 47,650		$ 7,500		$1,000		**$ 56,150**		$ 52,500
20	Equip Main/Rental		$ 27,811		$ 1,020		$1,169		**$ 30,000**		$ 30,000
21	Small Equipment		$ 27,500						**$ 27,500**		$ 30,000
22	Insurance		$ 18,000		$ 1,000		$1,000		**$ 20,000**		$ 20,000
23	Dues/Licensing		$ 15,418		$ 4,000		$582		**$ 20,000**		$ 31,525
24	Subscriptions/Publications		$ 42,775		$ 16,500		$1,225		**$ 60,500**		$ 70,000
25	Temp Staff (interns)		$ 35,000						**$ 35,000**		$ 30,000
26	Audit/Accting/Paypal		$ 35,500		$ 2,250		$2,250		**$ 40,000**		$ 37,500
27	Legal Services		$ 7,500		$ 2,500				**$ 10,000**		$ 10,000
28	Board of Directors		$ 70,000		$ 5,000		$5,000		**$ 80,000**		$ 60,000
29	Travel & Registration		$ 222,718		$ 1,500		$5,000		**$ 229,218**		$ 225,000
30	Meetings & Trainings		$ 255,000		$ 20,000				**$ 275,000**		$ 220,000
31	Staff Development		$ 45,000						**$ 45,000**		$ 25,000
32	Marketing/PR		$ 100,000		$ 150,000				**$ 250,000**		$ 100,000
33	Annual Conference		$ 590,000		$ 10,000				**$ 600,000**		$ 350,000
34	Consultants		$ -								
35	Internal IS		$ 163,835		$ 7,500		$8,665		**$ 180,000**		$ 170,000
36	Legislative		$ -		$ 348,000				**$ 348,000**		$ 264,000
37	Strategic Plan Support		$ 300,000						**$ 300,000**		$ 250,000
38	Policy/Legal		$ 216,858		$ 23,142				**$ 240,000**		$ 200,000
39	Clinic Ops		$ 690,000						**$ 690,000**		$ 924,400
40	Health Center Library		$ -						**$ -**		$ 40,000
41	Training/Technical Assistance		$ 763,000						**$ 763,000**		$ 400,000
42	Organizational Development		$ 35,000						**$ 35,000**		$ 35,000
43	Bad Debt		$ 5,000						**$ 5,000**		$ 1,000
44	Subcontracts		$ 550,000						**$ 550,000**		$ 292,500
45	Loan Interest		$ -						**$ -**		$ 8,275
46	**TOTAL EXPENSES**		**$ 10,276,765**		**$ 887,500**		**$ 200,000**		**$ 11,364,265**		**$ 9,894,937**
47	Principle on Bldg		$ 105,000						**$ 105,000**		$ 105,000
48	**TOTAL CASH NEEDED**	**90.00%**	**$ 10,381,765**	**7.50%**	**$ 887,500**	**2.50%**	**$ 200,000**		**$ 11,469,265**		**$ 9,999,937**
49	Depreciation		$ 305,000						$ 305,000		$ 305,000
50	**Reserve/(Loss)**		**$0**		**($0)**		**$0**		**$ -**		**$ 102,822**

California Primary Care Association
CaliforniaHealth Plus Advocates
CPCA Ventures
CPCA 2017/2018 BUDGET
NOTES

The information on the budget covers three corporations. There is one total column for CPCA, one total column for CaliforniaHealth Plus Advocates, one total column for CPCA Ventures, and a combined column along with total for the prior fiscal year.

1 **Membership Dues:** Includes anticipated income from dues with 25% going to Advocates and the remaining 75% remaining with CPCA. This is the second of three increases for dues. The maximum dues amount is at $24,000.

2 **Conference:** Includes income from registration fees, vendors, and sponsorships specifically for the annual conference. This is at where we actually were last year.

3 **Miscellaneous:** Includes income from interest from bank accounts and the loan program, income received from other entities for administrative support (ie RAC, WCN, CalHIPSO), and support from CPCA to Advocates.

4 **Annual Sponsorship:** Includes income generated from vendors for combined sponsorship of several events. It also includes license fees from CaliforniaHealth+.

5 **Training Income:** Fees charged for training partially cover the direct costs of the individual training sessions, on-line conferences, and boutique events based on member services department plans. The Region IX Clinical Excellence Conference is a large new event this year.

6 **Clinic Operations Support:** This includes revenue from toolkits, Health Center Careers, PCHH fee-for-service, Grant Tracker, Salary Survey, and Revenue Cycle Management, DRVS, Seamless, Blue Novo, Care Message, and Pointcare.

The above six types of income are what is considered “discretionary income” as there are only internal deliverables – not grant imposed deliverables. 14 staff are supported by this income in CPCA. An additional 3.4 staff are supported by this income in Advocates and Ventures.

7 **Bureau Primary Health Care Grant**: The Bureau has awarded us flat funding for the last several years. This Bureau awards funding to PCAs to provide training and technical assistance in fiscal and program management to 330 health center program grantees to assure that they meet program requirements. It also includes funding for training and technical assistance inpatient care, clinical, and financial performance to assure performance improvement with grantees. CPCA is required to complete a training and technical assistance needs assessment, track technical assistance to health centers, complete work supporting special populations including farmworker health. CPCA must also assist in collaboration among health centers and other safety net providers. Work also must be done in providing training and technical assistance to newly funded health centers and CPCA must be a resource or clearinghouse for information for all 330 funded

health center grantees. This funding supports approximately 19.3 FTE and amounts to 25% of the total budget.

8 State Funding:

California Department of Public Health: This three year grant allows CPCA to function as a disaster preparedness liaison to provide outreach to community clinics and health centers on emergency preparedness, and to develop and implement disaster preparedness training material and resources. The State increased our funding by about $60K this year. This funding supports 3.4 FTE and is approximately 2.7% of the total budget.

9 Private/Foundation Grants:

Blue Shield Foundation: Core/Annual Conference/CP3 This is a one year grant to support community health centers to succeed as providers within new value-based payment models and expanded managed care and pay-for-performance models. It also supports the annual conference. It ends in 9/30/17 and supports 3.1 FTE and is 6.1% of the total budget.

Blue Shield Foundation: Act Now This is a 3 month project to create and disseminate state and congressional district level infographic reports that depict the value of CHCs. It ends 4/30/17 and is .4% of the total budget.

California Healthcare Foundation: CP3 This grant supports the CP3 project until 10/17 and supports 1.1 FTE and is 1.31% of the total budget.

DentaQuest NOHINN: This one year grant supports work with 14 other PCAs to unify and empower a national network around a shared vision of a person-centered safety-net delivery system that accounts for total patient health. It supports .35 FTE and represents .42% of the total budget.

Kaiser Permanente Foundations: Core Operating Kaiser in its continued partnership with CPCA awarded a core operating grant that ends 12/31/17. It is co-funded half by Kaiser Foundation North (East Bay Community Foundation) and Kaiser Foundation South (California Community Foundation). The funds support 1.29 FTE and represents 2.62% of the total budget.

Kaiser Permanente Foundation: CP3 Two years of funding ending 11/30/17 were received from California Community Foundation (South) and East Bay Community Foundation (North) for support of our CP3 project. These funds support .54 FTE and represents 1.4% of the total budget.

Sunlight Foundation: This core operating grant is for three years and supports 1.05 FTE and is 1.74% of the total budget.

The California Endowment: This 18 month funding which ends 7/14/18 supports advocacy and capacity-building efforts focused on clinic implementation of Medi-Cal health homes and projects that support the social determinants of health. These funds support 1.06 FTE and represents 1.34% of the total budget.

The California Endowment: CP3 Supports two years of funding ending 11/30/17 for the CP3 project. These funds support travel and consultants and represents 2.31% of the total budget.

The California Wellness Foundation: CP3: Supports two years of funding ending 12/31/17 for the CP3 project. These funds support consultants and represents 1.31% of the total budget.

The California Wellness Foundation: Core Operating: This core operating grant is for one year and supports .56 FTE and is .71% of the total budget.

10 **Anticipated Other Funding:** No additional funding is included in this budget, however we are working on several proposals to various funders.

11 **Total Budget Revenue:** $11,469,265. 90.5% CPCA, 7.75% Advocates, and 1.75% Ventures.

12 **Salaries:** The budget is for 49 FTEs. This is an increase up from 47 positions in last year's budget. Includes a 2.5% market adjustment of staff compensation from last year.

13 **Fringe & Benefits:** Includes FICA, Medicare, SUI, workers comp, health, vision, dental, life, and retirement after one year. Current fringe reflects savings due to turnover in staff and the hiring of temporary staff with no benefits. The line item reflects 26% fringe.

14 **Occupancy:** This includes the costs for the building including interest, janitorial services, CAM, and Association dues. Also includes staff parking and transit costs. No principal payments are charged to grants.

15 **Building Repair/Maintenance:** Maintenance/repairs for building such as air conditioning/heating system repairs, elevator system, plumbing.

16 **Communications:** Phones and internet based on anticipated usage for all programs.

17 **Postage & Delivery:** Based on current year actual expenditures.

18 **Supplies:** This line item anticipates an increase.

19 **Printing:** This line item is budgeted with a slight increase from previous year due to Advocates.

20 **Equip Maintenance/Rental:** Based on current year actual expenditures for copiers, postage machine, computers, etc.

21 **Small Equipment:** This primarily will include replacement for computer and telephone equipment which does not need to be capitalized.

22 **Insurance:** Based on current year includes general liability, officers & directors with a decrease.

23 **Dues/Licensing:** Based on current year expenditures includes individual and corporate membership dues and fees.

24 **Subscriptions/Publications:** Based on current year expenditures includes electronic government affairs and legal service subscriptions along with an annual fee for iMIS, our CRM.

25 **Temp Staff:** Includes four summer interns.

26 **Audit/Accounting:** Includes audit, corporate tax returns, payroll service and credit card processing. It also includes the third party administrator of our 403b & 457b accounts and 125 plan.

27 **Legal Services:** Includes internal agency legal costs on non-profit issues, personnel, etc.

28 **Board of Directors:** Includes regular Board meetings to be held at CPCA offices. Also includes special meetings held at the request of the Board and Executive Committee.

29 **Travel & Registration:** Includes staff travel as well as participant travel which is included with some grant work.

30 **Meetings & Trainings:** Includes CPCA sponsored meetings (legislative, Day at the Capital, NACHC P& I etc.). Includes member training, boutique events, and other technical assistance. In-house space is being utilized as much as possible.

31 **Staff Development:** Includes dollars for group staff development for the management team (twice a year) and full staff (quarterly).

32 **Marketing/PR:** includes marketing and promotion for programs and activities of all three organizations.

33 **Annual Conference:** Includes total budget of Annual Conference in October 2017.

35 **Consultants –Information Systems:** Includes upkeep and upgrades of Network system internally. Also includes web development and support of iMIS. All of our IT support is now outsourced.

36 **Consultants – Legislative:** Includes Capitol Connection and The Margolin Group for Advocates.

37 **Consultants - Strategic Plan Support:** Includes funds for implementation of the new Strategic Plan that is in the process of being finalized.

38 **Consultants – Policy/Legal:** Includes specialized legal assistance from our legal team of attorneys under the guidance of our staff attorney.

39 **Consultants –Clinic Operations:** Includes work to support the clinical operations department in implementing the CP3 program.

40 **Consultants – Health Center Library:** None this year as the program has been shut down.

41 **Consultants – Training/Technical Assistance:** Includes training and technical assistance program consultants. It has increased as have the training opportunities for members.

42 **Consultants – Organizational Development:** These dollars are utilized for CPCA organizational development.

43 **Bad Debt :** Amount based on historical information.

44 **Subcontracts:** This line item includes the TCWF Advocacy project's $250,000 of subcontracts for RAC as well as the CPCA grant agreement with Advocates for $300,000.

45 **Loan Interest:** Dignity Health loan to Ventures is now paid off!

46 **Total Budget Expenses:** Includes personnel and operating expenses $11,364,265.

47 **Principle on Building:** Mortgage principle which cannot be charged to grants.

48 **Total Cash Needed:** Includes personnel, operating, and principle expenses $11,469,265.

49 **Depreciation**: not included in budget, but anticipated amount shown.

50 **Reserve/(Loss):** This is a balanced budget.

CALIFORNIA PRIMARY CARE ASSN
Profit & Loss Budget vs. Actual
April 2016 through February 2017

	Apr '16 - Feb 17	Budget	$ Over Budget	% of Budget	
Income					
4500.00 · Dues	1,462,405.30	1,340,625.00	121,780.30	109.08%	
4600.00 · Grants	2,821,347.17	2,877,871.34	-56,524.17	98.04%	
4621.00 · Contributions	1,610,000.00	2,115,608.50	-505,608.50	76.1%	Timing
4750.00 · Sponsorship	155,203.47	220,000.00	-64,796.53	70.55%	
4900.01 · Interest	10,169.02	6,875.00	3,294.02	147.91%	
4950.01 · Clinic Operations Support	382,108.78	504,166.67	-122,057.89	75.79%	
4955.00 · Miscellaneous Income	82,863.51	52,708.33	30,155.18	157.21%	
4960.00 · Conference Income	825,398.00	508,333.33	317,064.67	162.37%	
4999.99 · Training Income	640,611.25	641,666.67	-1,055.42	99.84%	
Total Income	7,990,106.50	8,267,854.84	-277,748.34	96.64%	
Gross Profit	7,990,106.50	8,267,854.84	-277,748.34	96.64%	
Expense					
6100.00 · Salaries	3,383,069.61	3,622,004.33	-238,934.72	93.4%	
6300.00 · Employee Benefits	787,897.35	941,719.91	-153,822.56	83.67%	
6500.00 · Occupancy	327,133.42	316,877.00	10,256.42	103.24%	
6505.10 · Building Repair	7,212.26	13,791.67	-6,579.41	52.29%	
6510.10 · Communications	44,183.62	44,446.75	-263.13	99.41%	
6520.10 · Postage & Delivery	898.92	12,458.35	-11,559.43	7.22%	
6530.10 · Supplies	74,813.06	69,541.67	5,271.39	107.58%	
6540.00 · Printing	35,769.47	40,387.50	-4,618.03	88.57%	
6552.10 · Equipment Lease/Maintenance	17,965.11	25,269.67	-7,304.56	71.09%	
6554.10 · Small Equipment	30,664.55	28,125.00	2,539.55	109.03%	
6560.10 · Insurance	13,997.41	16,520.83	-2,523.42	84.73%	
6565.10 · Dues & Licenses	13,610.05	14,689.58	-1,079.53	92.65%	
6570.10 · Subscriptions/Pubs	50,200.12	47,960.42	2,239.70	104.67%	
6580.10 · Marketing and Outreach	124,614.65	77,916.67	46,697.98	159.93%	Blanket Mkting
7010.10 · Audit/Accounting	31,967.65	32,333.33	-365.68	98.87%	
7020.10 · Legal Services	4,670.00	6,875.00	-2,205.00	67.93%	
7040.10 · Temporary Staffing	32,805.14	27,500.00	5,305.14	119.29%	Interns
7110.10 · Board of Directors	85,344.12	45,833.34	39,510.78	186.21%	Receptions/Extra Mtg
7200.10 · Travel & Registration Fees	244,410.40	200,342.49	44,067.91	122.0%	
7275.00 · Staff Development	45,114.60	22,916.66	22,197.94	196.86%	
7300.00 · Meetings	90,474.45	83,863.25	6,611.20	107.88%	
7350.00 · Training Expense	491,114.30	468,750.00	22,364.30	104.77%	
7450.00 · Annual Conference	667,845.04	315,833.33	352,011.71	211.46%	
7500.00 · Consultants	1,116,114.76	1,330,477.94	-214,363.18	83.89%	
7800.00 · Sub-Grants	262,500.00	270,625.00	-8,125.00	97.0%	
7900.10 · Bad Debt	5,734.11	916.67	4,817.44	625.54%	
Total Expense	7,990,124.17	8,077,976.36	-87,852.19	98.91%	
Net Income	**-17.67**	**189,878.48**	**-189,896.15**	**-0.01%**	

CALIFORNIA PRIMARY CARE ASSN
Balance Sheet
As of February 28, 2017

	Feb 28, 17
ASSETS	
Current Assets	
Checking/Savings	
1000.00 · Cash	3,393,331.74
Total Checking/Savings	3,393,331.74
Accounts Receivable	
1300.00 · Grants Receivable	481,523.39
1305.00 · Contributions Receivable	288,285.00
1320.00 · Due from CPCA Ventures	111,729.86
1350.00 · Other Receivables	78,442.52
1400.00 · IMIS Receivable	279,274.77
Total Accounts Receivable	1,239,255.54
Other Current Assets	
1490.00 · Prepaid Expenses	112,645.85
Total Other Current Assets	112,645.85
Total Current Assets	4,745,233.13
Fixed Assets	
1600.00 · 1231 I Street Suite 400	6,407,085.91
1650.00 · Furniture	331,111.39
1660.00 · Equipment	406,259.55
1670.00 · Capitalized Interest	69,592.00
1700.00 · Accumulated Depreciation	-607,906.00
1710.00 · Building Depreciation	-1,413,716.00
1740.00 · Interest Amortization	-45,814.00
1750.00 · Loss on Disposal of Assets	-1,954.00
Total Fixed Assets	5,144,658.85
TOTAL ASSETS	**9,889,891.98**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 · Accounts Payable	26,324.86
2026.00 · Due to CA Health + Advocates	-44,015.93
Total Accounts Payable	-17,691.07
Other Current Liabilities	
2025 · Accrued Vacation	248,926.28
2030.01 · Deferred/Unearned Revenue	235,015.00
2040.00 · Prepaid Dues	5,937.50
2050.01 · Payroll Clearing	694.97
2055.01 · Payroll FSA	1,283.10
Total Other Current Liabilities	491,856.85
Total Current Liabilities	474,165.78
Long Term Liabilities	
2510.00 · Loan Payable IronStone Bank	3,778,373.38
Total Long Term Liabilities	3,778,373.38
Total Liabilities	4,252,539.16
Equity	
3000.00 · Opening Bal Equity	1,095,702.47
4000.00 · Net Assets	4,541,668.02
Net Income	-17.67
Total Equity	5,637,352.82

CALIFORNIA PRIMARY CARE ASSN
Balance Sheet
As of February 28, 2017

	Feb 28, 17
TOTAL LIABILITIES & EQUITY	**9,889,891.98**

CPCA

California Primary Care Association

FINANCIAL POLICIES AND PROCEDURE MANUAL

~~APRIL 2010~~MAY 2017

California Primary Care Association
Financial Policies & Procedure Manual

These financial policies and procedures have been established and implemented by California Primary Care Association. They are reviewed annually, and revised as necessary.

This manual is dated ~~April 2010~~ May 2017.

Board of Directors Review
The manual was presented for review by the Finance Committee at their regularly scheduled meeting ~~April 8, 2010~~ May 5, 2017.

Chief Executive Officer/Chief Operating Officer Review
I certify that I have reviewed the manual listed above on the date recorded and approve of its contents. Revisions made during the course of the year but not yet reviewed by the Finance Committee will be noted.

_____	_____
Carmela Castellano-Garcia, President/CEO	Robert E. Beaudry, Sr. V.P./COO
_____	_____
Date	Date

Executive Team Review:

_____	_____	_____
Signature	Director of Finance & Operations	Date
_____	_____	_____
Signature	Director of ~~Programs~~Development	Date
_____	_____	_____
Signature	Director of Government Affairs	Date
_____	_____	_____
Signature	Director of Health Center Operations	Date

California Primary Care Association
FINANCIAL POLICIES & PROCEDURE MANUAL

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FISCAL MANAGEMENT

Purpose: Policy to establish procedures for the fiscal management of the association.

Responsibility: Director of Finance & Operations, Sr. VP/Chief Operating Officer, Chief Executive Officer

1. Fiscal Year
   A. The fiscal year of the association consists of 12 successive months commencing on April 1st and ending on the last day of March.

2. Record Accessibility
   A. Authorized representatives of a grantor organization will have the right of access to all information pertaining to their grant funds, with prior appointment, and with the approval of the Sr. VP/COO.

   B. Authorized representatives of the association will have access to records pertaining to and funded by the grant revenues.

   C. Staff access to records will be limited to specific information required for performing job related duties.

   D. Records to be destroyed will be in accordance with the record retention policy.

3. The association shall record transactions on an accrual basis, recording revenues when earned, and expenditures when incurred. Reports to funding agencies, periodic expenditure reports and the annual financial statements shall be prepared on the accrual basis.

4. Fund Accounting

   A. Types of Funds

      1. The association shall maintain a general ledger for each fund with a self-balancing group of accounts. The general ledger shall be posted monthly. Funds are to be established as current unrestricted funds and current restricted funds as required by the Financial Accounting Standards Board Standard number 117.

   B. Definitions

      1. Unrestricted

         a. The current unrestricted fund accounts for all resources over which the Board of Directors has discretionary control to use in carrying out the operations of the Association in accordance with the

limitation of its corporation status and bylaws. The principle sources of unrestricted funds are contributions, program service fees, and membership dues.

b. The Board may designate portions of the current unrestricted funds for specific purposes, projects or investments, as an aid in planning of expenditures and conservation of assets.

c. It is recognized that the Board has the authority to change or reverse its own action. Accordingly, amounts designated by the Board should not be included with donor restricted funds, and the term restricted should not be used in connection therewith.

2. Restricted

a. Current Restricted funds are established to account for each of those resources available for use for the operating purpose specified by the grantor.

b. Such funds include all grants received from federal, state, county, foundations, or other source where the grantor has designated a specific program for its use.

C. Land, Building, and Equipment

1. A land, building, and equipment account will be established to show the cost of the major assets purchased. Major assets are defined as property and equipment which cost $5,000 or more and have an estimated useful life of at least 5 years.

D. Disbursements

1. Disbursements are recorded chronologically, showing date, vendor, check number, purpose and amount.

2. All disbursements over $50 should be made by check or electronic fund transfer, and supported by claim, bill, or written order.

3. Disbursements under $50 may be paid through the petty cash fund administered by the Deputy Director of -Operations. Payment must be backed by receipt, explaining item(s) purchased, and if appropriate, use.

4. Checks will be signed by either the President/CEO and/or authorized signers. The Director of Finance & Operations, or designate, will approve all disbursements prior to checks being issued. Copies of all authorizations will be kept in the fiscal department.

5. Individuals involved with check preparation and bank reconciliations are prohibited from having check-signing authority. The Board Chair-,

Treasurer, Secretary, President/CEO, COO, and the Deputy -Director of Operations are authorized signers.

6. All cash disbursements shall be made by pre-numbered checks or by fund transfer in approved depositories.

7. It shall be prohibited to make checks payable to cash or bearer.

8. Checks or fund transfers shall be issued only upon verification of receipt of the invoice, goods or services.

9. Payables shall be processed within 30 days of receipt of all necessary documentation, when possible.

10. Travel and expense reimbursements to employees shall only be made for documented expenditures or approved per diem expense, and at rates approved by the President/CEO and/or the Board of Directors.

11. All checks shall be entered into the accounting records in sequential order. All voided checks and fund transfers shall be accounted for.

5. Grant Accounting

A. Basis of Accounting

1. The basis of accounting for all grants shall be in accordance with the contractual grant agreement.

2. When a difference occurs from previously stated policy, a separate record shall be maintained in a subsidiary record keeping system.

3. Reports for grant shall be prepared as required by the grantor.

6. Bank Accounts

A. The President/CEO and/or Board of Directors shall authorize all bank depositories.

B. Funds are to be maintained in federally insured accounts whenever possible and practical to ensure adequate liquidity to meet payroll and other ongoing expenses.

C. All funds shall be maintained in interest bearing accounts, when appropriate.

D. All accounts shall require a minimum of one signature with checks $10,000 and over requiring two signatures.

E. Checks shall not be signed in advance.

F. When possible, all banks shall be reconciled monthly by ~~some one~~someone other than the person maintaining cash receipts or cash disbursement records on that account.

G. Unused checks should be prenumbered and stored under lock and key.

7. Investment Policy

A. All investments will be made in accordance with the Investment Securities Policy. See Attachment A.

8. Reserve Policy

A. CPCA shall hold in reserve the equivalent of approximately three months operating expenses for long –term organizational and operating stability to accommodate the following situations:

- Cash flow shortages which arise when expenses fall due before the income to pay for them is received.
- Cash flow shortages which are caused by unexpected emergencies, such as the withdrawal of a key funder or the loss of a key asset.
- Cash needed to start a new program or take advantage of an unexpected opportunity which will significantly contribute to our mission.
- Cash needed to replace/improve capital assets like equipment.

B. In the event of special circumstances, the discussion will come back to the Finance Committee and then moved on to the Board.

C. Deposits will be made at least semi-monthly.

9. Payroll

A. The Association shall maintain for each employee an earnings record which shall reflect all pertinent information: home address, social security number, dependents, withholding, and wage rates.

B. A personnel file shall be maintained on each employee which shall contain: employee's application or resume, references, letter of employment, job description, verification of employment, W-4, authorization for deductions, court orders, applications for all pertinent benefit programs, copies of personnel action, copies of all licenses, certificates and insurance, and all personnel correspondence. I-9s may be kept in a separate file.

C. All personnel shall maintain time-sheets that show by day, time worked, and project/time allocation if required and be approved by the immediate supervisor.

D. Records shall be used as support documentation for payroll disbursements and allocation of costs to the various grants.

E. Payroll shall be prepared under the direction of the Director of Finance and Operations.

F. A separate Employee Handbook delineates personnel policies and procedures.

10. Property and Equipment

A. A record shall be maintained on all equipment purchased in excess of $5000 per unit and/or a life expectancy of two years or more. This record shall show the following: item number, description of item, date acquired, original source, funding source, location of item, condition, and serial number if applicable.

B. All equipment shall be tagged to indicate name or organization and item number.

C. An annual equipment inventory shall be conducted.

D. Equipment that is broken, to be discarded, or given to another source shall be removed from the equipment log indicating date of removal and disposition.

11. Request for Information by the General Public

A. All individuals requesting financial information on the association shall by asked the purpose of their request in order that a staff member can further assist them.

B. Requests from individuals and organizations interested in donating to the association shall be forwarded to the Chief Executive Officer or his/her designate for processing.

C. IRS Form 990 will be available for public inspection without charge as required by law. Copies will be provided if the request is received in person or in writing.

INTERNAL CONTROL SYSTEM

Purpose: Policy to establish procedure for internal control systems.

Responsibility: Director of Finance & Operations, Chief Operating Officer, ~~President/CEO~~Sr. VP/COO.

1. Accounting

   A. Accounting personnel duties shall be reasonably fixed as to responsibility, and outlined in appropriate job descriptions.

   B. The terms of every indenture, note, agreement, or material contact affecting financial statements shall be strictly adhered to. All irregularities shall be reported to the Board Treasurer and Board through the CEO. In instances where the irregularities involve the CEO, the Director of Finance & Operation or Sr. VP/COO may proceed directly to the Board Treasurer.

   C. All adjusting journal entries are to be formally written and supporting documentation maintained in file.

   D. The accounting system should provide adequate information regarding the association to meet the financial reporting requirements prescribed by the different funding sources.

   E. The accounting system should provide adequate information to identify the receipt of program funds for each grant/program.

   F. All unresolved discrepancies shall be explained in a cover memo which shall be presented to the Board Treasurer. The Treasurer and the President/CEO shall develop a resolution.

2. Board of Directors/CEO

   A. All resolutions passed by the Board of Directors shall be acted upon through the office of the President/CEO.

   B. All Board minutes shall be reviewed in final form and properly signed by the Board Secretary. All Board committee minutes shall be reviewed in final form and properly signed by the appropriate Committee Chair or designated CPCA staff member.

   C. The Board of Directors shall be given reasonably full and complete information relating to the operations of the organization.

D. There shall be an annual audit by an outside certified public accountant approved by the Audit Committee of the Board of Directors.

3. Administrative and Operations

A. All employees shall be encouraged to take regular vacations.

B. The work of persons on vacation shall be performed by someone else during their absence, when possible.

C. At least annually, a review of insurance coverage shall be made by the Director of Finance & Operations & ~~CEO~~ Sr. VP/COO.

D. Employee loans are prohibited.

GUIDELINES FOR APPLICATION & RECEIPT OF GRANTS & FOUNDATION AWARDS

Purpose: Policy to establish procedural guidelines for the application and receipt of grants and foundation awards.

Responsibility: Director of Finance and President/Chief Executive Officer

1. Applications for grants and foundation funding shall be prepared as by the funding agents on a prearranged basis.

2. The President/CEO shall be responsible for the review and approval of all grants and awards and their submission to the funding authorities.

3. The President/CEO or his/her designee shall be authorized to sign all contracts and agreements for funding on behalf of the Board of Directors, unless indicated otherwise by the Board or funding authorities.

4. Funds shall be received in an arrangement developed by the funding authority and in conjunction with the Association.

5. The Association shall utilize standard accounting procedures in the maintenance of all records.

6. Foundation awards and grants shall be audited as part of the regular audit. A separate schedule can be requested of the auditing firm.

DONATIONS

Purpose: Policy to receive donations.

Responsibility: Executive Staff, President/Chief Executive Officer

1. The Association shall accept donations of all types, amount, or source. The designated supervisor shall have authority to declare any donation improper.

2. To the greatest extent possible, name/source of donor, address, and telephone number of the donor shall be obtained.

3. The President/CEO shall be notified within 48 hours of the donation with information obtained.

4. A receipt, in duplicate, shall be issued for all donated materials. When goods/materials/services are donated, a receipt listing all materials with quantity shall be issued; the receipt shall not offer a value, value is to be completed by the donor.

5. Should any donation be given for a specified reason, it shall be communicated in writing to the President/CEO.

6. A record on each donor will be kept to include name, address, telephone number, business, contribution, date, and amount.

7. Contributions with post mark dated through April 1 and March 31st, will be credited on the books to the current fiscal year.

8. The proceeds from stock received prior to April 1st and either sold before or after March 31st and the proceeds received in the new year, will be credited on the books to the prior year.

9. When promise of a contribution is received, it cannot be recorded until the check is received. A letter promising a contribution does not constitute a gift.

RECEIPT OF FUNDS

Purpose: Policy to establish procedure for receipt of all cash and checks.

Responsibility: ~~Member Services Representative~~Administrative Assistant, ~~Associate~~ Assistant Director of Accounting, Director of Finance and Operations, Sr. VP/Chief Operating Officer, Chief Executive Officer/President.

1. Receipt of Checks

   A. Receipt of all checks shall be recorded in the Receipt log by ~~Member Services Representative~~Administrative Assistant after opening of mail. Checks shall be endorsed at this time with a stamp to include the following information:
   For Deposit Only
   Full Organization Name
   Bank Name
   Account Number

   B. Upon completion of a log, the log shall be filed electronically with the Director of Finance & Operations.

   C. Checks shall be prepared for deposit by ~~Associate~~ Assistant Director of Accounting with and copies of checks being filed in the Checking Account Deposit file.

   D. Deposits may be made by carrier or by someone other than the individual who prepared the deposit.

   E. Bank deposit receipts will be attached to deposits in the file.

   F. A monthly bank reconciliation will be completed by Director of Finance & Operations who is not handling deposits or signing on checking account. The reconciliation will then be reviewed by Sr. V.P./Chief Operating Officer.

   G. All unresolved discrepancies are to be documented by the Director of Finance and Operations and brought to the attention of the Sr. V.P/Chief Operating Officer, President/CEO or Board Treasurer.

   H. Resolution must occur within 30 days. All resolved discrepancies shall be documented and brought to the attention of the Sr. VP/COO and President/CEO.

ACCOUNTS RECEIVABLE

Purpose: Review of Payment for Services

Responsibility: Director of Finance and Operations, Chief Operating Officer

1. Accounting Department shall prepare all accounts receivable as outlined in operational policy and procedure.

2. Total of accounts receivable shall be prepared by contract(s)/grant(s) and funding source based upon program expenditures incurred and recorded in the accounting system during a specified period in the report.

3. Invoices shall be completed by the 15th day of the month, following the close of the month unless more frequent invoicing is allowed. The schedule established by the funder shall be followed.

4. Federal Invoicing

   A. The Payment Management System shall be completed by the Director of Finance and Operations or in his/her absence, any responsible staff authorized by the Sr. VP/COO. The password shall be given only to authorized individuals. Password is to be retained in an operational policy, located in a secure, designated location.

   B. Immediately after completing the drawdown, the transaction shall be logged in the Drawdown Worksheet. The log shall indicate the date of the transaction, amount transferred, account to which funds were transferred, initials, and date.

   C. Accounts receivable journal shall be posted with the transfer.

   D. The quarterly federal cash transaction report shall be completed by electronic system. The password shall be given only to authorized individuals.

   E. All Federal Cash Draw Downs shall be included in the monthly financial statement with presentation to the Sr. VP/COO for review and approval.

   F. Board of Directors through the Finance Committee shall receive a statement of all withdrawals on a basis as requested and information shall be included in financials.

   G. Any discrepancies shall be resolved by the Director of Finance and Operations in writing with Sr. VP/COO/CEO approval. Any continuing unresolved problems shall be brought to the attention of the Board of Directors.

5. Non Federal Invoicing

A. All invoices shall be prepared in the format as required by contract/grant.

B. All invoices shall be based upon actual expenses, except as otherwise allowed. In the instances where cash advances are allowed, a maximum of three months advance shall be requested.

C. Invoices shall be prepared by the Accounting Department. All supporting documentation shall be attached.

D. All invoices shall be entered into the computerized accounting system.

E. All payments shall be entered into the computerized accounting system.

F. Paid invoices shall be retained by CPCA for fiscal year by grant/contract.

G. Accounts receivable journal shall be posted as paid, with check number and date check received.

6. Membership Dues Invoicing

A. All members shall be given an initial dues statement during the month of April showing annual dues, payment options, and any membership discounts available.

B. Upon receipt of choice of payment option from member, the dues shall be invoiced. If a member does not return the information, member will be billed for annual dues.

C. Invoices and statements shall be mailed on a monthly basis.

D. Upon receipt of payments, accounting shall record payment of invoice with check number and the date check was received.

E. Any member falling six months or more behind in payments shall be suspended in accordance with Board policy. These suspensions shall be reported to the Finance and Governance committees as information items. Any hardship requests will be acted upon by the Finance Committee.

7. CPCA Ventures Loan Program

a. CPCA Loan receivables will be reconciled quarterly with the report received from ~~NCB~~ Capital Impact Partners. Any discrepancies shall be resolved by the Director of Finance and Operations in conjunction with ~~NCB~~ Capital Impact Partners staff.

CASH DISBURSEMENTS – ACCOUNTS PAYABLE

Purpose: Review and authorization of payment for services

Responsibility: Director of Finance and Operations, Sr. VP/COO, President/CEO

1. Upon receipt of an invoice, it shall be stamped "Received and Date" by the front desk.

2. The invoice shall be matched and stapled to the purchase order.

3. Packing slip shall be attached with a review of signature of receipt of goods.

4. Verification shall be made that the amount billed in the invoice is in agreement with the amount received and ordered.

5. Discrepancies shall be reconciled by the Accounting Department with the vendor.

6. Invoice shall be stamped and coded with correct account, class, department, and amount along with authorized by initials. Any subcontractor invoice shall be reviewed and signed by management staff or designated consultant supervisor.

7. The accounting department shall prepare authorized invoices for check signatures assuring check payments match approved invoices and invoices are attached to checks. The Director of Finance and Operations will review the invoice and backup. At time of signature, the person responsibility for signing the check shall compare the amount of check with the amount of the invoice. Any discrepancies, the check will not be signed until reconciliation has been made.

8. All checks shall require one signature with amounts over $10,000 requiring two signatures.

9. Checks or electronic payment shall be issued after all appropriate data has been recorded in the appropriate journals and on the invoice.

10. The cancelled invoice with check stub shall be filed in the accounts payable file by vendor name.

ASSOCIATION CREDIT CARDS

Purpose: To establish procedures on use of company credit cards.

Responsibility: Director of Finance & Operations, Sr. VP/COO, and President/CEO

1. The Association's Diner's Club card is to be used only for travel by the CPCA Accounting Department in conjunction with travel arrangements.

2. The Association's Credit Cards are to be used only for CPCA related expenses. Only the Executive Team (President/CEO, Sr. VP/COO, VPs, Directors) may be issued a company credit card. Each individual is responsible for tracking expenses charged to the card.

3. The CEO shall authorize all credit cards and signatories on a periodic basis.

4. Upon use of the credit card, receipts and other documents pertaining to the transaction will be sent to accounting briefly describing the purpose of the transaction, date, and amount. Any individual not submitting documents on a timely basis will have their credit card privilege cancelled.

5. The purchase orders and receipts shall be placed in the folder marked, "Credit Card POs and Receipts" in the accounting office.

6. Upon receipt of the statement from the credit card company, the accounting office shall verify all the charges and compare the purchase orders and receipts submitted with the statement.

7. The accounting office shall bring to the attention of the card possessor any discrepancies between the statement and the receipts submitted and such other unidentified charges.

8. Charges that CPCA is not aware of or those that were not authorized shall be challenged by sending a formal letter to the credit card company. Any item in the statement that is not supported by documents will not be paid.

9. When the accounting office has satisfactorily verified all the charges appearing on the statement and complete documentation (purchase order, receipt, etc.) are attached, the invoice shall be processed for payment.

BANK RECONCILIATIONS

Purpose: Operational policy to complete bank reconciliation

Responsibility: Director of Finance and Operations, Sr. VP/Chief Operating Officer

1. Director of Finance & Operations shall reconcile checks and deposits within one week of receipt of bank statements.

2. The outstanding check list shall be reviewed by the Director of Finance and Operations. Outstanding checks over 90 days shall be investigated by contacting the payees and asking about the status of checks.

3. Outstanding checks over 180 days shall be cancelled and reissued upon request of payee.

4. Sr. VP/COO shall review bank reconciliation monthly.

PROCUREMENT & PURCHASE POLICY

Purpose: Policy to establish procedures for procurement and purchasing of goods and services.

Responsibility: Director of Finance and Operations, Sr. VP/Chief Operating Officer, President/Chief Executive Officer

1. Bids for Services

   A. The Director of Finance & Operations and Sr. VP/Chief Operating Officer shall serve as procurement officers for the corporation.

   B. Anything over $~~500~~ 1,000 per unit, competitive prices will be checked by phone, internet, advertisements, or catalogs.

   ~~C. Anything over $1,000 per unit, three written estimates will be obtained.~~

   ~~D.~~C. All facility contracts over $5,000 will require approval and signature of the Director of Finance or Sr. VP/Chief Operating Officer.

   ~~E.~~D. All items costing $5,000 or more will require prior approval of the ~~President/CEO~~ Sr. VP/Chief Operating Officer and the appropriate funding source, if applicable.

   ~~F.~~E. All items costing $10,000 or more, not in the budget, will require Board approval.

   ~~G.~~F. Leasing equipment will be done when it is determined by the Director of Finance and Operations and the Sr. VP/COO that it will be in the best interest of the organization, minimizing maintenance costs, or required by granting authorities.

2. The process for all purchasing shall be as follows:

   A. All supplies, services, and equipment will be ordered through the Director of Finance and Operations or his/her designee except in emergency when a Department Director is authorized to order services or goods to correct the problem. The Director of Finance and Operations shall be notified.

      1. Requisition for supplies and equipment are submitted to the appropriate management staff.

      2. Management staff initiates a purchase order which lists units and items to be purchased.

      3. Purchases of under $500 may be ordered without preauthorization approval by the Director of Finance and Operations. Management staff

may order goods or services under $500 based upon the approved budget. In every feasible instance, bulk purchasing will be done.

4. For purchases greater than $500, purchase orders are forwarded to the Director of Finance who verifies that it is not an oversupply and complies with approved budget.

5. The Deputy -Director of Operations may authorize all service repairs required for daily program maintenance to $1,000. All costs above $1,000 must have been presented to the Director of Finance and Operations for authorization.

6. Office, computer, cleaning, and all daily supplies shall be ordered by the Finance & Operations Department. Requisitions for supplies prepared by staff member shall be submitted to the Accountant. Upon completion of submission of the order, all purchase orders shall be filed with the Director of Finance and Operations.

7. One copy of the purchase order is forwarded to the vendor, upon request, one retained in the department, and one by the management staff.

8. Before payment of the invoice is made, the employee who received the goods must sign that all goods/services was delivered as outlined on the packing slip/receipt and purchase order. Discrepancies shall be brought to the attention of the Accounting Department who shall work with the vendor and department head to assure resolution.

9. Upon receipt of the invoice, signed purchase order, or statement from the vendor, or affidavit or check request, assigned delivery slip, the accounting department verifies all calculations and processes for payment.

3. Acquisition of Equipment

A. Negotiations for rental, leasing or purchasing will be conducted by a designee of the ~~President/CEO~~Sr. VP/COO.

B. When terms have been agreed, the purchase/lease will be prepared and/or checked by Director of Finance and Operations after verifying availability of funds. The lease must be signed by the ~~President/CEO~~ Sr. VP/COO and/or designate, before it is valid.

4. Consultant Services – department managers may negotiate for services of professional consultants for their programs.

A. The department manager must submit a contract bearing the name of the consultant, profession, scope of work, timeliness and anticipated costs to the Director of Finance and Operations.

B. The CEO or designate must sign off the contract after it is submitted to the Director of Finance and Operations who will verify the availability of funds.

C. The contract bearing the signature of the CEO/Sr. VP/COO will be submitted to the consultant for signature. The contract will be mailed or emailed with cover letter to the consultant for completion.

D. Before payment of an invoice is made for consulting services, management staff must approve the invoice to verify that services were performed. The accounting staff will monitor invoices against the contract amount.

Federal Procurement

Any procurement under a Federal Award must conform to OMB's Uniform Guidance

A. Micropurchases under $,3500
- No Quotes
- Equitable Distributions

B. Small Purchases up to $150,000
- Rate Quotes
- No cost or price analysis

C. Sealed Bids greater than $150,000
- Construction projects
- Price is a major factor

D. Competetive Proposals Greater than $150,000
- Fixed Price or Cost reimbursement
- Request for proposal with evaluation methods

E. Sole Source
- Documented, unique, no competition
- Authorized by agency for pass-through entity

EQUIPMENT THRESHOLD

Purpose: To document the equipment purchase threshold that is in line with federal regulations.

Responsibility: Director of Finance and Operations, COO, President/CEO

1. Under federal regulation 45 CFR Part 74, equipment is defined as tangible, nonexpendable personal property, including exempt property, charged directly to the award, having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

2. This is without prejudice, however, to other private grantors' policies that require lesser threshold amounts.

RECORD RETENTION

Purpose: Policy and procedure to outline procedures and length relating to financial records of the Association.

Responsibility: Director of Finance and Operations, Sr. VP/COO, President/CEO, Board Treasurer

1. The current set of financial records of operation shall be retained in the accounting office of the Association.

2. A daily tape backup of the accounting records is to be made on the network server.

3. Copies shall be prepared and retained on disk and retained in a designated off site location.

4. No outside persons shall have access to the accounting program except by authorization by the Director of Finance & Operations, Sr. VP/COO, President/CEO or Board.

5. Storage of records shall be conducted in the following manner:

   Code Number: Indicates the number of years to be retained.
   P – Records to be retained permanently.
   AT – After Termination
   AD – After Disposal of Underlying Assets

   A. Accident reports – P
   B. Annual CPA Financial Report – P
   C. Articles of Incorporation – P
   D. Audit Reports – P
   E. Annual Board Financial Reports – P
   F. Bank Deposit records – 3
   G. Bank Reconciliations – 3
   H. Bank Statements – 3
   I. Budgets (approved by funding Association and Board) – P
   J. Chart of Accounts - P
   K. Check Register – 10
   L. Checks, cancelled – 7
   M. Contracts – consultants – 4 AT
   N. Contracts – corporate – P
   O. Corporate Minutes – P
   P. Depreciation Records - 7
   Q. Earning Records – 7
   R. Electronic Payment Records - 7
   S. Endowment Records – P
   T. General Ledgers and Journals – P

U. Insurance Policies – P
V. Invoices –7
W. Leases – 4 AT
X. Legal Correspondence – P
Y. Payroll Records - 7
Z. Personnel information - 7AT
AA. Real Estate Purchases - P
BB. Sales Records - 7
CC. Subsidiary ledgers (A/P, A/R) – 7
DD. Tax Records and Returns – P

6. Storage of records may be off-site.

REQUEST FOR FINANCIAL INFORMATION

Purpose: Policy to establish procedures for responding to public request for association financial information.

Responsibility: Director of Finance & Operations, CEO, Sr. VP/COO

1. All individuals requesting financial information on the association shall be asked the purpose of their request in order that a staff member can further assist them.

2. Requests from individuals interested in donating to the association shall be forwarded to the President/CEO or their delegate.

3. Requests from funding agencies and agencies responsible for monitoring CPCA shall be forwarded to the Director of Finance & Operations for processing.

4. It is the policy of the organization to allow members to inspect the following records of the organization: IRS Form 990, original applications for tax-exempt status, audited financial statements.

5. All other individuals shall be provided a standard "Fact Sheet" which includes program information and revenue and expense charts. If the individual requests additional financial information, direct the individual to the CEO or administrative alternate.

6. IRS Form 990 will be available for public inspection without charge as required by law. Copies will be provided if the request is received in person or in writing.

ATTACHMENT A
INVESTMENT SECURITIES POLICY

Purpose: The purpose of the Investment Securities Policy is to establish and document a set of prudent criteria that are consistent with the organization's strategic objectives and which support appropriate management of CPCA investment assets. Specifically, this policy will:

1. State California Primary Care Association's primary objectives regarding the management of its investment funds;
2. Define responsibility for investment oversight to the Board of Directors and assign authorities to management;
3. Define the universe of permitted investments;
4. Define accounting standards for investments;

Responsibility: It will be the responsibility of the Chief Executive Officer and the President and Treasurer of the Board to monitor and report management's compliance with the Investment Securities Policy.

1. Primary objectives of the CPCA Investment Securities Policy are as follows:

   A. Ensure adequate liquidity to meet loan funding and programmatic investment requirements
   B. Management will seek to obtain returns that are consistent with the preservation of investment principal
   C. Achieve long term rate of return that exceeds the annual rate of inflation after investment management expenses

These objectives are listed in the order of importance as it relates to the overall management of investment funds of the California Primary Care Association

2. Use of Funds – investment securities shall be defined as the following:

   A. Demand deposits in Selected Banks as defined below;
   B. Marketable obligations of the United States;
   C. Marketable obligations guaranteed by or insured by the United States or those for which the full faith and credit of the United States is pledged for the repayment of principal and interest thereon;
   D. Marketable obligations issued, guaranteed or fully insured by any association, instrumentality or corporation of the United States established or to be established by the Congress, for which the credit of such an association, instrumentality or corporation is pledged for the repayment of the principal and interest thereon;
   E. Marketable general obligations of a state, a territory or a possession of the United States, or any political subdivision of any of the foregoing or the District of Columbia, unconditionally secured by the full faith and credit of such state, territory, possession, political subdivision or district provided that such state, territory, possession, political subdivision or district has general taxing authority and the power to levy such taxes as may be required for the payment of principal and interest thereon;

F. Domestic and Eurodollar, negotiable time and variable rate certificates of deposit issued by selected commercial banks and trust companies;
G. Marketable Bankers' Acceptances accepted by Selected banks;
H. Commercial paper with a minimum rating of P-1 from Moody's Investors Service, A-1 from Standard & Poor's or D-1 from Duff and Phelps;
I. Repurchase and reverse repurchase agreements and security lending agreements collateralized by any of the eligible investment securities,
J. Money Market mutual funds which invest primarily in eligible securities specified above

Selected Banks are defined as financial institutions which have a minimum investment rating of a single A by either Standard & Poor's or Moody's Investors Service.

2. Constraints

A. All investments will have a maturity that is no greater than five years at the time of purchase.
B. Investments in obligations which are not issued, guaranteed by, or fully insured, by the United States, an association thereof or corporation established by Congress, will be limited to thirty-three percent (33%) of investment portfolio assets
C. All investments will be further restricted by any specific criteria that is established within the agreement reached with any organization from which CPCA has received a grant.

3. Social Investment Goals

A. California Primary Care Association will make efforts to invest in institutions and other companies which have good records in community investment, labor relations and low income lending. CPCA shall also make efforts to avoid investing in companies that have shown a record of violating environmental regulations or standards, environmental pollution, unfair labor practices, or discrimination against women or minorities. Furthermore, CPCA shall avoid investing in companies involved in the manufacturing and/or distribution of tobacco, alcohol or weapons/handguns.

4. Accounting Standards

A. California Primary Care Association will apply Generally Accepted Accounting Principles in accounting for its investment activity.

5. Reporting

Summary performance statistics and a policy compliance analysis shall be provided to the Board of Directors on a quarterly basis. It shall be the responsibility of the President/Chief Executive Officer to report to the Board of Directors any exceptions to this policy. The Investment Securities Policy shall be reviewed and approved at least annually by the Board of Directors.

CPCA VENTURES

Ventures Finance Committee

Friday, May 5, 2017

9:30am – 10:00am

Kevin Mattson, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Kevin Mattson	A
II. Approval of Agenda		Kevin Mattson	A
III. Approval of Minutes	• January 12, 2017	Kevin Mattson	A
IV. Approval of Financials	• Financials ending February 28, 2017	Sandy Birkman	A
V. Ventures Loan Report	• Loan Report – NCB Capital Impact • Loan Report – internal	Sandy Birkman	I
VI. Budget FY 17/18	• Budget FY 17/18	Sandy Birkman	A
VII. Other Business		Sandy Birkman	I
VIII. Adjournment		Keven Mattson	A

CALIFORNIA PRIMARY CARE ASSOCIATION

VENTURES FINANCE COMMITTEE
January 12, 2017

Committee Members Present: Kevin Mattson, Chair, Ben Flores, Cathy Frey, Nik Gupta, Louise McCarthy, Garciela Soto-Perez, Mary Szecsey,

Guests: Naomi Fuchs

Staff: Carmela Castellano-Garcia, Sandy Birkman, Janelle Mollgaard

I. Call to Order

Kevin Mattson, Board Chair, called the meeting to order at 8:15am.

II. Approval of Agenda

A motion was made and seconded to approve the agenda as presented. **The motion carried.** (Gupta, Szecsey)

III. Approval of Minutes

A motion was made and seconded to approve the minutes of July 14, 2016 as presented. **The motion carried**. (Gupta, Flores)

IV. Approval of Financials

A motion was made and seconded to approve the financials ending November 30, 2016. **The motion carried.** (Gupta, Frey)

V. Ventures Loan Report

A loan report was given by Sandy on both NCB Capital Impact and internal.

VI. Other Business

Sandy updated the group that all entities have been paying on time.

VII. Adjourn

Business being concluded, a motion was made to adjourn at 8:23am

Respectfully submitted,

Janelle Mollgaard
Recording Secretary

CPCA Ventures
Profit & Loss Budget vs. Actual
April 2016 through February 2017

	Apr '16 - Feb 17	Budget	$ Over Budget	% of Budget
Income				
4900.00 · Other Income	186,904.49	229,166.67	-42,262.18	81.56%
Total Income	186,904.49	229,166.67	-42,262.18	81.56%
Expense				
6100.00 · Salaries	128,113.91	143,669.17	-15,555.26	89.17%
6300.00 · Employee Benefits	28,964.30	37,354.17	-8,389.87	77.54%
6500.00 · Occupancy	12,449.51	13,484.17	-1,034.66	92.33%
6510.10 · Communications	1,581.01	458.33	1,122.68	344.95%
6520.10 · Postage & Delivery	0.00	229.17	-229.17	0.0%
6530.10 · Supplies	2,716.54	4,583.33	-1,866.79	59.27%
6540.00 · Printing-general	0.00	916.67	-916.67	0.0%
6552.10 · Equipment Lease/Maintenance	656.07	1,355.75	-699.68	48.39%
6560.10 · Insurance	309.99	916.67	-606.68	33.82%
6565.10 · Dues & Licenses	75.00	458.33	-383.33	16.36%
6570.10 · Subscriptions/Publications	299.15	1,122.92	-823.77	26.64%
7010.10 · Audit/Accounting	1,870.00	2,291.67	-421.67	81.6%
7110.10 · Board of Directors	0.00	2,291.67	-2,291.67	0.0%
7200.10 · Travel & Registration Fees	0.00	4,583.33	-4,583.33	0.0%
7300.00 · Meetings & Trainings	1,387.43	990.92	396.51	140.01%
7500.00 · Consultants	5,211.25	6,875.00	-1,663.75	75.8%
7950.00 · Interest	8,275.55	7,585.42	690.13	109.1%
8000.00 · Loan Funds/Reserves	-57,924.00	0.00	-57,924.00	100.0%
Total Expense	133,985.71	229,166.69	-95,180.98	58.47%
Net Income	**52,918.78**	**-0.02**	**52,918.80**	**-264,593,900.0%**

CPCA Ventures
Balance Sheet
As of February 28, 2017

	Feb 28, 17
ASSETS	
Current Assets	
Checking/Savings	
1000.00 · Cash	3,926,949.52
Total Checking/Savings	3,926,949.52
Accounts Receivable	
1450.00 · Current Portion Loans Receivabl	2,665,073.47
1461.00 · Acct. Rec. Loan - Long Term	4,430,182.83
Total Accounts Receivable	7,095,256.30
Other Current Assets	
1465.00 · Loan Loss Reserve	-489,239.00
Total Other Current Assets	-489,239.00
Total Current Assets	10,532,966.82
TOTAL ASSETS	**10,532,966.82**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2020.00 · Due to CPCA	111,729.86
Total Accounts Payable	111,729.86
Other Current Liabilities	
2030.00 · Dignity Health Loan	44,954.19
Total Other Current Liabilities	44,954.19
Total Current Liabilities	156,684.05
Total Liabilities	156,684.05
Equity	
3000.00 · Opening Bal Equity	-0.13
3900 · Retained Earnings	10,323,364.12
Net Income	52,918.78
Total Equity	10,376,282.77
TOTAL LIABILITIES & EQUITY	**10,532,966.82**

CAPITAL IMPACT QUARTERLY REPORT TO CPCA
Quarter ending 3/31/2017

1. Loans Outstanding

	Amount Outstanding	Loan Category	Interest Rate	Date Closed	Date Funded	Risk Rating	Original Loan Amount
[redacted]	$ 75,088.25	CL	3.175%	03/04/2015	03/04/2015	3	$ 200,000.00
	$ 74,405.66	CL	3.175%	10/16/2012	10/16/2012	4	$ 300,000.00
	$ 726,779.96	ISLP	3.175%	03/23/2015	03/23/2015	1	$ 750,000.00
	$ 136,410.81	CL	3.175%	10/02/2012	10/02/2012	1	$ 550,000.00
	$ 31,940.95	CL	3.175%	06/28/2012	06/28/2012	2	$ 445,000.00
	$ 280,634.21	CL	3.175%	11/04/2014	11/04/2014	3	$ 420,000.00
	$ 57,103.83	CL	3.175%	04/19/2012	04/19/2012	2	$ 400,000.00
	$ 31,854.95	CL	3.175%	05/30/2012	05/30/2012	3	$ 600,000.00
	$ 638,910.97	CL	3.175%	05/26/2015	05/26/2015	2	$ 835,000.00
	$ 621,343.67	CL	3.175%	09/17/2015	09/17/2015	2	$ 750,000.00
	$ 200,000.00	CL	3.175%	2/8/2017	2/8/2017	4	$ 200,000.00
	$ 276,625.92	CL	3.175%	05/19/2014	05/19/2014	4	$ 500,000.00
	$ 57,103.83	CL	3.175%	05/08/2012	05/08/2012	2	$ 400,000.00
	$ 31,632.36	CL	3.175%	12/16/2014	12/16/2014	3	$ 100,000.00
	$ 254,425.73	CL	3.175%	03/18/2015	03/18/2015	4	$ 400,000.00
	$ 300,000.00	CL	3.175%	12/20/2016	12/20/2016	2	$ 300,000.00
	$ 276,625.92	CL	3.175%	03/18/2015	03/18/2015	2	$ 400,000.00
	$ 53,787.85	CL	3.175%	1/12/2012	1/12/2012	1	$ 600,000.00
	$ 43,986.30	CL	3.175%	05/01/2014	05/01/2014	3	$ 93,000.00
	$ 102,755.22	CL	3.175%	08/13/2012	08/13/2012	2	$ 482,000.00
	$ 96,262.60	CL	3.175%	08/10/2011	08/10/2011	1	$ 600,000.00
	$ 828,458.16	ISLP	3.175%	03/21/2011	03/21/2011	1	$ 200,000.00
	$ 621,343.67	CL	3.175%	09/18/2015	09/18/2015	3	$ 750,000.00
	$ 414,938.99	CL	3.175%	05/21/2014	05/21/2014	3	$ 750,000.00
	$ 28,238.52	CL	3.175%	01/05/2012	01/05/2012	2	$ 315,000.00
	$ 550,412.85	CL	3.175%	06/24/2016	06/24/2016	4	$ 700,000.00
	$ 55,762.04	CL	3.175%	09/24/2014	09/24/2014	3	$ 275,000.00
Total	**$ 6,866,833.22**						**12,315,000**

2. Loan Volume by Risk & Weighted Average Risk of Portfolio

Risk Rating	# of Borrowers	Amount Approved	Amount Outstanding	% of Total Outstanding	% Reserve	Recommended Reserve	
1	5	$ 2,700,000	$ 1,841,699	27%	0%	$ -	
2	9	$ 4,327,000	$ 2,114,023	31%	3%	$ 63,421	
3	8	$ 3,188,000	$ 1,555,241	23%	10%	$ 155,524	
4	5	$ 2,100,000	$ 1,355,870	20%	20%	$ 271,174	
5	0	$ -	$ -	0%	50%	$ -	
Total	**27**	**$ 12,315,000**	**$6,866,833**			**$ 490,119**	

Portfolio	Compliance	Maximum	Actual
Loans rated "3" "4" or "5":	Y	65%	42%
Loans rated "4" or "5":	Y	20%	20%

3. New Loans Approved in the Quarter

Health Center Name	Amount Approved	Loan Category	Approval Date	Closing Status
Families Together of Orange County	$ 200,000	CL	2/8/2017	Closed in 2/8/2017.
Total	**$ 200,000**			

4. Applications Under Review

Health Center Name	Amount Requested	Loan Category	Date Received	Underwriting Status
La Maestra Family Clinic	$ 650,000	CL	2/17/2017	In underwriting, projected closing date is 4/14/2017.
White Memorial Community Health Center	$ 1,000,000	CL	11/15/2016	In underwriting, projected closing date is 5/1/2017.
Total Loans in Process	**$ 1,650,000**			

5. Applications Denied in the Quarter

Health Center Name	Amount Requested	Date Received	Date Denied	Reason for the loan decline
Antelope Valley Community Clinic	$ 1,000,000	1/20/2017	2/1/2017	Loan disapproved because of past payment and reporting issues as well as outstanding tax lien from the IRS.

6. Loan Modifications or Waivers in the Quarter

Health Center Name	Risk Rating	Loan Category	Effective Date	Description of loan modification or waiver
N/A				

7. Changes to Risk Ratings in the Quarter

Health Center Name	Original Rating	New Rating	Effective Date	Reason for the risk rating change
N/A				

8. Non-Performing Loans in Portfolio

Health Center Name	Outstanding Amount	Days Past Due	Non-accrual Y/N	Updates on repayment plan
N/A				

CPCA Ventures Loan Program
3/31/2017

	TOTAL
INCOME	
Grant	$ 10,500,000
Investment Interest	$ 1,017,705
Miscellaneous Income	$ 854,666
Principle Repayments	$ 46,308,353
Interest on Loans	$ 3,254,242
TOTAL INCOME	$ 61,934,966
DIRECT OUTLAYS	
CPCA Operating	$ 5,037,233
IS Loans	$ 9,614,502
Capital Loans	$ 42,470,184
Healthy California	$ 865,054
Emergency	$ 506,382
TOTAL OUTLAY	$ 58,493,355
LOAN LOSS RESERVE	$ 490,119
BALANCE	$ 2,951,492

	Info Systems	Capital	Healthy CA	Emergency	TOTAL
PRIOR YR's TOTAL	$ 9,614,502	$ 40,520,184	$ 865,054	$ 506,382	$ 51,506,122

TOTAL ORGANIZATIONAL BUDGET											
4/1/17 - 3/31/18											
CPCA, ADVOCATES, VENTURES											
			CPCA		**CA Health+ Adv**		**Ventures**	**TOTAL BUDGET**		**PRIOR YEAR**
	INCOME									
1	Membership Dues		$ 1,962,500		$ 587,500			**$ 2,550,000**		$ 1,950,000
2	Conference		$ 800,000					**$ 800,000**		$ 550,000
3	Miscellaneous		$ 68,200		$ 300,000		$ 200,000	**$ 568,200**		$ 577,500
4	Annual Sponsorship		$ 217,600					**$ 217,600**		$ 240,000
5	Training Income		$ 815,000					**$ 815,000**		$ 700,000
6	Clinic Operations Support		$ 671,500					**$ 671,500**		$ 650,000
7	Bureau Grant		$ 2,889,496					**$ 2,889,496**		$ 2,889,496
8	State Funding		$ 310,000					**$ 310,000**		$ 250,000
9	Foundation Grant		$ 2,647,469					**$ 2,647,469**		$ 2,092,096
10	Anticipated Other Funding		$ -		$ -		$ -	**$ -**		$ 203,665
11	**TOTAL INCOME**	90.52%	**$ 10,381,765**	7.74%	**$ 887,500**	1.74%	**$ 200,000**	**$ 11,469,265**		$ 10,102,757
	EXPENSES									
12	Personnel	92.94%	$ 4,364,065	4.52%	$ 212,154	2.54%	$ 119,239	**$ 4,695,458**		$ 4,348,283
13	Fringe		$ 1,151,341		$ 55,160		$ 31,002	**$ 1,237,503**		$ 1,130,554
14	Occupancy		$ 345,290		$ 15,000		$14,710	**$ 375,000**		$ 375,000
15	Building Repair/Maintenance		$ 8,842				$6,158	**$ 15,000**		$ 15,000
16	Communications		$ 49,176		$ 1,074		$750	**$ 51,000**		$ 50,000
17	Postage & Delivery		$ 9,000					**$ 9,000**		$ 14,400
18	Supplies		$ 85,486		$ 4,200		$2,250	**$ 91,936**		$ 85,000
19	Printing		$ 47,650		$ 7,500		$1,000	**$ 56,150**		$ 52,500
20	Equip Main/Rental		$ 27,811		$ 1,020		$1,169	**$ 30,000**		$ 30,000
21	Small Equipment		$ 27,500					**$ 27,500**		$ 30,000
22	Insurance		$ 18,000		$ 1,000		$1,000	**$ 20,000**		$ 20,000
23	Dues/Licensing		$ 15,418		$ 4,000		$582	**$ 20,000**		$ 31,525
24	Subscriptions/Publications		$ 42,775		$ 16,500		$1,225	**$ 60,500**		$ 70,000
25	Temp Staff (interns)		$ 35,000					**$ 35,000**		$ 30,000
26	Audit/Accting/Paypal		$ 35,500		$ 2,250		$2,250	**$ 40,000**		$ 37,500
27	Legal Services		$ 7,500		$ 2,500			**$ 10,000**		$ 10,000
28	Board of Directors		$ 70,000		$ 5,000		$5,000	**$ 80,000**		$ 60,000
29	Travel & Registration		$ 222,718		$ 1,500		$5,000	**$ 229,218**		$ 225,000
30	Meetings & Trainings		$ 255,000		$ 20,000			**$ 275,000**		$ 220,000
31	Staff Development		$ 45,000					**$ 45,000**		$ 25,000
32	Marketing/PR		$ 100,000		$ 150,000			**$ 250,000**		$ 100,000
33	Annual Conference		$ 590,000		$ 10,000			**$ 600,000**		$ 350,000
34	Consultants		$ -							
35	Internal IS		$ 163,835		$ 7,500		$8,665	**$ 180,000**		$ 170,000
36	Legislative		$ -		$ 348,000			**$ 348,000**		$ 264,000
37	Strategic Plan Support		$ 300,000					**$ 300,000**		$ 250,000
38	Policy/Legal		$ 216,858		$ 23,142			**$ 240,000**		$ 200,000
39	Clinic Ops		$ 690,000					**$ 690,000**		$ 924,400
40	Health Center Library		$ -					**$ -**		$ 40,000
41	Training/Technical Assistance		$ 763,000					**$ 763,000**		$ 400,000
42	Organizational Development		$ 35,000					**$ 35,000**		$ 35,000
43	Bad Debt		$ 5,000					**$ 5,000**		$ 1,000
44	Subcontracts		$ 550,000					**$ 550,000**		$ 292,500
45	Loan Interest		$ -					**$ -**		$ 8,275
46	**TOTAL EXPENSES**		**$ 10,276,765**		**$ 887,500**		**$ 200,000**	**$ 11,364,265**		**$ 9,894,937**
47	Principle on Bldg		$ 105,000					**$ 105,000**		$ 105,000
48	**TOTAL CASH NEEDED**	**90.00%**	**$ 10,381,765**	**7.50%**	**$ 887,500**	**2.50%**	**$ 200,000**	**$ 11,469,265**		**$ 9,999,937**
49	Depreciation		$ 305,000					$ 305,000		$ 305,000
50	**Reserve/(Loss)**		**$0**		**($0)**		**$0**	**$ -**		**$ 102,822**

California Primary Care Association

Board of Directors

Friday, May 5, 2017
10:15a – 12:30p
Naomi Fuchs, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Naomi Fuchs, Chair	A
II. Approval of Agenda		Naomi Fuchs, Chair	A
III. Consent Calendar • Approval of Minutes • Approval of Financials	• January 13, 2017, minutes • *See Finance Committee packet*	Naomi Fuchs, Chair	I/D/A
IV. CEO Report	• 2017 Board Meeting Schedule • *DRAFT* 2018 Board Meeting Calendar • *Memo*: "CPCA Training Program and TA Update"	Carmela Castellano-Garcia	I/D
V. EMR Update	• *Memo*: CPCA Epic Partnership Development	Carmela Castellano-Garcia	I/D/A
VI. Strategic Planning Update	• *Memo:* Strategic Planning 2017-2020 • Final Draft • Strategic Initiatives	Carmela Castellano-Garcia	I/D/A
VII. CPCA/Advocates Grant Agreement	• Grant Agreement	Carmela Castellano-Garcia	I/D/A
VIII. OHAC Update	• *Memo: Oral Health Update*	Beth Malinowski	I
IX. Approval of Committee Action Items and Brief Informational Reports	• AG Worker Health • Audit • Clinicians • Executive • Finance/Ventures Finance • 330 • Governance • Government Programs • Legislative • Rural Health • Workforce	• Leslie McGowan • Tony Weber • Anitha Mullangi & Ellen Piernot • Naomi Fuchs • Kevin Mattson • Corinne Sanchez • Mary Szecsey • Isabel Becerra • David Vliet • Lucresha Renteria • Dean Germano	I/D/A
X. NACHC Update (recurring)	• NACHC Board Meeting Report	Ben Flores, NACHC rep	I
XI. RAC Update (recurring)		Ralph Silber, RAC member	I
XII. SPEAKER: Kathy Kneer, President and CEO, Planned Parenthood Affiliates of California	*Topic:* Future options for Planned Parenthood	Kathy Kneer, PPAC	I

XI. Adjourn Board; convene Ventures Board		Naomi Fuchs, Chair	A
Additional Attachments:	• CPCA Code of Conduct • Board Attendance Policy		I

Board of Directors Meeting

January 13, 2017

Meeting Minutes

Board Members Present : *Chair:* Naomi Fuchs, Robin Affrime, Isabel Becerra, Doreen Bradshaw, Ben Flores, Cathy Frey, Jane Garcia, John Gressman, Britta Guerrero, Nik Gupta, Sherry Hirota, Deborah Lerner, Marty Lynch, Kevin Mattson, Louise McCarthy, Scott McFarland, Danielle Myers, Christine Noguera, Tracy Ream, Tim Rine, Jackie Ritacco, Ralph Silber, Paulo Soares, Graciela Soto-Perez, Mary Szecsey, Richard Veloz, David Vliet, Paula Wilson

Members Absent: Deb Farmer, Kerry Hydash, Paulo Soares

Guests: Leslie McGowan, Jason Vega, Dean Germano, Anitha Mullangi, Joanne Preece (other guests may not have signed in)

Staff: Carmela Castellano-Garcia, Robert Beaudry, Heather Wright, Sandy Birkman, Andie Patterson, Cindy Keltner, Victor Christy, Beth Malinowski, Erin Perry, Ginger Smith, Val Sheehan, Mike Witte

1. Call to Order

Board Chair Tracy Ream called the meeting to order at 10:20a.

2. Approval of Agenda

Motion

A motion was made and seconded to approve the agenda as presented (Myers/Gupta). **The motion carried.**

3. Consent Calendar

Motion

A motion was made and seconded to approve the Consent Calendar (Bradshaw/??). **The motion carried.**

4. CEO Report

Carmela Castellano-Garcia, President and CEO, presented a brief report. This is the first Board meeting since the election and it's clear we're in for the fight of our lives under this new administration, especially given their desire to repeal and replace the Affordable Care Act. Recent town hall events have heard suggestions that CCHCs could take the place of Planned Parenthood should it be federally defunded. California can serve as the model at the federal level and the Committee meetings yesterday included positive steps forward. There are concerns about the State Plan Amendment (SPA) and implications are unknown but we feel well-positioned and Pan has agreed to author the related bill. The soda fee (Bloom) could take on greater significance due to need for revenue and we'll also need Drug Medi-Cal bill author Holly as a budget ally.

Carmela introduced the newest CPCA staff member, Shadi Kanaan, Sr. Program Director, who will work primarily with Robert Beaudry and Christina Hicks on new programs, program development and related evaluation.

5. Potential Additional Board meeting

Carmela proposed adding a special board meeting to be held in conjunction with the Region IX Leadership Conference in Maui this June. Topics would include legislative updates and Strategic Plan discussion. The Executive Committee would also meet to discuss/review the CEO Assessment in June. Regular Board meetings will still be held in May and July 2017 per the previously approved meeting schedule. There is also a proposed joint dinner with the CPCA Board and Western Clinicians Network (WCN) leadership. Deborah Lerner noted that she's on the Region IX Leadership Conference planning committee and they are including good programming for CEO's. It was suggested that a dial-in option be made available for those not planning to travel to Maui. It will be Sunday evening at 7:30p local time.

Motion

A motion was made and seconded to approve the addition of a June 4 Board meeting. **The motion carried.** Four (4) abstentions were noted.

It was informally agreed to make exempt the Board attendance policy for the June meeting.

6. Speaker: Dr. Sandra Hernandez, California HealthCare Foundation

Dr. Sandra Hernandez, CEO of the California HealthCare Foundation, attended the meeting to discuss the topic of "the need for bold and out-of-box thinking in light of changes at the Federal level". Carmela introduced Sandra. She inquired – "what might our system look like in the future"? Proving the benefits of the ACA to the nation is a huge hurdle, as are the many imperfections of the Medi-programs in California. We are facing a new environment and significantly less federal dollars, thus, we need to stay committed to leveraging our coverage infrastructure.

She discussed how California can hold up its vision for covering everyone (mental health, primary care, prevention, etc.). Carmela inquired what Sandra envisions as the vehicle to allow us to get to this level of thinking. Timing is a serious concern as we don't know how long we'll have to make serious adjustments as California will have a new administration in two (2) years and they will be dealing with these issues – financial and otherwise. There is a great need for a statewide conversation and a bottom-up process would be ideal. Sandra remarked on Covered California's infrastructure and potential for leverage. CHCF is also aware of CPCAs efforts in the workforce (WF) arena and are interested in helping develop a vision for future WF needs and a related roadmap.

Sandra ended her comments by coming back to the ACA replacement ideas – what regulations could be removed to allow the system to do what it's really meant to. Collecting that list of regulations is important as all new regulations need to go to Congress before enacted with a 10-year lookback. What could that mean for healthcare? The energy (time/money) versus value discussion is very important.

7. Approval of Committee Action Items & Report Outs

AG Worker Health - no action.
Audit - no action.
Clinicians – no action. Recommendation is to continue conversations on policy and procedures.
Executive – no action.
Ventures/Finance - no action.

330 Committee –

Motion

Motion was made and seconded to create a subcommittee of members to work with CPCA and DHCS to develop a policy and exceptions for the use of Productivity Standards as a tool for determining reasonableness. (Sanchez/Mattson). **The motion carried.**

It was noted that there will also be a workgroup on SPA and another on inpatient billing policy changes.

Governance – Mary Szecsey presented the Governance Committee recommendations:

Motion

A motion was made and seconded to approve the membership application for community health clinic membership submitted by Horisons Unlimited. (Szecsey/Gupta). **The motion did not carry.**

Motion

A motion was made and seconded to approve the membership application for community health membership submitted by Yehowa Medical Services. (Szecsey/Gupta). **The motion carried.**

Direction was given to the Committee to reevaluate who letters of support are submitted by as there was discussion that letters should come from members in the applicants region.

Government Programs – no action.

Legislative –

Motion

A motion was made and seconded to approve CPCA's revised 2017 Policy Priorities Plan. (Vliet/Bradshaw). **The motion carried.**

Motion

A motion was made and seconded for CPCA to take support if amended position on SB 54 (De Leon) and a support position on the additional bills that make up the immigration bill package which includes; AB 3 (Bonta); AB 21 (Kalra); SB 6 (Hueso); SB 29 (Lara); and AJR 2 (Levine). (Vliet/Frey). **The motion carried.**

Rural - no action.

Workforce – no action.

8. Current Programs Update

Members provided feedback that they'd like to hear more about CPCA's program/service offerings. Last year, an extensive fee-for-services report was provided, and this year will focus on key updates. Members were asked to let staff know if there are additional needs not being met.

Key Highlights include:

- HealthManagement+ - A second cohort was added to the HM+ program this year and concern for the continuation of the Clinic Leadership Institute (CLI) was noted. There is also potential to further collaborate on HM+ with UC San Francisco. Dean Germano helped broker a conversation that Bobbie Wunsch is facilitating. The HM+ program could evolve.

- The FinancialManagement+ program was moved online per member request.
- Six (6) member health centers are now participating in the Revenue Cycle Management (RCM) program with another in the pipeline. One member had a 30% increase in payments received after five (5) months in the program.
- A total of 15 member health centers are using DRVS.

It was agreed that every other year the more expansive Fee for Service presentation will be provided.

9. NACHC Update

Ben Flores noted the written report provided in the Board packet, which is somewhat outdated given the election. He expects a good turnout at the P&I Forum this March.

10. RAC Update

Louise McCarthy presented this report, noting that the new RAC Chair is Suzie Shupe who had a previously scheduled vacation. Since the last CPCA Meeting, RAC has meet twice – once at their annual Retreat the day after the election and again two days ago. This week's meeting included Judy Belk from the California Wellness Foundation who has now met with RAC three (3) times in the last three (3) years.

There was discussion about Sandra Hernandez' talk with the Board. Members shared feedback about her suggestion to use Covered California as a mechanism to take on Medicaid burden. It was added that Covered CA has no infrastructure for newly qualified immigrants.

Beth Malinowski, Deputy Director of Government Affairs, noted this issue is on the Consortia Policy Group's (CPG) radar. Conversations with DHCS are continuing. Consumer groups have done some advocacy work and will do more this year to delay the wrap. It was noted the issue should also be discussed at the Committee level, not just via CPG.

Members discussed that Medi-cal expansion is key/immediate fight – what is the role of the safety net and how do we forcefully leverage CCHCs. There was discussion about how to respond to Sandra collectively and Carmela noted that if members have a relationship with her, they should feel free to reach out to her and CPCA will re-approach her once the Strategic Plan is finalized. It was suggested to explore having Peter Lee or Jennifer Kent speak at the July Board meeting. It was noted that the hospital council in the past had convened a group on Medi-Cal Managed Care and could that group reconvene? Carmela offered to pitch that idea.

11. Adjourn Board; convene Ventures Board

The Board was reminded the previous membership application discussion around letters of support will be going back to the Governance Committee.

Chair Naomi Fuchs adjourned the Board meeting at approx. 12:25p.

CPCA 2017 BOARD MEETING CALENDAR

** Dates will be based on event space availability, even after Board approval.

Board & Committee Meetings

Thursday - Friday, January 12-13, 2017 — Sacramento – CPCA

(NACHC Winter Strategy Mtg. – January 26-28, 2017 in Delray Beach, FL)

Day at the Capitol / Board & Committee Meetings

Wednesday, May 3, 2017	Day at the Capitol / Reception	Sacramento – TBD
Thursday-Friday, May 4-5, 2017	Committee and Board meetings	Sacramento – CPCA

(NACHC P&I – March 28-April 3; Washington, DC)
(NACHC Conf. for Agricultural Worker Health – May 22-24, 2017 in Savannah, GA)

April 16, 2017	*(Easter Sunday)*
April 10-18, 2017	*(Passover Week)*

Board & Committee Meetings

Thursday-Friday, July 13-14, 2017 — Sacramento – CPCA

(NACHC CHI – August 25-29, 2017 in San Diego, CA)

**** Annual Conference / Board & Committee Meetings**

Tues., Oct. 10 – Committee Meetings / possible Pre-Con event(s)
Wed., Oct., 11 – Committee Meetings / Board meeting / Pre-Con event(s)
Thurs. – Fri., Oct. 12-13 – Annual Conference — Anaheim, CA

(NACHC PCA/HCCN Conference – Nov. 13-15, 2017, in Austin, TX)

Sept. 21-22, 2017	*(Rosh Hashanah)*
Sept. 30, 2017	*(Yom Kippur)*
Oct. 5-6, 2017	*(Sukkot)*

CPCA 2018 BOARD MEETING CALENDAR

** Dates will be based on event space availability, even after Board approval.

Board & Committee Meetings

Thursday - Friday, January 18-19, 2018 — Sacramento – TBD

(NACHC Winter Strategy Mtg. – late January 2018 in Delray Beach, FL)

Day at the Capitol / Board & Committee Meetings

Wednesday, April 25 **OR** May 2, 2018 — Day at the Capitol & Reception — Sacramento – TBD
Thursday-Friday, April 26-27 **OR** May 3-4, 2018 — Committee & Board meetings — Sacramento – TBD

(NACHC P&I – March 14-18, 2018; Washington, DC)
(NACHC Conf. for Agricultural Worker Health – May 5-7, 2018 in San Antonio, TX)

Mar. 31-Apr. 7, 2018 *(Passover Week)*
April 1, 2018 *(Easter Sunday)*

Board & Committee Meetings

Thursday-Friday, July 13-14, 2018 — Sacramento – TBD

(NACHC CHI – August 24-28, 2018 in Orlando, FL)

**** Annual Conference / Board & Committee Meetings**

Exploring weeks of: **Oct. 9** (Meetings 10/10-11; Conference 10/12-13) — **LOCATION TBD**
Oct. 16 (Meetings 10/17-18; Conference 10/19-20)
Oct. 23 (Meetings 10/24-25; Conference 10/26-27)

(NACHC PCA/HCCN Conference – XXX, 2018, in XXX)
(NACHC FOM/IT Conference – Oct. 22-24, 2018 in Las Vegas, NV)

Sept. 10, 2018 *(Rosh Hashanah)*
Sept. 19, 2018 *(Yom Kippur)*
Sept. 24-30, 2018 *(Sukkot)*

California Primary Care Association

INFORMATIONAL

Date: April 21, 2017

To: CPCA Board of Directors

From: Erin Perry, Assistant Director of Education and Training

Re: CPCA Training Program

MEMORANDUM

Attached is the training report for the 4rd quarter of the 2016-2017 fiscal year. Below are the highlights of this report:

- FY 2016-2017 Quarter 4
  - **11** learning opportunities
    - CPCA launched the 6th Cohort of the HealthManagement+ program with 20 participants in February.
    - The CPCA Quality Care Conference, held in Newport Beach, drew over 170 participants.
  - **Over 800 attendees** at in-person and online sessions
  - Average Satisfaction Score of 4.09 on a 5-point scale

- FY 2016-2017 Totals
  - The training program had a successful year with:
    - 59 Learning Opportunities
    - Nearly 6000 participants in those learning opportunities
    - An average satisfaction score of 4.13 for those learning opportunities on a 5-point scale

- What's Ahead:
  - Cohort VII of CPCA HealthManagement+ program begins in June. If you or your staff are interested in this program we are accepting applications through May 10, 2017.
  - CPCA, in conjunction with the Western Clinicians Network, will host the Region IX Clinical Excellence Conference on Maui in June 4-6, 2017.
  - And much more… take a look at the events calendar at www.cpca.org.

Any questions or inquiries regarding the Training Program can be addressed to eperry@cpca.org.

FY2016-17 Post Training Report

Quarter 4: January 2017 - March 2017
Updated: April 21, 2017

Count	Date	Training Category	Title	Type	Number Attended/Lines**	Number of Additional Webinar Attendees*	Satisfaction Score (1-10)
1	1/18/2017	Workforce	Demystifying the Medical Board of CA's Licensing Process	Webinar	34	3	4.1
1	1/24/2017	Health Center Operations	Medical Case Management: Enabling Services in NextGen	Webinar	44	25	4.6
1	2/2/2017	Human Resources	HealthManagement+ Cohort 6 Launch	In Person	20	0	-
1	2/14/2017	Conferences and Events	Quality Care Conference	In Person	172	0	4.3
1	2/23/2017	Workforce	Addressing Burn-out in the Era of Value-Based Purchasing	Webinar	32	5	3.4
1	2/28/2017	Advocacy	Lobbying & Advocacy 101: What You Can Do	Webinar	183	-	-
1	3/7/2017	Advocacy	Lobbying & Advocacy 101: Rules & Reporting for Nonprofits	Webinar	127	-	-
1	3/14/2017	Advocacy	Advocacy Rules for Foundation Grantees	Webinar	75	-	-
1	3/15/2017	Finance	IT Budgeting for the Health Center of the Future	Webinar	34	0	3.56
1	3/16/2017	Emergency Preparedness	2017 Emergency Preparedness Symposium	In Person	55	0	4.6
1	3/21/2017	Advocacy	Working Together: 501(c)(3)s and 501(c)(4)s	Webinar	46	-	-
		Totals/Average:		**11**	**822**	**33**	**4.09**

*Includes additional attendees on connection with attendee for webinars as identified in evaluation data
** Not including Sponsors & Exhibitors
- Data not collected or pending

California Primary Care ASSOCIATION

Discussion

Date: May 4, 2017

To: Executive Committee and Board of Directors

From: Carmela Castellano-Garcia

Re: CPCA Epic Partnership Development

MEMORANDUM

Executive Summary

CPCA is currently exploring development of a business partnership with Epic, the leading provider of Electronic Health Records software, to make this product more readily available to California Clinics and Health Centers.

CPCA believes this partnership has the potential to offer a variety of benefits to California CHCs, including:

- Providing a new option for CHCs to acquire the Epic product rather than to have it hosted by a hospital system or an out of state vendor, enabling CPCA members to use the Epic product while retaining full data ownership and control.
- Reducing the total cost of ownership through group purchasing, leveraging of potential philanthropic initiatives at Epic, and through potential interaction with other funders and funding mechanisms.
- Creating a California-specific instance of the Epic platform that will assist CHCs in meeting current Health Center needs (such as UDS and PCMH) while allowing us to more nimbly meet new needs (such as payment reform).
- Improving provider satisfaction with Electronic Health Records by providing the Epic platform, which is widely considered to be the best and most usable Electronic Health Record with the highest physician satisfaction scores.
- Creating a single point of integration for all CHCs that participate in the initiative. This would mean that a single hospital interface, for example, could support all CHCs that share patients with that hospital. The same would be true for labs, imaging, specialists, HIEs and RHIOs, and payers (claims data).

This memo provides a summary of CPCA and member findings after a site visit to Epic headquarters in early March, an analysis of member interest in the Epic platform based on a member survey conducted in early 2017, and a brief overview of key project planning next steps.

Epic March 2017 Site Visit and Executive Meeting

On March 3, 2017, a team of CPCA staff and member representatives spent a day meeting with Epic leadership and key staff members at Epic's corporate headquarters in Madison, Wisconsin:

> *California Primary Care Association attendees*: Carmela Castellano-Garcia, President and CEO, CPCA; Andy Principe, President, Starling Advisors; Anna Maria Izquierdo-Porrera, MD, CMO, BlueNovo; Mike Witte, MD, CMO, CPCA; Robert Beaudry, EVP/COO, CPCA; Roopak Manchanda, President, BlueNovo; Wunna Mine, CIO, Golden Valley Health Centers
>
> *Epic attendees*: Judy Faulkner, CEO; Bre Loughlin, RN, Clinical Informatics Nurse; Chad Sundell, Team Lead; Chris Mast, MD, Director; Jackie Gordee, Sales Executive; Jenna Timm, Executive Relationships and Customer Success; Joel Jones, PharmD, Population Health, Clinical Informatics; Matt Doyle, R&D Team Lead; Mike Neher, Technical Implementation; Mukesh Allu, Software Developer; Ryan Krause, Intern; Sean Bina, Vice President Access Application

CPCA onsite time with Epic was focused on understanding their FQHC-centric capabilities, organizational understanding of FQHCs and commitment and interest in FQHCs. The CPCA team's key takeaways are below, and the CPCA team felt after this site visit that Epic's evident commitment to FQHC providers as well as their demonstrated technical capacity supported continued exploration of this partnership opportunity.

- <u>FQHC Commitment and Feature Set</u>
    - *Commitment of Epic Leadership* - CEO (Judy Faulkner) spent several hours with the CPCA team, reiterated her commitment to FQHCs and the CPCA team felt she demonstrated a keen understanding of FQHCs
    - *Familiarity with FQHC needs* - Judy's husband, Dr. Gordon Faulkner is a practicing Pediatrician at Access Community Health FQHC in Madison, WI
    - *FQHC Content Knowledge:*
        - Epic presented a team of subject matter experts who focus on FQHCs
        - Among the discussions and overview were Epic dental capabilities (interface with Dentrix and a pre-built dental platform- Wisdom); behavioral health integration pre-existing with group visits and enhanced feature set in next release (next year) via a new module; sliding fee scale; and reporting support for UDS
        - CPCA team met Epic UDS product manager; Epic team has been supporting UDS for multiple years
        - The Epic product manager demonstrated UDS functionality now pre-built into Epic and is also participating in the Mitre HRSA workgroup to further automate UDS

- Continuity of Care
    - One of the key mission/belief/drivers for Epic is the development of a longitudinal care record and continuity of care between hospitals and ambulatory settings (patient-centric care)
    - Epic has made significant inroads on interoperability (via Epic Care Everywhere) with all Epic instances (databases) nationally interoperating. Epic does the address book management but patient portability is available across all Epic instances; Epic Care Link further enhances capability. They currently have interoperability working with eClinicalWorks, NextGen and several other EHR products
    - For a CHC not on a hospital-based instance, Epic understands and buys into how a CPCA Epic instance would enable interoperability with other Epic instances (locally and nationally) at hospital partners. This will be a significant positive impact on continuity of care for CHC patients

- Unified Single Instance (Database)
    - Epic is typically deployed as a single instance with personalization and branding features available at individual site levels
    - This approach has delivered significant value (total cost of ownership, return on investment) with customers in reduced deployment costs, reduced support and maintenance costs, standardization, single points of integration with 3rd party vendors such as labs, and improved fiscal metrics
    - This approach will also activate population health at all levels; Epic product Health Planet provides population health management
    - CHCs need to be aware of this approach as being quite different from how systems such as NextGen are implemented – this approach is more in line with how cloud based EHRs would be deployed in the future (very little customization available and large focus on personalization/configuration)

- Patient Engagement/Non-traditional touches
    - The Epic team demonstrated a feature rich mobile application and a web portal for patients (English/Spanish)
    - Telemedicine is integrated into the product and mobile platform (they mentioned more than 50% of Kaiser visits are done virtually since 2016.)

CPCA Member Interest in Epic Platform

As part of this partnership exploration, the CPCA team conducted a member survey from March 2017 through April 2017 to assess current EHR and HIT-related member needs, as well as specific interest in the Epic platform. Sixty-eight CPCA members completed the survey, and the responses indicate a prominent level of interest in the Epic platform as well as support for competitive pricing negotiated through CPCA. Key findings relevant to the Epic partnership exploration are included on the next page:

Level of Interest in Epic Platform:

Question	Percent of Respondents	Clinical Providers Represented (Total FTEs)
Considering replacing their Certified Electronic Health Record (CEHRT) at some point between 2017-2020	26% of total survey respondents	659
Considering Epic in some capacity, either in partnership with a local hospital, with OCHIN or by some other means	77% of respondents considering changing their CEHRT	626
Are interested, or possibly are interested in an Epic offering under terms negotiated through CPCA	38% of respondents considering a move to the Epic platform	535

Key Project Planning Next Steps

CPCA has engaged a multi-disciplinary planning team, including member representation from both Golden Valley Health Center and Shasta Community Health Centers. Key steps over the next six weeks include assessment of various business models, engaging legal counsel, initiating the negotiation process with the Epic team, assessment of potential impact on CPCA member key partners and providing detailed Epic capacity demonstrations to key member stakeholders. The CPCA multi-disciplinary planning team will meet bi-weekly to provide guidance as this process continues. The goal of our key steps would be to initiate a pilot with a health center or two to validate our business model.

A key planning step is assessing the optimal division of responsibility and support between the CHC, Regional Consortia, CPCA and Epic level. The planning group has drafted the initial roles and responsibilities outlined in the grid below:

Lead Entity	Epic	CPCA/Blue Novo	CHC/RAC

Activities	• Bug fixes
	• Upgrades/updates
	• Code changes
	• Vendor troubleshooting
	• Hosting issues
	• Ongoing support for implementations, including:
	  ○ Project management
	  ○ Train-the-trainer
	  ○ Go-Live support
		• Issue troubleshooting
		• System errors
		• Enhancement requests
		• Advanced configuration
		• Workflow changes & optimizations
		• Management of ongoing health center implementations
		• Ongoing trainings development and participation (as-needed)
			• Support could be either staffed or contracted (for example provided at a regional level)
			• User management
			• Break/fix
			• Login/Password Issues
			• Helpdesk – IT/laptop/computer
			• Internet/Wide Area Network connectivity
			• May provide ongoing refresher trainings, staff orientation onboarding training

California Primary Care ASSOCIATION

ACTION

Date: May 4-5, 2017

To: Executive Committee and Board of Directors

From: Carmela Castellano-Garcia

Re: Strategic Planning 2017-2020 Final Draft & Strategic Initiatives

MEMORANDUM

I. BACKGROUND

In February 2017, the CPCA and CaliforniaHealth+ Advocates governing boards came together for a day and a half retreat to review the research and analysis that formed the foundation of the Strategic Plan straw man, as well as to debate and revise the goals that will guide the Association's work through 2020. The attached Strategic Plan serves as the final draft that incorporates all governing board input and I respectfully ask for the Board's approval to adopt the Strategic Plan framework as submitted.

We are also asking for feedback around the Strategic Plan Initiatives attachment, which depicts the types of large scale programs, training and technical assistance initiatives that CPCA staff feel are aligned with the strategic goals and would support long term community health center (CHCs) sustainability and viability statewide.

As a reminder, once the plan is approved by the Board, the CPCA staff will create both detailed workplans and identify success measures that will help the Association determine success moving forward. The June Board meeting will be used to further analyze additional policy/advocacy issues that may impact the Strategic Plan, such as the May Budget revise, any additional information around the CHC funding fiscal cliff, or other state and federal policy/regulatory changes that should be addressed. In July, staff will submit for the Board's review and approval a high-level strategic evaluation plan and suggested outcomes reporting format.

II. RETREAT OUTCOMES

On February 23 & 24, the CPCA and Advocates Board came together in Napa, CA to provide input into the final draft of the 2017-2020 Strategic Plan. It is important to note that prior to the retreat, CPCA's Executive Committee requested an additional goal be added to the Strategic Plan straw man around advocacy. The resulting draft document, which served as the basis for retreat discussions, included the following content:

Strategic Bold Step: Community Health Centers ensure health equity for all people

- *Goal 1: Be a Leader for Health Access and Coverage*
- *Goal 2: Transform the Health System*
- *Goal 3: Develop a Robust CHC Workforce*
- *Goal 4: Demonstrate the Value Proposition of Community Health Centers*

Overall, participants agreed that the one Bold Step felt more like a vision than a "step," and requested that it be changed to a strategic vision statement. While participants agreed that each of the four Goals should, in fact, be priorities for the Association – there was overall consensus that they should be listed as "Bold Steps" rather than "Goals." Participants discussed the objectives listed under each former goal (not shown in this memo), all of which further defined the desired change CPCA would strive to achieve. Participants provided wordsmithing suggestions for these objectives, and once again suggested a change in terminology from "Objectives" to "Goals." At the end of the Retreat, Nancy Shemick reviewed the suggested changes and points of consideration, facilitated consensus among participants around the Strategic Plan framework, and tasked staff with aggregating all suggested revisions and putting together a final draft for Board review – which is attached and overviewed below.

Bold Vision: Advancing health equity for all people

- *Bold Step1: Be a Leader in Advocating for Health Access and Coverage*
- *Bold Step 2: Transform the Health System*
- *Bold Step 3: Cultivate a Robust CHC Workforce*
- *Bold Step 4: Promote the Value of Community Health Centers*

In addition to strategic plan discussions, both Burt Margolin and Peter Long spoke at the retreat. Burt spoke about today's political environment, underscoring the uncertainty of our political landscape. Peter talked about the importance of maintaining focus on future goals in spite of the uncertain times. A retreat evaluation reported that 100% of respondents felt that we "met" or "somewhat met" each stated retreat objective, with 100% of respondents stating that we "met" the objective of agreeing to a strategic plan framework. 91% of participants felt the speakers contributed to the strategic plan discussions, and they also rated the retreat venue 4 out of 5 stars. One key piece of feedback is to spend less time reviewing material/information that has already been shared and more time in interactive discussion and activity.

III. STRATEGIC INITIATIVES

At the conclusion of the retreat, staff were tasked with gathering all feedback collected during the retreat around potential activities and initiatives that would support strategic plan implementation. In addition to the collected feedback, staff also worked in small groups to identify programs or large-scale projects that should be considered when creating strategic plan work plans over the next three years. Attached to this memo is a list of those large-scale initiatives and a description of each. Being mindful that detailed work plans or a staffing analysis have yet to be completed as it relates to the resources it would take to undertake each endeavor, the ideas are being offer to the Board of Directors for input.

IV. DISCUSSION/ACTION ITEMS

1. Action Item – 2017-2020 Strategic Plan Approval
2. Strategic Initiatives Discussion
    a. Are there clarifications needed around the suggested Strategic Initiatives?
    b. Are there any additions or considerations staff should acknowledge as they create workplans around the Strategic Plan/Initiatives?

Attachments:

- ***2017 – 2020 Strategic Plan Final Draft***
- ***Strategic Plan Initiatives***

BOLD VISION

Advancing health equity for all people.

BOLD STEP 1 – BE A LEADER IN ADVOCATING FOR HEALTH ACCESS AND COVERAGE

Lead a state-wide advocacy agenda that supports a robust system of health for the communities we serve.

GOALS

1. In partnership with the Regional Associations of California, build advocacy strategies that are executed with clear and effective messaging
2. Lead, build, strengthen and expand coalitions and partnerships that advance health center advocacy agency.
3. Facilitate the development of a culture of advocacy in community based health centers
4. Partner with the California Health+ Advocates to strengthen their capacity and influence to effectively advocate for polices that enable CHCs to make their communities healthier.
5. Lead state-wide dialogue and initiatives that promote continued outreach, enrollment and eligibility activities that ensure coverage and care for all.

BOLD STEP 2 – TRANSFORM THE HEALTH SYSTEM

Advance health system transformation at the national, state, and local levels to promote health equity for all.

GOALS

1. Identify and facilitate learning around innovative approaches to delivering highly effective and efficient care.
2. Build and strengthen integrated delivery networks and bridge gaps across siloed delivery systems to advance the health outcomes of communities.
3. Increase advocacy around issues related to social determinants of health that affect the health outcomes of CHC patients.

BOLD STEP 3 – CULTIVATE A ROBUST CHC WORKFORCE

Support the development of a strong healthcare workforce that is responsive to and reflective of California's diverse communities.

GOALS

1. Promote the visibility of community based primary care workforce.
2. Advance resources and support for primary care provider/staff training.
3. Expand opportunities to support community members entering the health care workforce.
4. Position CHCs as employers of choice.
5. Grow and diversify health professions to better reflect California's diverse communities.
6. Reduce the barriers associated with hiring primary care providers

BOLD STEP 4 –PROMOTE THE VALUE OF COMMUNITY HEALTH CENTERS

Identify and articulate a shared vision promoting the value of community health centers to California communities and the health system as a whole.

GOALS

1. Support CHC's ability to enhance internal cultures of quality and make strategic, data-informed decisions regarding operations and care delivery.
2. Create a shared CHC "value vision" that underscores the important role of community health centers in affecting population health and social determinants of health.
3. CHCs have the necessary skills and resources to influence and forge partnerships that impact community health.

Strategic Plan Initiatives 2017-2020

BOLD VISION

Advancing health equity for all people.

Bold Initiatives

BOLD STEP 1 – BE A LEADER IN ADVOCATING FOR HEALTH ACCESS AND COVERAGE
Lead a state-wide advocacy agenda that supports a robust system of health for the communities we serve.

BOLD INITIATIVES

- **CaliforniaHealth+ Advocates – Advocacy Capacity:** Continue to develop and grow the advocacy capacity and influence of both CaliforniaHealth+ Advocates, as well as member organizations, to ensure the highest impact possible.
- **CaliforniaHealth+ Advocates – Political Capacity:** Continue to plan for and enhance Advocate's political capacity to engage political candidates, fundraise for political efforts, and make meaningful contributions that support health center success.

BOLD STEP 2 – TRANSFORM THE HEALTH SYSTEM
Advance health system transformation at the national, state, and local levels to promote health equity for all.

BOLD INITIATIVES

- **Alternative Payment Methodology Pilot (APM):** Continue with APM development and implementation, while exploring alternatives to PPS
- **Expanded System Delivery Technical Assistant Program**: CPCA to create educational opportunities and resource guides that support community health center's primary care delivery within MediCare, allowing health centers to proactively manage their again patient populations. This would include the possibility of creating a Chronic Care Management technical assistance and support program that would allow health centers to positively affect patient health outcomes and position them to take advantage of MediCare managed care supplemental resources that support chronic care management efforts.
- **Stronger Statewide EHR Vendor Relationships**: Strengthen EHR/HIT vendor relationships that support CHCs data aggregation and reporting capacity including the potential of offering a CHC-specific EHR integrated HIT solution with support and training.

DRAFT

Strategic Plan Initiatives 2017-2020

BOLD STEP 3 – CULTIVATE A ROBUST CHC WORKFORCE

Support the development of a strong healthcare workforce that is responsive to and reflective of California's diverse communities.

BOLD INITIATIVES

- **Coordinate Statewide Workforce Policy Agenda:** Serve as the coordinating force behind a multi-stakeholder workforce policy discussion that results in statewide workforce policies and strategies that address primary care workforce shortages and support innovation in health care workforce solutions.
- **CHC Academy**: In partnership with subject matter experts and other health care delivery partners; CPCA to create an online training and learning system. This training and learning management system would expand access to existing medical training options by creating content specific to the unique staff development needs of CHCs, and allow health center leaders to accelerate the development of well-trained staff, particularly in areas where there are shortages of qualified people to fill critical roles.
- **Employer of Choice Campaign**: CPCA to identify best practices around, and develop program development guides for, effective recruitment, retention and staff development strategies. CPCA to further support workforce recruitment and retention efforts by promoting a statewide ***Employer of Choice*** branding campaign with pipeline partners, employers and other important stakeholders.
- **CHC Leadership Development & Innovation Program:** CPCA to identify the core tenants of health center innovation and success going into a new era of primary care delivery, and create a dedicated website and technical assistance program for health center CEOs.

BOLD STEP 4 –ARTICULATE THE VALUE OF COMMUNITY HEALTH CENTERS

Identify and articulate a shared vision promoting the value of community health centers to California communities and the health system as a whole.

BOLD INITIATIVES

- **Capitation Payment Preparedness Program (CP3)**: Continue to develop the APM technical assistance and training program, and leverage the work to articulate the impact health centers are having around health system delivery transformation.
- **CaliforniaHealth+:** Continue to expand the CHC brand by exploring brand standards, continuing to work on the value of the brand and what it does for health centers, increasing the number of health centers who have adopted the brand, and by leveraging the brand activities to support an Employer of Choice Campaign (Bold Step 3 Initiative)
- **Quality Improvement & HIT Management+ Program**: To create a statewide quality improvement framework offered through both cohort-based and individual technical assistance offerings, that would help health centers develop and maintain quality assurance and quality improvement programs that continuously assesses clinical services, operations and management needs.

DRAFT

GRANT AGREEMENT

THIS GRANT AGREEMENT is dated May 5, 2017, and is between California Primary Care Association, a California nonprofit public benefit corporation ("Grantor"), and CaliforniaHealth Plus Advocates, a California nonprofit public benefit corporation ("Grantee"), with respect to the following:

A. Grantor has obtained recognition of its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (the "Code") from the Internal Revenue Service, and is not classified as a private foundation under Section 509(a) of the Code. Grantor's charitable purposes *for which this corporation is organized is to promote and facilitate equal access to quality health care for individuals and families throughout California, through organized primary health care clinics and clinic networks. .*

B. Grantee is tax-exempt under Section 501(c)(4) of the Code and proposes to *advocate on behalf of policies that preserve and enhance the ability of community clinics and health centers in California to deliver high-quality clinical care to California's underserved and disenfranchised health care consumers..*

C. In furtherance of its charitable *[and educational]* purposes, Grantor now wishes to make a grant to Grantee, in the amount and on the terms and conditions in this Agreement.

NOW, THEREFORE, in consideration of the mutual rights and obligations set forth herein, the parties to this Agreement hereby agree as follows:

1. The purpose of this grant is to support the following specific charitable project of Grantee: *advocate on behalf of policies that preserve and enhance the ability of community clinics and health centers in California to deliver high-quality clinical care to California's underserved and disenfranchised health care consumers, as defined by the Grantor's and Grantee's public policy platform and legislative agenda.*

2. Concurrently with the execution and delivery of this Agreement by Grantee to Grantor, Grantor shall pay to Grantee the sum of Three Hundred Thousand dollars ($300,000) (the "Grant") for the purposes stated in paragraph 1.

3. Grantee shall use the Grant solely for the purposes stated in paragraph 1, and Grantee shall repay to Grantor any portion of the Grant which is not used for those purposes. Any changes in the purposes of the Grant must be approved by Grantor in advance, in writing.

4. To enable Grantor to fulfill its obligation to supervise and control this Grant, Grantee shall submit a full and complete report to Grantor as of the end of any *calendar* year within which any portion of the Grant is received or spent. Grantee shall submit this report no later than January following the end of each such year. The report shall describe the charitable programs

conducted by Grantee with the proceeds of the Grant and all expenditures made from Grant funds, and shall report on Grantee's compliance with the terms of this Agreement.

5. With regard to any subgrantees convenient or necessary to carry out the purposes of the Grant, Grantee shall retain full discretion and control over their selection, acting completely independently of Grantor. There is no agreement, written or oral, by which Grantor may cause Grantee to choose any particular subgrantee.

6. The Grant is not earmarked to be used in any attempt to influence legislation within the meaning of Internal Revenue Code Section 501(c)(3), except for expenditures described in Internal Revenue Code Section 4911 as follows: Up to $ 135,000 for grass roots lobbying, and up to $550,000 for all lobbying. The Grant is conditioned on Grantee's adherence to the foregoing limits; any expenditures by Grantee from the Grant exceeding those limits shall cause such excess to revert to Grantor immediately, and Grantee shall promptly repay such amounts to Grantor.

7. Grantee shall not use any portion of the Grant to participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office, to induce or encourage violations of law or public policy, to cause any private inurement or improper private benefit to occur, nor to take any other action inconsistent with Section 501(c)(3) of the Code.

8. Grantee shall notify Grantor immediately of any change in (a) Grantee's tax-exempt status, or (b) Grantee's executive staff or key staff responsible for achieving the Grant purposes.

9. Grantee shall make any publications, studies, or research funded by the Grant available to the public in accordance with such reasonable requirements or procedures as may be established by Grantor from time to time.

10. Grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless Grantor, its officers, directors, trustees, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees), directly or indirectly, wholly or partially, arising from or in connection with any act or omission of Grantee, its officers, directors, employees, or agents, in applying for or accepting the Grant, in expending or applying the proceeds of the Grant, or in carrying out the program(s) or project(s) to be funded or financed by the Grant, except to the extent that such claims, liabilities, losses, or expenses were caused by any act or omission of Grantor, its officers, directors, trustees, employees, or agents.

11. In the event that Grantee violates or fails to carry out any provision of this Agreement, including, without limitation, failure to submit reports when due, Grantor may, in addition to any other legal remedies it may have, refuse to make any future grants or installment payments of this Grant to Grantee, and Grantor may demand the immediate return of all or any unexpended portion of the Grant, and Grantee shall immediately comply therewith.

12. This Agreement supersedes any prior oral or written understandings or communications between the parties and constitutes the entire agreement of the parties with respect to the subject matter hereof. This Agreement may not be amended or modified except in a writing signed by both parties hereto.

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Grant Agreement on the dates set forth opposite their signatures below.

CALIFORNIA PRIMARY CARE ASS'N

DATED: _____, 201___ Signed: _____

Name: _____

Title: _____

CALIFORNIAHEALTH+ ADVOCATES

DATED: _____, 201___ Signed: _____

Name: _____

Title: _____

California Primary Care ASSOCIATION

INFORMATIONAL

Date: April 24, 2017

To: Government Programs Committee

From: Emili LaBass, Senior Program Coordinator of Health Center Operations and Beth Malinowski, Deputy Director of Government Affairs

Re: Oral Health Update

MEMORANDUM

Oral Health Legislation

Tobacco Tax Initiative (Prop. 56) Funding

CaliforniaHealth+ Advocates is partnering with California Dental Association (CDA) and other oral health advocates to support the allocation of Proposition 56 funding for the statewide Dental Director (Dr. Jay Kumar) and State Oral Health Plan related activities. While the measure intends for a portion of tax revenues to support dental care and for $30 million to be dedicated for the prevention and treatment of dental disease, including that caused by tobacco products, advocacy is needed to guarantee that Dr. Kumar and his team has the needed flexibility to administer these funds. The $30 million, to be administered by Dr. Kumar and the Oral Health Program, have the potential to represent the first substantial investment in oral public health in decades. With this in mind, CaliforniaHealth+ Advocates is working with CDA and others to support the development of statutory language that will ensure the needed flexibility is provided to properly and successfully disperse funds. CaliforniaHealth+ Advocates recently signed a coalition letter (see resource section) to protect these oral health dollars.

In addition to the Prop. 56 funding to support the Oral Health Plan, there is additional commitment for tax revenue to support dental care through a subset of funding that will be provided to the Department of Health Care Services. A number of legislators and special interests have come forward to express their intent for these funds. We are tracking these conversations closely and in regular communication with CDA. As we monitor these developments, we have no taken a position on any of the legislative proposals that relate to this portion of the Prop. 56 funding, including AB 753 (Caballero) or AB 15 (Maienschein).

Oral Health Legislation

CaliforniaHealth+ Advocates is currently tracking nearly a dozen oral health bills (see resource section). The Oral Health Bill tracking report has been shared with Dental Directors Peer Network and we have requested/received feedback on AB 224 (Thurmond) – Dentisty: Anesthesia and Sedation. While we have not taken a formal position of AB 224, Advocates has met with the author to express member concerns, including a concern that new sedation recommendations for pediatric dental patients, if required, could reduce access to certain oral health services. Assemblymember Thurmond has request that we submit additional information regarding dental procedures currently provided to pediatric patients in the health center setting that may require sedation and greater information on our dental

referral partners. Please email Emili LaBass, at elabass@cpca.org, to share how your health center uses anesthesia and sedation with your pediatric dental patients.

We are also watching closely AB 1277 (Daly), a bill that would require the Dental Board to amend regulations on the minimum standards for infection control in irrigation and waterlines utilized for dental procedures. We are currently analyzing this bill for health center impact.

Dental Transformation Initiative (DTI)

Up to $148 million per year over 5 years – totaling $740 million

Within the Medi-Cal 2020 Waiver, the Dental Transformation Initiative (DTI) represents a critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. CPCA continues to meet with DHCS to ensure active clinic participation in the DTI.

Updates on Domains 1

CPCA continues to meet with DHCS to address the unique needs of the safety net clinics regarding the ongoing implementation of the DTI, and in particular Domain 1. At the urging of CPCA and its health center partners, DHCS recently conducted an instructional webinar to address the billing mechanism by which health centers will need to electronically submit claims to the fiscal intermediary Delta for purposes of receiving incentive payment. FQHCs will also have the option of submitting a paper Treatment Authorization Request (TAR) claim form. DHCS, Delta, and CPCA continue to communicate regarding ongoing technical assistance issues and all questions regarding the DTI should continually be directed to DTI@dhcs.org.

CPCA is working on a Fact Sheet regarding the claim submission process that is currently under review with DHCS. A draft of that Fact Sheet is available as an attachment to this memo. Additional questions and concerns regarding this fact sheet and the DTI in general should be directed towards Emili LaBass at elabass@cpca.org.

Update on Domain 2

DHCS is working with a dental advisory group led by the state dental director, Dr. Kumar to finalize a standardized Caries Risk Assessment (CRA) tool and associated training materials to be utilized in Domain 2. Dentists from the eleven pilot counties wishing to participate in Domain 2 will be required to attend a training course in how to use the CRA Tool which is available from the California Dental Association (CDA).

Update on Domain 4 – Local Dental Pilot Programs (LDPP)

DHCS has selected the 16 LDPP applications it will fund through the DTI. Of the 16 applications, 12 are county, county run commissions, or are a consortium of counties and cities, 2 are academic institutions, and the last is the California Rural Indian Health Board. In a recent survey of members, health centers in several counties indicated they would be participating entities in the LDPP. CPCA is currently conducting more outreach to survey what this participation entails and encourages all health centers who are listed as participating entities to reach out to Emili LaBass, at elabass@cpca.org.

California Oral Health Network
California Oral Health Network
In fall 2016, DentaQuest Foundation released the results of its Oral Health 2020 California Oral Health Stakeholder Survey. The survey results provided four key takeaways:

(1) Facilitating and sustaining collaboration are ~~a~~ key in unifying the voice of oral health;
(2) Center for Oral Health, California Pan-Ethnic Health Network, as well as California Primary Care Association, were among the organizations highlighted for their ability to coordinate efforts across the state;
(3) Stakeholders are overwhelmingly committed to statewide collaboration; and
(4) Stakeholders were most interested in one organization to coordinating efforts statewide.

With this as a backdrop, CPCA, working with the Center for Oral Health (COH) and interested OHAC Permanent Steering Committee members, engaged in robust dialog to determine how OHAC should approach future DentaQuest funding opportunities. CPCA and COH made the strategic decision to meet with CPEHN's Executive Director, Sarah de Guia, to gauge CPEHN's interest in partnering with CPCA and COH for future funding opportunities. While CPEHN declined the opportunity to jointly apply, they did chose to apply on their own.

In March, CPCA submitted an application for an oral health grant jointly funded by the DentaQuest Foundation and the California Wellness Foundation. While CPCA was the lead applicant, our proposal featured a commitment to continue partnering with COH. This grant would provide up to three years of continuous funding for an entity to coordinate a statewide oral health coalition – the California Oral Health Network.

On April 21st, CPCA received notification from DentaQuest and Cal Wellness that CPEHN was awarded the grant for the California Oral Health Network. In addition to CPCA, the other applicants that were not selected include UCSF and Public Health Institute (PHI).

The Foundation staff emphasized that all four proposals were very strong and that the decision was very challenging. In the end, CPEHN's expertise and experience around health equity, diversity and inclusion, consumer advocacy, and coalition-building were identified as critical and priority strengths that tipped the scales in CPEHN's favor. In 2015, as part of the foundation's Oral Health 2020 initiative's Grassroots Engagement Initiative, CPEHN joined with the DentaQuest Foundation in a nationwide effort to improve oral health equity for California's low-income communities and communities of color.

We expressed our understanding of the decision and confirmed that we are very supportive of CPEHN's work, have collaborated multiple times in the past with CPEHN, and look forward to continuing to play an important role in efforts to support and advance oral health in California

Foundation staff also praised the strength of our submission and noted that CPCA and the Center for Oral Health (COH), co-manager of OHAC, have been critical players in advancing oral health in the state, and they were very appreciative of our openness to working with and supporting CPEHN as the facilitative entity for the new statewide network. In the coming weeks, CPCA staff aim to discuss with COH and OHAC permanent steering committee (PSC) members the best way to support the new network. While the OHAC PSC and co-managing organizations are yet to discuss the full implications

of this funding decision on the future of OHAC, CPCA staff believe dismantling OHAC is the best direction at this time. Additionally, we will look for opportunities to fold OHAC elements, where appropriate, into the new CPEHN-led network. CPCA staff are committed to continuing our long history of collaboration and guaranteeing that the health center voice is prominently featured in this new collaborative.

The need for a California Oral Health Network emerged from a nationwide conversation on oral health, which acknowledged that the system of healthcare we have in place today is not working for people's overall health and wellbeing, and that it is time to work together to build a new future. The network will enable agents of change – including policymakers, providers, public health activists, and grassroots organizers - to come together to create the changes we want to see and advance our shared oral health goals.

Resources

- Tobacco Tax Initiative Funding For the State Oral Health Plan – Coalition Sign-On Letter
- Oral Health Bill Tracking Report

NACHC Board Meeting Report

Report to the CPCA Board of Directors

on the

NACHC Board of Directors Meeting – April 2, 2017

By

Benjamin Flores, Region IX Representative for California

The intent of this report is to briefly summarize some of the main actions, activities and topics of discussion/concern discussed at NACHC Board of Directors meetings that either may not be otherwise covered in CPCA staff reports to the CPCA Board of Directors or bear repeating. The most recent meeting of the NACHC Board of Directors was held on Sunday, April 2, 2017 in Washington, DC.

The NACHC Board of Directors

The NACHC Board of Directors meets quarterly and is composed of an 8-member nationally elected Executive Committee, 20 representatives of the 10 chartered regions, 2 nationally elected clinical regional representatives and 2 nationally elected health center board member representatives.

Overall Board Meeting Summary

The April 2, 2017 NACHC Board of Directors meeting was held in conjunction with the P&I Forum.

The following are **excerpts from the NACHC President's Written Report**:

OVERVIEW

The Policy & Issues Forum this year saw the largest to-date participation, with over 2500 registered attendees. Clearly, our members are deeply concerned, and want to take whatever actions they can to both learn about the emerging health care environment and express their concerns to public policymakers. Many have been engaged in district office meetings, discussions with mayors, local elected officials, and business and community partners, participating in town-hall meetings, and responding to inquiries from the Press.

Our members have also been busy calculating the impact of certain actions related to "*Repeal & Replacement*" proposals within the various versions of, and amendments to, the American Health Care Act (AHCA) – including not addressing the Cliff fix, the impact of elimination of Medicaid PPS, state waivers and limitations on services, and various Medicaid funding reductions.

For the most part, and much to their credit, many members have been focused on constructive criticism, discussing the impact "back home," and suggesting ways to improve Congressional proposals – as opposed to mere outright opposition. A number of members have also expressed concerns related to the fear and impact of recent immigration actions and statements, as well as opposition to defunding Planned Parenthood. And some have expressed their concern that NACHC is not taking a stronger position on these issues. However, with so much at stake for all health centers, and based on the advice of counsel, our approach has been to rely on and support our people on the local level – while keeping NACHC focused upon the vital issues directly impacting the very survival of the health center program.

As a result, there continues to be growing bipartisan support for health centers and, more specifically, addressing the health center funding cliff and maintaining our cost-based Medicaid reimbursement to help ensure stable funding for our program. Our members, staff, and friends, have been aggressively staying engaged.

Clearly, the biggest concern for health centers and other key community providers will be the status of the 20+ million people to whom insurance coverage was expanded – through both Medicaid and private insurance – including the future viability of the Medicaid program itself. Currently, both the House and Senate continue to work behind the scenes to reach consensus and an agreement on final legislation which can achieve sufficient support to pass both bodies. As you know, we are working closely with our partners in the "Partnership for Medicaid" and other provider groups that have expressed deep concern with regard to proposed changes and where they fall short – especially in shortage areas and with at-risk populations.

Former Georgia Congressman Tom Price has been appointed as the new Secretary of Health and Human Services and Ms. Seema Verma has been appointed as the new head of CMS.

Several of our members are familiar with Secretary Price (who has spoken positively about the importance of CHCs in his Senate testimony and the Administration's Budget proposal). This is also true for CMS Director Verma, and former Governor of Indiana, Vice President Mike Pence, with whom some of our members dealt directly during Indiana state waiver negotiations. We are actively working to meet with as many of these folks as soon as we can, and for the time being, Jim Macrae continues to serve as acting Bureau director.

NACHC membership has increased significantly during the last quarter and all programs are being carried out within approved budget parameters. Also, our Board Chair Ricardo Guzman wants to thank all attendees for their participation during our Winter Strategy Meeting.

With regard to our other major priority, Operational Excellence, this report contains details on a wide range of initiatives designed to help our members be more effective players and leaders in the newly emerging health care system.

FEDERAL LEGISLATIVE POLICY HIGHLIGHTS

Health Care Reform Efforts

American Health Care Act

After several months of deliberation, on March 6, House Republican leaders released the text of their health care proposal, known as the American Health Care Act (AHCA). The bill is an attempt to fulfill a long-time promise on the part of Republicans in Congress (and the new administration) to "repeal & replace" the Affordable Care Act (ACA). The bill covers a number of ACA-related provisions, but notably leaves out most purely "policy-related" items in an attempt to make the proposal conform to Senate rules allowing it to pass with only 51 votes. Below are several of the provisions contained in the bill. The "Medicaid" section below details the Medicaid-related provisions, and NACHC's concerns and response, which has been focused on that critical area.

- The bill would create age-based tax credits for the purchase of insurance, ranging from $2,000 to $4,000, replacing the ACA's income-based subsidies. Credits for a single household would be limited at $14,000. Subsidies would be phased out for higher-income Americans – for individuals earning $75,000 and at $150,000 for families.

- The bill would end the penalty for both, individuals who don't have health insurance (the "individual mandate") and employers who don't offer it (the employer mandate).

- Even though the individual mandate is effectively eliminated, the bill does contain a new requirement that individuals maintain continuous coverage or face a financial penalty the next time they obtain insurance. A person whose coverage lapses would have to pay a 30 percent surcharge on premiums for a year when they sign up again.

- Starting in 2018, the proposed bill would eliminate many of Obamacare's taxes, including those on prescription and over-the-counter drugs, tanning services and health savings accounts.

- The bill also includes $100 billion for state grants aimed at stabilizing the individual market over 10 years. States could use this money to create reinsurance programs or high-risk pools to cover the costs of the sickest, most expensive customers.

- The House plan would also let insurers charger older customers more, while dropping costs for younger customers. Currently, insurers can charge their oldest customers no more than three times as much as younger enrollees, but the House plan increases that to a five-to-one ratio.

NACHC has expressed significant concerns about the bill, both through public statements and directly in meetings with Congressional leaders. The bulk of those concerns are focused on Medicaid (see next section), provisions which we expect will change significantly as the bill moves forward in the Senate.

Medicaid

One of the most significant policy shifts after the 2016 election is in the area of Medicaid. The Trump Administration and the Republican Leadership in Congress have committed to making sweeping changes to current Medicaid structure and financing. That is most evident in the House's plan to repeal & replace the ACA with the AHCA.

Of the many areas of concern in the bill, the proposed changes to Medicaid are the most troubling for health centers. The bill would phase out the ACA's Medicaid expansion, which has been adopted by 31 states and DC. Under the bill, new patients would be able to enroll under the enhanced federal match rate provided by Medicaid expansion until December 31, 2019, after which time no new enrollees would be accepted and previous enrollees would become ineligible if they dropped out of the Medicaid program for 30 days. This could jeopardize coverage for roughly three million health center patients who gained Medicaid coverage between 2013 and 2015.

The bill also proposes a major overhaul of how Medicaid is structured and financed. Instead of the current open-ended federal entitlement, states would get capped payments based on the number of Medicaid enrollees in different categories (Elderly, Blind/Disabled, Children, Expansion Adults, Non-expansion Adults), which would grow over time but not necessarily as fast as the cost of delivering care. The Congressional Budget Office (CBO) estimates the bill will ultimately cut $880 billion in federal Medicaid funding to states over the next 10 years, and result in loss of coverage for 14 million Medicaid beneficiaries by 2026. NACHC highlighted these concerns in our official statement in response to the bill and a subsequent advocacy alert to our grassroots advocates, urging Congress to make substantial changes to the legislation that would protect and maintain Medicaid coverage for our patients. NACHC reiterated these concerns in hill meetings, letters, and press releases as part of the Partnership for Medicaid.

It is important to note that while the bill makes extensive changes to the Medicaid program, it does not propose any change to the current FQHC Prospective Payment System (PPS) or the required FQHC services under Medicaid. NACHC staff have had several discussions with key staff from the Senate Finance and House Energy & Commerce Committees responsible for shaping this legislation and we believe that Congress has no intention of trying to modify FQHC PPS at this time. Because of some of the parliamentary rules surrounding the bill, very little of the "state flexibility" sought by governors and others is included in the proposal. That said, Congressional staff are very aware of the PPS concerns that have been raised by the National Association of Medicaid Directors and the Republican Governors Association, and we are continuing to engage with them on ways to strategically address those issues while protecting PPS and mitigating any potentially harmful proposed changes to the statute in the future.

NACHC issued a public statement on the bill the day that it was marked up in both the House Energy & Commerce and Ways & Means Committees. Advocates received an action alert related to the bill on March 14, calling on Members to change the Medicaid provisions and more carefully consider the needs of health center patients as they deliberate.

Budget and Appropriations

FY17 Budget

The nation faces a government shutdown unless Congress acts to pass another extension of funding on or before April 28, 2017, when the existing continuing resolution expires. To avoid that outcome, Congress is currently in the midst of negotiating an omnibus spending package to keep the government running through September 30, 2017 – the end of the federal fiscal year. With a two week break for the Easter holiday from April 10 – April 21, and only one week after the holiday recess to pass a spending package, Congress faces a tight deadline to pass a spending bill. Beyond the $1.5 billion discretionary appropriation allocated to health centers, other key items are on the line. We're optimistic about the chances to keep the full $1.5 billion, given that both House and Senate Committees included that full amount in their draft FY17 legislation, all the way back to last summer.

FY18 "Skinny" Budget

On March 16, President Trump released his proposed Federal budget for FY 2018. (Note that Congress has yet to approve full-year funding for the current fiscal year.) While Presidents' proposed budgets are often thousands of pages long, this proposal is covers just 63 pages, and budget figures are generally provided only at the Department level (as opposed to the agency or program level.)

In the HHS section, which is two pages long, health centers are the first program mentioned, and are cited as an example of an efficient and effective HHS program:

> *"The Budget supports the core mission of HHS through the most efficient and effective health and human service programs. In 2018, HHS funds the highest priorities, such as: health services through community health centers, Ryan White HIV/AIDS providers and the Indian Health Service; early care and education; and medical products review and innovation."*

The narrative also states that the President will support *"direct health care services, such as those delivered by community health centers"* but offers no specific funding figures for CHCs.

In addition, the HHS section proposes:

- An overall cut to HHS discretionary funding is $15.1 billion, or about 18%.
- An additional $500 million above FY 2016 levels for the prevention and treatment of opioid addiction.
- Eliminating $403 million in health professions training programs managed by HRSA (something done under GWB budgets as well - and cut under Obama).
- Continued funding for scholarship and loan repayment programs for professionals who serve in underserved areas.
- Block granting $500 million in CDC programs.
- Eliminating the Low Income Home Energy Assistance Program (LIHEAP) and the Community Services and Community Development Block Grants.

The only proposals involving Medicare or Medicaid are increased funding for program integrity, and reduced administrative funding to "support efficient operations."

Appropriations

The ice is finally starting to thaw on the FY18 Congressional appropriations process. The House Labor, Health & Human Services, Education, and other Agencies Appropriations Subcommittee has set a deadline of April 6 for Member submissions and the Senate Labor, Health & Human Services, Education, and Related Agencies Appropriations Subcommittee has yet to set an internal deadline.

Reps. Gus Bilirakis (R-FL) and Gene Green (D-TX) have signed on again as champions of the Health Center funding letter in the House, and Sens. Roger Wicker (R-MS) and Debbie Stabenow (D-MI) have stepped up as our champions in the Senate. Both letters express general support, reference the importance of quickly addressing the health center funding cliff, and emphasize the need to keep the Health Centers Program whole. We expect a strong and vigorous outpouring of support from our advocates and champions on the Hill for the health center letter, especially considering the alignment of the P&I Conference with appropriations season in the House and Senate.

Cliff Fix "2.0"

Efforts at this time are focused on making the argument to all Committees of jurisdiction (appropriators and authorizers) ahead of the "health center funding cliff" that Congress should provide a cliff fix that guarantees reliable and dependable funding for Health Centers – especially given the uncertain environment surrounding health care reform that may impact our patients and communities. Our request is focused on addressing the 2017 funding cliff as early as possible, and for at least five years. Because MACRA provided mandatory funding for CHCs, the NHSC, and Teaching Health Centers through September 30, 2017, NACHC continues to work with a broad coalition of stakeholders who advocate on these and many other programs set to expire at the end of the fiscal year, including CHIP (the Children's Health Insurance Program), DSH (Disproportionate Share Hospital payments), MIECHV (Maternal and Infant Early Childhood Home Visiting) and more than a dozen others. Earlier this spring, the influential Bipartisan Policy Center issued a recommendation that Congress extend the CHC funding alongside CHIP and other programs.

340B

While it was not expected that legislation to make changes to 340B would be introduced in Congress prior to 2017, there is an increased likelihood that we will see language introduced this year. This can be attributed to a few factors, including the withdrawal of the HRSA mega guidance at the end of January alongside a continued push by the drug manufacturers who have sought changes to the program since 2015 when the Energy and Commerce Committee floated yet ultimately withdrew a legislative proposal to make changes to 340B. There is also the potential that any efforts to address rising drug costs, a priority of several members of Congress as well as the administration, could be an opportunity to highlight the 340B program. At the end of last year, NACHC submitted detailed comments and feedback to PhRMA and BIO in response to the draft legislative language shared with us for review. While much of the legislative changes are directed at non-grantee entities, through our comments and subsequent conversations with drug manufacturers, NACHC continues to express our concern that any legislative changes could potentially have unintentional consequences for health centers and grantees. In addition, NACHC continues to engage with key hill staff with regard to 340B as well as other 340B stakeholders to closely monitor any and all legislative developments.

Telehealth

Last year, a bipartisan and bicameral group of members introduced the CONNECT for Health Act (H.R. 4442) and (S. 2484), which sought to expand the use of telehealth and remote patient monitoring in Medicare. Among a number of provisions, the bill included provisions specific to health centers, including allowing FQHCs to be reimbursed through Medicare for remote patient monitoring and allowing FQHCs to be authorized as distant site providers (where the provider is). While there was good support for the bill, it was not taken up prior to the end of the session, largely due to concerns around potential costs.

The offices that worked on the bill last year have reached out NACHC to express their interest in reintroducing a similar telehealth bill this session. NACHC reiterated our support for the provisions specific to health centers included in last year's bill. In addition, we are working with staff to include an additional provision to allow all FQHCs, located in both rural and urban areas, to be reimbursed in Medicare as originating sites (where the patient is). Currently, only FQHCs located in rural HPSAs can be reimbursed as an originating site in Medicare. While this legislation is still in the drafting phase, we will continue to work with staff and legal counsel to ensure that the provisions specific to health centers are included upon introduction.

FEDERAL ADMINISTRATIVE POLICY HIGHLIGHTS

HRSA/BPHC Policies and Regulations

HRSA Leadership

No indication of nominee for HRSA Administrator position: As of March 15, the Trump Administration has yet to propose a nominee to serve as HRSA Administrator. Until a new Administrator is confirmed by the Senate, Jim Macrae will continue to serve as Acting HRSA Administrator and Tonya Bowers as Acting BPHC Director. It is unclear what will happen to either of them once a permanent Administrator is confirmed, as the Administration will have the ability to move them to any position in the government.

Section 330 Health Center Program

Final version of BPHC Compliance Manual on "indefinite hold": On November 22, NACHC submitted detailed comments in response to the draft Health Center Compliance Manual that BPHC published in August. At this time, it is unclear if or when a final version of the Compliance Manual will be published, as it will require approval from the new HRSA Administrator and will likely fall under the "two-for-one" regulatory requirement outlined in the President's Executive Order.

HRSA awards $50 Million for 75 New Access Points (NAPs): On December 15, HRSA announced over $50 million in funding for 75 NAPs in 23 states, Puerto Rico and Micronesia. These NAPs are expected to provide health care to more than 240,000 additional patients.

CMS Policies and Regulations

Seema Verma confirmed as CMS Administrator; expected to approve extensive new flexibilities for states under 1115 waivers: On March 14, 2017, the Senate confirmed Seema Verma as the Administrator of the Centers for Medicare and Medicaid Services. Ms. Verma is a health care consultant whose work has focused on Medicaid; she is best known as the driving force behind Healthy Indiana 2.0, which was the 1115 waiver that Indiana used to expand Medicaid under the Obama Administration.

In her new role, Ms. Verma has indicated that she enacts the laws as Congress passes them, but has also indicated that a top priority will be increasing state flexibility in the Medicaid program. During her confirmation hearing with the Senate Finance Committee in February, she said that "(a)ny state should have that flexibility to design a program that works better for the people that they are serving and they're better positioned to make those decisions than we are in D.C." Additionally, immediately after her confirmation, Secretary Price and Ms. Verma sent a letter to Governors noting that they want to work together on Medicaid reform, saying "(w)e intend for this to be the beginning of a discussion on how we can revamp the federal and state Medicaid partnership to effectively and efficiently improve health outcomes."

While it is too soon to say exactly what flexibilities states will request under the new Administration, we can say that, to date, no changes to FQHC provisions – including changes to PPS or FQHC services – have been approved by CMS. However, it will be important for Primary Care Associations and health centers to remain engaged in their state conversations to ensure that FQHC provisions remain intact.

CMS proposes regulation to stabilize ACA Marketplaces: One of the first actions of the Trump Administration was a proposed rule to "stabilize" the Marketplaces created under the ACA through various provisions including:

- Cutting the length of the Open Enrollment Period in half, to six weeks, and aligning it with Open Enrollment periods under Medicare and many private sector plans.
- Tightening up on Special Enrollment Periods (SEPs) by strengthening the requirements that people prove they qualify for an SEP.
- Lowering the requirement that Qualified Health Plans (QHPs) contract with 30% of the Essential Community Providers in their service area to 20%. (Note that the NPRM does <u>not</u> propose to eliminate the requirement that QHPs contract with at least one FQHC in each county in their services areas.)

- Requiring individuals who dropped out of a plan and later choose to re-enroll in the same plan to pay any back premiums before they can re-enroll.
- Deferring entirely to States' reviews of QHPs for network adequacy.

NACHC commented on this proposed rule, noting our concern with the majority of these provisions, and will continue to follow this and other Administrative actions and keep health centers and PCAs updated on these actions.

Immigration

Executive Orders

While President Trump has signed multiple Executive Order (EOs) impacting immigrants and their families, the following three are of particular interest to health centers. Please note that at the time of this writing, the revised "travel ban" EO has been frozen by the court, and no EO has been issued around "public charge," although a draft has been leaked.

EO on Sanctuary Jurisdictions: This EO would deny Federal funding to jurisdictions that the Federal government determines qualify as "sanctuary jurisdictions." *If this EO is implemented as written*, it appears that only *public-entity* health centers grantees that are located in areas that the Federal government deems "sanctuary jurisdictions" could lose their Section 330 grants if the jurisdiction *does not comply* with the EO. However, health center grantees located in these areas that are *not* public-entities would *not* lose eligibility for their Section 330 grants, because the prohibition appears to apply only to "jurisdictions."

EO on Travel Ban and Refugees (second version): The revised version of this EO bars the issuance of new visas to citizens of six-Muslim majority countries and suspends the admission of new refugees. At the time of this writing, the second version of this EO has been frozen by the courts; however, if allowed to go into effect, this order could exacerbate provider shortages at health care facilities nationwide, including health centers, who increasingly look to international medical graduates to fill vacancies.

Leaked draft of EO on "Public Charge": In late January, a draft EO around "public charge" was leaked to the public. It is important to note that, to date, no EO on this issue has been signed, and if one is eventually signed, it may be significantly different from the leaked version.

While the exact impact is unclear, the leaked version appears to significantly widen the criteria for what constitutes becoming a public charge. For example, depending on how the draft would be implemented, receiving Medicaid-covered services or a discounted service at a health center could qualify a person as a public charge. However, even if an immigrant is deemed to be a public charge, this does not – by itself – make him or her eligible for deportation, although it may make it harder for him to obtain permanent residence status or citizenship.

340B Drug Discount Program

Reimbursement

Health centers continue to lose 340B revenues due to changes in Medicaid and private insurance reimbursement:

- Under CMS rules that go into effect on April 1, health centers nationwide will no longer be able to retain any 340B savings on drugs reimbursed under Medicaid fee-for-service.
- While not required by CMS, a growing number of states and Medicaid managed care plans are now retaining all 340B savings for Medicaid managed care patients – at the expense of health centers.
- A small but growing number of private insurers are starting to keep health centers' 340B savings.

Given the significant role that 340B revenues play in many health centers' finances, these developments are having noticeable impacts on many health centers. NACHC is continuing to work with all PCAs to support them in advocating for the best arrangements for their health centers (e.g., negotiating appropriate dispensing fees under Medicaid fee-for-service, convincing state Medicaid agencies to let health centers keep 340B savings under managed care.)

Policy Developments

340B "mega-guidance" unlikely to be finalized in foreseeable future: The Obama Administration did not publish a final version of the 340B mega-guidance prior to leaving office, despite the fact that it had been sent to OMB (the last step before publication) last summer. As with all policy documents sitting at OMB on Inauguration Day, it was sent back to its originating agency (in this case, HRSA) for review by the new political appointees. Given President Trump's Executive Orders around new regulations, it is unlikely that it will be finalized in the near future. (e.g., in order to publish it, HHS would need to eliminate two existing regulations; also, it is unlikely to be a high priority because it is not required by legislation.)

***Regulation finalizing HRSA's "penny pricing" policy to go into effect*:** Last spring, after HRSA announced that it was considering changing its long-standing "penny pricing" policy under 340B, NACHC and health centers submitted over two dozen comments strongly opposing this change on both legal and practical grounds. HRSA issued a final rule confirming this policy shortly before the Obama Administration left office, and it will go into effect in April.

Oversight

GAO investigating the use of contract pharmacies under 340B: At the request of the Chairman of the House Energy and Commerce Subcommittee on Health, the Government Accountability Office (GAO) is investigating the use of contract pharmacies by 340B providers. NACHC staff recently met with the GAO and provided them extensive information on health centers' practices and compliance measures.

FTCA

NACHC provides input on implementation issues re: FTCA for Volunteers: The expansion of FTCA to cover volunteers who serve at health centers will take effect on October 1, 2017, and last for five years. In February, NACHC sent a memo to BPHC outlining issues that we would like to see addressed in the implementation process (e.g., what expenses can we cover without jeopardizing a provider's "volunteer" status; what documentation is required.)

COMMUNICATIONS / PUBLIC AFFAIRS

Media Outreach

NACHC has balanced a number of challenges with media engagement due to the political climate. Press focus on the ACA repeal and replace debate on Capitol Hill has thrown the spotlight on Community Health Centers and their future. Efforts by lawmakers to divert funding from Planned Parenthood to Community Health Centers has also drawn significant media interest. Our communications strategy has been to refrain from "on the record" comment with media on this topic. Instead, we've worked to assure that facts are correctly represented in media coverage of health centers. To that end, we have engaged reporters, when appropriate, on a "background or off the record" basis. So far, the effort has resulted in coverage that, given the extraordinary circumstances, has been fair or balanced, all things considered.

Also, since the proposed GOP Health Plan (AHCA) was announced, broadcast media outlets have begun to focus on the potential impact of the AHCA on people, especially those who received health coverage either via Medicaid expansion or the insurance marketplace. Thus far, we've worked with ABC Nightly News that featured a health center patient in a recent broadcast about the estimated costs of his insurance coverage under the AHCA vs. what it costs now under the ACA.

Social Media

NACHC's social media presence continues to grow and expand to support NACHC activities. Hashtags, live tweeting and social media contests were created for the 2016 FOM/IT and PCA/HCCN conferences to get audiences involved.

Also, following multiple media town halls on health care policy—including Congressman Paul Ryan's CNN event—we noticed a lot of misinformation on social media platforms regarding Community Health Centers. To subtly combat this lack of information, the communications team began sharing the 50th Anniversary Video with messages like *"Hearing a lot about Community Health Centers but not sure what they are? Watch this video."* These posts have been very successful with one tweet receiving over 20,800 impressions and 25 retweets. This year we also created a "health policy valentine" for Valentine's Day. The health policy valentine is a tradition in which health policy wonks on Twitter proclaim their love for trending health policy – and in our case, health centers.

Enhancing the Visibility of Heath Center Consumers and Patient Education

Consumer board member leaders in attendance at this year's Winter Strategy Meeting shared ideas and tasked communications staff to: 1) enhance the visibility of the diverse types of people served by health centers and 2) help to build greater understanding and thus grassroots support by health center patients of their health centers. Activities in support of these goals, include:

- "I am a Community Health Center Patient: Ask Me My Story" button to wear when visiting policymakers here and back home (to distinguish constituents from paid staff).
- "I am a Health Center Patient" video (under development) for NACHC website to visually depict the diversity (age, gender, race, ethnicity, etc.) of health center patients.
- Patient education materials about health centers. Materials are to provide information about what a CHC is and does; the history of the Health Center Program; legal requirements; and how they are supported.
- Letters to the editor templates for consumer board members to use ("from a patient's perspective").
- National Health Center Week – The advocacy team will dedicate Friday, August 18th during NHCW as Consumers Day to recognize the role of health center consumer board members and this unique aspect of the Health Center Program.

NATIONAL HEALTH CENTER WEEK (NHCW)

Work and planning on National Health Center Week 2017 has begun. The celebration will be observed August 13-19 with the theme: *Celebrating America's Health Centers: The Key to Healthier Communities*. We will once again host both the NHCW Video and Picture Contest this year designed to showcase Health Center value, success stories, advocacy engagement and overall contributions locally and to the healthcare system as a whole.

RESEARCH AND POLICY DATA

Supporting the Spread of PRAPARE to Help Health Centers to Document Patients' Social Determinants of Health and Value of Health Centers

NACHC, along with the Association of Asian Pacific Community Health Organizations and the Oregon Primary Care Association, has launched Phase 2 of the national PRAPARE (Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences) initiative to help health centers assess patients' social determinants and use that data to demonstrate value and improve population health. Phase 2 focuses on spreading PRAPARE to more health centers and populations while also documenting the impact of the health center model in meeting non-clinical needs for healthcare costs, health outcomes, and community health.

The three organizations have also jointly launched or are soon launching three separate PRAPARE pilots or planning efforts in Texas, California, and Missouri, working with local health centers, HCCNs/Consortia, and the state Primary Care Associations. The pilots will focus on testing PRAPARE in different populations, customizing PRAPARE implementation resources accordingly to better meet the needs of diverse populations, and testing other methods to administer PRAPARE in workflow (e.g., community health workers, patient portals, iPADs, etc.) and to aggregate PRAPARE data across disparate Electronic Health Record systems to demonstrate impact. PRAPARE project partners will harvest the feedback from each of these pilots to develop recommendations and/or roadmaps for each state PCA to help bring PRAPARE to scale that is aligned with and adds value to other state and local initiatives, such as payment reform demonstrations or quality improvement or population health initiatives.

To date, over 320 organizations in 44 states have downloaded the PRAPARE Electronic Health Record templates for Epic, eClinicalWorks, NextGen, and GE Centricity (available as part of the PRAPARE Implementation and Action Toolkit at www.nachc.org/prapare). Many of these organizations are HCCNs who manage the EHR systems for multiple health centers. Our Research Department is working with vendors and HCCNs to develop PRAPARE EHR templates for Greenway EHS, Greenway Intergy, Allscripts, Athena, and Meditab due to client demand. Additionally, United Health Group is using the PRAPARE tool to screen for patient social risks, and other health systems are also testing or exploring its use.

Interest and desire for PRAPARE only continues to grow. To meet this demand, our Research Department and their PRAPARE project partners are planning to launch a PRAPARE Train the Trainer Academy for PCAs this summer where they can receive in-depth training to learn how to support their members in using PRAPARE.

For more information on PRAPARE, visit www.nachc.org/prapare.

EDUCATION, TRAINING, CONSULTATIONS, AND TA

Finance and Operations Trainings

The curricula for all Finance trainings has been updated to keep pace with the evolution of health care payment systems. Some of the new topics added to the trainings are the new *Medicare FQHC Cost Report and Benchmarking* and *Analyzing Costs for Improving Operations and Internal Controls*. A new webinar on the Sliding Fee Scale will be featured in May and the on-demand Medicare Cost Reporting webinar continues to be very popular. The staff has been very busy providing on-site direct TA to health centers in the areas of finance, revenue cycle, and front office operations. The staff also continues to collaborate with PCAs to provide training and education.

The first of three Practice Operations Management (POM) training series planned for 2016-17 season was held February 8-10 in Huntington Beach, CA. Rebranded as the *"Practical Art of Health Center Operations"* in 2015, this two and a half day training included refreshed content with a multi-dimensional focus on people, process, and profitability. As the majority of the health center staff report to an operational leader/manager/supervisor, these are key trainings to impact change at health centers. The training included sessions such as: Designing and Improving Workflow from Scheduling to the Patient Visit, Strategies to Overcome Resistance to Change, and Recruiting, Engaging and Retaining Staff for the Patient Experience. Evaluations were positive – 95% of the respondents reported the learning objectives were achieved and 100% of the respondents said they were likely to apply the information from the training to their health center. Two additional Practice Operations Management trainings are planned for the grant period – *Cultivating Health Center Operations*, April 26-27, in San Antonio, TX with a focus on change management and *Elevating Health Center Operations*, June 7-8 in Charleston, SC with a focus on workforce and advanced data collection.

Governance

Board Chair Webinar Series: We launched a six-webinar series in January called *"Dimensions of Board Chair Leadership."* The first three monthly webinars had over 100 registrants each, and covered the topics: *Board Chair Expectations, Building a High-Performing Board,* and *Supporting High-Performing Board Committees.* Upcoming webinar topics include *Leading High-Performing Board Meetings, Assuring Long-Term High-Performing Governance,* and *Supporting a High-Performing Board Chair/CEO Partnership.* Recordings of the webinars are available on the MyNACHC Learning Center.

WORKFORCE DEVELOPMENT

National Health Service Corps and Teaching Health Centers

Like CHIP, CHCs, and DSH, which face a funding cliff at the end of the fiscal year, the National Health Service Corps (NHSC) and the Teaching Health Centers Graduate Medical Education (THCGME) Program also face a potential lapse in funding in September 2017 if Congress doesn't act. To emphasize the importance of reliable and dedicated funding to expand the Health Center workforce, NACHC continues to work with a broad range of groups, including the Association of Clinicians for the Underserved, the Association of American Medical Colleges, the American Academy of Family Physicians and the American Association of Teaching Health Centers to support the efforts of these organizations and to promote and educate members of Congress on the importance of the National Health Service Corps (NHSC) and Teaching Health Center Graduate Medical Education Program (THCGME). We anticipate and are advocating that any extension of CHC funding also include critical extensions of funding for these two programs. In the case of THCGME, NACHC is working closely with AATHC on the development of a long-term legislative proposal and strategy to strengthen and grow the program.

HRSA and NACHC using collaborative processes to collect input on auto-HPSA scoring issues; cautious optimism about long-term outcome. Last summer, NACHC and health centers expressed serious concerns about HRSA's plans to prohibit the use of UDS data in its revised system for calculating auto-HPSA scores. In response to these concerns, HRSA established a workgroup to explore alternatives to their proposal. The workgroup – which includes representatives from two PCAs, a health center, and NACHC, as well as from Rural Health Centers and tribal/ urban Indian centers – has been meeting regularly to discuss data and scoring options. While no final decisions have been made, the process has been open and collaborative, and NACHC is cautiously optimistic about final outcome. For example, HRSA has delayed the "launch date" for auto-HPSA scores calculated under the new system until after the Workgroup finishes. HRSA has also been receptive to our input, and proposed alternatives that health center representatives think are more appropriate for health centers.

To ensure that we are appropriately representing our members' views in this area, NACHC staff formed an informal "Shortage Designation Workgroup", which consists of PCA and health center staff with a strong interest in this area. (The Workgroup is open to anyone who expresses interest.) The NACHC Workgroup has provided input – and reached consensus – on key issues, which were then reflected in our input to the HRSA Workgroup.

Efforts to Expand the Capacity of Health Centers to Serve and Hire Veterans

The importance of Health Center efforts to care for Veterans was recognized and strongly encouraged at this year's Winter Strategy Meeting (WSM). In addition, the confirmation of Dr. David Shulkin as Secretary of Veterans Affairs—Dr. Shulkin spoke during a General Session at last year's P&I)—suggests that there may be new opportunities for Health Centers to serve Veterans in the future. With that in mind, NACHC staff continues to work closely with staffs at the Health Resources and Services Administration and the Veterans Health Administration. Beyond the ongoing communication with key Federal program staffs, NACHC staff has focused on pulling together resources and tools that Primary Care Associations and Health Centers can use to reach out to additional Veterans and establish access to essential services for these men and women. At this P&I, staff are implementing a recommendation from the recent WSM by initiating the creation of a health centers "Veterans Interest Group." Every day Health Centers around the country are showing their commitment to caring for men and women in their communities who have served our country—at NACHC, we are doing our best to capture what many of you are doing and inform elected officials and policy makers of your efforts!

NATIONAL CONFERENCES

Upcoming

2017 National Conference on Agricultural Worker Health

May 22-24 Savannah Marriott Riverfront, Savannah, GA

Dr. George Rust, nationally renowned expert on the social determinants of health with much of his work experience working with agricultural workers will be the keynote speaker on the first day. His presentation will focus on the role of promotoras(es)/community health worker role in improving health outcomes and their key role in addressing the social determinants of health. On Wednesday morning, **Mr. Luiz Valdez**, American Playwright, Actor, Writer and Film Director will keynote and close the conference by sharing his perspectives as the son of farmworker parents and working in the fields at age six and share stories of his work with Cesar Chavez in helping to organize farmworker and covey their message through theatre.

2017 Community Health Institute & EXPO

August 27-29 (Committee Meetings August 25-26), Manchester Grant Hyatt, San Diego, CA

Mark your calendar! The preliminary schedule and Information for sleeping room reservations is on the NACHC meetings website. Registration will be open in early July.

2017 Financial, Operational Management/IT Conference

October 25-27 Planet Hollywood, Las Vegas, NV

Mark your calendar! Registration will be open in early July.

PCA AND NETWORK RELATIONS, AND STATE-BASED ASSISTANCE

Western Regional Office Activities

Report from Joe Gallegos, MBA

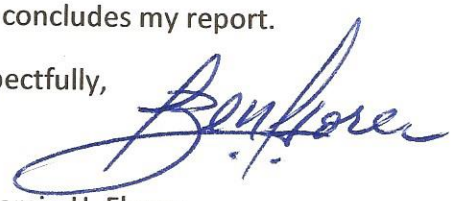
2017 National Conference for Agricultural Worker Health: May 22-24, in Savannah, Georgia. The conference program was completed ahead of schedule with some excellent and inspirational keynote speakers, and educational sessions rich in content on emerging issues and trends in migrant health. The conference opens Monday morning with a Welcome Address, followed by a BPHC Program Update and NACHC Federal Policy Update. As mentioned earlier, keynote speaker, Dr. George Rust will speak on the critical role of community health workers as part of the patient centered health care team.

NACHC's 2017 Migrant Health Awards will be presented followed by the unveiling of the 2017 Artwork sponsored by the National Center on Farmworker Health and a formal networking luncheon.

Mr. Luis Valdez, an American playwright, actor, writer and film director, regarded as the father of Chicano theatre will inspire conference attendees with his childhood experience as a child of farmworkers in the Central Valley of California during the 1960s. Mr. Valdez will share his work alongside Cesar Chavez and how he used acting and theatre to share the plight of farmworker struggles during that period. His early work as a farmworker and continued work in acting and theatre led to the creation of El Teatro Campesino, a theatrical troupe founded in 1965 as the cultural arm of the United Farm Workers with the "full support of Cesar Chavez." Mr. Valdez is best known for his play, *Zoot Suit* and his movie, *La Bamba*.

This concludes my report.

Respectfully,



Benjamin H. Flores

CODE OF ETHICS

COMMUNICATION AND FEEDBACK LOOP

	Process	Feedback
Option #1		
Staff may choose to speak directly, and with respect, to the member at the time of the incident (if incident takes place via phone or in person).	Staff should immediately inform his/her supervisor of the incident.	Supervisor informs the CEO.
Option #2A		
Staff reports incident to immediate supervisor.	Supervisor informs the CEO then communicates with the Board President	Board President communicates with the member in question and reports back to the supervisor, who informs the staff member that the issue has been dealt with.
Option #2B		
Staff reports issue to the Board President. Staff also keeps his/her supervisor informed. Supervisor informs CEO.	Board President communicates with the member in question.	Board President reports back to the staff member that the issue has been dealt with.

When approaching the member in question, the Board President may need to name the staff person who brought the event to the forefront in order to give credence to the situation.

Attendance at Board Of Directors Meetings Policy

Members of the Board of Directors of the California Primary Care Association (CPCA) have a responsibility to the members who elected them to oversee the management and affairs of the Association and to set policies which guide CPCA in all of its activities.

1. All members of the CPCA Board of Directors have a duty to be present at all official meetings of the Board. The current practice is to have four Board meetings each year, however special Board Meetings may be called as necessary for items that are time sensitive.
2. Per Bylaws, "Directors shall participate in at least 50% of regularly scheduled Board of Directors meetings in a given Board year. Directors who do not participate as so described shall be subject to removal from office by a majority of the Board." A Board year will be considered October through September 30th. The Board of Directors Job Description outlines a desire for a higher attendance rate at 75% in order for a Director to act in the best interest of CPCA as a whole and to exercise the legal and financial duties of the organization.
3. All minutes will reflect not only those Directors present, but those absent.
4. The Board Chair at his/her sole discretion, may (a) excuse (i.e., not count as a missed meeting) one (1) absence per Director per year and/or (b) grant a leave of absence for a Director without forfeiture of the Director's Board seat.
5. After one absence by a Director, a letter will be sent by staff to remind them of this policy.
6. After two absences, a call will be made by the Chair of the Board.
7. On the third absence in any given year, continued participation of any board member who has been unable to be present will be put to vote of the Board for removal.
8. Attendance will be tracked and reviewed regularly and a report made to the Governance Committee and Chair. All candidates running for reelection will have their attendance records in the prior year noted in election materials. Directors not meeting the 50% criteria for each year of their prior term will not be eligible to run for re-election.

CPCA VENTURES

Ventures Board

Friday, May 5, 2017
12:25p – 12:30p
Naomi Fuchs, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Naomi Fuchs, Chair	A
II. Approval of Agenda		Naomi Fuchs, Chair	A
III. Consent Calendar • Approval of Minutes • Approval of Financials • Approval of FY 2017/18 Budget	 • Minutes of January 13, 2017 • *See Finance Committee packet* • *See Finance Committee packet*	Naomi Fuchs, Chair	I/D/A
IV. CEO Report		Carmela Castellano-Garcia	I/D
V. Adjourn Ventures Board		Naomi Fuchs, Chair	A

Ventures Board of Directors Meeting

January 13, 2017

Meeting Minutes

Board Members Present : *Chair:* Naomi Fuchs, Robin Affrime, Isabel Becerra, Doreen Bradshaw, Ben Flores, Cathy Frey, Jane Garcia, John Gressman, Britta Guerrero, Nik Gupta, Sherry Hirota, Deborah Lerner, Marty Lynch, Kevin Mattson, Louise McCarthy, Scott McFarland, Danielle Myers, Christine Noguera, Tracy Ream, Tim Rine, Jackie Ritacco, Ralph Silber, Paulo Soares, Graciela Soto-Perez, Mary Szecsey, Richard Veloz, David Vliet, Paula Wilson

Members Absent: Deb Farmer, Kerry Hydash, Paulo Soares

Guests: Leslie McGowan, Jason Vega, Dean Germano, Anitha Mullangi, Joanne Preece (other guests may not have signed in)

Staff: Carmela Castellano-Garcia, Robert Beaudry, Heather Wright, Sandy Birkman, Andie Patterson, Cindy Keltner, Victor Christy, Beth Malinowski, Erin Perry, Ginger Smith, Val Sheehan, Mike Witte

1. Call to Order

Board Chair Naomi Fuchs called the meeting to order at 12:25p.

2. Approval of Agenda

Motion

A motion was made and seconded to approve the agenda as presented. (??/??). **The motion carried.**

3. Consent Calendar

Motion

A motion was made and seconded to approve the Consent Calendar as presented. (??/??). **The motion carried.**

4. CEO Report

No report.

5. Adjourn

Board Chair adjourned the meeting at 12:26p.

californiahealth+ advocates
ADVANCING THE MISSION OF COMMUNITY HEALTH CENTERS

Board of Directors

Friday, May 5, 2017
1:00 – 2:00 p.m.
Tracy Ream, Chair

Agenda

ORDER OF BUSINESS		RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I.	Call to Order		Tracy Ream, Chair	A
II.	Approval of Agenda		Tracy Ream, Chair	A
III.	Consent Calendar • Approval of Minutes • Approval of Financials • Adoption of CPCA Legislative Agenda	• Minutes from January 13, 2017 • Financial Report as of Feb. 28, 2017 • CPCA Legislative Position Summary	Tracy Ream, Chair	A
IV.	Approval of CPCA/Advocates Limited Grant Agreement	• Limited Grant Agreement	Sandy Birkman	A
V.	Approval of 2017-18 Budget	• CaliforniaHealth+ Advocates 2017-18 Budget (*see CPCA Finance Committee packet)*	Sandy Birkman	A
VI.	Staff Report	• Memo: Staff Report • Memo- Advocacy Efforts to Date • Memo- Federal Advocacy • CPCA Bills of Interest – Bill Tracking Report with CPCA Staff Recommended New Positions and Recommended Change in Positions and Bills staff recommend no position on • Memo- Update on State Budget Advocacy	Andie Patterson Beth Malinowski	D
VII.	Public Affairs Peer Network Update	• Memo: Staff Update	Victor Christy	I
VIII.	Adjourn		Tracy Ream, Chair	A

ADVANCING THE MISSION OF COMMUNITY HEALTH CENTERS

BOARD OF DIRECTORS MEETING

January 13, 2017

Meeting Minutes

Board Members:	Tracy Ream (Chair), Reymundo Espinoza, Naomi Fuchs, Dean Germano, Leslie McGowan, Corinne Sanchez, Richard Veloz and Carmela Castellano-Garcia
Members Absent:	Kathy Kneer
Guests:	Cathy Frey, Angie Melton, Manuel Perez, Jason Vega, Jackie Ritacco, Ralph Silber, Vernita Todd, Isabel Becerra, Marty Lynch, Mary Szecsey, Britta Guerrero, Deborah Lerner, Kevin Mattson, Sherry Hirota, Louise McCarthy, Steve Heath, Karen Lauterbach, (other guests may not have signed in)
Staff:	Robert Beaudry, Andie Patterson, Ben Avey, Heather Wright, Beth Malinowski, Sandy Birkman, Victor Christy, Cindy Keltner, Mike Witte, Nenick Vu, Shadi Kanaan, Jana Castillo, Nataly Diaz, Lucy Moreno, Meghan McCamman

1. Call to Order

Chair Tracy Ream called the meeting to order at 1:03p.

2. Approval of Agenda

Motion

A motion was made and seconded to approve the agenda as amended. (Sanchez/McGowan). **The motion carried.**

3. Consent Calendar

Motion

A motion was made and seconded to approve the Consent Calendar as presented. (Sanchez/??). **The motion carried.**

4. Staff Report

Ben Avey, Assistant Director of Public Affairs, provided a brief report. He noted that this organization and Board were formed at the right time now that advocacy efforts will be more important than ever with a new administration coming in. He noted that CPCAs post-election strategy webinar was the highest attended of any webinar put on by CPCA to date. The series will continue with the next webinar scheduled for Feb. 2017, and future webinars will be scheduled as needed. Advocates is working with the Consortia via RAC to co-sponsor an education/training program for health centers. Alliance for Justice is helping develop a 5-part program to help health centers understand what they can/cannot do under a 501c3 and c4; how to work with Foundations; how the c3 and c4 work together, etc. These trainings will be free to health center members and consortia.

The advocacy priorities approved in July have been revised, post-election. He noted the Advocacy Committee met pre-election and will meet again soon after this Board meeting. The Public Affairs Peer Network is also meeting regularly and will be provided direction from this Board and the related Advocacy Committee. Ben concluded with introducing Victory Christy who has joined CPCAs Government Affairs department and will work closely with Advocates. CPCA is also in process of hiring a public affairs coordinator for grassroots advocacy, communications support, etc.

5. Public Policy Priorities (revised)

Andie Patterson presented this report. In July, CPCA adopted public policy priorities as per usual and for the sake of alignment between CPCA and Advocates, this Board is asked to also adopt the revised priorities. She provided a recap of the priorities and reminded members that NACHC will remain tempered in their communications, so what can we do in California to bolster our messages at the federal level? Position memos have been drafted, grounded in our mission of coverage and access for everyone. There is some delicacy needed around how we discuss providing coverage for undocumented workers at the federal level. Regarding Planned Parenthood, we do not support defunding and as a state cannot absorb the patients that would be dropped due to defunding.

Andie noted that the advocacy strategy is developing week-by-week and we'll keep the Consortia updated via RAC. There was discussion about what activities have been undertaken to date as there was feedback that Senators are not hearing enough from us in D.C. Andie detailed some key activities, including targeted patient stories and letter writing campaigns. There is also a plan for introducing Senator Harris to health centers. Consultant Angie Melton added that letters with details have a stronger impact than calls do in D.C. A few members provided updates on their activities, including video testimonials as noted by Consortia member Louise McCarthy.

Motion

A motion was made and seconded to approve the revisions ot the policy platform as presented. (Sanchez/Fuchs). **The motion carried.**

7. State Legislative Agenda

Beth Malinowski, Deputy Director of Government Affairs, presented this item and reviewed the related memo in the meeting packet. There are still many unknowns while bills are still being introduced. CPCA has been in contact with Sen. Mitchell about sponsoring the Behavioral Health Access legislation again. Health Access is coordinating the related coalition work. CPCA is tracking multiple oral health access bills and is in conversations with CDA; however, there is no current legislation of interest around oral health at this time, but if the Denti-cal bill is reintroduced this year, we would be supportive again. There is interest in supporting a virtual dental health model, but there are limited state funds to support an initiative. Members are encouraged to share any information about the upcoming women's marches.

There was discussion about differences between press conferences and rallies and it was noted that Congressional offices are not working on rallies, as that is the work of campaign staff. What is said upon arrival is key – if goal is to advocate for legislation, the event is lobbying. If there is a rally related to campaign, CPCA suggests staying away. If the event purpose is electioneering, we cannot participate. CPCA will clarify this point for the full membership.

Motion

A motion was made and seconded to adopt the California Legislative agenda that was also

adopted by the CPCA Board of Directors (Sanchez/Fuchs). **The motion carried.**

8. Advocacy Priorities

Ben Avey presented this item and referred members to the "Opportunity Spectrum" memo in the meeting packet. Opportunities and related tactics were discussed and all items are high priority given the current environment. There are two major categories – Grassroots opportunities and Political Opportunities. Grassroots is where we've done so well and these activities were assigned to the Advocacy Committee (under Health+ Advocates) and to delegate to other bodies under Advocates. Political activities under Advocates is a new kind of work for many health centers and includes major attention to future elections to advance the mission of CCHCs. Endorsements would be one of the first areas to explore, and that requires raising political funds as we cannot use c3 funds for endorsement purposes. As an organization, we should start examining these opportunities for pathways, barriers and challenges. Members were reminded that NACHC is very concerned about bipartisanship. Carmela clarified that, regarding endorsements, the first step would be candidate interviews and questionnaire development – Advocates is not ready to endorse anyone yet.

Motion

A motion was made to move forward with research and the collection of more answers. (Fuchs/??) **The motion carried.**

9. Adjournment

Chair Tracy Ream adjourned the meeting at 1:55p.

CaliforniaHealth Plus Advocates
Balance Sheet
As of February 28, 2017

	Feb 28, 17
ASSETS	
Current Assets	
Checking/Savings	
1000.00 · Cash	
1012.00 · First Citizens - checking	1,083.30
Total 1000.00 · Cash	1,083.30
Total Checking/Savings	1,083.30
Accounts Receivable	
1320.00 · Due from CPCA	-44,015.93
Total Accounts Receivable	-44,015.93
Other Current Assets	
1490.00 · Prepaid Expense	845.00
Total Other Current Assets	845.00
Total Current Assets	-42,087.63
TOTAL ASSETS	**-42,087.63**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2020.00 · Due to CPCA	-16,000.00
Total Accounts Payable	-16,000.00
Total Current Liabilities	-16,000.00
Total Liabilities	-16,000.00
Equity	
3900 · Retained Earnings	31,516.79
Net Income	-57,604.42
Total Equity	-26,087.63
TOTAL LIABILITIES & EQUITY	**-42,087.63**

CaliforniaHealth Plus Advocates
Profit & Loss Budget vs. Actual
April 2016 through February 2017

	Apr '16 - Feb 17	Budget	$ Over Budget	% of Budget	
Income					
4600.00 · Grants	262,500.00	240,625.00	21,875.00	109.09%	
4800.00 · Membership Dues Donations	422,762.40	446,875.00	-24,112.60	94.6%	
4900.00 · Other Income	0.00				
Total Income	685,262.40	687,500.00	-2,237.60	99.68%	
Expense					
6100.00 · Salaries	210,235.84	223,969.17	-13,733.33	93.87%	
6300.00 · Employee Benefits	47,773.47	58,232.17	-10,458.70	82.04%	
6500.00 · Occupancy	20,198.92	13,750.00	6,448.92	146.9%	
6510.10 · Communications	2,674.74	984.50	1,690.24	271.69%	
6520.10 · Postage & Delivery	0.00	550.00	-550.00	0.0%	
6530.10 · Supplies	4,553.11	3,850.00	703.11	118.26%	
6540.10 · Printing	15,181.25	6,875.00	8,306.25	220.82%	
6552.10 · Equipment Lease/Maintenance	1,073.19	935.00	138.19	114.78%	
6560.10 · Insurance	849.05	916.67	-67.62	92.62%	
6565.10 · Dues & Licenses	250.00	13,750.00	-13,500.00	1.82%	
6570.10 · Subscriptions/Publications	93.26	15,125.00	-15,031.74	0.62%	
6580.10 · Marketing and Outreach	126,412.15	13,750.00	112,662.15	919.36%	Day at the Capitol
7010.10 · Audit/Accounting	360.00	2,062.50	-1,702.50	17.46%	
7020.10 · Legal Services	5,858.30	2,291.67	3,566.63	255.64%	
7110.10 · Board of Directors	0.00	5,000.00	-5,000.00	0.0%	
7200.10 · Travel & Registration Fees	8,295.82	1,375.00	6,920.82	603.33%	
7300.00 · Meetings	2,655.30	58,125.00	-55,469.70	4.57%	
7500.00 · Consultants	296,402.42	267,208.33	29,194.09	110.93%	Capitol Connection/Margolin Group
Total Expense	742,866.82	688,750.01	54,116.81	107.86%	
Net Income	**-57,604.42**	**-1,250.01**	**-56,354.41**	**4,608.32%**	

GRANT AGREEMENT

THIS GRANT AGREEMENT is dated May 5, 2017, and is between California Primary Care Association, a California nonprofit public benefit corporation ("Grantor"), and CaliforniaHealth Plus Advocates, a California nonprofit public benefit corporation ("Grantee"), with respect to the following:

A. Grantor has obtained recognition of its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (the "Code") from the Internal Revenue Service, and is not classified as a private foundation under Section 509(a) of the Code. Grantor's charitable purposes *for which this corporation is organized is to promote and facilitate equal access to quality health care for individuals and families throughout California, through organized primary health care clinics and clinic networks. .*

B. Grantee is tax-exempt under Section 501(c)(4) of the Code and proposes to *advocate on behalf of policies that preserve and enhance the ability of community clinics and health centers in California to deliver high-quality clinical care to California's underserved and disenfranchised health care consumers..*

C. In furtherance of its charitable *[and educational]* purposes, Grantor now wishes to make a grant to Grantee, in the amount and on the terms and conditions in this Agreement.

NOW, THEREFORE, in consideration of the mutual rights and obligations set forth herein, the parties to this Agreement hereby agree as follows:

1. The purpose of this grant is to support the following specific charitable project of Grantee: *advocate on behalf of policies that preserve and enhance the ability of community clinics and health centers in California to deliver high-quality clinical care to California's underserved and disenfranchised health care consumers, as defined by the Grantor's and Grantee's public policy platform and legislative agenda.*

2. Concurrently with the execution and delivery of this Agreement by Grantee to Grantor, Grantor shall pay to Grantee the sum of Three Hundred Thousand dollars ($300,000) (the "Grant") for the purposes stated in paragraph 1.

3. Grantee shall use the Grant solely for the purposes stated in paragraph 1, and Grantee shall repay to Grantor any portion of the Grant which is not used for those purposes. Any changes in the purposes of the Grant must be approved by Grantor in advance, in writing.

4. To enable Grantor to fulfill its obligation to supervise and control this Grant, Grantee shall submit a full and complete report to Grantor as of the end of any *calendar* year within which any portion of the Grant is received or spent. Grantee shall submit this report no later than January following the end of each such year. The report shall describe the charitable programs

conducted by Grantee with the proceeds of the Grant and all expenditures made from Grant funds, and shall report on Grantee's compliance with the terms of this Agreement.

5. With regard to any subgrantees convenient or necessary to carry out the purposes of the Grant, Grantee shall retain full discretion and control over their selection, acting completely independently of Grantor. There is no agreement, written or oral, by which Grantor may cause Grantee to choose any particular subgrantee.

6. The Grant is not earmarked to be used in any attempt to influence legislation within the meaning of Internal Revenue Code Section 501(c)(3), except for expenditures described in Internal Revenue Code Section 4911 as follows: Up to $ 135,000 for grass roots lobbying, and up to $550,000 for all lobbying. The Grant is conditioned on Grantee's adherence to the foregoing limits; any expenditures by Grantee from the Grant exceeding those limits shall cause such excess to revert to Grantor immediately, and Grantee shall promptly repay such amounts to Grantor.

7. Grantee shall not use any portion of the Grant to participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office, to induce or encourage violations of law or public policy, to cause any private inurement or improper private benefit to occur, nor to take any other action inconsistent with Section 501(c)(3) of the Code.

8. Grantee shall notify Grantor immediately of any change in (a) Grantee's tax-exempt status, or (b) Grantee's executive staff or key staff responsible for achieving the Grant purposes.

9. Grantee shall make any publications, studies, or research funded by the Grant available to the public in accordance with such reasonable requirements or procedures as may be established by Grantor from time to time.

10. Grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless Grantor, its officers, directors, trustees, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees), directly or indirectly, wholly or partially, arising from or in connection with any act or omission of Grantee, its officers, directors, employees, or agents, in applying for or accepting the Grant, in expending or applying the proceeds of the Grant, or in carrying out the program(s) or project(s) to be funded or financed by the Grant, except to the extent that such claims, liabilities, losses, or expenses were caused by any act or omission of Grantor, its officers, directors, trustees, employees, or agents.

11. In the event that Grantee violates or fails to carry out any provision of this Agreement, including, without limitation, failure to submit reports when due, Grantor may, in addition to any other legal remedies it may have, refuse to make any future grants or installment payments of this Grant to Grantee, and Grantor may demand the immediate return of all or any unexpended portion of the Grant, and Grantee shall immediately comply therewith.

12. This Agreement supersedes any prior oral or written understandings or communications between the parties and constitutes the entire agreement of the parties with respect to the subject matter hereof. This Agreement may not be amended or modified except in a writing signed by both parties hereto.

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Grant Agreement on the dates set forth opposite their signatures below.

CALIFORNIA PRIMARY CARE ASS'N

DATED: _____, 201___ Signed: _____

Name: _____

Title: _____

CALIFORNIAHEALTH+ ADVOCATES

DATED: _____, 201___ Signed: _____

Name: _____

Title: _____

californiahealth+ advocates
ADVANCING THE MISSION OF COMMUNITY HEALTH CENTERS

DISCUSSION

Date: April 24, 2017

To: Board of Directors

From: Andie Patterson, Director of Government Affairs

Re: Staff Report

MEMORANDUM

I. Summary

The November election, as expected, forced a tremendous shift in our focus, deepened our advocacy and federal policy engagement, and has brought to the forefront many opportunities to leverage as we move into the second year of operation as California Health+ Advocates.

II. Advocacy Efforts to Date

As is noted from the list of advocacy engagement, advocacy has been the central focus since January. While advocacy has always been part of the work of health centers, this year took a different tenor and pace because not only was ACA repeal being threatened but also the Medicaid Program, and even possibly FQHCs and PPS.

The threats forced a deeper level of engagement and coordination that we think it prudent to reflect upon. The Regional Associations of California, which includes Advocates, took up a level of coordination not ever endeavored upon. The CEOs and policy staff now meet bi-weekly, with a commitment to do so into perpetuity because we all have found that the frequent, strategic, and deliberate coordination has resulted in a more positive outcome on all of our work, regionally, statewide, and nationally.

A few direct results of the concerted coordination include the Capital Link Today and Tomorrow analyses. These reports were sponsored by the Blue Shield of California Foundation, and were developed by the RAC and Capital Link. They have told a very powerful story of the economic impact health centers have in their congressional districts and the potential disastrous impacts that will result from ACA repeal, Medicaid Expansion defunding and a 70% cut to the 330 Program.

Together we also coordinated events statewide on March 23, celebrating the ACA. This was an opportunity for health centers and consortia to tailor their approaches but all share the same message. These activities were powerful for everyone involved, and were noticed in congress.

Internally at Advocates we also conducted a full review and in some cases rework of our advocacy. And this work is not yet finished. We have found many areas where we can go

even further, to the betterment of all of us. Examples include honing our lists when we send out advocacy alerts. We aim to have a database of staff, clinicians, CEOs, patients where we know how they want to engage, how frequently they want to engage, what types of messages work to motivate them. Our past advocacy has grouped all people at health centers as one, but we know to be more impactful we must begin to get to know our membership better, one by one. Working with the consortia we are developing menus of advocacy opportunities so that ultimately each region can advocate in the most appropriate way.

Other ways we have improved is the creation of the monthly Policy and Advocacy newsletter. This comes at the request of members. We also have refined our process for monitoring, communicating, analyzing, and initiating calls to action for major policy issues. We are diving further into key contact development. Many of you likely received direct calls from Advocates staff about your direct advocacy. We aim to hone in and leverage our work with you to ensure greater impact. And lastly, Advocates and RAC also conducted a three part advocacy webinar series for all members to deepen knowledge about advocacy and tracking it for c3 purposes. The feedback we received was that it was great, but now members want to dive even further into advocacy opportunities to explore.

III. Opportunities

The advocacy campaign that we've been leading with RAC has been more aggressive, and successful, than anything we have seen in many years. Week after week, month after month, we made calls, sent letters, marched, held press conferences, attended town halls, engaged on social media, and more. Health centers with a long history of advocacy amplified their efforts by leaps and bounds. Health centers with limited histories of advocacy engaged like never before, rapidly educating staff and engaging patients to make sure that their small, but significant voice was heard.

The pressure and intensity of the effort provided clarity to health center leaders about the importance of advocacy and made us all question our role in these campaigns. While refining the tried and true methods we had used for decades, a variety of health center leaders started talking about how do we develop the methods and tactics of decades to come? How do we keep improving? CaliforniaHealth+ Advocates was a great start which gives us the platform to grow, but now we need to figure out the direction of that growth.

The advent of the presidential election and the new political state of affairs in the country, as well as upcoming 2018 elections pose opportunities for the Board to consider. The Board created the c4 because of the commitment to advocacy. The c3 was encroaching on the allowable lobbying limits due to the growing size of our advocacy program, actualized in the number of staff focused on advocacy and lobbying, the array of sponsored legislation, and the hundreds of pieces of legislation we were engaged in. That commitment was reaffirmed in the strategic planning process when advocacy was added to the goals. CPCA, and now Advocates, prioritizes advocacy. Are we ready to take that commitment further and leverage the opportunities in front of us?

We are at a pivotal place to decide if among the areas we want to commit deeper includes political activity. One option that we have discussed is the concept of direct political engagement through endorsements and/or a political action committee (PAC). In January, staff were authorized to explore this option and talk to both health center leaders and external partners.

The important element to consider in political activity is money. Centrally where do we find the money to build and engage in political activity? If the Board were to elect to engage in endorsements, for example, the c4 would need non c3 dollars (i.e. not from CPCA or individual member organizations) to fund the work.

While there are long-term financial opportunities that could be used to grow non c3 monies, like event sponsorships and contributions from partner organizations, the foundation and the first dollars through the door, we believe, will have to be personal contributions from people who believe in health centers and believe in the power of collective political action. Without contributions from health centers, it will be hard to convince others to believe in us as well. The Advocacy Committee will be exploring these opportunities as well as the pathways to achieve our goals more deeply in the coming year.

IV. Advocacy Committee

The Advocacy Committee at their last meeting directed staff to begin further exploring avenues to engage more deeply in political work, including non- c3 fundraising. The next meeting will be in mid-May.

V. Public Affairs Peer Network

The Public Affairs Peer Network is meeting on bi-monthly basis. There are now over 100 participants. The PN is targeted at individuals who are responsible for advocacy or public affairs within their health center or consortia. To date they have discussed the NACHC ACE and HACE program, key contact development, and federal advocacy efforts.

VI. Staff Update

We are sad to report that Ben Avey, Assistant Director of External Affairs has left the organization. Ben worked on the c4, communications, licensing and overall strategy. He will be hard to replace but we are excited for him and his next career opportunity as the Director of Public Affairs at Sacramento Steps Forward.

We are pleased to announce that Andrea Chavez has joined our staff as Senior Program Coordinator of Public Affairs. Andrea has a strong background in communications, has been leading our social media efforts, and with Ben's departure will take over more of the communications portfolio.

We will be hiring to replace Ben's position as quickly as possible.

+++

California Primary Care ASSOCIATION

DISCUSSION

Date: April 24, 2017

To: Legislative Committee

From: Andie Patterson, Director of Government Affairs

Re: Advocacy Efforts to Date

MEMORANDUM

I. Summary

Community health centers have been consistently under threat since the Presidential Election last November and have been called to action frequently since that time. Whether it has been to help better explain our value or specifically oppose legislation, our advocacy efforts have been necessary and important. A list of Advocacy opportunities provided to members are listed below.

II. Actions

- November 23: Resource webpage announced – Healthcare 2017
- December 5: Health Care in America webinar, with analysis on potential policies.
- December 9: Health centers asked to submit letters to Congress detailing their local value and inviting legislators for health center tours.
- December 12: Webinar recording and comprehensive policy analysis provided.
- January 5: Congress is back – Request for letters, patient and staff stories, and increased social media.
- January 12: NACHC request to contact Congress.
- January 19: Request to contact Senator Feinstein regarding Tom Price confirmation.
- January 20: 340B survey that responds to Governor's budget proposal.
- January 26: Request to contact Senator Feinstein regarding Tom Price confirmation
- January 27: I Stand with Immigrants campaign request
- February 2: Renewed request to schedule health center tours

- February 9: Back to basics – request for letters, phone calls, tours, social media, and patient/staff stories.

- March 13: Post card and picture campaign rolled out. Reminder about ACA celebrations on March 23.

- March 15: Request to submit positive Obamacare stories to White House portal.

- March 17: Request to submit letters and phone calls on Trump "skinny budget."

- March 20: Request to get signatures for NACHC's House Funding Cliff letter.

- March 22: Request for letters, calls, emails, social media opposing American Health Care Act.

- March 23: ACA Celebration Activities statewide.

- March 23: AHCA Vote Delayed – Request to call, call, call members to oppose AHCA.

- March 24: AHCA defeated.

- March 29: Request for co-signers on House Funding Cliff letter.

- April 3: Request for Letters of Support on SB 323 and SB 456.

- April 6: AHCA revived – request to oppose.

- April 10: Request for Letters of Support on SB 323 and SB 456

- April 21: AHCA revived – Request to oppose

III. Lessons Learned

Due to member input, we have made many alterations to the advocacy program.

- Advocacy Alerts are now scheduled for Mondays, or as soon as we learn of an important new element, rather than Thursdays, to facilitate greater participation by members and because Congress wraps up the week on Thursday.

- A monthly advocacy newsletter is now produced to summarize the most important policy issues impacting health centers, highlight last month's work and success, as well as discuss current advocacy campaigns.

- It is our understanding that health center staff are not allowed to use social media, so we have refrained from using this medium in advocacy campaigns.

- We are aiming to better tailor the advocacy we are asking of health center staff, and conducted an ongoing survey monkey to better understand who are our "advocates" and how do they want to engage. This will continue as an ongoing project for the year to come.

- We are working to delineate "asks" based on an individual's role in the health center. For example, we are trying to send organizational requests, such as letters of support to CEOs rather than to line staff, and send easier quicker messages of support to all staff that have elected to engage.

  Our advocacy campaign continues to evolve and mature using the lessons learned from health center leaders. Some health centers and consortia have elected to engage directly and regularly, while some choose to be more selective. Many have elected to not participate citing time as the main obstacle. Advocates staff aim to increase levels of participation and effectiveness and will continue to refine/improve the program until we achieve that end.

IV. Resources

- Healthcare 2017 Resource Webpage
  - Information sub-page
  - Campaign sub-page

- Immigration Resources Webpage

- State Budget 2017 Resources Webpage

- Advocacy Structure and How to Get Involved Webpage

- Health Center Advocacy Trainings (free and on demand)
  - Lobbying and Advocacy 101 – What You Can Do
  - Lobbying and Advocacy 102 – Rules and Reporting for Non-Profits
  - Working Together: 501c3, 501c4, and Coalitions

California Primary Care ASSOCIATION

DISCUSSION

Date: April 24, 2017

To: Legislative Committee

From: Andie Patterson, Director of Government Affairs

Re: Federal Affairs

MEMORANDUM

ACA Repeal and Medicaid Reform

The Republican-controlled Congress, Senate and White House has resulted in endless promises to repeal the ACA. To date the sole legislation with traction is the American Health Care Act (AHCA), built on Speaker Ryan's "A Better Way." As part of the ACA repeal conversation, the AHCA includes reforming Medicaid. This legislation was intended to be voted on in late March but Ryan was unable to secure the votes. Currently Congress is working to appease both centrist and tea party Republicans with various amendments. Most recently the McArthur amendment was circulated, and media reported it as an attempt to secure more votes. At this point in time, it does not appear there are sufficient votes in the House to bring the bill up for a vote.

In early March a group of Republican Governors circulated a proposal to reform Medicaid as well, about 9 pages in length, covering everything from block grants to FQHC PPS. This proposal did not receive much traction in the media or within Congress, at least from what staff has been able to ascertain. In anticipation of the proposal gaining more traction, Advocates staff has summarized and analyzed the Governor's proposal which can be found in resources below.

Lastly, in mid-March the new Secretary of HHS, Tom Price, and the new CMS Director, Seema Verma, issued a letter to Governors. While not stated the letter appears to be in response to the Republican Governor's proposal in early March. The letter is much shorter, only about 2 pages, and affirms their commitment to working with Governors, agreeing that there must be changes to make it more of a partnership where states receive more freedoms, but remains committed to the current regulatory vehicles in place, such as 1115 and 1332 Waivers. The letter does intonate that Waivers will be easier to get under the new leadership and will be finalized much more quickly. Further, waivers approved in one state could be used as models in other states.

What's Next?

With the nature of affairs today, it is nearly impossible to predict what will happen next and whether any of the proposals being circulated will gain traction. It does appear, even if the AHCA or a similar bill is not successful, the new administration will mean regulatory changes that fundamentally alter the current health care system. 1115 Waivers are being discussed at NACHC as the vehicle to change PPS and to reconstruct Medicaid. Staff remain vigilant in monitoring the situation and will apprise the Committee of major threats and opportunities.

Block Grants/ Per Capita Cap

Per CPCA Board direction, we have been opposed to fundamentally changing the Medicaid Entitlement Program to a block grant or per capita cap formula, principally because both formulas are avenues to provide less resources for California and because with flexibility to the state comes many risks to both patients and CCHCs.

We have maintained a public oppose position because keeping Medicaid as a federal entitlement program is what is best for patients and CCHCs, however, staff have begun to think about what to do in the advent that Medicaid is fundamentally altered at the federal level. We have prepared an internal principles document for internal conversations to begin thinking through what central aspects must be retained and what potentially could be changed, if the option was before us.

Questions to consider:

- Is the guiding framework comprehensive enough?
- Are the priorities for block grants/ per capita cap the right ones?
- What other elements should we be considering?

Resources

- American Health Care Act- the McArthur Amendment (Advocates) - April 21, 2017
- Analysis of Republican ACA Repeal Legislation (Advocates) - March 8, 2017
  - Block Grant/Per Capita Cap Principles (Advocates- INTERNAL USE ONLY) - April 2017
  - GOP Governor's Proposal – March 6, 2017
  - Governor's Proposal Analysis (Advocates) – March 2017
  - Price/Verma Letter to Governors - March 17, 2017

Recommended Positions & Changes in Position Report
4/27/2017

Move from Support if Amended to Support

AB 40 **(Santiago D) CURES database: health information technology system.**
Current Text: Amended: 4/19/2017 Text
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.
Location: 4/25/2017-A. APPR.

Position	Assigned	Subject
05- Support if Amended	Meaghan McCamman	Clinicians

AB 456 **(Thurmond D) Healing arts: associate clinical social workers.**
Current Text: Amended: 3/27/2017 Text
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Location: 4/27/2017-A. CONSENT CALENDAR

Position	Assigned	Subject
05- Support if Amended	Beth Malinowski, Meaghan McCamman	Behavioral Health, Workforce

Move from Support to Watch

SB 6 **(Hueso D) Immigrants: removal proceedings: legal services.**
Current Text: Amended: 3/29/2017 Text
Status: 4/4/2017-In Assembly. Read first time. Held at Desk.
Location: 4/3/2017-A. DESK

Position	Assigned	Subject
04- Support	Elizabeth Oseguera	Immigration

SB 162 **(Allen D) Marijuana and medical cannabis: marketing.**
Current Text: Amended: 4/19/2017 Text
Status: 4/19/2017-Read second time and amended. Re-referred to Com. on APPR.
Location: 4/19/2017-S. APPR.

Position	Assigned	Subject
04- Support	Victor Christy	Marijuana/Cannabis

Move from Watch to Oppose

AB 148 **(Mathis R) California Physician Corps Program: practice setting.**
Current Text: Amended: 3/27/2017 Text
Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
Location: 4/20/2017-S. DESK

Position	Assigned	Subject
13- Watch	Beth Malinowski	Workforce

Move from Watch to Support

AB 481 **(Thurmond D) California Mental Health Planning Council: name change.**
Current Text: Amended: 4/17/2017 Text
Status: 4/18/2017-Re-referred to Com. on HEALTH. In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 2/27/2017-A. HEALTH

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

AB 1003 **(Bloom D) California Community Health Fund.**
Current Text: Amended: 4/19/2017 Text
Status: 4/26/2017-From committee: That the measure be retained in committee, and that the subject matter be referred to the Committee on Rules for assignment to the proper committee for study. (Ayes 5. Noes 0.) (April 25).
Location: 4/26/2017-A. RLS.

Position	Assigned	Subject
13- Watch	Andie Patterson	SDoH

AB 1368 **(Calderon D) Medi-Cal: authorization requests.**
Current Text: Amended: 4/20/2017 Text
Status: 4/27/2017-Action From CONSENT CALENDAR: Read third time.Passed Assembly to SENATE.
Location: 4/27/2017-S. SENATE

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

Recommend Support

AB 1591 **(Berman D) Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor.**
Current Text: Amended: 3/28/2017 Text
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.
Location: 4/18/2017-A. APPR.

Position	Assigned	Subject
	Meaghan McCamman	

Recommend Watch

SB 476 **(Nguyen R) Discount Prescription Drug Program.**
Current Text: Introduced: 2/16/2017 Text
Status: 3/2/2017-Referred to Com. on RLS.
Location: 2/16/2017-S. RLS.

Position	Assigned	Subject
	Deb Roth, Meaghan McCamman	Pharmacy

SB 528 **(Stone R) Pharmacy: automated drug delivery systems.**
Current Text: Amended: 4/20/2017 Text
Status: 4/20/2017-Read second time and amended. Re-referred to Com. on APPR.
Location: 4/20/2017-S. APPR.

Position	Assigned	Subject
	Deb Roth	

SB 641 **(Lara D) Controlled Substance Utilization Review and Evaluation System: privacy.**
Current Text: Amended: 4/20/2017 Text
Status: 4/24/2017-Withdrawn from committee. Re-referred to Com. on APPR.
Location: 4/24/2017-S. APPR.

Position	Assigned	Subject
	Elizabeth Oseguera	Behavioral Health, Clinicians

Remove from Watch

AB 1059 **(Gonzalez Fletcher D) Dual agency: commercial real estate transactions.**
Current Text: Amended: 3/30/2017 Text
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Location: 3/30/2017-A. JUD.

Position	Assigned	Subject
13- Watch	Beth Malinowski	Workforce

AB 1103 **(Obernolte R) Bicycles: yielding.**
Current Text: Amended: 4/6/2017 Text
Status: 4/17/2017-Re-referred to Com. on TRANS. In committee: Hearing postponed by committee.
Location: 3/9/2017-A. TRANS.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	

AB 1107 **(Nazarian D) Oncology Clinical Pathway Act of 2017.**
Current Text: Amended: 3/21/2017 Text
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Location: 4/25/2017-A. APPR.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

AB 1389 **(Bigelow R) Employment safety: boiler and tank inspections.**
Current Text: Amended: 3/29/2017 Text
Status: 4/6/2017-VOTE: Be re-referred to the Committees on [Labor and Employment] and [Judiciary]
Location: 4/6/2017-A. L. & E.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

AB 1584 **(Gonzalez Fletcher D) Insurance: production agents: license examinations: contracts.**
Current Text: Amended: 3/28/2017 Text
Status: 3/29/2017-Re-referred to Com. on INS.
Location: 3/27/2017-A. INS.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Managed Care

SB 70 **(Bates R) Real estate: Uniform Standards of Professional Appraisal Practice.**
Current Text: Amended: 3/30/2017 Text
Status: 4/13/2017-April 17 hearing postponed by committee.
Location: 4/5/2017-S. B., P. & E.D.

Position	Assigned	Subject
13- Watch	Beth Malinowski	Clinicians, Workforce

SB 315 **(Nguyen R) California Massage Therapy Council: material for non-English speakers.**
Current Text: Amended: 4/25/2017 Text
Status: 4/26/2017-Read second time. Ordered to third reading. Published April 26 at 4 a.m.
Location: 4/26/2017-S. THIRD READING

Position	Assigned	Subject
13- Watch	Deb Roth	Pharmacy

SB 523 **(Hernandez D) Medi-Cal: emergency medical transport providers: quality assurance fee.**
Current Text: Amended: 4/24/2017 Text
Status: 4/24/2017-Read second time and amended. Re-referred to Com. on APPR.

Location: 4/24/2017-S. APPR.

Position	Assigned	Subject
13- Watch	Beth Malinowski	

SB 608 **(Hernandez D) Medi-Cal: Hospital Quality Assurance Revenue Fund: direct grants.**
Current Text: Amended: 3/28/2017 Text
Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (April 19). Re-referred to Com. on APPR.
Location: 4/20/2017-S. APPR.

Position	Assigned	Subject
13- Watch	Meaghan McCamman	Behavioral Health, Clinicians

SB 630 **(Skinner D) Jails: financing bonds.**
Current Text: Amended: 4/20/2017 Text
Status: 4/27/2017-Action From PUB. S.: Read second time.To THIRD READING.
Location: 4/27/2017-S. THIRD READING

Position	Assigned	Subject
13- Watch	Beth Malinowski	

Total Measures: 22
Total Tracking Forms: 22

CPCA's 2017-18 Bill Tracking Report
4/27/2017

AB 1591 **(Berman D) Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/14/2017 Assembly Health *(text 3/28/2017)*

Introduced: 2/17/2017

Last Amend: 3/28/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides.This bill would include a licensed professional clinical counselor within those health care professionals covered under that definition.

Position	Assigned	Subject	Group
	Meaghan McCamman		Recommend Support

SB 528 **(Stone R) Pharmacy: automated drug delivery systems.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/13/2017 Senate Business, Professions And Economic Development *(text 3/28/2017)*

Introduced: 2/16/2017

Last Amend: 4/20/2017

Status: 4/20/2017-Read second time and amended. Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Pharmacy Law authorizes a pharmacy to provide pharmacy services to specified licensed health facilities through the use of an automated drug delivery system. Existing law authorizes a licensed clinic to make use of an automated drug delivery system, operated under the supervision of a pharmacist, but under the clinic's license and under which the clinic is responsible for the safety and security of the drugs in the system. This bill would provide an alternative program to authorize a pharmacy to provide pharmacy services to covered entities that are eligible for discount drug programs under federal law, as specified, through the use of an automated drug delivery system, as defined.

Position	Assigned	Subject	Group
	Deb Roth		Recommend Watch

01- Sponsor

SB 323 **(Mitchell D) Medi-Cal: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services.**

Current Text: Amended: 4/25/2017 Text

Current Analysis: 04/17/2017 Senate Health *(text 4/6/2017)*

Introduced: 2/13/2017

Last Amend: 4/25/2017

Status: 4/25/2017-Read second time and amended. Re-referred to Com. on APPR.

Is Fiscal: Y
Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would prohibit the costs associated with providing Drug Medi-Cal services or specialty mental health services from being included in the FQHC's or RHC's per-visit PPS rate, and would require the costs associated with providing Drug Medi-Cal services or specialty mental health services to be adjusted out of the FQHC's or RHC's clinic base rate as a scope-of-service change if the FQHC or RHC determines that the costs associated with providing Drug Medi-Cal services or specialty mental health services are within the clinic base rate, as specified.

Position	Assigned	Subject	Group
01- Sponsor	CCALAC, Meaghan McCamman	Behavioral Health	

SB 456 **(Pan D) Medi-Cal managed care: federally qualified health centers and rural health clinics: services that follow the patient.**
Current Text: Amended: 4/26/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 3/23/2017)*
Introduced: 2/16/2017
Last Amend: 4/26/2017
Status: 4/26/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would authorize a federally qualified health center (FQHC) and rural health clinic (RHC) to enter into an agreement with a public or private entity willing and qualified to provide services that follow the patient. The bill would describe those entities eligible to contract with an FQHC or RHC under the bill, and would define "services that follow the patient" as services that are not reimbursable on a per-visit basis pursuant to a specified provision, that promote continuity of care and contribute to overall patient wellness, as specified.

Position	Assigned	Subject	Group
01- Sponsor	Meaghan McCamman		

04- Support

AB 3 **(Bonta D) Public defenders: legal counsel: immigration consequences: grants.**
Current Text: Amended: 2/17/2017 Text
Current Analysis: 02/10/2017 Assembly Human Services *(text 12/5/2016)*
Introduced: 12/5/2016
Last Amend: 2/17/2017
Status: 2/21/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 2/16/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Social Services or a nonprofit organization contracting with the department, as provided, to issue requests for proposal and issue grants to qualified legal services projects, qualified support centers, or county offices of the public defender that meet specified requirements, to expand their programs in order to serve as regional legal services agencies capable of providing legal training, written materials, mentoring, and technical assistance to county offices of the public defender in this state on issues relating to the immigration consequences of criminal convictions.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

AB 9 **(Garcia, Cristina D) Sales and use taxes: exemption: sanitary napkins: tampons: menstrual sponges and menstrual cups.**
Current Text: Introduced: 12/5/2016 Text

Current Analysis: 03/10/2017 Assembly Revenue And Taxation *(text 12/5/2016)*
Introduced: 12/5/2016
Status: 3/28/2017-Coauthors revised.
Is Fiscal: Y
Location: 1/19/2017-A. REV. & TAX

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, on and after January 1, 2018, exempt from sales and use taxes the gross receipts from the sale in this state of, and the storage, use, or other consumption in this state of, tampons, sanitary napkins, menstrual sponges, and menstrual cups. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 10 **(Garcia, Cristina D) Feminine hygiene products: school and college bathrooms :shelter services.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/03/2017 Assembly Housing And Community Development *(text 3/7/2017)*
Introduced: 12/5/2016
Last Amend: 4/6/2017
Status: 4/17/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/6/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, with certain exceptions, requires every public and private school, as provided, to have restroom facilities that are open as prescribed during school hours, and at all times to keep every restroom maintained and cleaned regularly, fully operational, and stocked with soap and paper supplies. This bill would additionally require public and private schools to keep every restroom stocked with feminine hygiene products.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 21 **(Kalra D) Public postsecondary education: Access to Higher Education for Every Student.**
Current Text: Amended: 4/24/2017 Text
Current Analysis: 04/16/2017 Assembly Judiciary *(text 3/15/2017)*
Introduced: 12/5/2016
Last Amend: 4/24/2017
Status: 4/25/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/24/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would express findings and declarations of the Legislature relating to the possible impacts on public postsecondary educational institutions in this state of changes in federal immigration policies and enforcement. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski, Elizabeth Oseguera	Immigration, Workforce	

AB 62 **(Wood D) Public housing: smoke-free policy.**
Current Text: Amended: 3/27/2017 Text
Current Analysis: 04/26/2017 Assembly Housing And Community Development *(text 3/27/2017)*
Introduced: 12/9/2016
Last Amend: 3/27/2017
Status: 4/26/2017-Action From H. & C.D.: Do pass as amended.To APPR..
Is Fiscal: Y
Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require all public housing agencies, as defined, to implement a policy prohibiting the smoking of tobacco products, as defined, in all public housing living units, interior areas, and outdoor

areas within 25 feet of public housing and administrative buildings, except in designated smoking areas, by July 30, 2018. The bill would exempt dwelling units in a mixed-finance project from these provisions. By increasing the duties of local public housing agencies, this bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 74 **(Chiu D) Housing.**

Current Text: Introduced: 12/16/2016 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 12/16/2016)*

Introduced: 12/16/2016

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/21/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require Department of Housing and Community Development to, on or before October 1, 2018, establish the Housing for a Healthy California Program and on or before April 1, 2019, and every year thereafter, subject to on appropriation by the Legislature, award grants on a competitive basis to eligible grant applicants based on guidelines that HCD would draft, as prescribed, and other requirements. The bill would provide that an applicant is eligible for a grant under the program if the applicant meets specified requirements. This bill contains other related provisions.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman		

AB 160 **(Stone, Mark D) CalWORKs: eligibility.**

Current Text: Introduced: 1/12/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 1/12/2017)*

Introduced: 1/12/2017

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/8/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would provide that a parent or caretaker relative shall not be eligible for CalWORKs aid when he or she has received aid for a cumulative total of 60 months. This bill would increase the amount of exempted disability-based unearned income and other earned income, as specified. The bill would also make other, conforming changes. By increasing county administrative duties relating to the CalWORKs program, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 164 **(Arambula D) Food assistance.**

Current Text: Amended: 4/18/2017 Text

Current Analysis: 04/21/2017 Assembly Human Services *(text 4/18/2017)*

Introduced: 1/13/2017

Last Amend: 4/18/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require, on and after July 1, 2018, the State Department of Social Services to develop a mechanism to respond to changing needs for food assistance and to allow the department flexibility to provide nutrition benefits for specific populations. The bill would set forth criteria for the mechanism, including requiring the mechanism to be designed to issue nutrition benefits using EBT and designed in a manner that can target various populations, depending on the purpose of the specific benefit.

Position	Assigned	Subject	Group

AB 175 **(Chau D) Adult-use marijuana: marketing: packaging and labeling.**

Current Text: Introduced: 1/17/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 1/17/2017)*

Introduced: 1/17/2017

Status: 4/26/2017-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a manufacturer, prior to introducing an edible marijuana product into commerce in California, to submit the packaging and labeling to the Bureau of Marijuana Control for approval and would require the bureau to determine whether the packaging and labeling are in compliance with the requirements of prescribed provisions of AUMA, including the requirements that the packaging be child resistant and not attractive to children, as specified. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 186 **(Eggman D) Controlled substances: safer drug consumption program.**

Current Text: Amended: 3/23/2017 Text

Current Analysis: 04/26/2017 Assembly Floor Analysis *(text 3/23/2017)*

Introduced: 1/19/2017

Last Amend: 3/23/2017

Status: 4/26/2017-Read second time. Ordered to third reading.

Is Fiscal: N

Location: 4/26/2017-A. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #173 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

Summary: Would, until January 1, 2022, authorize specified counties or cities within those counties to authorize the operation of supervised injection services programs for adults that satisfies specified requirements, including, among other things, a space supervised by healthcare professionals or other trained staff where people who use drugs can consume preobtained drugs, sterile consumption supplies, and access to referrals to addiction treatment.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Behavioral Health	

AB 191 **(Wood D) Mental health: involuntary treatment.**

Current Text: Introduced: 1/19/2017 Text

Current Analysis: 03/24/2017 Assembly Floor Analysis *(text 1/19/2017)*

Introduced: 1/19/2017

Status: 3/30/2017-Read third time. Passed. Ordered to the Senate. (Ayes 75. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Is Fiscal:

Location: 3/30/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Lanterman-Petris-Short Act authorizes a person who has been detained for 72 hours and who has received an evaluation to be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism under specified conditions. Current law further authorizes the person to be certified for an additional period not to exceed 14 days if that person was suicidal during the 14-day period or the 72-hour evaluation period, or an additional period not to exceed more than 30 days under specified conditions. Current law requires, for a person to be certified under any of these provisions, a notice of certification to be signed by 2 people, and, in specified circumstances, authorizes the 2nd signature to be from a licensed clinical social worker or a registered nurse who participated in the evaluation. This bill would include a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign the notice under specified circumstances.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Behavioral Health	

AB 210 **(Santiago D) Homeless multidisciplinary personnel team.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/21/2017 Assembly Privacy And Consumer Protection *(text 4/18/2017)*
Introduced: 1/23/2017
Last Amend: 4/18/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law authorizes counties to establish a child abuse multidisciplinary personnel team, as defined, to allow provider agencies to share confidential information in order to investigate reports of suspected child abuse or neglect or for the purpose of child welfare agencies making detention determinations, as specified. This bill would authorize counties to also establish a homeless adult, child, and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county to allow provider agencies to share confidential information, as specified, for the purpose of coordinating housing and supportive services to ensure continuity of care.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 236 **(Maienschein R) CalWORKs: housing assistance.**
Current Text: Introduced: 1/30/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 1/30/2017)*
Introduced: 1/30/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/8/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: As part of the CalWORKs program, a homeless family that has used all available liquid resources in excess of $100 is eligible for homeless assistance benefits to pay the costs of temporary shelter if the family is eligible for aid under the CalWORKs program. This bill would provide that homeless assistance is available to homeless families that would be eligible for aid under the CalWORKs program but for the fact that the only child or children in the family are in out-of-home placement pursuant to an order of the dependency court, if the family is receiving reunification services and the county determines that homeless assistance is necessary for reunification to occur.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 247 **(Garcia, Cristina D) Public health: childhood lead poisoning: Lead Advisory Taskforce.**
Current Text: Amended: 3/28/2017 Text
Current Analysis: 04/03/2017 Assembly Appropriations *(text 3/28/2017)*
Introduced: 1/30/2017
Last Amend: 3/28/2017
Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/9/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Under current law, known as the Childhood Lead Poisoning Prevention Act of 1991, the State Department of Public Health is required to establish procedures for environmental abatement and followup, and undertake other specified measures, designed to reduce the incidence of excessive childhood lead exposure in California. The bill would require, by April 1, 2018, the Office of Environmental Health Hazard Assessment to convene a Lead Advisory Taskforce, with a prescribed membership, to review and advise, as provided, regarding policies and procedures to reduce childhood lead poisoning in the state.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 274 **(Garcia, Cristina D) Sales and use taxes: exemption: food products.**
Current Text: Amended: 3/21/2017 Text
Introduced: 2/1/2017
Last Amend: 3/21/2017
Status: 3/22/2017-Re-referred to Com. on REV. & TAX.
Is Fiscal: Y
Location: 3/20/2017-A. REV. & TAX

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Assembly Constitutional Amendment 2 of the 2017–18 Regular Session, if approved by the voters, on and after April 1, 2019, would instead require that any sales or use taxes levied by the state or any of its political subdivisions apply to the sale of, or the storage, use, or other consumption in this state of, certain food products for human consumption, which include candy, confectionery, and snack foods. Assembly Constitutional Amendment 2, if approved by the voters, would authorize the Legislature to exempt the sale of, or the storage, use, or other consumption in this state of, any food product from sales and use taxes by a statute that becomes operative on or after November 7, 2018.

Position	Assigned	Subject	Group
04- Support	Victor Christy	SDoH	

AB 316 **(Waldron R) Workforce development.**
Current Text: Amended: 4/5/2017 Text
Current Analysis: 04/17/2017 Assembly Labor And Employment *(text 4/5/2017)*
Introduced: 2/6/2017
Last Amend: 4/5/2017
Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 19). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/20/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the Employment Training Panel within the Employment Development Department to submit an annual report to the Legislature that contains summaries of information related to projects operated by the panel. This bill would require the panel to solicit proposals and write performance-based contracts to fund projects that expedite and increase the number of middle-skill workers employed in an eligible industry. This bill would require projects funded by this program to comply with certain requirements.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 343 **(McCarty D) Public postsecondary education: holders of certain special immigrant visas.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/17/2017 Assembly Higher Education *(text 4/5/2017)*
Introduced: 2/7/2017
Last Amend: 4/20/2017
Status: 4/24/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/20/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would express legislative findings and declarations relating to persons provided with special immigrant visa status due to their displacement because of wars taking place in their home countries. The bill would exempt students who have been granted special immigrant visas pursuant to a specified federal statute, or are refugees admitted to the United States under a specified federal statute, and who, upon entering the United States, settled in California, from paying nonresident tuition at the California Community Colleges.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski, Elizabeth Oseguera	Immigration, Workforce	

AB 379 **(Gomez D) California Kickstart My Future Loan Forgiveness Program.**
Current Text: Amended: 4/4/2017 Text
Current Analysis: 04/17/2017 Assembly Higher Education *(text 4/4/2017)*

Introduced: 2/9/2017
Last Amend: 4/4/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 4.) (April 18). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would establish the California Kickstart My Future Loan Forgiveness Program, under the administration of the Student Aid Commission, to provide student loan forgiveness awards for the purpose of alleviating the burden of federal student loan debt for recent graduates meeting specified requirements. The bill would, subject to an available and sufficient appropriation, authorize an eligible applicant to receive a student loan forgiveness award equal to 100% of his or her monthly federal income-driven repayment plan payments for 24 months of repayment under the federal program.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 391 **(Chiu D) Medi-Cal: asthma preventive services.**
Current Text: Amended: 3/22/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 3/22/2017)*
Introduced: 2/9/2017
Last Amend: 3/22/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 18). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current federal law authorizes, at the option of the state, preventive services, as defined, to be provided by practitioners other than physicians or other licensed practitioners. This bill, which would be known as the Asthma Preventive Services Program Act of 2017, would require the State Department of Health Care Services to seek an amendment to its Medicaid state plan to include qualified asthma preventive services providers, as defined, as providers of asthma preventive services, as defined, under the Medi-Cal program.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski, Elizabeth Oseguera	Clinicians, Workforce	

AB 401 **(Aguiar-Curry D) Pharmacy: remote dispensing site pharmacy: telepharmacy.**
Current Text: Amended: 3/21/2017 Text
Current Analysis: 04/03/2017 Assembly Business And Professions *(text 3/21/2017)*
Introduced: 2/9/2017
Last Amend: 3/21/2017
Status: 4/4/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 4). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/4/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would authorize a remote dispensing site pharmacy to use a telepharmacy system, as specified, and would require the board to issue a remote dispensing site pharmacy license to a remote dispensing site pharmacy that meets all the requirements for licensure. The bill would require a remote dispensing site pharmacy to be located in a medically underserved area, as defined, unless otherwise approved by the board. The bill would authorize a pharmacy located in this state to serve as a supervising pharmacy to provide telepharmacy services for up to 2 remote dispensing site pharmacies.

Position	Assigned	Subject	Group
04- Support	Ben Avey, Meaghan McCamman	Licensing	

AB 447 **(Gray D) Medi-Cal: covered benefits: continuous glucose monitors.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 2/13/2017)*

Introduced: 2/13/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #1 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid Program provisions. Existing law provides for a schedule of covered benefits under the Medi-Cal program. This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors that are medically necessary for the management and treatment of diabetes to the schedule of benefits under the Medi-Cal program.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Managed Care	

AB 462 **(Thurmond D) Mental Health Services Oversight and Accountability Commission: wage information data access.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/03/2017 Assembly Appropriations *(text 2/13/2017)*
Introduced: 2/13/2017
Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
Is Fiscal: Y
Location: 4/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would declare the intent of the Legislature to authorize the Mental Health Services Oversight and Accountability Commission to receive information held by other state agencies, as it relates to outcomes established under the MHSA or adopted by the commission under the MHSA for the purposes of monitoring those outcomes and improving the mental health system. The bill would authorize the Director of Employment Development to share information to enable the commission to receive quarterly wage data to assist the commission in fulfilling its duties under the MHSA.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 508 **(Santiago D) Health care practitioners: student loans.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/13/2017)*
Introduced: 2/13/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #59 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law authorizes a licensing board to deny a license to an applicant to become a health care practitioner or deny renewal of a license if he or she is in default on a United States Department of Health and Human Services education loan, including a Health Education Assistance Loan until the default is cleared or until the applicant or licensee makes satisfactory repayment arrangements. Current law requires a board, prior to taking these actions, to take into consideration the population served by the health care practitioner and his or her economic status. Current law requires that each board that issues citations and imposes fines retain the money from these fines for deposit into its appropriate fund. This bill would repeal these provisions.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 569 **(Gonzalez Fletcher D) Discrimination: reproductive health.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/26/2017 Assembly Labor And Employment *(text 2/14/2017)*

Introduced: 2/14/2017
Last Amend: 4/19/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 1.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would amend provisions of labor law relating to the obligations of an employer to prohibit an employer from taking any adverse employment action, as defined, against an employee based on his or her reproductive health care decisions, methods, or the use of any drug, device, or medical service related to reproductive health by an employee or employee's dependent. The bill would also prohibit requiring an employee to sign a code of conduct or similar document that purports to deny any employee the right to make his or her own reproductive health care decisions, including the use of a particular drug, device, or medical service.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

AB 703 **(Flora R) Professions and vocations: licenses: fee waivers.**
Current Text: Introduced: 2/15/2017 Text
Introduced: 2/15/2017
Status: 3/2/2017-Referred to Com. on B. & P.
Is Fiscal: Y
Location: 3/2/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require every board within the Department of Consumer Affairs to grant a fee waiver for application and issuance of an initial license for an applicant who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States if the applicant holds a current license in the same profession or vocation in another state, district, or territory. The bill would require that an applicant be granted fee waivers for both the application for and issuance of a license if the board charges fees for both.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 715 **(Wood D) Workgroup review of opioid pain reliever use and abuse.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 4/18/2017)*
Introduced: 2/15/2017
Last Amend: 4/18/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law creates the State Department of Public Health and vests it with duties, powers, functions, jurisdiction, and responsibilities with regard to the advancement of public health. This bill would require the department to convene a workgroup, comprised of members selected by the department, to review existing prescription guidelines and develop a recommended statewide guideline addressing best practices for prescribing opioid pain relievers.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Behavioral Health	

AB 727 **(Nazarian D) Mental Health Services Act: housing assistance.**
Current Text: Introduced: 2/15/2017 Text
Current Analysis: 04/13/2017 Assembly Floor Analysis *(text 2/15/2017)*
Introduced: 2/15/2017
Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
Is Fiscal: N
Location: 4/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law specifies the manner in which counties are to use the funds distributed from the Mental Health Services Fund, including using the majority of the funds for services provided by county mental health programs. Existing law specifies a target population for these programs, including seriously emotionally disturbed children or adolescents and adults or older adults who have a serious mental disorder. This bill would clarify that counties may spend MHSA moneys on housing assistance, as defined, for people in the target population.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 827 **(Rubio D) Department of Consumer Affairs: task force: foreign-trained professionals.**
Current Text: Amended: 4/3/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 4/3/2017)*
Introduced: 2/16/2017
Last Amend: 4/3/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/4/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Bagley-Keene Open Meeting Act, which requires state boards, commissions, and similar state-created multimember bodies to give public notice of meetings and conduct their meetings in public unless authorized to meet in closed session. This bill, the California Opportunity Act of 2017, would require the Department of Consumer Affairs to create a task force, as specified, to study and write a report of its findings and recommendations regarding the licensing of foreign-trained professionals with the goal of integrating foreign-trained professionals into the state's workforce, as specified.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski, Elizabeth Oseguera	Immigration, Workforce	

AB 834 **(O'Donnell D) School-based health programs.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 3/28/2017)*
Introduced: 2/16/2017
Last Amend: 4/20/2017
Status: 4/24/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/20/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Education to, no later than July 1, 2018, establish an Office of School-Based Health Programs for the purpose of, among other things, administering health-related programs under the purview of the State Department of Education and advising on issues related to the delivery of school-based Medi-Cal services in the state. The bill would authorize the office to develop a workgroup for the purpose of assisting the office's efforts that shall be representative of the diversity of California LEAs and include representatives of specified entities involved in the delivery of school-based Medi-Cal services, as specified.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	School Based HC	

AB 850 **(Chau D) Mental Health Services Oversight and Accountability Commission.**
Current Text: Introduced: 2/16/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/16/2017)*
Introduced: 2/16/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #76 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Would require the Governor to appoint an additional member to the Mental Health Services Oversight and Accountability Commission who has knowledge and experience in reducing mental health disparities, especially for racial and ethnic communities. The bill would state the finding and declaration of the Legislature that this change is consistent with and furthers the intent of the act.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 860 **(Cooley D) Mental Health Services Oversight and Accountability Commission: factfinding tour.**

Current Text: Amended: 4/6/2017 Text

Current Analysis: 04/18/2017 Assembly Governmental Organization *(text 4/6/2017)*

Introduced: 2/16/2017

Last Amend: 4/6/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 20. Noes 0.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Mental Health Services Oversight and Accountability Commission to comply with specified notice provisions required by the Bagley-Keene Act prior to the factfinding tour. The bill would require the commission to provide specified notice to members of the media of the proposed site tour and allow at least one member of the media to attend the site tour, as specified. The bill would prohibit the commission from taking any action, as described, during the site tour and from discussing among themselves any business of a specific nature that does not fall within the scope or purpose of the tour. The bill would require the commission to post a summary of the factfinding tour on its Internet Web site within 10 days after its completion.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 916 **(Quirk-Silva D) Workforce development: local workforce development board.**

Current Text: Introduced: 2/16/2017 Text

Current Analysis: 04/23/2017 Assembly Jobs, Economic Development, And The Economy *(text 2/16/2017)*

Introduced: 2/16/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The federal Workforce Innovation and Opportunity Act of 2014 provides for workforce investment activities, including activities in which states may participate. Current law contains various programs for job training and employment development, including work incentive programs, as specified, and establishes local workforce development boards to perform duties related to the implementation and coordination of local workforce development activities. This bill would add to those duties requirements to address the differing training needs of employers within the region based on size and legal structure of the business organization and to identify and promote strategies that support the training needs of emerging and dominant business types, as specified.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 992 **(Arambula D) CalWORKs: Baby Wellness and Family Support Home Visiting Program.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/28/2017)*

Introduced: 2/16/2017

Last Amend: 3/28/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/29/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the Baby Wellness and Family Support Home Visiting Program that would require the State Department of Social Services to allocate funds to counties for the purpose of implementing or contracting with specified early home visiting programs to provide voluntary home visiting programs approved by the department and would authorize the funds to be used to coordinate early home visiting services with, among others, diaper bank services. The bill would require the department to develop and disseminate an informing notice to ensure that all assistance units, as specified, are aware of the program and their ability to participate.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 1005 **(Calderon D) Professions and vocations: fines: relief.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 4/17/2017)*
Introduced: 2/16/2017
Last Amend: 4/17/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under current law, the Department of Consumer Affairs is under the control of the Director of Consumer Affairs and is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations. This bill would authorize boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate professions and vocations, when granted the authority to issue a citation, to instead issue a fix-it ticket in lieu of a fine. The bill would specify that any person who is issued a fix-it ticket in lieu of a citation would have 30 days in which to correct the violation before being issued the fine.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

AB 1092 **(Cooley D) Medi-Cal: eyeglasses.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/5/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would under the Medi-Cal program, to the extent federal financial participation and any necessary federal approvals are obtained, restore coverage of one pair of eyeglasses provided every 2 years to an individual 21 years of age or older. The bill would authorize the department to implement those provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Medi-Cal	

AB 1134 **(Gloria D) Mental Health Services Oversight and Accountability Commission: fellowship program.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #92 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, which consists of 16 members, to oversee the administration of various parts of the act. Current law authorizes the commission to undertake specified activities in carrying out its duties and responsibilities. This bill would authorize the commission to establish a fellowship program for the purpose of providing an experiential learning opportunity for a mental health consumer and a mental health professional.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 1316 **(Quirk D) Public health: childhood lead poisoning: prevention.**

Current Text: Amended: 4/18/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 4/18/2017)*

Introduced: 2/17/2017

Last Amend: 4/18/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Childhood Lead Poisoning Prevention Act of 1991 required the State Department of Public Health (formerly the State Department of Health Services) between July 1, 1992, and July 1, 1993, to adopt regulations establishing a standard of care at least as stringent as the most recent United States Centers for Disease Control and Prevention screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. This bill would require the standard of care to be that all children be screened for blood lead levels, as specified, and would clarify that the lead screening would not be paid for by funds from the Childhood Lead Poisoning Prevention Fund.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 1520 **(Burke D) Lifting Children and Families Out of Poverty Act of 2017.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/21/2017 Assembly Human Services *(text 4/17/2017)*

Introduced: 2/17/2017

Last Amend: 4/17/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would make legislative findings and declarations regarding child poverty in California. The bill would state the intent of the Legislature to move toward reducing child poverty in this state by 50% over a 20-year period, commencing with the 2018-19 fiscal year and ending with the 2038-39 fiscal year. The bill would also state the intent of the Legislature to use a specified framework as guiding and nonbinding recommendations for purposes of enacting future legislation to fund programs or services that have been proven to reduce child poverty in California and to fund future innovations that are shown to achieve similar outcomes.

Position	Assigned	Subject	Group
04- Support	Andie Patterson	SDoH	

AB 1534 **(Nazarian D) Health care coverage: HIV specialists.**

Current Text: Amended: 4/6/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 4/6/2017)*

Introduced: 2/17/2017

Last Amend: 4/6/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a health care service plan contract that is issued, amended, or renewed on or after January 1, 2018, to permit an HIV specialist, as defined, to be an eligible primary care provider, as defined, if the provider requests primary care provider status and meets the plan's eligibility criteria for all specialists seeking primary care provider status. Because a willful violation of these requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	ACA Repeal, Managed Care	

ACA 2 **(Garcia, Cristina D) Sales and use taxes: food products.**
Current Text: Introduced: 1/18/2017 Text
Introduced: 1/18/2017
Status: 1/19/2017-From printer. May be heard in committee February 18.
Is Fiscal: Y
Location: 1/18/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This measure, on and after April 1, 2019, would require that any sales or use tax levied by the State of California or any of its political subdivisions apply to the sale of, or the storage, use, or other consumption in this state of, certain food products for human consumption. The measure would authorize the Legislature to exempt the sale of, or the storage, use, or other consumption in this state of, any food product from sales and use tax by a statute that becomes operative on or after November 7, 2018.

Position	Assigned	Subject	Group
04- Support	Victor Christy	SDoH	

AJR 2 **(Levine D) Latino Americans and Muslim Americans.**
Current Text: Introduced: 12/5/2016 Text
Introduced: 12/5/2016
Status: 1/30/2017-Referred to Com. on JUD.
Is Fiscal: N
Location: 1/30/2017-A. JUD.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This measure would commend Latino Americans and Muslim Americans for their economic, political, and cultural impact on California and the United States and respectfully request the President and the President-elect of the United States and Members of the United States Congress to respect the First Amendment of the United States Constitution and to reject efforts to build a wall along the United States-Mexico border, to monitor mosques, to police and profile Muslim Americans, or to adopt any immigration policy based on discrimination.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

HR 4 **(Rendon D) Relative to immigration.**
Current Text: Amended: 12/5/2016 Text
Introduced: 12/5/2016
Last Amend: 12/5/2016
Status: 12/5/2016-Introduced. Assembly Rule 63 suspended. (Ayes 55. Noes 25. Page 63.) Read and amended. (Page 64.) Read. Adopted. (Ayes 57. Noes 14. Page 64.).
Is Fiscal: N
Location: 12/5/2016-A. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: Relative to immigration.

Position	Assigned	Subject	Group

04- Support	Elizabeth Oseguera	Immigration	

HR 5 **(Burke D) Relative to Planned Parenthood.**
Current Text: Chaptered: 1/17/2017 Text
Current Analysis: 01/12/2017 Assembly Rules *(text 12/5/2016)*
Introduced: 12/5/2016
Status: 1/17/2017-Read. Adopted.
Is Fiscal: N
Location: 1/17/2017-A. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House							

Summary: Relative to Planned Parenthood.

Position	**Assigned**	**Subject**	**Group**
04- Support	Beth Malinowski		

HR 6 **(Burke D) Relative to women's reproductive health.**
Current Text: Chaptered: 1/30/2017 Text
Current Analysis: 01/25/2017 Assembly Judiciary *(text 1/9/2017)*
Introduced: 1/9/2017
Status: 1/30/2017-Coauthors revised. Read. Adopted.
Is Fiscal:
Location: 1/30/2017-A. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House							

Summary: Resolved by the Assembly of the State of California, That the Assembly urges the President of the United States and the United States Congress to express their support for a woman's fundamental right to control her own reproductive decisions, as well as their support for access to comprehensive reproductive health care, including the services provided by Planned Parenthood.

Position	**Assigned**	**Subject**	**Group**
04- Support	Beth Malinowski		

HR 15 **(Gomez D) Relative to United States immigration policy.**
Current Text: Chaptered: 2/13/2017 Text
Current Analysis: 02/01/2017 Assembly Rules *(text 2/1/2017)*
Introduced: 2/1/2017
Status: 2/13/2017-Coauthors revised. Read. Adopted.
Is Fiscal:
Location: 2/13/2017-A. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House							

Summary: Relative to United States immigration policy.

Position	**Assigned**	**Subject**	**Group**
04- Support	Elizabeth Oseguera	Immigration	

SB 6 **(Hueso D) Immigrants: removal proceedings: legal services.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 03/30/2017 Senate Floor Analyses *(text 3/29/2017)*
Introduced: 12/5/2016
Last Amend: 3/29/2017
Status: 4/4/2017-In Assembly. Read first time. Held at Desk.
Is Fiscal: Y
Location: 4/3/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Social Services, subject to the availability of funding, to contract with qualified nonprofit legal services organizations to provide legal services to unaccompanied, undocumented minors, as defined, who are transferred to the care and custody of the federal Office of Refugee Resettlement and who are present in this state. Existing law requires that the contracts awarded meet certain conditions.This bill would require the department to either contract with qualified nonprofit legal services organizations, or contract with a nonprofit agency to administer

funding to nonprofit legal services organization subcontractors, to provide legal services to individuals in removal proceedings who are not otherwise entitled to legal representation under an existing local, state, or federal program.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	Flag for Members

SB 29 **(Lara D) Law enforcement: immigration.**

Current Text: Introduced: 12/5/2016 Text

Current Analysis: 04/17/2017 Senate Appropriations *(text 12/5/2016)*

Introduced: 12/5/2016

Status: 4/17/2017-April 17 hearing: Placed on APPR. suspense file.

Is Fiscal: Y

Location: 4/17/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes a county board of supervisors on behalf of its sheriff, and a legislative body of a city on behalf of its chief of police, to contract to provide supplemental law enforcement services to private individuals, private entities, and private corporations in specified circumstances and subject to certain conditions. This bill would, commencing on January 1, 2019, prohibit a city, county, or city and county, or a local law enforcement agency from entering into, renewing, or extending the length of a contract with a private corporation, contractor, or vendor to detain immigrants in civil immigration proceedings for profit.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 30 **(Lara D) California-Mexico border: federally funded infrastructure.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/24/2017 Senate Governmental Organization *(text 4/17/2017)*

Introduced: 12/5/2016

Last Amend: 4/17/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 3.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the border between the United States and Mexico, which includes the southern border of California.This bill would make findings and declarations related to a wall on the border between California and Mexico. This bill contains other related provisions and other current laws.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 31 **(Lara D) California Religious Freedom Act: state agencies: disclosure of religious affiliation information.**

Current Text: Amended: 3/27/2017 Text

Current Analysis: 04/03/2017 Senate Floor Analyses *(text 3/27/2017)*

Introduced: 12/5/2016

Last Amend: 3/27/2017

Status: 4/4/2017-In Assembly. Read first time. Held at Desk.

Is Fiscal: Y

Location: 4/4/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits a state agency from including a question regarding an applicant's race, sex, marital status, or religion in any application form for employment. This bill would prohibit a state or local agency or a public employee acting under color of law from providing or disclosing to the federal government personal information regarding a person's religious beliefs, practices, or affiliation, as specified, when the information is sought for compiling a database of individuals based on religious belief, practice, or affiliation, national origin, or ethnicity for law enforcement or immigration purposes.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 54 **(De León D) Law enforcement: sharing data.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 03/30/2017 Senate Floor Analyses *(text 3/29/2017)*
Introduced: 12/5/2016
Last Amend: 3/29/2017
Status: 4/4/2017-In Assembly. Read first time. Held at Desk.
Is Fiscal: Y
Location: 4/3/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides that when there is reason to believe that a person arrested for a violation of specified controlled substance provisions may not be a citizen of the United States, the arresting agency shall notify the appropriate agency of the United States having charge of deportation matters. This bill would repeal those provisions.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 162 **(Allen D) Marijuana and medical cannabis: marketing.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/13/2017 Senate Business, Professions And Economic Development *(text 3/28/2017)*
Introduced: 1/19/2017
Last Amend: 4/19/2017
Status: 4/19/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, the Medical Cannabis Regulation and Safety Act (MCRSA), authorizes a person who obtains both a state license under MCRSA and the applicable local license to engage in commercial medical cannabis activity pursuant to those licenses, as specified. This bill would prohibit medical cannabis and nonmedical marijuana licensees from advertising using branded merchandise, as specified. This bill contains other related provisions and other current laws.

Position	Assigned	Subject	Group
04- Support	Victor Christy	Marijuana/Cannabis	Move from Support to Watch

SB 222 **(Hernandez D) Inmates: health care enrollment.**
Current Text: Introduced: 2/2/2017 Text
Current Analysis: 04/03/2017 Senate Health *(text 2/2/2017)*
Introduced: 2/2/2017
Status: 4/17/2017-Withdrawn from committee. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/17/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires Medi-Cal benefits to an individual who is an inmate of a public institution to be suspended effective the date he or she becomes an inmate of a public institution. Current law requires the suspension to end on the date that he or she is no longer an inmate of a public institution or one year from the date he or she becomes an inmate of a public institution, whichever is sooner. This bill instead would require the suspension of Medi-Cal benefits to end on the date he or she is no longer an inmate of a public institution or is no longer otherwise eligible for benefits under the Medi-Cal program.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SB 244 **(Lara D) Privacy: agencies: personal information.**
Current Text: Amended: 4/3/2017 Text

Current Analysis: 04/24/2017 Senate Judiciary *(text 4/3/2017)*
Introduced: 2/6/2017
Last Amend: 4/3/2017
Status: 4/25/2017-Action From JUD.: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require that personal information, as defined, and records containing personal information that are collected or obtained by the state, any state agency, or any subdivision of the state, including agents of the California State University and the California Community Colleges, as well as any private persons contracted to administer public services or programs or maintain data for state or local agencies, from an applicant for public services or programs be collected, recorded, or used only for the purpose of assessing eligibility for and providing those public services and programs for which the application has been submitted.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 300 **(Monning D) Sugar-sweetened beverages: health warnings.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 2/13/2017)*
Introduced: 2/13/2017
Status: 4/19/2017-April 19 set for first hearing canceled at the request of author.
Is Fiscal: Y
Location: 2/23/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would establish the Sugar-Sweetened Beverages Health Warning Act, which would prohibit a person from distributing, selling, or offering for sale a sugar-sweetened beverage in a sealed beverage container, or a multipack of sugar-sweetened beverages, in this state unless the beverage container or multipack bears a health warning, as prescribed.

Position	Assigned	Subject	Group
04- Support	Victor Christy	SDoH	

SB 309 **(Jackson D) License plates: Reproductive Freedom Fund.**
Current Text: Introduced: 2/13/2017 Text
Current Analysis: 04/20/2017 Senate Transportation And Housing *(text 2/13/2017)*
Introduced: 2/13/2017
Status: 4/25/2017-VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Health Care Services to apply to sponsor a reproductive freedom license plate program, and would require the DMV to issue the license plates if the State Department of Health Care Services meets certain requirements. The bill would authorize the State Department of Health Care Services to accept and use donated artwork from California artists for the license plate. The bill would require the revenue generated from the license plates, as specified, to be deposited in the California Reproductive Freedom Fund, created by the bill, and to be used, upon appropriation, for the Family Planning, Access, Care, and Treatment program (Family PACT).

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SB 374 **(Newman D) Health insurance: discriminatory practices: mental health.**
Current Text: Amended: 4/3/2017 Text
Current Analysis: 04/19/2017 Senate Floor Analyses *(text 4/3/2017)*
Introduced: 2/14/2017
Last Amend: 4/3/2017
Status: 4/24/2017-Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Is Fiscal: Y

Location: 4/24/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill would require large group, individual, and small group health insurance policies to provide all covered mental health and substance use disorder benefits in compliance with those provisions of federal law governing mental health parity. The bill would authorize the Insurance Commissioner to issue guidance to health insurers, until January 1, 2019, regarding compliance with these requirements.

Position	Assigned	Subject	Group
04- Support	Meaghan McCamman	Behavioral Health	

SB 396 **(Lara D) University of California: California Medical Residency Training Pilot Program.**
Current Text: Amended: 4/4/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/4/2017)*
Introduced: 2/15/2017
Last Amend: 4/4/2017
Status: 4/26/2017-Action From HEALTH: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would request the Regents of the University of California to, on or before July 31, 2018, develop and implement a California Medical Residency Training Pilot Program for students interested in medical training in California who meet requirements adopted by the regents for receiving an exemption from paying nonresident tuition, as specified. The bill would encourage the regents to ensure that the program includes specified components. The bill would establish the California Medical Residency Training Program Fund in the State Treasury and would make moneys deposited into the fund available upon appropriation by the Legislature for the purposes of the pilot program.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski	Workforce	

SB 575 **(Leyva D) Patient access to health records.**
Current Text: Amended: 4/3/2017 Text
Current Analysis: 04/24/2017 Senate Judiciary *(text 4/3/2017)*
Introduced: 2/17/2017
Last Amend: 4/3/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Existing law generally governs a patient's access to his or her health records. Existing law requires a health care provider to provide any patient, former patient, or the representative of a patient or former patient a copy, at no charge, of the relevant portion of the patient's health records upon presenting to the health care provider a written request and proof that the health records are needed to support an appeal regarding eligibility for specified public benefit programs. Existing law makes a violation of these provisions by certain health care providers an infraction. This bill would make those health care providers provide those patients with a copy of those health records at no charge to support a claim for eligibility for a public benefit program. The bill would specify additional public benefit programs to which these requirements would apply. The bill would make related conforming changes.

Position	Assigned	Subject	Group
04- Support	Ben Avey	Clinicians	

SB 613 **(De León D) Immigration status.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/24/2017 Senate Public Safety *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/27/2017-Action From PUB. S.: Read second time.To THIRD READING.
Is Fiscal: N
Location: 4/27/2017-S. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #2 SENATE SEN SECOND READING FILE - SENATE BILLS

Summary: Current law requires the Division of Juvenile Justice to cooperate with the United States Bureau of Immigration in arranging for the deportation of all aliens who are committed to it. This bill would repeal that provision. This bill contains other related provisions and other current laws.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SB 743 **(Hernandez D) Medi-Cal: family planning providers.**

Current Text: Amended: 3/23/2017 Text

Current Analysis: 04/18/2017 Senate Health *(text 3/23/2017)*

Introduced: 2/17/2017

Last Amend: 3/23/2017

Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 1.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: N

Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill would prohibit a Medi-Cal managed care plan from restricting the choice of the qualified provider, as defined, from whom a Medi-Cal beneficiary enrolled in the plan may receive family planning services. The bill would require a Medi-Cal managed care plan to reimburse an out-of-plan or out-of-network qualified provider at the applicable fee-for-service rate. The bill would make related legislative findings and declarations.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SR 7 **(De León D) Relative to immigration.**

Current Text: Enrolled: 12/6/2016 Text

Current Analysis: 12/05/2016 Senate Floor Analyses *(text 12/5/2016)*

Introduced: 12/5/2016

Status: 12/5/2016-Introduced. Held at desk. Consent granted to take up without reference to file. (Ayes 27. Noes 11.) Read. Adopted. (Ayes 27. Noes 11.)

Is Fiscal: N

Location: 12/5/2016-S. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: Would resolve that the Senate condemns in the strongest terms bigoted, racist, or misinformed descriptions of the immigrant community that serve only to foment hatred and violence. The Senate supports a comprehensive and workable approach to solving our nation's historically broken immigration system. The Senate implores the President-elect and Congress to develop rational immigration policies that recognize the contributions of immigrants to the nation, protects the economy, and are just and humane to immigrant families and children.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

SR 9 **(Jackson D) Relative to Planned Parenthood.**

Current Text: Chaptered: 1/17/2017 Text

Current Analysis: 01/13/2017 Senate Floor Analyses *(text 12/5/2016)*

Introduced: 12/5/2016

Status: 1/17/2017-Read. Adopted. (Ayes 27. Noes 11.)

Is Fiscal:

Location: 1/17/2017-S. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: Resolved by the Senate of the State of California, That the California State Senate opposes all proposals to defund Planned Parenthood, to limit its ability to serve its clients, and to appoint judges who have a record of opposing equal health care rights for all women. The California State Senate will work with stakeholders and others to ensure that our Congressional representatives understand our firm commitment to women's rights and pledge to oppose any plans to defund Planned

Parenthood by the incoming administration.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SR 12 **(Atkins D) Relative to women's reproductive health.**

Current Text: Chaptered: 1/19/2017 Text

Current Analysis: 01/13/2017 Senate Floor Analyses *(text 1/9/2017)*

Introduced: 1/9/2017

Status: 1/19/2017-Read. Adopted. (Ayes 22. Noes 7.) Motion to reconsider made by Senator Atkins. Reconsideration granted. (Ayes 30. Noes 0.) Read. Adopted. (Ayes 24. Noes 7.)

Is Fiscal:

Location: 1/19/2017-S. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: Would resolve that the Senate urges the President of the United States and the United States Congress to express their support for a woman's fundamental right to control her own reproductive decisions, as well as their support for access to comprehensive reproductive health care, including the services provided by Planned Parenthood.

Position	Assigned	Subject	Group
04- Support	Beth Malinowski		

SR 16 **(De León D) Relative to immigration.**

Current Text: Enrolled: 1/31/2017 Text

Current Analysis: 01/30/2017 Senate Floor Analyses *(text 1/30/2017)*

Introduced: 1/30/2017

Status: 1/30/2017-Introduced. Referred to Com. on RLS. From committee: Ordered to third reading. Read. Adopted. (Ayes 26. Noes 11.)

Is Fiscal:

Location: 1/30/2017-S. ADOPTED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	**Chaptered**
1st House				2nd House				Conc.			

Summary: WHEREAS, President Donald J. Trump signed an executive order on January 27, 2017, that desecrates our American values and panders to fears and nativist instincts that have resulted in some of our nation's most shameful acts. Resolved by the Senate of the State of California, That the Senate condemns this executive order as a discriminatory overreach that illegally targets immigrants based on their national origin and religion, and urges the President of the United States to immediately rescind the executive order.

Position	Assigned	Subject	Group
04- Support	Elizabeth Oseguera	Immigration	

05- Support if Amended

AB 40 **(Santiago D) CURES database: health information technology system.**

Current Text: Amended: 4/19/2017 Text

Current Analysis: 04/24/2017 Assembly Public Safety *(text 4/19/2017)*

Introduced: 12/5/2016

Last Amend: 4/19/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Department of Justice to make the electronic history of controlled substances dispensed to an individual under a health care practitioner's care, based on data contained in the CURES database, available to the practitioner through either an online Internet Web portal or an authorized health information technology system, as defined. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
05- Support if	Meaghan	Clinicians	Move from

	Amended	McCamman	Support if Amended to Support

AB 456 **(Thurmond D) Healing arts: associate clinical social workers.**
Current Text: Amended: 3/27/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/27/2017)*
Introduced: 2/13/2017
Last Amend: 3/27/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #55 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law requires an applicant for licensure for associate clinical social worker to comply with specified educational and experience requirements and requires a person who wishes to be credited with experience toward licensure to register with the Board of Behavioral Sciences as an associate clinical social worker prior to obtaining that experience. This bill would authorize postgraduate hours of experience to be credited toward licensure so long as the person applies for registration as an associate clinical social worker the board receives the application within 90 days of the granting of the qualifying master's degree or doctoral degree and the applicant is granted registration by the board.

Position	Assigned	Subject	Group
05- Support if Amended	Beth Malinowski, Meaghan McCamman	Behavioral Health, Workforce	

06- Oppose

AB 298 **(Gallagher R) Immigration holds.**
Current Text: Introduced: 2/6/2017 Text
Current Analysis: 03/27/2017 Assembly Public Safety *(text 2/6/2017)*
Introduced: 2/6/2017
Status: 3/28/2017-In committee: Set, final hearing. Failed passage.
Is Fiscal: Y
Location: 2/13/2017-A. PUB. S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a local law enforcement official to cooperate with federal immigration officials by detaining an individual convicted of a felony on the basis of an immigration hold for up to 48 hours, as specified, after the person becomes eligible for release from custody if continued detention on the basis of the immigration hold would not violate federal law. By creating new duties for local officials, this bill would impose a state-mandated local program. The bill would also make conforming changes.

Position	Assigned	Subject	Group
06- Oppose	Elizabeth Oseguera	Immigration	

AB 1252 **(Allen, Travis R) State law: immigration: local government: state grants.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/17/2017 Assembly Public Safety *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/19/2017-From committee: Without further action pursuant to Joint Rule 62(a).
Is Fiscal: Y
Location: 4/18/2017-A. PUB. S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current state law prohibits a law enforcement official, as defined, from detaining an individual on the basis of a United States Immigration and Customs Enforcement hold after that individual becomes eligible for release from custody, unless, at the time that the individual becomes eligible for release from custody, certain conditions are met, including, among other things, that the individual has been convicted of specified crimes. This bill would repeal these state law provisions. The

bill would enact the Promoting Cooperative Law Enforcement to Detain Criminal Aliens and to Eliminate Sanctuary Jurisdiction Act of 2017.

Position	Assigned	Subject	Group
06- Oppose	Elizabeth Oseguera	Immigration	

SJR 4 **(Morrell R) Immigration: Kate's Law.**

Current Text: Introduced: 1/25/2017 Text

Current Analysis: 04/24/2017 Senate Public Safety *(text 1/25/2017)*

Introduced: 1/25/2017

Status: 4/26/2017-April 25 hearing canceled at the request of author.

Is Fiscal:

Location: 2/2/2017-S. PUB. S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This measure would call upon the United States Congress to immediately pass legislation, "Kate's Law," which would create a mandatory minimum federal sentence of 5 years in a federal penitentiary for an individual who has returned to the United States illegally after having been deported and previously convicted of a felony in the United States.

Position	Assigned	Subject	Group
06- Oppose	Elizabeth Oseguera	Immigration	

13- Watch

AB 15 **(Maienschein R) Denti-Cal program: reimbursement rates.**

Current Text: Amended: 3/23/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 3/23/2017)*

Introduced: 12/5/2016

Last Amend: 3/23/2017

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/21/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, for the 2017–18 fiscal year, to double Denti-Cal provider reimbursement rates for the 15 most common prevention, treatment, and oral evaluation services based on the average rates per service established in the 2015–16 fiscal year. The bill would appropriate for the 2017–18 fiscal year such an amount as may be necessary to double the reimbursement rates from the Healthcare Treatment Fund to the department, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Oral Health	

AB 29 **(Nazarian D) Pharmacy benefit managers.**

Current Text: Amended: 3/28/2017 Text

Introduced: 12/5/2016

Last Amend: 3/28/2017

Status: 4/18/2017-In committee: Hearing postponed by committee.

Is Fiscal: N

Location: 4/6/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 5/2/2017 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair

Summary: Current law requires a pharmacy benefit manager that reimburses a contracting pharmacy for a drug on a maximum allowable cost basis to provide the contracting pharmacy with specified information regarding the data used to determine the maximum allowable cost of a drug. This bill would require, except as provided, a pharmacy benefit manager to disclose certain information to a purchaser or prospective purchaser, including, among other things, the aggregate amount of rebates, retrospective utilization discounts, and other income that the pharmacy benefit manager would receive from a pharmaceutical manufacturer or labeler in connection with drug benefits related to the

purchaser or prospective purchaser.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 76 **(Chau D) Adult-use marijuana: marketing.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/21/2017 Assembly Privacy And Consumer Protection *(text 3/28/2017)*

Introduced: 1/4/2017

Last Amend: 3/28/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit an operator, as defined, of an Internet Web site, online service, online application, or mobile application from marketing or advertising any marijuana, marijuana product, or marijuana business to a person who is under 21 years of age if the operator has actual knowledge that a person under 21 years of age is using its Internet Web site, online service, online application, or mobile application, and if the marketing or advertising is specifically directed to that person based upon information specific to that person, including, but not limited to, the person's profile, activity, address, or location.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 89 **(Levine D) Psychologists: suicide prevention training.**

Current Text: Introduced: 1/9/2017 Text

Current Analysis: 04/13/2017 Assembly Floor Analysis *(text 1/9/2017)*

Introduced: 1/9/2017

Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Is Fiscal: Y

Location: 4/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, effective January 1, 2020, require an applicant for licensure as a psychologist to complete a minimum of 6 hours of coursework or applied experience under supervision in suicide risk assessment and intervention. The bill would also require, effective January 1, 2020, as a one-time requirement, a licensed psychologist to have completed this suicide risk assessment and intervention training requirement prior to the time of his or her first renewal. The bill would also require, effective January 1, 2020, a person applying for reactivation or for reinstatement to have completed this suicide risk assessment and intervention training requirement.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 93 **(Medina D) Healing arts: marriage and family therapists: clinical social workers: professional clinical counselors: required experience and supervision.**

Current Text: Amended: 3/21/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/21/2017)*

Introduced: 1/9/2017

Last Amend: 3/21/2017

Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.

Is Fiscal: Y

Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #41 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law provides for the licensure and regulation of marriage and family therapists, clinical social workers, and professional clinical counselors by the Board of Behavioral Sciences, which is within the Department of Consumer Affairs. Current law requires trainees, interns, and applicants for licensure in those professions to comply with specified educational and experience requirements,

including, but not limited to, hours of supervised experience, and sets forth terms, conditions, and limitations for those hours of experience, including required supervision, as specified. This bill would revise and recast those supervised experience requirements, as specified.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 148 **(Mathis R) California Physician Corps Program: practice setting.**

Current Text: Amended: 3/27/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 3/27/2017)*

Introduced: 1/10/2017

Last Amend: 3/27/2017

Status: 4/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.

Is Fiscal: Y

Location: 4/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Medically Underserved Account for Physicians, a continuously appropriated account, within the Health Professions Education Fund, to primarily provide funding for the ongoing operations of the program. Current law requires the foundation and the Office of Statewide Health Planning and Development to develop guidelines using specified criteria for selection and placement of applicants. Current law defines "practice setting," for these purposes. This bill would require, for purposes of this definition, and only for program participants who enroll in the program on or after January 1, 2018, as specified, that the clinic or the physician owned and operated medical practice setting have at least 30% of patients, if the area is rural, or at least 50% of patients, if the area is urban, who are from the above-described populations.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	Move from Watch to Oppose

AB 159 **(Jones-Sawyer D) State government: federal immigration policy enforcement.**

Current Text: Introduced: 1/12/2017 Text

Introduced: 1/12/2017

Status: 3/21/2017-In committee: Hearing postponed by committee.

Is Fiscal: N

Location: 1/30/2017-A. PUB. S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would prohibit a law enforcement official from cooperating with federal immigration officials by providing information about a juvenile held in a juvenile detention facility, or by detaining a juvenile on the basis of an immigration hold after that juvenile becomes eligible for release from custody, unless not cooperating would violate federal law and the juvenile has been convicted of specified crimes. This bill contains other existing laws.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

AB 180 **(Wood D) Medi-Cal.**

Current Text: Introduced: 1/18/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 1/18/2017)*

Introduced: 1/18/2017

Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.

Is Fiscal: Y

Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #44 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law requires the State Department of Health Care Services to develop and prepare one or more reports issued on at least a quarterly basis for the purpose of informing the California Health and Human Services Agency, the California Health Benefit Exchange, the Legislature, and the public about the enrollment process for all insurance affordability programs. This bill would instead require this report to be issued on at least a biannual basis and would make a conforming change.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 182 **(Waldron R) Heroin and Opioid Public Education (HOPE) Act.**

Current Text: Amended: 3/23/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 3/23/2017)*

Introduced: 1/19/2017

Last Amend: 3/23/2017

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/21/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, in consultation with stakeholders, to develop, coordinate, implement, and oversee a comprehensive multicultural public awareness campaign, to be known as "Heroin and Opioid Public Education (HOPE)." The bill would require the HOPE program to provide for the coordinated and widespread public dissemination of individual case stories and other generalized information that is designed to, among other things, describe the effects and warning signs of heroin use and opioid medication abuse, so as to better enable members of the public to determine when help is needed and identify the pathways that are available for individuals to seek help.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 205 **(Wood D) Medi-Cal: Medi-Cal managed care plans.**

Current Text: Amended: 4/19/2017 Text

Current Analysis: 04/23/2017 Assembly Health *(text 4/19/2017)*

Introduced: 1/23/2017

Last Amend: 4/19/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current state law establishes hearing procedures for an applicant for or beneficiary of Medi-Cal who is dissatisfied with certain actions regarding health care services and medical assistance to request a hearing from the State Department of Social Services under specified circumstances, and requires a request for a hearing to be filed within 90 days after the order or action complained of. This bill would implement various provisions in regard to those federal regulations, as amended May 6, 2016, governing Medicaid managed care plans. The bill would authorize a person to request a hearing involving a Medi-Cal managed care plan within 120 calendar days after the order or action complained of, and would exclude a request from the 120-calendar day filing time if there is good cause, as defined, for filing the request beyond the 120-calendar day period.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

AB 207 **(Arambula D) California State University: doctor of medicine degrees.**

Current Text: Amended: 2/22/2017 Text

Introduced: 1/23/2017

Last Amend: 2/22/2017

Status: 3/28/2017-In committee: Set, first hearing. Hearing canceled at the request of author.

Is Fiscal: Y

Location: 2/21/2017-A. HIGHER ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize California State University, Fresno, to award the doctor of medicine degree. This bill would require the degree to be distinguished from doctor of medicine degree programs at the University of California. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 224 **(Thurmond D) Dentistry: anesthesia and sedation.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 4/20/2017)*
Introduced: 1/26/2017
Last Amend: 4/20/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Dental Practice Act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. This bill would redefine general anesthesia for these purposes and additionally would define "deep sedation" to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Oral Health	

AB 244 **(Cervantes D) Maternal mental health.**
Current Text: Amended: 3/21/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 3/21/2017)*
Introduced: 1/30/2017
Last Amend: 3/21/2017
Status: 4/18/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/20/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would create a pilot program, in counties that elect to participate, designed to increase the capacity of health providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program would be privately funded. The bill would require the California Health and Human Services Agency to submit a report to the Legislature regarding the pilot program 6 months after the results of the pilot program are reported, as specified.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	Flag for Members

AB 254 **(Thurmond D) Local Educational Agency Pilot for Overall Needs.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/25/2017 Assembly Education *(text 4/17/2017)*
Introduced: 1/31/2017
Last Amend: 4/17/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on ED. (Ayes 13. Noes 1.) (April 18). Re-referred to Com. on ED.
Is Fiscal: Y
Location: 4/19/2017-A. ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, upon appropriation of funds, to establish the Local Educational Agency Pilot for Overall Needs (program) for the purpose of improving the mental health outcomes of students through a whole person care approach that is accomplished by providing funding to an eligible participant for the provision of direct health services, as defined. The bill would require the department to encourage eligible participants to participate in the program, to provide technical assistance to eligible participants, and to develop a request for proposals process to determine funding allocation.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, School	

AB 265 **(Wood D) Prescription drugs: prohibition on price discount.**
Current Text: Amended: 4/26/2017 Text
Current Analysis: 04/26/2017 Assembly Health *(text 3/27/2017)*
Introduced: 1/31/2017
Last Amend: 4/26/2017
Status: 4/26/2017-Read second time and amended.
Is Fiscal: Y
Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would expand the Sherman Food, Drug, and Cosmetic Law to prohibit, except as provided, a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with his or her insurance coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health plan on a lower cost-sharing tier that is designated as therapeutically equivalent to, or interchangeable with, the prescription drug manufactured by that person or if the active ingredients of the drug are available without prescription at a lower cost and are not otherwise contraindicated for the condition for which the prescription drug is approved.

Position	Assigned	Subject	Group
13- Watch	Deb Roth, Meaghan McCamman	Pharmacy	

AB 291 **(Chiu D) Housing: immigration.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 03/20/2017 Assembly Judiciary *(text 3/15/2017)*
Introduced: 2/2/2017
Last Amend: 3/29/2017
Status: 3/30/2017-Re-referred to Com. on P. & C.P.
Is Fiscal: N
Location: 3/29/2017-A. P. & C.P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/2/2017 1:30 p.m. - State Capitol, Room 126 ASSEMBLY PRIVACY AND CONSUMER PROTECTION, CHAU, Chair
Summary: The State Bar Act makes it a cause for suspension, disbarment, or other discipline for any member of the State Bar to report suspected immigration status or threaten to report suspected immigration status of a witness or party to a civil or administrative action or his or her family member, as defined, to a federal, state, or local agency because the witness or party exercises or has exercised a right related to his or her employment. This bill would expand that provision to make it a cause for suspension, disbarment, or other discipline for a member of the State Bar to report suspected immigration status or threaten to report suspected immigration status of a witness or party to a civil or administrative action or his or her family member, as defined, to a federal, state, or local agency because the witness or party exercises or has exercised a right related to the hiring of residential real property.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

AB 299 **(Calderon D) Hiring of real property: immigration or citizenship status.**
Current Text: Introduced: 2/6/2017 Text
Current Analysis: 03/16/2017 Assembly Floor Analysis *(text 2/6/2017)*
Introduced: 2/6/2017
Status: 3/20/2017-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
Is Fiscal: N
Location: 3/20/2017-S. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law prohibits any city, county, or city and county from compelling a landlord or any agent of the landlord to take any action, as specified, based on the immigration or citizenship status of

a tenant, prospective tenant, occupant, or prospective occupant of residential rental property.This bill would expand this prohibition to include a "public entity," which the bill would define to include the state, as defined, a city, county, city and county, district, public authority, public agency, and any other political subdivision or public corporation in the state.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

AB 315 **(Wood D) Pharmacy benefits management.**

Current Text: Amended: 4/5/2017 Text

Current Analysis: 04/20/2017 Assembly Business And Professions *(text 4/5/2017)*

Introduced: 2/6/2017

Last Amend: 4/5/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 1.) (April 18). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Pharmacy Law provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy. A violation of the Pharmacy Law is a crime. Current law also imposes requirements on audits of pharmacy services provided to beneficiaries of a health benefit plan, as specified. This bill would require pharmacy benefit managers, as defined, to be licensed by the California State Board of Pharmacy, as prescribed. The bill would make conforming changes to related provisions. Because a violation of these provisions under the Pharmacy Law would be a crime, the bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 340 **(Arambula D) Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.**

Current Text: Introduced: 2/7/2017 Text

Current Analysis: 04/03/2017 Assembly Appropriations *(text 2/7/2017)*

Introduced: 2/7/2017

Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.

Is Fiscal: Y

Location: 3/21/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require, consistent with federal law, that screening services under the EPSDT program include screening for trauma, as defined by the bill and as specified. The bill also would require the Department of Health Care Services, in consultation with the State Department of Social Services and others, to adopt, employ, and develop, as appropriate, tools and protocols for screening children for trauma and would authorize the department to implement, interpret, or make specific the screening tools and protocols by means of all-county letters, plan letters, or plan or provider bulletins, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Meaghan McCamman	Behavioral Health, Clinicians	

AB 349 **(McCarty D) Civil service: preference: special immigrant visa holder.**

Current Text: Amended: 4/19/2017 Text

Current Analysis: 04/26/2017 Assembly Public Employees, Retirement And Social Security *(text 4/19/2017)*

Introduced: 2/8/2017

Last Amend: 4/19/2017

Status: 4/20/2017-Re-referred to Com. on P.E., R., & S.S. pursuant to Assembly Rule 96.

Is Fiscal: Y

Location: 4/20/2017-A. P.E.,R. & S.S.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 Upon adjournment of Session - State Capitol, Room 127 ASSEMBLY PUBLIC EMPLOYEES, RETIREMENT AND SOCIAL SECURITY, RODRIGUEZ, Chair

Summary: Current provisions of the State Civil Service Act require that, whenever any veteran, widow or widower of a veteran, or spouse of a 100% disabled veteran achieves a passing score on an entrance examination, he or she be ranked in the top rank of the resulting civil service eligibility list.This bill would authorize any person who assisted the United States military and was issued a specified special immigrant also to be ranked in the top of the resulting eligibility list if he or she achieves a passing score on an entrance examination.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Immigration, Workforce	

AB 350 **(Salas D) Marijuana edibles: appealing to children.**

Current Text: Introduced: 2/8/2017 Text

Introduced: 2/8/2017

Status: 3/27/2017-Referred to Com. on HEALTH.

Is Fiscal: N

Location: 3/27/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/9/2017 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair

Summary: Would specify that a marijuana product is deemed to be appealing to children or easily confused with commercially sold candy if it is in the shape of a person, animal, insect, fruit, or in another shape normally associated with candy, but would not prohibit a licensee from making an edible marijuana product in the shape of the licensee's logo. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 386 **(Gonzalez Fletcher D) Legal services for deported veterans.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/21/2017 Assembly Floor Analysis *(text 4/20/2017)*

Introduced: 2/9/2017

Last Amend: 4/20/2017

Status: 4/20/2017-Read third time and amended. Ordered to third reading.

Is Fiscal: Y

Location: 4/20/2017-A. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #157 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

Summary: Would require the State Department of Social Services to either contract with a qualified nonprofit legal services organization, or contract with a nonprofit agency to administer funding to nonprofit legal services organization subcontractors, to provide legal services to deported veterans, as defined. The bill would also authorize the department to include postconviction relief services to deported veterans in the contract. The bill would require the entities providing services pursuant to these contracts to meet specified conditions.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

AB 387 **(Thurmond D) Minimum wage: health professionals: interns.**

Current Text: Introduced: 2/9/2017 Text

Current Analysis: 03/29/2017 Assembly Labor And Employment *(text 2/9/2017)*

Introduced: 2/9/2017

Status: 3/30/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 2.) (March 29). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 3/30/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the minimum wage for all industries to not be less than specified amounts to be increased from January 1, 2017, to January 1, 2022, inclusive, for employers employing 26 or more employees and from January 1, 2018, to January 1, 2023, inclusive, for employers employing 25 or fewer employees, except when the scheduled increases are temporarily suspended

by the Governor, based on certain determinations. Current law defines an employer for purposes of those provisions. This bill would expand the definition of "employer" for purposes of these provisions to include a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health professional, as defined.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	Meet with Author

AB 395 **(Bocanegra D) Substance abuse treatment providers.**

Current Text: Amended: 3/20/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/20/2017)*

Introduced: 2/9/2017

Last Amend: 3/20/2017

Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.

Is Fiscal: Y

Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #54 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Would make legislative findings and declarations that it is in the best interest of the health and welfare of the people of this state to also coordinate medication-assisted treatments for substance abuse disorders. The bill would modify the specific controlled substances authorized for use in narcotic replacement therapy to include medication-assisted treatment and refer to medications, rather than controlled substances.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 416 **(Mathis R) Cannabis.**

Current Text: Introduced: 2/9/2017 Text

Introduced: 2/9/2017

Status: 2/10/2017-From printer. May be heard in committee March 12.

Is Fiscal: N

Location: 2/9/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would state the intent of the Legislature to enact legislation relating to CBD-enriched cannabis. This bill contains other existing laws.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 417 **(Wood D) Health coverage: small employers.**

Current Text: Introduced: 2/9/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 2/9/2017)*

Introduced: 2/9/2017

Status: 4/27/2017-Action From SECOND READING: Read second time and amended.Re-referred to APPR..

Is Fiscal: Y

Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #22 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law requires the board governing the California Health Benefit Exchange to establish the Small Business Health Options Program, otherwise referred to as the SHOP program, separate from the activities of the board related to the individual market, to assist qualified small employers in facilitating the enrollment of their employees in qualified health plans offered through the Exchange in the small employer market in a manner consistent with a specified provision of the federal Patient Protection and Affordable Care Act. This bill would change the name of the SHOP program to Covered California for Small Business and make related conforming changes.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

AB 422 **(Arambula D) California State University: Doctor of Nursing Practice Degree Program.**
Current Text: Introduced: 2/9/2017 Text
Current Analysis: 04/03/2017 Assembly Appropriations *(text 2/9/2017)*
Introduced: 2/9/2017
Status: 4/5/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 3/15/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, until July 1, 2018, establishes the Doctor of Nursing Practice Degree Pilot Program, under which the California State University is authorized to establish a Doctor of Nursing Practice degree pilot program at 3 campuses to award Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements. This bill would repeal those provisions and would authorize the California State University to establish Doctor of Nursing Practice degree programs that offer Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 450 **(Chiu D) Employment regulation: immigration worksite enforcement actions.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/22/2017 Assembly Judiciary *(text 3/23/2017)*
Introduced: 2/13/2017
Last Amend: 3/23/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #28 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: This bill would impose various requirements on public and private employers with regard to federal immigration agency immigration worksite enforcement actions. Except as otherwise provided by federal law, the bill would prohibit an employer from providing a federal immigration enforcement agent access to a place of labor without a properly executed warrant and would prohibit an employer, or a person acting on behalf of the employer, from providing voluntary access to a federal government immigration enforcement agent to the employer's employee records without a subpoena. The bill would require an employer to provide an employee, and the employee's representative, a written notice containing specified information, in the language the employer normally uses to communicate employment information, of an immigration worksite enforcement action to be conducted by a federal immigration agency at the employer's worksite, unless prohibited by federal law. This bill contains other related laws and provisions.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera		

AB 470 **(Arambula D) Medi-Cal: specialty mental health services: performance outcome dashboard.**
Current Text: Amended: 3/28/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/28/2017)*
Introduced: 2/13/2017
Last Amend: 3/28/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/5/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the State Department of Health Care Services to develop a performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment mental health services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require the department, in collaboration with the California Health and Human Services Agency, to create a performance outcome dashboard, as specified, for specialty mental health services provided to eligible Medi-Cal beneficiaries.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	Meet with Author

AB 473 **(Waldron R) Mental health: criminal justice: pilot project.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/17/2017)*
Introduced: 2/13/2017
Last Amend: 4/17/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #2 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Would require the University of California Criminal Justice and Health Consortium to administer a 4-year statewide pilot project in 6 counties, as specified, for the purpose of assisting participating counties in creating cost-effective programming for the large population of mentally ill adults in county jail systems who have cooccurring substance use disorders, utilizing eligible funds from existing programs established to address mental illness in California communities for purposes of the pilot project activities.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	Meet with Author

AB 477 **(Ridley-Thomas D) Behavioral Health Stakeholder Advisory Panel.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 3/23/2017)*
Introduced: 2/13/2017
Last Amend: 3/23/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/23/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the Behavioral Health Stakeholder Advisory Panel, an independent, statewide advisory board to provide ongoing advice and assistance on behavioral health program needs and priorities to the California Health and Human Services Agency, including making recommendations on actions to improve the collaboration and processes of the multiple agencies involved in California's behavioral health delivery system. The bill would specify the membership of the panel, as appointed by the Secretary of California Health and Human Services, and members of the advisory panel would serve on a voluntary basis, without compensation.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 481 **(Thurmond D) California Mental Health Planning Council: name change.**
Current Text: Amended: 4/17/2017 Text
Introduced: 2/13/2017
Last Amend: 4/17/2017
Status: 4/18/2017-Re-referred to Com. on HEALTH. In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: N
Location: 2/27/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the California Mental Health Planning Council for the purpose of fulfilling certain mental health planning requirements mandated by federal law. This bill would rename the council as the California Behavioral Health Planning Council, including for purposes of the Bronzan-McCorquodale Act, the Lanterman-Petris-Short Act, the federal Substance Abuse and Mental Health Services Administration (SAMHSA), and mental health managed care.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	Move from Watch to

AB 488 **(Kiley R) Mental Health Services Act.**
Current Text: Introduced: 2/13/2017 Text
Introduced: 2/13/2017
Status: 2/27/2017-Referred to Com. on HEALTH.
Is Fiscal: Y
Location: 2/27/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would establish the Mental Health Services Fund Transparency and Accountability Office within the California Health and Human Services Agency, as specified. The bill would transfer various functions of the State Department of Health Care Services under the act to the office. Under this bill, the office would succeed to, and be vested with, all the duties, powers, responsibilities, and jurisdiction, vested in the department, regarding oversight of the Mental Health Services Fund, as specified.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 532 **(Waldron R) Drug courts: drug and alcohol assistance.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/24/2017 Assembly Public Safety *(text 4/19/2017)*
Introduced: 2/13/2017
Last Amend: 4/19/2017
Status: 4/27/2017-Action From SECOND READING: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #32 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Would, until January 1, 2020, would authorize a court to develop a program to offer mental health and addiction treatment services, as defined, to women who are charged with a misdemeanor offense or have a prior misdemeanor conviction. The bill would require the Judicial Council to, on or before January 1, 2020, send a report to the Legislature on the operation of these programs.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 587 **(Chiu D) State government: pharmaceuticals: procurement: collaborative.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/18/2017)*
Introduced: 2/14/2017
Last Amend: 4/18/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law authorizes the Department of General Services to explore additional strategies for managing prescription drug costs and investigate and implement those strategies in consultation with other specified state agencies. This bill would revise these provisions and instead require the department to convene the California Pharmaceutical Collaborative cochaired by the Deputy Director of the Procurement Division of the department and the Assistant Secretary of California Health and Human Services to address the rising cost of pharmaceuticals.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 637 **(Medina D) Community colleges: student equity plans.**
Current Text: Introduced: 2/14/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 2/14/2017)*

Introduced: 2/14/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal: Y
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #65 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law requires the student equity plan to include, for each community college in the community college district, campus-based research as to the extent of student equity by gender and for each of several specified categories of students. Current law also requires the student equity plan to include whether significant underrepresentation of any of these categories of students is found to exist in terms of access to, and completion of, basic skills, career technical education and workforce training, and transfer courses. This bill would require the campus-based research to use a standard definition and measure of "equity" provided by the Chancellor of the California Community Colleges.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 659 **(Ridley-Thomas D) Medi-Cal: reimbursement rates.**
Current Text: Amended: 3/21/2017 Text
Current Analysis: 03/31/2017 Assembly Health *(text 3/21/2017)*
Introduced: 2/14/2017
Last Amend: 3/21/2017
Status: 4/5/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 14. Noes 0.) (April 4). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 3/2/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law restricts the Medi-Cal reimbursement rate for clinical laboratory or laboratory services, as specified. Existing law requires that laboratory service providers submit annual data reports to the department, as specified, for the purpose of establishing rates for clinical or laboratory services based on the lowest amounts other payers are paying providers for similar services. This bill would change the frequency for submitting those reports to every 3 years beginning in 2019, and would require the data in those reports to be based on the previous calendar year.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

AB 706 **(Patterson R) Medical Board of California: licenses.**
Current Text: Introduced: 2/15/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 2/15/2017)*
Introduced: 2/15/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/2/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Under the Medical Practice Act, physician and surgeon's certificates, certificates to practice podiatric medicine, registrations of spectacle lens dispensers and contact lens dispensers, and certificates to practice midwifery expire on the last day of the birth month of the licensee during the 2nd year of a 2-year term. Under that act, registrations of dispensing opticians expire on the last day of the month in which the license was issued during the 2nd year of a 2-year term. This bill would instead have all of the above licenses expire at the end, as provided, of a 2-year period from the date the license was issued.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 710 **(Wood D) Department of Consumer Affairs: boards: meetings.**
Current Text: Amended: 3/27/2017 Text
Current Analysis: 04/17/2017 Assembly Business And Professions *(text 3/27/2017)*
Introduced: 2/15/2017
Last Amend: 3/27/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (April 18). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Current law generally requires these boards to meet at least 3 times each calendar year, and at least once in northern California and once in southern California per calendar year. This bill would require a board to meet once every other calendar year in rural northern California.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 751 **(Brough R) Alcohol and drug treatment facilities: nonmedical services.**
Current Text: Amended: 3/30/2017 Text
Introduced: 2/15/2017
Last Amend: 3/30/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/30/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the State Department of Health Care Services to license adult alcoholism or drug abuse recovery or treatment facilities, as defined. Current law requires a licensee to provide at least 1 of 3 nonmedical services, which are recovery services, treatment services, and detoxification services. The department is required to adopt regulations requiring records and procedures that are appropriate for each of the nonmedical services. This bill, among other things, would expand the list of nonmedical services to include medication services, counseling and therapy services, meals services, scheduling and appointments services, and planning and tracking services.

Position	Assigned	Subject	Group
13- Watch	Ben Avey	Licensing	

AB 753 **(Caballero D) Denti-Cal: improved access.**
Current Text: Amended: 3/29/2017 Text
Introduced: 2/15/2017
Last Amend: 3/29/2017
Status: 4/18/2017-In committee: Set, second hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/2/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Health Care Services to implement specified initiatives designed to significantly improve access to dental services for adults and children in the Medi-Cal program consistent with the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

AB 782 **(Acosta R) California Health Insurance Fairness Act: personal income tax: deduction: medical insurance.**
Current Text: Introduced: 2/15/2017 Text
Current Analysis: 03/24/2017 Assembly Revenue And Taxation *(text 2/15/2017)*
Introduced: 2/15/2017
Status: 3/27/2017-In committee: Hearing postponed by committee.
Is Fiscal: Y
Location: 3/2/2017-A. REV. & TAX

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/8/2017 2:30 p.m. - State Capitol, Room 126 ASSEMBLY REVENUE AND TAXATION, RIDLEY-THOMAS, Chair
Summary: Would, for taxable years beginning on or after January 1, 2017, allow a deduction from gross income under the Personal Income Tax Law for the amounts paid or incurred by a taxpayer

during the taxable year for medical insurance for medical care, as defined, and for transportation for and essential to that medical care, as provided. The bill would not allow as an itemized deduction, the amount allowed as a deduction from gross income as provided.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman		

AB 839 **(Garcia, Eduardo D) Medi-Cal: targeted case management.**

Current Text: Amended: 3/23/2017 Text

Current Analysis: 04/14/2017 Assembly Health *(text 3/23/2017)*

Introduced: 2/16/2017

Last Amend: 3/23/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would expand the definition of a local governmental agency for purposes of the Targeted Case Management Program Program to include a Native American Indian tribe, tribal organization, or subgroup of a Native American Indian tribe or trial organization. The bill would make conforming changes.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Medi-Cal	

AB 844 **(Burke D) California Marijuana Tax Fund: funding for support system navigation services: minimum performance standards.**

Current Text: Introduced: 2/16/2017 Text

Current Analysis: 04/21/2017 Assembly Health *(text 2/16/2017)*

Introduced: 2/16/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would amend AUMA by requiring applicants for grants to support system navigation services, as described in AUMA, to meet specific minimum performance standards as a condition of grant eligibility, including, among other standards, operate 24 hours per day, 7 days a week, and 365 days a year. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	Meet with Author

AB 845 **(Wood D) Cannabidiol.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/25/2017 Assembly Appropriations *(text 3/28/2017)*

Introduced: 2/16/2017

Last Amend: 3/28/2017

Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.

Is Fiscal: Y

Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #75 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS

Summary: Current law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. This bill, if one of specified changes in federal law regarding the controlled substance cannabidiol occurs, would provide that a physician who prescribes and a pharmacist who dispenses a product composed of cannabidiol, in accordance with federal law, is in compliance with state law governing those acts.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 849 **(Acosta R) California Workforce Development Board: task force.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/17/2017 Assembly Labor And Employment *(text 3/23/2017)*
Introduced: 2/16/2017
Last Amend: 3/23/2017
Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 19). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/20/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would direct the California Workforce Development Board to convene and lead a task force with the goal of resolving inconsistencies among performance measures for the state's workforce education and training programs. The bill would require that the task force consist of 12 members, including a representative from each of 7 state departments. The bill would require the task force to consult with workforce and economic development officials, employers, and other agencies that administer workforce programs, as specified. The bill would require the task force to provide recommendations to the Legislature on or before an unspecified date.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 859 **(Eggman D) Elders and dependent adults: abuse or neglect.**
Current Text: Amended: 4/24/2017 Text
Introduced: 2/16/2017
Last Amend: 4/24/2017
Status: 4/25/2017-Re-referred to Com. on JUD.
Is Fiscal: N
Location: 3/2/2017-A. JUD.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 5/2/2017 9 a.m. - State Capitol, Room 437 ASSEMBLY JUDICIARY, STONE, Chair
Summary: The Elder Abuse and Dependent Adult Civil Protection Act provides for the award of attorney's fees and costs to, and the recovery of damages by, a plaintiff when it is proven by clear and convincing evidence that the defendant is liable for physical abuse or neglect, and the defendant has also been found guilty of recklessness, oppression, fraud, or malice in the commission of that abuse. This bill would instead apply a preponderance of the evidence standard to any claim brought against a residential care facility for the elderly or a skilled nursing facility, except as specified, for remedies sought pursuant to the above provisions, upon circumstances in which spoliation of evidence has been committed by the defendant, as specified.

Position	Assigned	Subject	Group
13- Watch	Victor Christy		

AB 882 **(Arambula D) Pupil health care services: School Nursing and Pupil Health Care Services Task Force.**
Current Text: Amended: 4/4/2017 Text
Current Analysis: 04/25/2017 Assembly Education *(text 4/4/2017)*
Introduced: 2/16/2017
Last Amend: 4/4/2017
Status: 4/26/2017-Action From ED.: Do pass as amended.To APPR..
Is Fiscal: Y
Location: 4/26/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the School Nursing and Pupil Health Care Services Task Force consisting of 18 members, appointed as specified. The bill would specify that the main task of the task force shall be to identify model school health care services programs and practices that directly serve pupils that can be used by county offices of education and school districts to provide support and technical assistance to schools within each jurisdiction in order to improve the safety and quality of health care services to pupils.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	School Based HC, Workforce	

AB 893 **(Garcia, Eduardo D) Healing arts: employment: Pioneers Memorial Health Care District.**
Current Text: Amended: 3/27/2017 Text
Introduced: 2/16/2017
Last Amend: 3/27/2017
Status: 3/28/2017-Re-referred to Com. on B. & P.
Is Fiscal: N
Location: 3/23/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/2/2017 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair
Summary: Would authorize the Pioneers Memorial Health Care District, until January 1, 2022, to conduct a pilot program pursuant to which it also may employ licensees and charge for professional services rendered by those licensees if the medical staff concur by an affirmative vote that the professional's employment is in the best interest of the communities served by the district and the district does not direct or interfere with the professional judgment of a physician and surgeon, as specified. The bill would require the district to submit a report to the office containing data elements required by the office.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 904 **(Gallagher R) Prescription drugs.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 2/17/2017-From printer. May be heard in committee March 19.
Is Fiscal: N
Location: 2/16/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would declare the intent of the Legislature to enact legislation that would address high prescription drug costs.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

AB 917 **(Arambula D) Student health: student suicide prevention policies.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/19/2017)*
Introduced: 2/16/2017
Last Amend: 4/19/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Board of Governors of the California Community Colleges and the Trustees of the California State University, and encourage the Regents of the University of California, before the beginning of the 2018–19 school year, to adopt, at a regularly scheduled meeting, a policy on student suicide prevention, as specified, that specifically addresses the needs of high-risk student groups. By imposing additional duties on community college districts, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, School Based HC	

AB 932 **(Ting D) Shelter crisis: homeless shelters and permanent supportive housing.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/22/2017 Assembly Judiciary *(text 4/19/2017)*

Introduced: 2/16/2017
Last Amend: 4/19/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 11. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, until January 1, 2027, upon a declaration of a shelter crisis by the City and County of San Francisco, authorize emergency housing to include homeless shelters and permanent supportive housing in the City and County of San Francisco. The bill, in lieu of compliance with state and local building, housing, health, habitability, planning and zoning, or safety standards, procedures, and laws, would authorize the City and County of San Francisco to adopt by ordinance reasonable local standards for homeless shelters and permanent supportive housing, as specified.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson	SDoH	

AB 948 **(Bonta D) Marijuana: taxation: electronic fund transfer.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 04/14/2017 Assembly Revenue And Taxation *(text 3/29/2017)*
Introduced: 2/16/2017
Last Amend: 3/29/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #16 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law, the Control, Regulate and Tax Adult Use of Marijuana Act of 2016 (AUMA), added by the approval of Proposition 64 at the November 8, 2016, statewide general election, provides for the licensure and regulation of certain commercial nonmedical marijuana activities. This bill would authorize the State Board of Equalization to exempt a person required to pay taxes imposed by AUMA, whose estimated tax liability under that law averages $20,000 or more per month, from the requirement to remit amounts due by electronic funds transfer if the board deems it necessary to facilitate collection of amounts due.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

AB 966 **(Chau D) Pupil health: medication assistance.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 2/17/2017-From printer. May be heard in committee March 19.
Is Fiscal: N
Location: 2/16/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes a school nurse or other designated school personnel to assist any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon or ordered for him or her by a physician assistant, if the school district receives specified written statements from the physician and surgeon or physician assistant and from the parent, foster parent, or guardian of the pupil.This bill would make nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, School Based HC	

AB 977 **(Allen, Travis R) Workforce development.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 2/17/2017-From printer. May be heard in committee March 19.
Is Fiscal: N

Location: 2/16/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current state law provides that the California Workforce Development Board is the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California's workforce investment system and the alignment of the education and workforce investment systems to the needs of the 21st century economy and workforce. This bill would make a nonsubstantive change to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 989 **(Cooper D) Income tax: health savings accounts.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 4/6/2017)*
Introduced: 2/16/2017
Last Amend: 4/6/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/17/2017-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Personal Income Tax Law authorizes various deductions in computing income that is subject to tax under that law. This bill, for taxable years beginning on or after January 1, 2019, would allow a deduction in computing adjusted gross income in connection with health savings accounts in conformity with federal law. In general, the deduction would be an amount equal to the aggregate amount paid in cash during the taxable year by, or on behalf of, an eligible individual, as defined, to a health savings account of that individual, as provided.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

AB 1003 **(Bloom D) California Community Health Fund.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/19/2017)*
Introduced: 2/16/2017
Last Amend: 4/19/2017
Status: 4/26/2017-From committee: That the measure be retained in committee, and that the subject matter be referred to the Committee on Rules for assignment to the proper committee for study. (Ayes 5. Noes 0.) (April 25).
Is Fiscal: Y
Location: 4/26/2017-A. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for various programs that prevent disease and promote health.This bill would establish the California Community Health Fund in the State Treasury, and would require moneys in the fund to be used, upon appropriation by the Legislature, to diminish the human and economic costs of diabetes, obesity, heart disease, and dental disease, and to reduce inequitable disparities in health between population groups, in California. This bill contains other related provisions.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson	SDoH	Move from Watch to Support

AB 1032 **(Calderon D) State Department of Public Health.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 2/17/2017-From printer. May be heard in committee March 19.
Is Fiscal: N
Location: 2/16/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law imposes various functions and duties on the State Department of Public Health

with respect to the administration and oversight of various health programs and facilities relating to the prevention of disease and the promotion of health. Current law authorizes the department to adopt and enforce regulations for the execution of its duties.This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 1048 **(Arambula D) Health care: pain management and Schedule II drug prescriptions.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/19/2017)*
Introduced: 2/16/2017
Last Amend: 4/19/2017
Status: 4/27/2017-Action From APPR.: Read second time and amended.Re-referred to APPR..
Is Fiscal: Y
Location: 4/27/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #3 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Would authorize a pharmacist to dispense a Schedule II controlled substance as a partial fill if requested by the patient or the prescriber. The bill would require the pharmacy to retain the original prescription, with a notation of how much of the prescription has been filled, until the prescription has been fully dispensed, and would impose notification requirements on the pharmacy. The bill would require the pharmacy to collect the copayment, if any, for the entire prescription at the time of the first partial fill and would prohibit a pharmacy from charging an additional fee, service fee, or a higher rate or copayment for prescriptions that are dispensed as partial fills.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 1059 **(Gonzalez Fletcher D) Dual agency: commercial real estate transactions.**
Current Text: Amended: 3/30/2017 Text
Introduced: 2/16/2017
Last Amend: 3/30/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: N
Location: 3/30/2017-A. JUD.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a brokerage firm, broker, or any of its associate licensees from acting as an agent for both a seller and a buyer in the same commercial real estate transaction. The bill would prohibit a brokerage firm, broker, or any of its associated licensees from acting as a dual agent in connection with its representation of any principal. The bill would define various terms for purposes of carrying out these provisions.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	Remove from Watch

AB 1096 **(Bonta D) Marijuana: agreements with tribal governments.**
Current Text: Amended: 3/28/2017 Text
Introduced: 2/17/2017
Last Amend: 3/28/2017
Status: 4/19/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/27/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize the Governor to enter into agreements concerning medical and recreational marijuana with a federally recognized sovereign Indian tribe, as defined. The bill would authorize these agreements to include provisions regulating the activities of a licensee operating on and off the land of a federally recognized sovereign Indian tribe.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman,	Marijuana/Cannabis	

AB 1102 **(Rodriguez D) Health facilities: whistleblower protections.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/22/2017 Assembly Judiciary *(text 4/20/2017)*
Introduced: 2/17/2017
Last Amend: 4/20/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law prohibits a health facility from discriminating or retaliating against a patient, employee, member of the medical staff, or any other health care worker of the health facility because that person has presented a grievance, complaint, or report to the facility, as specified, or has initiated, participated, or cooperated in an investigation or administrative proceeding related to the quality of care, services, or conditions at the facility, as specified. Existing law makes a person who willfully violates those provisions guilty of a misdemeanor punishable by a fine of not more than $20,000 and makes a violation of those provisions subject to a civil penalty. This bill would increase the maximum fine for a misdemeanor violation of these provisions to $75,000.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1103 **(Obernolte R) Bicycles: yielding.**
Current Text: Amended: 4/6/2017 Text
Introduced: 2/17/2017
Last Amend: 4/6/2017
Status: 4/17/2017-Re-referred to Com. on TRANS. In committee: Hearing postponed by committee.
Is Fiscal: N
Location: 3/9/2017-A. TRANS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/8/2017 2:30 p.m. - State Capitol, Room 4202 ASSEMBLY TRANSPORTATION, FRAZIER, Chair
Summary: Current law, subject to exceptions, provides that a person riding a bicycle or operating a pedicab upon a highway has all the rights and is subject to all the laws applicable to the driver of a vehicle.This bill would, notwithstanding those provisions, authorize a person operating a bicycle approaching a stop sign, after slowing to a reasonable speed and yielding the right-of-way, to cautiously make a turn or proceed through the intersection without stopping, unless safety considerations require otherwise.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman		Remove from Watch

AB 1107 **(Nazarian D) Oncology Clinical Pathway Act of 2017.**
Current Text: Amended: 3/21/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 3/21/2017)*
Introduced: 2/17/2017
Last Amend: 3/21/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would enact the Oncology Clinical Pathway Act of 2017, requiring a health care service plan or health insurer that develops and implements a clinical pathway, as defined, to comply with certain requirements for cancer treatment. The bill would prohibit a plan or health insurer from, among other things, developing and implementing a clinical pathway that discourages patient access to clinical trials. Because a willful violation of the act by a health care service plan would be a crime, this bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
13- Watch	Meaghan	Managed Care	Remove from

AB 1135 **(Wood D) California Marijuana Tax Fund.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (April 18). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Public Health and the State Department of Education to establish an inclusive public stakeholder process to seek input from stakeholders to determine a disbursement formula for the funds provided to the State Department of Health Care Services from the California Marijuana Tax Fund and would require the findings of the stakeholder meetings to be given to the State Department of Health Care Services and considered by that department when determining funding priorities for those moneys.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	Meet with Author

AB 1140 **(Obernolte R) Income tax: health savings accounts.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 03/30/2017 Assembly Revenue And Taxation *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/3/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/6/2017-A. REV. & TAX

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, for taxable years beginning on or after January 1, 2017, would allow a deduction in computing adjusted gross income in connection with health savings accounts in conformity with federal law. In general, the deduction would be an amount equal to the aggregate amount paid in cash during the taxable year by, or on behalf of, an eligible individual, as defined, to a health savings account of that individual, as provided. This bill contains other related provisions.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

AB 1149 **(Arambula D) Workforce investment boards: funding.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/24/2017 Assembly Jobs, Economic Development, And The Economy *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would expand the types of services to which leveraged funds may be applied to include supportive services and would expand the types of leveraged funds that may be applied to the 10% credit, described above, to include specified federal, local, state, and private funds.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1177 **(Gray D) Health care coverage.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal: N

Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law states the intent of the Legislature to create a process by which the options for achieving universal health care coverage can be thoroughly examined. Current law requires the Secretary of the California Health and Human Services Agency to report back to the Legislature on the options for achieving health care coverage, including specified information. Current law requires the secretary to report back to the Legislature on or before December 1, 2001, on the results of the process, as specified.This bill would make technical, nonsubstantive changes to those provisions.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

AB 1188 **(Nazarian D) Health professions development: loan repayment.**
Current Text: Amended: 4/5/2017 Text
Current Analysis: 04/25/2017 Assembly Appropriations *(text 4/5/2017)*
Introduced: 2/17/2017
Last Amend: 4/5/2017
Status: 4/26/2017-In committee: Set, first hearing. Referred to suspense file.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Mental Health Practitioner Education Fund and provides that moneys in that fund are available, upon appropriation, for purposes of the Licensed Mental Health Service Provider Education Program. This bill would add licensed professional clinical counselors and licensed professional clinical counselor interns to those licensed mental health service providers eligible for grants to reimburse educational loans.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Meaghan McCamman	Behavioral Health, Workforce	

AB 1215 **(Ridley-Thomas D) Mental Health Services Act: innovative programs: research.**
Current Text: Amended: 3/21/2017 Text
Introduced: 2/17/2017
Last Amend: 3/21/2017
Status: 3/22/2017-Re-referred to Com. on HEALTH.
Is Fiscal: N
Location: 3/20/2017-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/9/2017 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
Summary: Current law requires county mental health programs to expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission. This bill would encourage a county mental health program, if research is chosen for an innovative project, to conduct research of the brain and its physical and biochemical processes that may have broad applications, but have specific potential for understanding, treating, and managing mental illness, as specified.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 1225 **(Patterson R) State Department of Public Health: regulations and program flexibility.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 2/17/2017)*
Introduced: 2/17/2017
Last Amend: 4/20/2017
Status: 4/24/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Public Health to report to the Legislature annually on its efforts to update or modernize its regulations, as specified, including with regard to its use of program flex waivers. The bill would also require the department to focus on adopting amendments to regulations that tend to receive the highest number of program flex waivers, as specified. The bill would require a health facility that received program flexibility from the department to post a notice stating that it has been approved for program flexibility and where documents are available for inspection, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 1229 **(Salas D) Healing arts: Board of Vocational Nursing and Psychiatric Technicians of the State of California.**

Current Text: Introduced: 2/17/2017 Text

Current Analysis: 04/24/2017 Assembly Business And Professions *(text 2/17/2017)*

Introduced: 2/17/2017

Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the Board of Vocational Nursing and Psychiatric Technicians of the State of California, which is within the Department of Consumer Affairs, to license and regulate vocational nurses and psychiatric technicians and requires the board to appoint an executive officer to perform duties as delegated by the board. Current law repeals the provisions establishing the board and the board's authority to appoint an executive officer on January 1, 2018. This bill would provide that the repeal of the provisions regarding the operation of the board and the board's authority to appoint an executive officer render the successor entity to the board subject to review by the appropriate policy committees of the Legislature.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1240 **(Fong R) Health care coverage: essential health benefits.**

Current Text: Introduced: 2/17/2017 Text

Introduced: 2/17/2017

Status: 2/19/2017-From printer. May be heard in committee March 21.

Is Fiscal: N

Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law requires an individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2017, to, at a minimum, cover essential health benefits, and defines "essential health benefits" to include health benefits covered by other particular benchmark plans, including a certain plan offered during the first quarter of 2014. This bill would make a technical, nonsubstantive change to this provision.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

AB 1277 **(Daly D) Dentistry: Dental Board of California: regulations.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/17/2017 Assembly Business And Professions *(text 3/28/2017)*

Introduced: 2/17/2017

Last Amend: 3/28/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Dental Board of California to amend regulations on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. The bill, until December 31, 2018, would deem the adoption and readoption of the regulation an emergency and would exempt the board from describing facts showing the need for immediate action and from review by the Office of Administrative Law.

Position	Assigned	Subject	Group
13- Watch	Ben Avey, Beth Malinowski	Oral Health	

AB 1279 **(Salas D) Valley fever.**
Current Text: Amended: 4/25/2017 Text
Current Analysis: 04/26/2017 Assembly Health *(text 4/6/2017)*
Introduced: 2/17/2017
Last Amend: 4/25/2017
Status: 4/26/2017-Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/18/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require each county to ascertain and report the existence of every case of valley fever to the State Department of Public Health in a timely manner. By requiring the county to perform a new duty to collect and report information, this bill would impose a state-mandated local program.

Position	Assigned	Subject	Group
13- Watch	Victor Christy	SDoH	

AB 1315 **(Mullin D) Mental health: early psychosis detection and intervention.**
Current Text: Amended: 3/30/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 3/30/2017)*
Introduced: 2/17/2017
Last Amend: 3/30/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish an advisory committee to the Mental Health Services Oversight and Accountability Commission for purposes of creating an early psychosis detection and intervention competitive selection process to, among other things, expand the provision of high-quality, evidence-based early psychosis detection and intervention services in this state by providing funding to the counties for this purpose. The bill would require a county that receives an award of funds for the purposes of these provisions to contribute local funds, as specified.This bill would prescribe the membership of the advisory committee, including the chair of the commission or his or her designee.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

AB 1340 **(Maienschein R) Continuing medical education: mental and physical health care integration.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/24/2017 Assembly Business And Professions *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 16. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the Medical Board of California to consider including in its continuing education requirements a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues in children and young adults and their appropriate care and treatment.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	

AB 1349 **(Daly D) Diabetes: strategy for awareness and prevention.**
Current Text: Amended: 3/30/2017 Text
Introduced: 2/17/2017
Last Amend: 3/30/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/30/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Public Health and the State Department of Health Care Services to jointly develop a strategy for diabetes awareness and prevention, and to report that strategy and related findings to the Legislature and the Governor on or before July 1, 2018.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson	SDoH	

AB 1356 **(Eggman D) Higher Education Assistance Fund: personal income taxes: additional tax.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/24/2017 Assembly Higher Education *(text 4/6/2017)*
Introduced: 2/17/2017
Last Amend: 4/6/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/30/2017-A. HIGHER ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, for taxable years beginning on or after January 1, 2019, impose an additional tax of 1% on income that exceeds $1,000,000, as provided. The bill would deposit the revenues derived from this tax into the Higher Education Assistance Fund, a continuously appropriated fund established by this bill, for the purposes of funding student financial assistance for tuition and fees required of specified students enrolled at the University of California, the California State University, and the California Community Colleges. This bill contains other related provisions.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1368 **(Calderon D) Medi-Cal: authorization requests.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/14/2017 Assembly Health *(text 3/30/2017)*
Introduced: 2/17/2017
Last Amend: 4/20/2017
Status: 4/24/2017-Read second time. Ordered to Consent Calendar.
Is Fiscal: N
Location: 4/24/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #183 ASSEMBLY CONSENT CALENDAR 2ND DAY-ASSEMBLY BILLS
Summary: Current law provides for a schedule of benefits and services under the Medi-Cal program, subject to utilization controls. Current law provides that specified utilization controls may be applied to any specific service or group of services that are subject to utilization controls, including prior authorization requirements. This bill would authorize a physician to designate a physician assistant or nurse practitioner to sign any authorization form required by the department for benefits and services under the Medi-Cal program, provided that the physician and the designated physician assistant or nurse practitioner are each enrolled as a Medi-Cal provider.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	Move from Watch to Support

AB 1382 **(Grayson D) Community colleges: STEM course fees.**
Current Text: Amended: 4/3/2017 Text

Introduced: 2/17/2017
Last Amend: 4/3/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/30/2017-A. HIGHER ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires community college districts to charge each student an enrollment fee of $46 per unit per semester. Current law requires this fee to be waived for students meeting prescribed requirements. This bill would additionally require the board of governors to waive the fee, for enrollment in science, technology, engineering, and mathematics (STEM) courses only, for a student who graduated from a California high school after attending a California high school for at least 2 academic years. The bill would specify that the fee shall be waived only for the student's enrollment in STEM courses within 4 academic years from the date of his or her high school graduation.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1389 **(Bigelow R) Employment safety: boiler and tank inspections.**
Current Text: Amended: 3/29/2017 Text
Introduced: 2/17/2017
Last Amend: 3/29/2017
Status: 4/6/2017-VOTE: Be re-referred to the Committees on [Labor and Employment] and [Judiciary]
Is Fiscal: N
Location: 4/6/2017-A. L. & E.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes a permit to be issued by or on behalf of the division for the operation of a tank or boiler if it is found to be in a safe condition. Current law requires the inspection required by these provisions to be made either by qualified safety engineers employed by the division or by certified inspectors. This bill would, in the same manner as provided by law for a public entity, exempt an insurer, its agents, employees, or service contractors from liability for injury caused by failure to make an inspection, or by reason of making an inadequate or negligent inspection, of a tank or boiler, for the purpose of determining whether it is in a safe condition for operation.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	Remove from Watch

AB 1466 **(Patterson R) Patient records.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal: N
Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes procedures for providing access to health care records or summaries of those records by patients and by persons having responsibility for decisions respecting the health care of others. Current law provides for the regulation of those patient records. Current law specifically requires licensed clinics, health facilities, adult day health care centers, and home health agencies that utilize electronic recordkeeping systems only to comply with additional requirements relating to patient records, except as specified. This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians	

AB 1488 **(Thurmond D) Health care: genetic diseases.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/21/2017 Assembly Health *(text 4/17/2017)*
Introduced: 2/17/2017
Last Amend: 4/17/2017
Status: 4/25/2017-VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations]
Is Fiscal: Y
Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the State Department of Public Health to create programs for the monitoring and treatment of various diseases, including cancer and cardiovascular disease. This bill, until January 1, 2024, would require the department to establish up to 4 Sickle Cell Disease Centers, that are responsible for coordinating care of people with sickle cell disease throughout California and for providing specified training and outreach services for patients with sickle cell disease and health care professionals.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman		

AB 1493 **(Patterson R) Clinics.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal: N
Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Under current law, the State Department of Public Health is responsible for the licensing and regulation of clinics, defined as an organized outpatient health facility that provides direct specified advice, services, or treatment to patients who remain less than 24 hours, and that may also provide diagnostic or therapeutic services to patients in the home, as specified. This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Ben Avey	Licensing	Meet with Author

AB 1532 **(Bloom D) State Department of Public Health: diabetes grant specialist.**
Current Text: Introduced: 2/17/2017 Text
Current Analysis: 04/26/2017 Assembly Health *(text 2/17/2017)*
Introduced: 2/17/2017
Status: 4/27/2017-Action From SECOND READING: Read second time.To CONSENT CALENDAR.
Is Fiscal:
Location: 4/27/2017-A. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #109 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS
Summary: Current law requires the State Department of Public Health, commencing on July 1, 2017, to annually post information on its Internet Web site summarizing the amount and source of funding directed to the department for programs and activities aimed at preventing or managing diabetes and the expenditures by the department on programs and activities aimed at preventing or managing diabetes. This bill would require the department to establish a grant specialist who shall identify and apply for grants related to the prevention and management of diabetes.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson, Victor Christy	SDoH	

AB 1538 **(Bonta D) Alameda Health System Hospital Authority: physician services.**
Current Text: Amended: 3/28/2017 Text
Introduced: 2/17/2017
Last Amend: 3/28/2017
Status: 3/29/2017-Re-referred to Com. on L. GOV.
Is Fiscal: N
Location: 3/27/2017-A. L. GOV.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/3/2017 1:30 p.m. - State Capitol, Room 126 ASSEMBLY LOCAL GOVERNMENT, AGUIAR-CURRY, Chair
Summary: Current law authorizes the Board of Supervisors of Alameda County to establish the Alameda Health System Hospital Authority for the management, administration, and control of the medical center in that county This bill would prohibit the hospital authority, before January 1, 2024,

from entering into a contract with any other person or entity to replace services being provided by physicians and surgeons who are employed by the hospital authority and in a recognized collective bargaining unit, irrespective of when they joined that bargaining unit, with services provided by that other person or entity without clear and convincing evidence that the needed medical care can only be delivered cost effectively by that other person or entity.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 1539 **(Chen R) Mental health.**
Current Text: Amended: 4/4/2017 Text
Introduced: 2/17/2017
Last Amend: 4/4/2017
Status: 4/25/2017-In committee: Set, first hearing. Hearing canceled at the request of author.
Is Fiscal: Y
Location: 4/3/2017-A. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides immunity from civil and criminal liability for the detention for specified licensed general acute care hospitals, licensed acute psychiatric hospitals, licensed professional staff at those hospitals, or any physician and surgeon providing emergency medical services in any department of those hospitals if various conditions are met, including that the detained person cannot be safely released from the hospital because, in the opinion of specified treating staff, the person, as a result of a mental disorder, presents a danger to himself or herself, or others, or is gravely disabled, as defined. This bill would expand the above definition of "gravely disabled" to also include a condition in which a person, as a result of a mental health disorder or chronic alcoholism, as applicable, is unable to provide for his or her medical care. The bill would make conforming changes.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

AB 1560 **(Friedman D) Nurse practitioners: supervision.**
Current Text: Amended: 3/21/2017 Text
Introduced: 2/17/2017
Last Amend: 3/21/2017
Status: 3/22/2017-Re-referred to Com. on B. & P.
Is Fiscal: N
Location: 3/20/2017-A. B.&P.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 5/2/2017 9:30 a.m. - State Capitol, Room 4202 ASSEMBLY BUSINESS AND PROFESSIONS, LOW, Chair
Summary: The Nursing Practice Act provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. The act authorizes a nurse practitioner to furnish or order drugs or devices under specified circumstances subject to physician and surgeon supervision. The act prohibits a physician and surgeon from supervising more than 4 nurse practitioners at one time for purposes of furnishing drugs or devices.This bill would delete that cap on the number of nurse practitioners a physician and surgeon may supervise at one time for purposes of furnishing drugs or devices.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	

AB 1584 **(Gonzalez Fletcher D) Insurance: production agents: license examinations: contracts.**
Current Text: Amended: 3/28/2017 Text
Introduced: 2/17/2017
Last Amend: 3/28/2017
Status: 3/29/2017-Re-referred to Com. on INS.
Is Fiscal: N
Location: 3/27/2017-A. INS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the Insurance Commissioner to give, at least once each month, in each of the cities in which he or she has an office, qualifying examinations for production agent licenses. Current law, from January 1, 2018, to January 1, 2024, inclusive, requires that the examination for a license as a life agent, life-only agent, and accident and health agent be provided in

English and Spanish. This bill would require a person granted a license, after taking an examination pursuant to the above-described provisions, to provide the consumer with contracts, policies, certificates, riders, and any other required notices written in Spanish if Spanish was principally used in the negotiation of the contract.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	Remove from Watch

AB 1589 **(Salas D) Pharmacy: pharmacist supervision: technicians.**

Current Text: Introduced: 2/17/2017 Text

Current Analysis: 04/24/2017 Assembly Business And Professions *(text 2/17/2017)*

Introduced: 2/17/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 16. Noes 0.) (April 25). Re-referred to Com. on APPR.

Is Fiscal:

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits a pharmacy with one pharmacist from having more than one pharmacy technician and prohibits the ratio of pharmacy technicians to any additional pharmacists from exceeding 2:1, except as specified. This bill would require the California State Board of Pharmacy to review that ratio on a biennial basis and would require the board to provide a report to the Legislature with legislative recommendations if the board decides a change is necessary.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Deb Roth	Pharmacy, Workforce	

AB 1612 **(Burke D) Nursing: certified nurse-midwives: supervision.**

Current Text: Amended: 4/18/2017 Text

Current Analysis: 04/24/2017 Assembly Business And Professions *(text 4/18/2017)*

Introduced: 2/17/2017

Last Amend: 4/18/2017

Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 4.) (April 25). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would repeal the requirement that a certified nurse-midwife be under the supervision of a licensed physician and surgeon. The bill would authorize a certified nurse-midwife to consult, refer, or transfer care to a physician and surgeon as indicated by the health status of the patient and the resources and medical personnel available in the setting of care. The bill would provide that a certified nurse-midwife practices within a variety of settings, including, but not limited to, the home setting. The bill would specify that nurse-midwifery care emphasizes informed consent, preventive care, and early detection and referral of complications.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

AB 1643 **(Bonta D) Health Care for All Commission.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/18/2017 Assembly Governmental Organization *(text 3/28/2017)*

Introduced: 2/17/2017

Last Amend: 3/28/2017

Status: 4/19/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 2.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/19/2017-A. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would create the 9-member Health Care for All Commission in the State Department of Health Care Services, for the purpose of investigating and making recommendations on improving health care access and affordability for all Californians. The bill would require the Governor, the Senate Rules Committee, and the Speaker of the Assembly to each appoint 3 members of the commission, and require the commission to elect its chair from among its members.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

AB 1666 **(Kiley R) Health care service plans.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal: N
Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law charges the Department of Managed Health Care with the execution of the laws of this state relating to health care service plans to ensure that health care service plans provide enrollees with access to quality health care services.This bill would make a technical, nonsubstantive change to these provisions.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

AB 1685 **(Maienschein R) Children's mental health.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 2/19/2017-From printer. May be heard in committee March 21.
Is Fiscal:
Location: 2/17/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, the Children's Mental Health Services Act, establishes an interagency system of care for children with serious emotional and behavioral disturbances that provides comprehensive, coordinated care. Current law states that the programs are intended to ensure services will be provided to severely mentally ill children and that they be part of the children's system of care. This bill would make technical, nonsubstantive changes to those provisions.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

ACR 8 **(Jones-Sawyer D) Post-traumatic "street" disorder.**
Current Text: Introduced: 1/10/2017 Text
Introduced: 1/10/2017
Status: 1/30/2017-Referred to Com. on HEALTH.
Is Fiscal: N
Location: 1/30/2017-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 5/9/2017 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair
Summary: This measure would recognize post-traumatic "street" disorder as a mental health condition with growing implications for our state.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, Clinicians	

HR 12 **(Gomez D) Relative to United States immigration policy.**
Current Text: Introduced: 1/30/2017 Text
Introduced: 1/30/2017
Status: 1/30/2017-Introduced.
Is Fiscal:
Location: 1/30/2017-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Relative to United States immigration policy.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

SB 8 **(Beall D) Diversion: mental disorders.**
Current Text: Amended: 2/21/2017 Text
Current Analysis: 04/03/2017 Senate Appropriations *(text 2/21/2017)*
Introduced: 12/5/2016
Last Amend: 2/21/2017
Status: 4/3/2017-April 3 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/3/2017-S. APPR. SUSPENSE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would authorize a court, with the consent of the defendant and a waiver of the defendant's speedy trial right, to postpone prosecution of a misdemeanor or a felony punishable in a county jail, and place the defendant in a pretrial diversion program if the court is satisfied the defendant suffers from a mental disorder, that the defendant's mental disorder played a significant role in the commission of the charged offense, and that the defendant would benefit from mental health treatment.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

SB 17 **(Hernandez D) Health care: prescription drug costs.**
Current Text: Amended: 4/25/2017 Text
Current Analysis: 04/19/2017 Senate Health *(text 3/14/2017)*
Introduced: 12/5/2016
Last Amend: 4/25/2017
Status: 4/25/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/19/2017-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires health care service plans and health insurers to file specified rate information with DMHC or DOI, as applicable, for health care service plan contracts or health insurance policies in the individual or small group markets and for health care service plan contracts and health insurance policies in the large group market. This bill would require health care service plans or health insurers that file the above-described rate information to report to DMHC or DOI, on a date no later than the reporting of the rate information, specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided. DMHC and DOI would be required to compile the reported information into a report for the public and legislators that demonstrates the overall impact of drug costs on health care premiums and publish the reports on their Internet Web sites by January 1 of each year.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

SB 34 **(Bates R) Residential treatment facilities.**
Current Text: Amended: 4/20/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/20/2017)*
Introduced: 12/5/2016
Last Amend: 4/20/2017
Status: 4/26/2017-Action From HEALTH: Do pass as amended.To PUB. S..
Is Fiscal: Y
Location: 4/26/2017-S. PUB. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Health Care Services to report to the Legislature, on or before January 1, 2019, regarding the effect of the concentration of residential alcoholism or drug abuse recovery or treatment facilities in a community on the health and recovery of residents of

those facilities, as specified. The bill would also require, commencing January 1, 2019, the department to annually post on its Internet Web site information regarding the effect of the concentration of those facilities, including the number and nature of complaints submitted to the department regarding the concentration of those facilities and the findings of completed investigations by the department regarding the complaints.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health	

SB 43 **(Hill D) Antimicrobial-resistant infection: reporting.**
Current Text: Amended: 4/5/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 4/5/2017)*
Introduced: 12/5/2016
Last Amend: 4/5/2017
Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (April 19). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require specified general acute care hospitals and clinical laboratories to submit a report to the Department of Public Health , commencing July 1, 2019, and each July 1 thereafter, containing an antibiogram of the facility for the previous year. The bill would require the Antimicrobial Stewardship and Resistance Subcommittee of the Healthcare Associated Infections Advisory Committee of the department, on or before January 1, 2019, to develop and recommend to the department, the acceptable electronic format for the report and a method for the department to accurately estimate the number of deaths that result from antimicrobial resistant infections for specified types of antimicrobial infections.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians	Meet with Author

SB 68 **(Lara D) Public postsecondary education: exemption from nonresident tuition.**
Current Text: Amended: 3/29/2017 Text
Current Analysis: 04/17/2017 Senate Appropriations *(text 3/29/2017)*
Introduced: 1/5/2017
Last Amend: 3/29/2017
Status: 4/17/2017-April 17 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/17/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would exempt a student, other than a nonimmigrant alien, from nonresident tuition at the California State University and the California Community Colleges if the student has a total of 3 or more years of attendance, or attainment in California of equivalent credits, at California elementary schools, California secondary schools, California adult schools, campuses of the California Community Colleges, or a combination of those schools, as specified, and the student graduates from a California high school or attains the equivalent, attains an associate degree from a campus of the California Community Colleges, or fulfills minimum transfer requirements established for the University of California or the California State University for students transferring from campuses of the California Community Colleges.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

SB 70 **(Bates R) Real estate: Uniform Standards of Professional Appraisal Practice.**
Current Text: Amended: 3/30/2017 Text
Introduced: 1/9/2017
Last Amend: 3/30/2017
Status: 4/13/2017-April 17 hearing postponed by committee.
Is Fiscal: Y
Location: 4/5/2017-S. B., P. & E.D.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Real Estate Law makes the Uniform Standards of Professional Appraisal Practice the minimum standard of conduct and performance for a licensee in any work or service performed that is addressed by those standards. This bill would instead provide, except as specified, that a licensee, with the consent of the client obtained in advance, is not required to comply with certain provisions of the Uniform Standards of Professional Appraisal Practice, including, among others, disclosure of prior services performed by the licensee on the property subject to an appraisal report.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	Remove from Watch

SB 148 **(Wiener D) State Board of Equalization: counties: cannabis-related business: cash payments.**
Current Text: Amended: 4/5/2017 Text
Current Analysis: 04/24/2017 Senate Appropriations *(text 4/5/2017)*
Introduced: 1/17/2017
Last Amend: 4/5/2017
Status: 4/24/2017-April 24 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/24/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would enact the Cannabis State Payment Collection Law and would authorize the State Board of Equalization or a county to collect cash payments from cannabis-related businesses for a state agency that administers fees, fines, penalties, taxes, or other charges payable by a cannabis-related business, if that state agency has entered into an agreement with the board or county. This bill would require a county to collect only if both the board of supervisors of the county and the county tax collector or county treasurer-tax collector approves of entering into an agreement with a state agency to make those collections.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman, Victor Christy	Marijuana/Cannabis	

SB 152 **(Hernandez D) Medi-Cal.**
Current Text: Amended: 3/23/2017 Text
Current Analysis: 04/26/2017 Senate Floor Analyses *(text 3/23/2017)*
Introduced: 1/18/2017
Last Amend: 3/23/2017
Status: 4/25/2017-Read second time. Ordered to third reading.
Is Fiscal: Y
Location: 4/25/2017-S. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #66 SENATE SEN THIRD READING FILE - SEN BILLS
Summary: Current law requires the State Department of Health Care Services to develop and prepare one or more reports issued on at least a quarterly basis for the purpose of informing the California Health and Human Services Agency, the California Health Benefit Exchange, the Legislature, and the public about the enrollment process for all insurance affordability programs. This bill would instead require this report to be issued on at least a biannual basis and would make a conforming change.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 171 **(Hernandez D) Medi-Cal: Medi-Cal managed care plans.**
Current Text: Amended: 4/19/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/19/2017)*
Introduced: 1/23/2017
Last Amend: 4/19/2017
Status: 4/26/2017-Action From HEALTH: Do pass as amended.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current state law establishes hearing procedures for an applicant for or beneficiary of Medi-Cal who is dissatisfied with certain actions regarding health care services and medical assistance to request a hearing from the State Department of Social Services under specified circumstances, and

requires a request for a hearing to be filed within 90 days after the order or action complained of. This bill would implement various provisions in regard to those federal regulations, as amended May 6, 2016, governing Medicaid managed care plans. The bill would authorize a person to request a hearing involving a Medi-Cal managed care plan within 120 calendar days after the order or action complained of, and would exclude a request from the 120-calendar day filing time if there is good cause, as defined, for filing the request beyond the 120-calendar day period.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 179 **(Atkins D) Gender identity: female, male, or nonbinary.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/24/2017 Senate Judiciary *(text 4/17/2017)*
Introduced: 1/24/2017
Last Amend: 4/17/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 1.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would enact the Gender Recognition Act, delete the requirement that an applicant have undergone any treatment, and instead would authorize a person to submit to the State Registrar an application to change gender on the birth certificate and an affidavit attesting, under penalty of perjury, that the request for a change of gender is to conform the person's legal gender to the person's gender identity and not for any fraudulent purpose. By requiring the affidavit to be attested to under penalty of perjury, the bill would create a crime, and thus impose a state-mandated local program. This bill would authorize the change of gender on the new birth certificate to be female, male, or nonbinary.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 191 **(Beall D) Pupil health: mental health and substance use disorder services.**
Current Text: Amended: 3/28/2017 Text
Current Analysis: 04/24/2017 Senate Appropriations *(text 3/28/2017)*
Introduced: 1/30/2017
Last Amend: 3/28/2017
Status: 4/24/2017-April 24 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/24/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize a county, or a qualified provider operating as part of the county mental health plan network, and a local educational agency to enter into a partnership to create a program that includes, among other things, targeted interventions for pupils with identified social-emotional, behavioral, and academic needs and an agreement that establishes a Medi-Cal mental health provider that is county operated or county contracted for the provision of mental health and substance use disorder services to pupils of the local educational agency and in which there are provisions for the delivery of campus-based mental health and substance use disorder services through qualified providers or qualified professionals to provide on-campus support to identify pupils with an individualized education program (IEP), and pupils who do not have an IEP, but who a teacher believes may require mental health or substance use disorder services and, with parental consent, to provide those services to those pupils.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, School Based HC	

SB 192 **(Beall D) Mental Health Services Act Reversion Fund.**
Current Text: Amended: 4/18/2017 Text
Current Analysis: 04/03/2017 Senate Health *(text 3/28/2017)*
Introduced: 1/30/2017
Last Amend: 4/18/2017
Status: 4/18/2017-Read second time and amended. Re-referred to Com. on APPR.

Is Fiscal: Y
Location: 4/18/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would amend the Mental Health Services Act by instead requiring that any funds allocated since the 2008–09 fiscal year, except as specified, to a large, medium, small, or very small county, as defined, that have not been spent for their authorized purpose within 3 years of being allocated, and any interest earned on unspent funds, revert to the state for deposit into the newly established Mental Health Services Act Reversion Fund. The bill would authorize a very small county to apply for a waiver, subject to approval by the commission, requesting a delay of the reversion of funds, but not for more than 5 fiscal years from the time of allocation of funds.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera, Meaghan McCamman	Behavioral Health	

SB 199 **(Hernandez D) The California Health Care Cost, Quality, and Equity Atlas.**
Current Text: Amended: 3/30/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 3/30/2017)*
Introduced: 1/30/2017
Last Amend: 3/30/2017
Status: 4/4/2017-Set for hearing April 26.
Is Fiscal: Y
Location: 2/9/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Secretary of California Health and Human Services, in furtherance of the goal of creating the California Health Care Cost, Quality, and Equity Atlas, to convene an advisory committee composed of a broad spectrum of health care stakeholders and experts, as specified. The bill would require the secretary to charge the advisory committee with identifying the type of data, purpose of use, and entities and individuals that are required to report to, or that may have access to, a health care cost, quality, and equity atlas, and with developing a set of recommendations based on specified findings of the March 1, 2017, report.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 209 **(Cannella R) State Department of Health Care Services.**
Current Text: Introduced: 2/1/2017 Text
Introduced: 2/1/2017
Status: 2/9/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/1/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the State Department of Health Care Services within the California Health and Human Services Agency. Current law sets forth the department's powers and duties relating to, among other things, public health, licensing and certification of certain health facilities, and the state Medi-Cal program.This bill would state the intent of the Legislature to enact legislation relating to the powers and duties of the department.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

SB 223 **(Atkins D) Health care language assistance services.**
Current Text: Amended: 4/26/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 4/5/2017)*
Introduced: 2/2/2017
Last Amend: 4/26/2017
Status: 4/26/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: For specified vital documents that are not standardized but contain enrollee or insured specific information, current law does not require a health care service plan or health insurer to translate the documents into threshold languages identified by the needs assessment, but instead requires a written notice of availability of interpretation services in threshold languages identified by the needs assessment to be included with those vital documents. This bill would also require this written notice to be made available in the top 15 languages spoken by limited-English-proficient (LEP) individuals in California identified annually by the United States Census Bureau.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 241 **(Monning D) Medical records: access.**
Current Text: Introduced: 2/6/2017 Text
Current Analysis: 04/24/2017 Senate Judiciary *(text 2/6/2017)*
Introduced: 2/6/2017
Status: 4/26/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would change the basis of the fee that a health care provider is authorized to charge from clerical costs to specified costs for labor, supplies, postage, and preparing an explanation or summary of the patient record. The bill would require the health care provider to provide the patient or patient's personal representative with a copy of the records in a paper or electronic copy, in the form or format requested if the records are readily producible in that form or format. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Ben Avey		Meet with Author

SB 288 **(Hernandez D) Health coverage: small employers.**
Current Text: Introduced: 2/9/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 2/9/2017)*
Introduced: 2/9/2017
Status: 4/26/2017-Action From HEALTH: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires the California Health Benefit Exchange Board to establish the Small Business Health Options Program, otherwise referred to as the SHOP program, separate from the activities of the board related to the individual market, to assist qualified small employers in facilitating the enrollment of their employees in qualified health plans offered through the Exchange in the small employer market in a manner consistent with a specified provision of the federal act. This bill would change the name of the SHOP program to Covered California for Small Business and make related conforming changes.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 315 **(Nguyen R) California Massage Therapy Council: material for non-English speakers.**
Current Text: Amended: 4/25/2017 Text
Current Analysis: 04/26/2017 Senate Floor Analyses *(text 4/25/2017)*
Introduced: 2/13/2017
Last Amend: 4/25/2017
Status: 4/26/2017-Read second time. Ordered to third reading. Published April 26 at 4 a.m.
Is Fiscal: N
Location: 4/26/2017-S. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #75 SENATE SEN THIRD READING FILE - SEN BILLS

Summary: Would require the California Massage Therapy Council to assess its contact with non-English speakers. The bill would require the council, based on this assessment, to offer and make available all publicly available written and electronic materials provided to certificate holders and applicants in languages other than English that the council determines will be used by a substantial number of non-English speakers in contact with the council. The bill would exclude examinations, denial and disciplinary legal documents, and email communications from that requirement.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	Remove from Watch

SB 320 **(Leyva D) Public health: public postsecondary education: on-campus student health centers: abortion by medication techniques.**

Current Text: Amended: 4/25/2017 Text

Current Analysis: 04/18/2017 Senate Health *(text 3/16/2017)*

Introduced: 2/13/2017

Last Amend: 4/25/2017

Status: 4/25/2017-Read second time and amended. Re-referred to Com. on ED.

Is Fiscal: Y

Location: 4/19/2017-S. ED.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the University of California, under the administration of the Regents of the University of California, and the California State University, under the administration of the Trustees of the California State University, as 2 of the segments of public postsecondary education in this state.This bill would express findings and declarations of the Legislature relating to the availability of abortion by techniques at on-campus student health centers at public postsecondary educational institutions in the state. This bill contains other related provisions.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 379 **(Atkins D) Pupil health: oral health assessment.**

Current Text: Amended: 4/6/2017 Text

Current Analysis: 04/17/2017 Senate Health *(text 4/6/2017)*

Introduced: 2/14/2017

Last Amend: 4/6/2017

Status: 4/25/2017-Set for hearing May 1.

Is Fiscal: Y

Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 5/1/2017 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, LARA, Chair

Summary: Current law requires a public school, using a standardized notification form developed and posted online by the State Department of Education in consultation with interested persons, to notify parents and legal guardians of the oral health assessment requirement for students enrolled in kindergarten, or in specified curcumsances, first grade in a public school. This bill would require the department to also consult with the state dental director in developing and posting online the standardized notification form and would require the department, in consultation with those entities, to revise the standardized form as necessary. The bill would require the standardized form to include specified information on parental rights relating to schoolsite oral health assessments.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health, School Based HC	

SB 392 **(Bates R) Dentistry: report: access to care: pediatric dental patients: continuing education.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/17/2017)*

Introduced: 2/15/2017

Last Amend: 4/17/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 1.) (April 24). Re-referred to Com. on APPR.

Is Fiscal: Y
Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Dental Practice Act, among other things, prescribes requirements for a dentist who administers or orders the administration of general anesthesia on an outpatient basis for dental patients, including a requirement that the dentist holds a valid anesthesia permit issued by the board. This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

SB 412 **(Pan D) Clinics: licensing.**
Current Text: Introduced: 2/15/2017 Text
Introduced: 2/15/2017
Status: 2/23/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/15/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires any person, firm, association, partnership, or corporation desiring a license for a clinic to file a verified application with the State Department of Public Health, as provided. The department is authorized to issue a provisional license to a clinic if certain criteria are met.This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Ben Avey	Licensing	Meet with Author

SB 436 **(Allen D) Teachers: California STEM Professional Teaching Pathway Act of 2017.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/24/2017 Senate Appropriations *(text 4/6/2017)*
Introduced: 2/15/2017
Last Amend: 4/6/2017
Status: 4/24/2017-April 24 hearing: Placed on APPR. suspense file.
Is Fiscal: Y
Location: 4/24/2017-S. APPR. SUSPENSE FILE

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the California STEM Professional Teaching Pathway for the purpose of recruiting, training, supporting, and retaining qualified science, technology, engineering, and mathematics (STEM) professionals, including military veterans, as mathematics and science teachers in California. This bill contains other related provisions and other existing laws.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

SB 437 **(Atkins D) Health care coverage: joint senior level working group.**
Current Text: Amended: 4/6/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/6/2017)*
Introduced: 2/15/2017
Last Amend: 4/6/2017
Status: 4/26/2017-Action From HEALTH: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the Department of Managed Health Care and the Department of Insurance to maintain a joint senior level working group to ensure clarity for health care consumers about who enforces their patient rights and consistency in the regulations for these departments. Current law requires the joint working group to review and examine various processes in each departmen. This bill would also require the joint working group to review and examine timely access to

care and network adequacy as part of its review of the grievance and consumer complaint processes, and to review and examine the state implementation of federal health care reforms, including any changes in federal law, or rules, regulations, or guidance issued under federal law.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 457 **(Bates R) Out-of-Hospital Childbirths: physicians and surgeons: licensed midwives: certified nurse-midwives.**

Current Text: Amended: 4/17/2017 Text

Introduced: 2/16/2017

Last Amend: 4/17/2017

Status: 4/20/2017-Set for hearing April 24 in B., P. & E.D. pending receipt. April 24 set for first hearing canceled at the request of author.

Is Fiscal: Y

Location: 4/19/2017-S. B., P. & E.D.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would revise and recast specified provisions by requiring that a licensed physician and surgeon, a licensed midwife, and a certified nurse-midwife only attend cases of pregnancy and out-of-hospital childbirth, as defined, when specified conditions are met. For purposes of determining whether a patient or client satisfies these conditions, the bill would require the licensed physician and surgeon, licensed certified nurse midwife, or licensed midwife to use a self-screening form to identify patient or client risk factors for out-of-hospital childbirth.

Position	Assigned	Subject	Group
13- Watch	Ben Avey		

SB 476 **(Nguyen R) Discount Prescription Drug Program.**

Current Text: Introduced: 2/16/2017 Text

Introduced: 2/16/2017

Status: 3/2/2017-Referred to Com. on RLS.

Is Fiscal: N

Location: 2/16/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Discount Prescription Drug Program, requires the State Department of Health Care Services to negotiate drug discount agreements with drug manufacturers, as specified. Current law authorizes any licensed pharmacy and any drug manufacturer, as defined, to participate in the program. Current law establishes the California Discount Prescription Drug Program Fund into which all payments received under the program would be deposited and provides that moneys in the fund be made available, upon appropriation, to the department for purposes of the program. This bill would make a technical, nonsubstantive change to those provisions.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	Flag for Members

SB 501 **(Glazer D) Dentistry: anesthesia and sedation: report.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/20/2017)*

Introduced: 2/16/2017

Last Amend: 4/20/2017

Status: 4/24/2017-VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/24/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Dental Practice Act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation. This bill would repeal those provisions relating to the use of oral concious sedation for pediatric and adult patients. The bill would redefine general anesthesia for these purposes and additionally would define

"deep sedation" to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

SB 508 **(Roth D) Medi-Cal: dental health.**

Current Text: Amended: 4/6/2017 Text

Introduced: 2/16/2017

Last Amend: 4/6/2017

Status: 4/24/2017-April 26 set for second hearing canceled at the request of author.

Is Fiscal: Y

Location: 3/29/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would authorize the State Department of Health Care Services, no sooner than July 1, 2019, and to the extent that federal financial participation is available and any necessary federal approvals have been obtained, to authorize a Dental Health Collaboration Pilot Program for Medi-Cal beneficiaries enrolled in Medi-Cal managed care health plans that serve the County of Riverside, the County of San Bernardino, or both of those counties, using a hybrid collaboration model that coordinates the efforts of participating health plans, dental managed care plans, and the department.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 510 **(Stone R) Pharmacies: compounding.**

Current Text: Introduced: 2/16/2017 Text

Current Analysis: 03/29/2017 Senate Floor Analyses *(text 2/16/2017)*

Introduced: 2/16/2017

Status: 3/30/2017-Read third time. Passed. (Ayes 37. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Is Fiscal: N

Location: 3/30/2017-A. DESK

Desk	Policy	Fiscal	Floor	**Desk**	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under the Pharmacy Law, the California State Board of Pharmacy licenses and regulates the practice of pharmacy by pharmacists and pharmacy corporations in this state. That law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. That law requires a pharmacy to compound sterile products from one or more nonsterile ingredients in prescribed environments. This bill would repeal that compounding environment provision and make conforming renumbering changes to other provisions.

Position	Assigned	Subject	Group
13- Watch	Deb Roth	Pharmacy	

SB 512 **(Hernandez D) Health and care facilities: stem cell clinics.**

Current Text: Amended: 4/17/2017 Text

Introduced: 2/16/2017

Last Amend: 4/17/2017

Status: 4/26/2017-Re-referred to Com. on HEALTH.

Is Fiscal: N

Location: 4/26/2017-S. HEALTH

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides that certain types of specialty clinics, including surgical clinics, as defined, are eligible for licensure. Current law excludes from the definition of surgical clinic any place or establishment owned or leased and operated as a clinic or office by one or more physicians or dentists in individual or group practice, provided, however, that physicians or dentists may, at their option, apply for licensure. This bill would require a stem cell clinic, as defined, to post on site conspicuously in the entrance of the clinic and in at least one additional area where the clients wait to receive services, and to include in any print and digital advertising materials, a specified notice regarding the provision of stem cell therapies.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 515 **(Fuller R) Health care coverage: individual market.**

Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 3/2/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/16/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires a health care service plan or health insurer, on and after October 1, 2013, to offer, market, and sell all of the plan's or insurer's health benefit plans that are sold in the individual market for policy years on or after January 1, 2014, to all individuals and dependents in each service area in which the plan or insurer provides or arranges for the provision of health care services, as specified, but requires plans and insurers to limit enrollment in individual health benefit plans to specified annual open enrollment and special enrollment periods. This bill would make technical, nonsubstantive changes to these provisions.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	ACA Repeal	

SB 516 **(Fuller R) Medi-Cal: Disease Management Waiver.**
Current Text: Introduced: 2/16/2017 Text
Introduced: 2/16/2017
Status: 3/2/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/16/2017-S. RLS.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income persons receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Current law requires the department to apply for a waiver of federal law to test the efficacy of providing a disease management benefit, as described, to specified beneficiaries under the Medi-Cal program.This bill would make technical, nonsubstantive changes to these provisions.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 523 **(Hernandez D) Medi-Cal: emergency medical transport providers: quality assurance fee.**
Current Text: Amended: 4/24/2017 Text
Current Analysis: 04/17/2017 Senate Health *(text 4/6/2017)*
Introduced: 2/16/2017
Last Amend: 4/24/2017
Status: 4/24/2017-Read second time and amended. Re-referred to Com. on APPR.
Is Fiscal: Y
Location: 4/24/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, commencing July 1, 2018, and subject to federal approval, impose a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider, as defined, subject to the quality assurance fee in accordance with a prescribed methodology. The bill would authorize the director to exempt categories of emergency medical transport providers from the quality assurance fee if necessary to obtain federal approval. The bill would require the Director of Health Care Services to deposit the collected quality assurance fee into the Medi-Cal Emergency Medical Transport Fund.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		Remove from Watch

SB 538 **(Monning D) Hospital contracts.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/17/2017)*
Introduced: 2/16/2017
Last Amend: 4/17/2017
Status: 4/26/2017-Action From HEALTH: Do pass as amended.To APPR..
Is Fiscal: Y

Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, the Health Care Providers' Bill of Rights, prescribes restrictions on the types of contractual provisions that may be included in agreements between health care service plans and health care providers and agreements between health insurers and health care providers. This bill, the Health Care Market Fairness Act of 2017, would prohibit contracts between hospitals and contracting agents, health care service plans, or health insurers from containing certain provisions, including, but not limited to, setting payment rates or other terms for nonparticipating affiliates of the hospital, requiring the contracting agent, plan, or insurer to keep the contract's payment rates confidential from any payor, as defined, that is or may become financially responsible for the payment, and requiring the contracting agent, plan, or insurer to submit to arbitration, or any other alternative dispute resolution program, any claims or causes of action that arise under state or federal antitrust laws after those claims or causes of action arise, except as provided.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Meaghan McCamman		

SB 554 **(Stone R) Nurse practitioners: physician assistants: buprenorphine.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/26/2017 Senate Floor Analyses *(text 4/17/2017)*
Introduced: 2/16/2017
Last Amend: 4/17/2017
Status: 4/26/2017-Read second time. Ordered to consent calendar.
Is Fiscal: N
Location: 4/26/2017-S. CONSENT CALENDAR

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Calendar: 4/27/2017 #83 SENATE CONSENT CALENDAR FIRST LEGISLATIVE DAY
Summary: Would prohibit construing the Nursing Practice Act or any provision of state law from prohibiting a nurse practitioner from furnishing or ordering buprenorphine when done in compliance with the provisions of the Comprehensive Addiction Recovery Act, as specified.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	Meet with Author

SB 562 **(Lara D) The Healthy California Act.**
Current Text: Amended: 4/17/2017 Text
Current Analysis: 04/24/2017 Senate Health *(text 4/17/2017)*
Introduced: 2/17/2017
Last Amend: 4/17/2017
Status: 4/26/2017-Action From HEALTH: Do pass.To APPR..
Is Fiscal: Y
Location: 4/26/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the Healthy California Act, would create the Healthy California program to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski, Victor Christy	ACA Repeal, Clinicians	Flag for Members

SB 572 **(Stone R) Healing arts licensees: violations: grace period.**
Current Text: Amended: 3/27/2017 Text
Introduced: 2/17/2017
Last Amend: 3/27/2017
Status: 4/19/2017-April 24 hearing postponed by committee.
Is Fiscal: Y
Location: 3/2/2017-S. B., P. & E.D.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for the licensure and regulation of various healing arts professions by various boards, as defined, within the Department of Consumer Affairs. Currentlaw imposes certain fines and other penalties for, and authorizes these boards to take disciplinary action against licensees for, violations of the provisions governing those professions. This bill would prohibit the boards from taking disciplinary action against, or otherwise penalizing, healing arts licensees who violate those provisions but correct the violations within 15 days and who are not currently on probation at the time of the violations, if the violations did not cause irreparable harm and will not result in irreparable harm if left uncorrected for 15 days.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Clinicians, Workforce	

SB 608 **(Hernandez D) Medi-Cal: Hospital Quality Assurance Revenue Fund: direct grants.**

Current Text: Amended: 3/28/2017 Text

Current Analysis: 04/17/2017 Senate Health *(text 3/28/2017)*

Introduced: 2/17/2017

Last Amend: 3/28/2017

Status: 4/20/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (April 19). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/20/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The California Constitution, pursuant to Proposition 52 as approved by voters at the November 8, 2016, statewide general election, prohibits a statute amending or adding to the provisions of the Medi-Cal Hospital Reimbursement Improvement Act of 2013 from becoming effective unless approved by the electors, as specified, but authorizes the Legislature, by a 2/3 vote in each house of the Legislature, to amend or add provisions that further the purposes of the act. Current law, as amended by Proposition 52, extends the operation of the Hospital Quality Assurance Revenue Fund as long as the act remains operative. This bill would, for the 2nd program period, require that direct grants in support of health care expenditures be paid to designated public hospitals, to be funded by the quality assurance fee, with the aggregate amount of the grants being $25,250,000 in the aggregate for the 2 subject fiscal quarters in the 2016–17 subject fiscal year, as defined, $60,500,000 for the 2017–18 subject fiscal year, and $69,000,000 in the aggregate for the 2018–19 subject fiscal year.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Behavioral Health, Clinicians	Remove from Watch

SB 630 **(Skinner D) Jails: financing bonds.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/24/2017 Senate Public Safety *(text 4/20/2017)*

Introduced: 2/17/2017

Last Amend: 4/20/2017

Status: 4/27/2017-Action From PUB. S.: Read second time.To THIRD READING.

Is Fiscal: N

Location: 4/27/2017-S. THIRD READING

Desk	Policy	Fiscal	**Floor**	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar: 4/27/2017 #3 SENATE SEN SECOND READING FILE - SENATE BILLS

Summary: Current law authorizes the State Public Works Board to issue revenue bonds, notes, or bond anticipation notes to finance the acquisition, design, and construction of approved adult local criminal justice facilities. The funds derived from those revenue bonds, notes, or bond anticipation notes are continuously appropriated for those purposes. This bill would require a county that plans to use certain of these funds for an adult local criminal justice facility proposal that is approved by the Board of State and Community Corrections on or after January 1, 2018, to certify in writing that it is not and will not for a period of 10 years following the completion of facility, lease housing capacity to any private or public entity, except for leases with the state or another county.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		Remove from Watch

SB 645 **(Roth D) State Department of Public Health.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 3/2/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/17/2017-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law imposes various functions and duties on the State Department of Public Health with respect to the administration and oversight of various health programs and facilities relating to the prevention of disease and the promotion of health. Current law authorizes the department to adopt and enforce regulations for the execution of its duties.This bill would make technical, nonsubstantive changes to that provision.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski		

SB 647 **(Pan D) Health care coverage: consumer complaints: reporting.**
Current Text: Amended: 3/23/2017 Text
Introduced: 2/17/2017
Last Amend: 3/23/2017
Status: 4/18/2017-April 26 set for second hearing canceled at the request of author.
Is Fiscal: Y
Location: 3/29/2017-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill would require the Department of Managed Health Care and the Department of Insurance, no later than July 1, 2018, and annually on July 1 thereafter, to submit to the Legislature, and post on each department's Internet Web site, a record of all complaints received by each department regarding employee welfare benefit plans as defined under the federal Employee Retirement Income Security Act of 1974.

Position	Assigned	Subject	Group
13- Watch	Meaghan McCamman	Managed Care	

SB 707 **(Cannella R) Medi-Cal: Denti-Cal Advisory Group.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 3/9/2017-Referred to Com. on HEALTH.
Is Fiscal: Y
Location: 3/9/2017-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, until January 1, 2023, establish the Denti-Cal Advisory Group in the Department of Health Care Services, as specified, for the purpose of studying the policies and priorities of Denti-Cal with the goal of raising the Denti-Cal utilization rate among eligible child beneficiaries to 60% or greater, providing assistance and advice to the department, the Legislature, and the Governor to ensure that proposed decisions relating to the Denti-Cal program are based on the best available evidence, and studying and evaluating how Denti-Cal program policies align with and support the implementation of the state oral health plan.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Oral Health	

SB 717 **(Stern D) Food choices.**
Current Text: Introduced: 2/17/2017 Text
Introduced: 2/17/2017
Status: 3/9/2017-Referred to Com. on RLS.
Is Fiscal: N
Location: 2/17/2017-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would state that it is the intent of the Legislature to enact legislation that would develop and implement a coherent and comprehensive policy to improve access to more equitable, sustainable, and healthier food choices for all Californians.

Position	Assigned	Subject	Group
13- Watch	Andie Patterson	SDoH	

SB 762 **(Hernandez D) Healing arts licensee: license activation fee: waiver.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/17/2017)*

Introduced: 2/17/2017

Last Amend: 4/17/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 9. Noes 0.) (April 24). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the holder of an inactive license or certificate to, among other things, pay the renewal fee in order to restore his or her license or certificate to an active status. Current law requires the renewal fee to be waived for a physician and surgeon who certifies to the Medical Board of California that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state. This bill would require the renewal fee to be waived for any healing arts licensee who certifies to his or her respective board that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

SB 796 **(Hill D) Healing arts: boards.**

Current Text: Amended: 4/17/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/17/2017)*

Introduced: 2/17/2017

Last Amend: 4/17/2017

Status: 4/25/2017-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (April 24). Re-referred to Com. on APPR.

Is Fiscal: Y

Location: 4/25/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Naturopathic Doctors Act establishes the Naturopathic Medicine Committee within the Osteopathic Medical Board of California for the licensure and regulation of naturopathic doctors. Current law requires the committee to consist of 9 members appointed by the Governor, including 2 public members. Existing law requires a public member to be a citizen of the state for at least 5 years preceding his or her appointment. This bill would instead require 7 professional members to be appointed by the Governor, one public member to be appointed by the Senate Committee on Rules, and one public member to be appointed by the Assembly Committee on Rules.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	

SB 799 **(Hill D) Nursing.**

Current Text: Amended: 4/20/2017 Text

Current Analysis: 04/20/2017 Senate Business, Professions And Economic Development *(text 4/20/2017)*

Introduced: 2/17/2017

Last Amend: 4/20/2017

Status: 4/24/2017-VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations]

Is Fiscal: Y

Location: 4/24/2017-S. APPR.

Desk	Policy	**Fiscal**	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Nursing Practice Act establishes the Board of Registered Nursing within the Department of Consumer Affairs and sets forth its powers and duties regarding the licensure and regulation of

registered nurses. Existing law requires the board to appoint an executive officer to perform duties delegated by the board. The act on January 1, 2018, repeals the provisions establishing the board and the executive officer position. This bill would extend the repeal date of those provisions to January 1, 2022.

Position	Assigned	Subject	Group
13- Watch	Beth Malinowski	Workforce	Meet with Author

SJR 1 **(Vidak R) Immigration.**

Current Text: Introduced: 12/5/2016 Text

Introduced: 12/5/2016

Status: 1/26/2017-Re-referred to Com. on JUD.

Is Fiscal: N

Location: 1/26/2017-S. JUD.

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This measure would urge Congress and the President of the United States to work together to create a comprehensive and workable approach to reform the nation's immigration system according to specified principles.

Position	Assigned	Subject	Group
13- Watch	Elizabeth Oseguera	Immigration	

Total Measures: 217
Total Tracking Forms: 217

California Primary Care ASSOCIATION

DISCUSSION

Date: April 25, 2017

To: Legislative Committee

From: Beth Malinowski, Deputy Director of Government Affairs

Re: CA FY17-18 Budget Strategy

MEMORANDUM

Overall Budget Priorities

Concerned with potential changes to the 340B program, elimination of the primary care workforce investment made last year, changes to Newly Qualified Immigrant healthcare program, and delays to a law that will improve access to behavioral health services, CaliforniaHealth+ Advocates is currently prioritizing advocacy on:

- **340B Drug Discount Program:** Protect our patient's access to discount drugs, pharmacy networks, and other health center programs that are funded by 340B program savings, by asking the Governor to **rescind his 340B budget proposal.**
- **Primary Care Workforce:** California has a primary care workforce crisis and we cannot afford to lose ground we already gained. Please **reinstate the** $100 million workforce investment that the Governor and Legislature committed to last year.
- **Newly Qualified Immigrants (NQI):** California's newest residents need the support and care provided to them by the Medi-Cal program and should not be transitioned to Covered California. If these patients are moved, the state's savings will be at the expense of immigrant's health and well-being. **Oppose the shift of NQIs to Covered California.**
- **Behavioral Health Access to Care:** Help us meet the unmet behavioral health needs of our community by asking the Governor to **implement AB 1863 (Wood, Chap. 610, Stats. 2016)** as directed by the legislation.

Budget Strategy

Targeted budget advocacy is being focused on key members of the Budget Committee and their staff. This advocacy is happening through individual meetings with key members of the legislature, their staff, or committee staff. In particular, with all of our items being heard in the Health & Human Services Subcommittees (Sub 1 in the Assembly and Sub 3 in the Senate) we are giving particular attention to educating those members and staff that can impact our priorities early in the process. Senate and Assembly leadership also plays a key role in final negotiations, and meetings with their offices is also being prioritized. Here is a full list of our targets:

Senate

Senator de Leon, Pro Tem (SD 24)
Senator Mitchell, Chair, Budget & Fiscal Review (SD 30)
Senator Pan, Chair, Subcommittee 3 on Health and Human Services (SD 6)

Members of Senate Subcommittee 3 on Health and Human Services (Sub 3):
Senator Monning (SD 17)
Senator Stone (SD 28)

Assembly

Assemblymember Rendon; Speaker (AD 76)
Assemblymember Ting, Chair, Budget (AD 19)
Assemblymember Arambula, Chair, Subcommittee 1 on Health and Human Services (AD 31)
Members of Assembly Subcommittee 1 on Health and Human Services (Sub 1):
Assemblymember Harper (AD 74)
Assemblymember Mathis (AD 26)
Assemblymember Rubio (AD 48)
Assemblymember Wood (AD 02)
Assemblymember Ting, alternate (AD 19)
Assemblymember Obernolte, alternate (AD 33)

In cases where our advocacy efforts are building on prior 2015-16 legislative priorities, we are also engaging our prior legislative champions. For example, while not on a key budget committees, Assemblymember Gray continues to be an active part of our residency advocacy. In addition to meetings with the legislature, we are also meeting with the Governor's office, Department of Finance, and other key agencies, as appropriate.

Working with Partners

On all four of our priority areas, we are fortunate that we are not alone in our concerns. CaliforniaHealth+ Advocates is working with a full range of associations and groups from health system associations and professional associations to consumer groups. CaliforniaHealth+ Advocates is taking a lead role in many of these collaborations, with us leading in material development, scheduling for joint meetings, and coordinating calls. Among our current partners are:

- California Associations of Marriage of Family Therapists
- California Hospital Association
- California Medical Association
- California Academy of Family Physicians
- Planned Parenthood Affiliates of California
- California Pan Ethnic Health Network
- California Immigrant Policy Center
- Western Center on Law and Poverty

Tobacco Tax Initiative (Proposition 56) Funding and the State Budget

The Tobacco Tax Initiative, which went into effect on April 1, is currently at the center of a bitter budget battle. As has been previously reported, the Governor's proposed 2017-18 state budget includes the redirection of tax revenues generate through the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) to offset general fund obligations. At its core, the Proposition sought to address the payments to Medi-Cal providers, along the lowest in the nation.

Although the measure was written to explicitly prohibit the governor from using the new revenue to offset general fund obligations, with the proposed redirection of $1.2 billion, Governor Brown's budget

does exactly that. Prop 56 proponents are not the only ones raising questions with the Governor's proposal. In February, the Legislative Analyst's Office (LAO) also stated that the Governor's spending plan "may be problematic," because the proposal does not go far enough to bolster Medi-Cal spending.

CDA and CMA unveiled an alternative budget proposal on March 16 in response to Gov. Jerry Brown's plan to divert $1.2 billion of Proposition 56 funds to cover general cost increases in the Medi-Cal budget. The CDA-CMA proposal provides supplemental payments that correspond with a provider's level of participation in the Medi-Cal and Denti-Cal programs and directly incentivizes additional care. According to a CDA press release, the proposal would be straightforward for the Department of Health Care Services to administer and can be implemented regardless of Medicaid funding decisions at the federal level.

While core Proposition 56 coalition partners, like CDA, CMA, and CHA, are working with legislators to prevent the proposed diversion of the ne tobacco tax funds, a number of interest groups, including consumer advocates, have come forward with their own proposals for how to spend the funds. Among these proposals is a proposal being advanced by the Health4All Coalition to allocate $80-$90 million in funding from Proposition 56 to expand full-scope Medi-Cal to low-income undocumented young adults who are ages 19-26 and whose incomes are at or below 138% of the federal poverty level. This investment is estimated to less than 1/10 of the $1 billion the tax is expected to generate. CaliforniaHealth+ Advocates has not taken a position on this or any of the additional proposals that are beginning to surface regarding the distribution of the funds aimed at supporting Medi-Cal and Denti-Cal Services.

We are partnering with California Dental Association (CDA) and other oral health advocates to support the allocation of Proposition 56 funding for the statewide Dental Director (Dr. Jay Kumar) and State Oral Health Plan related activities. While the measure intends for a portion of tax revenues to be dedicated for the prevention and treatment of dental disease, including that caused by tobacco products, advocacy is needed to guarantee that Dr. Kumar and his team have the needed flexibility to administer these funds. The $30 million, to be administered by Dr. Kumar and the Oral Health Program, have the potential to represent the first substantial investment in oral public health in decades. With this in mind, CaliforniaHealth+ Advocates is working with CDA and others to support the development of statutory language that will ensure the needed flexibility is provided to properly and successfully disperse funds. CaliforniaHealth+ Advocates recently signed a coalition letter (see resource section) to protect these oral health dollars.

Lastly, we are tracking closely conversation regarding the allocation of $40 million to the UCOP for the administration of physician training funds. The Governor's proposed budget does not honor this commitment.

Resources

- Navigating the State Budget Process (California Budget and Policy Center Resource)
- NQI Wrap Residency Funding – Coalition Sign-On Letter
- Tobacco Tax Initiative Funding For the State Oral Health Plan – Coalition Sign-On Letter
- Primary Care Residency Funding – Coalition Sign-On Letter
- AB 1863 Implementation – CaliforniaHealth+ Advocates Letter

Date: April 26, 2017

To: Board of Director

From: Victor Christy, Assistant Director of Government Affairs

Re: Public Affairs Peer Network Update

MEMORANDUM

I. Overview

The Public Affairs Peer Network (PAPN), which meets once a month, provides a forum for health center and consortia staff who engage in public affairs work (government, community, media, advocacy, etc.) to share best practices and learn from one another.

II. Work to Date

To date, the PAPN, chaired by Gary Rotto from the Borrego Community Health Foundation, has met six times. There are six telephonic meetings calendared going forward, with the next one scheduled for May 23rd.

During NACHC's Policy and Issues forum in Washington DC, the PAPN agreed to meet in person as a way for members to get to know each other and share ideas over lunch. This proved to be successful as it created a forum different than a conference call where health center representatives could learn from one another on a regional level and communicate best advocacy practices.

Some of the items discussed throughout the monthly meetings amongst the members of the PAPN are as follows:

- ACE/HACE Program – What works for California health centers and what can be improved on
- Key Contacts – How to better engage your elected official and ways in which you can establish a relationship with them and their staff
- Patient Stories – Avenues in which to share the patient health center perspective
- District Meetings – Sharing your priorities and concerns with elected officials in their districts away from the capitol environment
- Health Center Legislative Tours – Importance of educating your elected official on the value of community health centers and introducing them to your team
- Immigrant Rights Advocacy – Know your constitutional rights
- Media Requests – Assist and advise when a health center receives a media call
- Social Media – Encouraging health centers to have a social media presence
- Board Member Involvement – Important role Board Members play in advocacy
- Coalition Participation – What questions should be asked when joining a coalition
- DAC and P&I – Preparation and how to convey your message to your elected leaders

III. Next Steps

Going forward, it is the intent of the PAPN to continue dialogue on ways to be better advocate and to provide feedback on how CaliforniaHealth+ Advocates can be the leader in supporting the health center efforts to be more engaged with their Members of Congress and Legislature.

PAPN members have provided suggestions as to how the Advocates website could be improved to be the main source for resources and advocacy information, as well as continuing the work on key contacts best practices, and ways to improve messaging.

If you would like to be included in future PAPN meetings, please contact our Assistant Director of Legislative Affairs, Victor Christy at victor@healthplusadvocates.org.