

AMENDED IN SENATE AUGUST 19, 2002

AMENDED IN SENATE JUNE 12, 2002

AMENDED IN SENATE JUNE 5, 2002

CALIFORNIA LEGISLATURE—2001–02 REGULAR SESSION

ASSEMBLY BILL

No. 3049

Introduced by Committee on Health (Thomson (Chair), Bates, Cohn, Dickerson, Frommer, Goldberg, Koretz, Negrete McLeod, Runner, Salinas, Strom-Martin, Washington, Wayne, and Zettel)

March 14, 2002

An act to amend Sections ~~1797.98b, 11164, 11164~~ and 124595 of, to add Section ~~1596.794~~ 1596.799 to, and to repeal Section 130015 of, the Health and Safety Code, and to amend Section 14094.3 of the Welfare and Institutions Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 3049, as amended, Committee on Health. Public health.

(1) Existing law requires child day care facilities that are licensed by the State Department of Social Services to require proof of each child's immunizations, including tuberculosis testing, and to maintain files of this proof on the premises.

This bill would exempt from these requirements any child day care center that exclusively offers a program of services for which there is no contract or agreement between the parent and the center for the regular care of the child, and there is no prearranged schedule of care for any child. It would require parents to sign a form acknowledging

that they understand the center is not required to verify immunizations and tuberculosis testing for any children accepted for care.

~~(2) Existing law authorizes each county to establish an emergency medical services fund, upon adoption of a resolution by the county board of supervisors. Existing law requires each county establishing that fund to annually report to the Legislature on its implementation and status.~~

~~This bill would instead require each county to report to the state Emergency Medical Services Authority regarding the implementation and status of the county emergency medical services fund.~~

~~(3) Existing law, the California Uniform Controlled Substances Act, sets forth the requirements with respect to the form and content of prescriptions for controlled substances, and for filling, compounding, and dispensing those prescriptions.~~

This bill would make a technical, conforming change to the act's requirements for the form of ~~a prescription of~~ *prescriptions for* controlled substances.

~~(4)~~

(3) Existing law establishes the American Indian Health Policy Panel, to advise the State Department of Health Services on the level of resources, priorities, criteria, and guidelines necessary to implement provisions for a program of various health services under the American Indian Health Service Program.

Existing law specifies the composition of the panel, and requires that, in addition to other members, 4 members be appointed by the Director of Health Services from a list of persons submitted by *the* California Urban Indian Health Council.

This bill would instead, require that 4 members be appointed from a list of persons submitted by the Western Indian Network.

~~(5)~~

(4) Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, requires for fiscal years 1994–95 through 1997–98, that an appropriation in the sum of \$318,000 be made from the Hospital Building Fund to the Office of Statewide Health Planning and Development, for the purpose of developing specified regulations.

This bill would delete the above appropriation.

~~(6)~~

(5) Existing law establishes the California Children's Services (CCS) ~~Program~~ *program* in order to provide services to qualified children with disabilities.



Existing law also provides for the Medi-Cal program, which is administered by the State Department of Health Services, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons.

Existing law provides for the department to enter into contracts with managed care systems, hospitals, and prepaid health plans for the provision of various Medi-Cal benefits.

Existing law prohibits the CCS covered services from being incorporated into a Medi-Cal managed care contract entered into after August 1, 1994, until August 1, 2005, except with respect to contracts entered into for county organized health systems in specified counties.

This bill would add the Counties of Yolo and Marin to those counties excepted from the prohibition against incorporating CCS covered services into Medi-Cal managed care contracts.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section ~~1596.794~~ 1596.799 is added to the
2 Health and Safety Code, to read:
3 ~~1596.794.—~~
4 1596.799. (a) Notwithstanding Section 1597.05 or any other
5 provision of law, any day care center that exclusively offers a
6 program of services for which there is no contract or agreement
7 between any parent and the center for the regular care of any child,
8 and for which there is no prearranged schedule of care for any
9 child, shall not be required to do either of the following:
10 (1) Verify children’s immunizations or tuberculosis testing.
11 (2) Maintain files regarding children’s immunizations or
12 tuberculosis testing.
13 (b) Upon admission of a child, the parent shall sign an
14 acknowledgment that he or she understands that verification of
15 immunizations and tuberculosis testing is not required for any
16 child accepted in this type of program.
17 (c) This section shall not be construed to exempt a day care
18 center from any other licensing requirement.
19 ~~SEC. 2.—Section 1797.98b of the Health and Safety Code is~~
20 ~~amended to read:~~



1 ~~1797.98b.— (a) Each county establishing a fund, on January 1,~~
2 ~~1989, and on each January 1 thereafter, shall report to the~~
3 ~~Emergency Medical Services Authority on the implementation~~
4 ~~and status of the Emergency Medical Services Fund. The county~~
5 ~~report shall include, but not be limited to, all of the following:~~

6 ~~(1) The total amount of fines and forfeitures collected, the total~~
7 ~~amount of penalty assessments collected, and the total amount of~~
8 ~~penalty assessments deposited into the Emergency Medical~~
9 ~~Services Fund.~~

10 ~~(2) The fund balance and the amount of moneys disbursed~~
11 ~~under the program to physicians and for other emergency medical~~
12 ~~services purposes.~~

13 ~~(3) The pattern and distribution of claims and the percentage of~~
14 ~~claims paid to those submitted.~~

15 ~~(4) The amount of moneys available to be disbursed to~~
16 ~~physicians, the dollar amount of the total allowable claims~~
17 ~~submitted, and the percentage at which the claims were~~
18 ~~reimbursed.~~

19 ~~(5) A statement of the policies, procedures, and regulatory~~
20 ~~action taken to implement and run the program under this chapter.~~

21 ~~(b) (1) Each county, upon request, shall make available to any~~
22 ~~member of the public the report required to be issued by the county~~
23 ~~under subdivision (a).~~

24 ~~(2) Each county, upon request, shall make available to any~~
25 ~~member of the public a listing of physicians and hospitals that have~~
26 ~~received reimbursement from the Emergency Medical Services~~
27 ~~Fund and the amount of the reimbursement they have received.~~
28 ~~This listing shall be compiled on a semiannual basis.~~

29 ~~SEC. 3.—~~

30 ~~SEC. 2. Section 11164 of the Health and Safety Code is~~
31 ~~amended to read:~~

32 ~~11164. Except as provided in Section 11167, no person shall~~
33 ~~prescribe a controlled substance, nor shall any person fill,~~
34 ~~compound, or dispense a prescription for a controlled substance~~
35 ~~unless it complies with the requirements of this section.~~

36 ~~(a) The signature on each prescription for a controlled~~
37 ~~substance classified in Schedule II shall be wholly written in ink~~
38 ~~or indelible pencil in the handwriting of the prescriber upon the~~
39 ~~official prescription form issued by the Department of Justice.~~
40 ~~Each prescription shall be prepared in triplicate, signed by the~~



1 prescriber, and shall contain, either typewritten or handwritten by
2 the prescriber or his or her employee, the date, name, and address
3 of the person for whom the controlled substance is prescribed, the
4 name, quantity, and strength of the controlled substance
5 prescribed, directions for use, and the address, category of
6 professional licensure, and the federal controlled substance
7 registration number of the prescriber. The original and duplicate
8 of the prescription shall be delivered to the pharmacist filling the
9 prescription. The duplicate shall be retained by the pharmacist and
10 the original, properly endorsed by the pharmacist with the name
11 and address of the pharmacy, the pharmacy's state license number,
12 the date the prescription was filled and the signature of the
13 pharmacist, shall be transmitted to the Department of Justice at the
14 end of the month in which the prescription was filled. Upon receipt
15 of an incompletely prepared official prescription form of the
16 Department of Justice, the pharmacist may enter on the face of the
17 prescription the address of the patient. A pharmacist may fill a
18 prescription for a controlled substance classified in Schedule II
19 containing an error or errors, if the pharmacist notifies the
20 prescriber of the error or errors and the prescriber approves any
21 correction. The prescriber shall fax or mail a corrected
22 prescription to the pharmacist within seven days of the
23 prescription being dispensed.

24 (b) Each prescription for a controlled substance classified in
25 Schedule III, IV, or V, except as authorized by subdivision (c),
26 shall be subject to the following requirements:

27 (1) The prescription shall be signed and dated by the prescriber
28 and shall contain the name of the person for whom the controlled
29 substance is prescribed, the name and quantity of the controlled
30 substance prescribed, and directions for use. With respect to
31 prescriptions for controlled substances classified in Schedules III
32 and IV, the signature, date, and information required by this
33 paragraph shall be wholly written in ink or indelible pencil in the
34 handwriting of the prescriber.

35 (2) In addition, the prescription shall contain the name,
36 address, telephone number, category of professional licensure, and
37 federal controlled substance registration number of the prescriber.
38 The information required by this paragraph shall be either
39 preprinted upon the prescription blank, typewritten, rubber
40 stamped, or printed by hand. Notwithstanding any provision in this



1 section, the prescriber's address, telephone number, category of
2 professional licensure, or federal controlled substances
3 registration number need not appear on the prescription if that
4 information is readily retrievable in the pharmacy.

5 (3) The prescription shall also contain the address of the person
6 for whom the controlled substance is prescribed. If the prescriber
7 does not specify this address on the prescription, the pharmacist
8 filling the prescription or an employee acting under the direction
9 of the pharmacist shall write or type the address on the prescription
10 or maintain this information in a readily retrievable form in the
11 pharmacy.

12 (c) Any controlled substance classified in Schedule III, IV, or
13 V may be dispensed upon an oral or electronically transmitted
14 prescription, which shall be reduced to writing by the pharmacist
15 filling the prescription or by any other person expressly authorized
16 by provisions of the Business and Professions Code. The date of
17 issue of the prescription and all the information required for a
18 written prescription by subdivision (b) shall be included in the
19 written record of the prescription. The pharmacist need not reduce
20 to writing the address, telephone number, license classification, or
21 federal registry number of the prescriber or the address of the
22 patient if that information is readily retrievable in the pharmacy.
23 Pursuant to authorization of the prescriber, any employee of the
24 prescriber on behalf of the prescriber may orally or electronically
25 transmit a prescription for a controlled substance classified in
26 Schedule III, IV, or V, if in these cases the written record of the
27 prescription required by this subdivision specifies the name of the
28 employee of the prescriber transmitting the prescription.

29 (d) The use of commonly used abbreviations shall not
30 invalidate an otherwise valid prescription.

31 (e) Notwithstanding any provision of subdivisions (b) and (c),
32 prescriptions for a controlled substance classified in Schedule V
33 may be for more than one person in the same family with the same
34 medical need.

35 (f) In addition to the prescriber's record required by Section
36 11190, any practitioner dispensing a controlled substance
37 classified in Schedule II in accordance with subdivision (b) of
38 Section 11158 shall prepare a written record thereof on the official
39 forms issued by the Department of Justice, pursuant to Section
40 11161, and shall transmit the original to the Department of Justice



1 in accordance with any rules that the department may adopt for
2 completion and transmittal of the forms.

3 ~~SEC. 4.—~~

4 *SEC. 3.* Section 124595 of the Health and Safety Code is
5 amended to read:

6 124595. (a) The Indian Health Policy Panel, established by
7 the director pursuant to Section 1520 of Title 17 of the California
8 Administrative Code, is continued in existence and shall be
9 renamed the American Indian Health Policy Panel. The policy
10 panel shall advise the department on the level of resources,
11 priorities, criteria, and guidelines necessary to implement this
12 chapter. The policy panel shall be composed of 10 members,
13 appointed by the director. Four members shall be appointed from
14 a list of persons submitted by the California Rural Indian Health
15 Board, four members shall be appointed from a list of persons
16 submitted by the Western Indian Network, and two members shall
17 represent the public. The persons appointed by the director to
18 represent the public may be consumers, consumer advocates,
19 health service providers, representatives of state or county health
20 agencies, health professionals, or private citizens. The terms of the
21 members shall be established pursuant to bylaws adopted by the
22 policy panel.

23 (b) The director may also seek advice from individuals and
24 groups, other than the policy panel, on program issues.

25 (c) Those persons who are members of the policy panel on
26 December 31, 1983, shall continue to be members for the
27 remainder of their terms and, upon expiration of their terms, shall
28 be eligible for reappointment by the director.

29 ~~SEC. 5.—~~

30 *SEC. 4.* Section 130015 of the Health and Safety Code is
31 repealed.

32 ~~SEC. 6.—~~

33 *SEC. 5.* Section 14094.3 of the Welfare and Institutions Code
34 is amended to read:

35 14094.3. (a) Notwithstanding this article or Section
36 14093.05 or 14094.1, CCS covered services shall not be
37 incorporated into any Medi-Cal managed care contract entered
38 into after August 1, 1994, pursuant to Article 2.7 (commencing
39 with Section 14087.3), Article 2.8 (commencing with Section
40 14087.5), Article 2.9 (commencing with Section 14088), Article



1 2.91 (commencing with Section 14089), Article 2.95
2 (commencing with Section 14092); or either Article 2
3 (commencing with Section 14200), or Article 7 (commencing
4 with Section 14490) of Chapter 8, until August 1, 2005, except for
5 contracts entered into for county organized health systems in the
6 Counties of San Mateo, Santa Barbara, Solano, Yolo, Marin, and
7 Napa.

8 (b) Notwithstanding any other provision of this chapter,
9 providers serving children under the CCS program who are
10 enrolled with a Medi-Cal managed care contractor but who are not
11 enrolled in a pilot project pursuant to subdivision (c) shall continue
12 to submit billing for CCS covered services on a fee-for-service
13 basis until CCS covered services are incorporated into the
14 Medi-Cal managed care contracts described in subdivision (a).

15 (c) (1) The department may authorize a pilot project in Solano
16 County in which reimbursement for conditions eligible under the
17 CCS program may be reimbursed on a capitated basis pursuant to
18 Section 14093.05, and provided all CCS program's guidelines,
19 standards, and regulations are adhered to, and CCS program's case
20 management is utilized.

21 (2) During the time period described in subdivision (a), the
22 department may approve, implement, and evaluate limited pilot
23 projects under the CCS program to test alternative managed care
24 models tailored to the special health care needs of children under
25 the CCS program. The pilot projects may include, but need not be
26 limited to, coverage of different geographic areas, focusing on
27 certain subpopulations, and the employment of different payment
28 and incentive models. Pilot project proposals from CCS
29 program-approved providers shall be given preference. All pilot
30 projects shall utilize CCS program-approved standards and
31 providers pursuant to Section 14094.1.

32 (d) (1) The department shall submit to the appropriate
33 committees of the Legislature an evaluation of pilot projects
34 established pursuant to subdivision (c) based on at least one full
35 year of operation.

36 (2) The evaluation required by paragraph (1) shall address the
37 impact of the pilot projects on outcomes as set forth in paragraph
38 (4) and, in addition, shall do both of the following:



1 (A) Examine the barriers, if any, to incorporating CCS covered
2 services into the Medi-Cal managed care contracts described in
3 subdivision (a).

4 (B) Compare different pilot project models with the
5 fee-for-service system. The evaluation shall identify, to the extent
6 possible, those factors that make pilot projects most effective in
7 meeting the special needs of children with CCS eligible
8 conditions.

9 (3) CCS covered services shall not be incorporated into the
10 Medi-Cal managed care contracts described in subdivision (a)
11 before the evaluation process has been completed.

12 (4) The pilot projects shall be evaluated to determine if:

13 (A) All children enrolled with a Medi-Cal managed care
14 contractor described in subdivision (a) identified as having a CCS
15 eligible condition are referred in a timely fashion for appropriate
16 health care.

17 (B) All children in the CCS program have access to coordinated
18 care that includes primary care services in their own community.

19 (C) CCS program standards are adhered to.

20 (e) For purposes of this section, CCS covered services include
21 all program benefits administered by the program specified in
22 Section 123840 of the Health and Safety Code regardless of the
23 funding source.

24 (f) Nothing in this section shall be construed to exclude or
25 restrict CCS eligible children from enrollment with a managed
26 care contractor, or from receiving from the managed care
27 contractor with which they are enrolled primary and other health
28 care unrelated to the treatment of the CCS eligible condition.

