

Senate Bill No. 801

CHAPTER 15

An act to amend Sections 1339.63 and 123296 of the Health and Safety Code, and to amend Section 4 of Chapter 842 of the Statutes of 2001, relating to public health, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor March 21, 2002. Filed with
Secretary of State March 21, 2002.]

LEGISLATIVE COUNSEL'S DIGEST

SB 801, Speier. Health: health facilities and clinics: women, infants, and children's nutrition.

Existing law regulates the licensure of health facilities and clinics, as defined, and prescribes the duties of the State Department of Health Services in this regard. Under existing law, any person who violates provisions regulating health facilities or who willfully or repeatedly violates any rule or regulation adopted thereunder is guilty of a misdemeanor.

Existing law makes it a condition of licensure that these facilities, with certain exceptions, implement a formal plan, on or before January 1, 2005, to eliminate or substantially reduce medication-related errors in the facility.

This bill would impose several requirements on the formal plan, including a requirement that the plan evaluate, assess, and include a method to address specified procedures and systems relating to medication-related errors. The bill would require the department to monitor the implementation of each of the facility's plans upon licensure visits beginning January 1, 2005.

Because a violation of the provisions applicable to health facilities is a crime, the bill would impose a state-mandated local program.

Existing law, the California Special Supplemental Food Program for Women, Infants, and Children, under the administration of the State Department of Health Services, provides for the issuance of nutrition coupons, as defined, to certain recipients with nutritional need, as determined by a physician or health professional.

Existing law, commencing July 1, 2002, provides, until January 1, 2005, that the nutrition coupons issued under the program shall be redeemable by recipients at any authorized retail food vendor, and requires the department, by July 1, 2004, to submit a report to the



appropriate committees of the Legislature regarding the implementation of this provision.

This bill would instead provide that the provisions described above concerning retail food vendors shall be operative January 1, 2004, and shall remain in effect until July 1, 2006. This bill would require the department to submit the report described above to the Legislature on or before January 1, 2006. This bill would make related changes.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would declare that it is to take effect immediately as an urgency statute.

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

SECTION 1. Section 1339.63 of the Health and Safety Code is amended to read:

1339.63. (a) (1) As a condition of licensure under this division, every general acute care hospital, as defined in subdivision (a) of Section 1250, special hospital, as defined in subdivision (f) of Section 1250, and surgical clinic, as defined in paragraph (1) of subdivision (b) of Section 1204, shall adopt a formal plan to eliminate or substantially reduce medication-related errors. With the exception of small and rural hospitals, as defined in Section 124840, this plan shall include technology implementation, such as, but not limited to, computerized physician order entry or other technology that, based upon independent, expert scientific advice and data, has been shown effective in eliminating or substantially reducing medication-related errors.

(2) Each facility's plan shall be provided to the State Department of Health Services no later than January 1, 2002. Within 90 days after submitting a plan, the department shall either approve the plan, or return it to the facility with comments and suggestions for improvement. The facility shall revise and resubmit the plan within 90 days after receiving it from the department. The department shall provide final written approval within 90 days after resubmission, but in no event later than January 1, 2003. The plan shall be implemented on or before January 1, 2005.

(b) Any of the following facilities that is in the process of constructing a new structure or retrofitting an existing structure for the



purposes of complying with seismic safety requirements shall be exempt from implementing a plan by January 1, 2005:

(1) General acute care hospitals, as defined in subdivision (a) of Section 1250.

(2) Special hospitals, as defined in subdivision (f) of Section 1250.

(3) Surgical clinics, as defined in paragraph (1) of subdivision (b) of Section 1204.

(c) The implementation date for facilities that are in the process of constructing a new structure or retrofitting an existing structure shall be six months after the date of completion of all retrofitting or new construction. The exemption and new implementation date specified in this paragraph shall apply to those facilities that have construction plans and financing for these projects in place no later than July 1, 2002.

(d) For purposes of this chapter, a “medication-related error” means any preventable medication-related event that adversely affects a patient in a facility listed in subdivision (a), and that is related to professional practice, or health care products, procedures, and systems, including, but not limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

(e) Each facility’s plan shall do the following:

(1) Evaluate, assess, and include a method to address each of the procedures and systems listed under subdivision (d) to identify weaknesses or deficiencies that could contribute to errors in the administration of medication.

(2) Include an annual review to assess the effectiveness of the implementation of each of the procedures and systems listed under subdivision (d).

(3) Be modified as warranted when weaknesses or deficiencies are noted to achieve the reduction of medication errors.

(4) Describe the technology to be implemented and how it is expected to reduce medication errors as described in paragraph (1) of subdivision (a).

(5) Include a system or process to proactively identify actual or potential medication-related errors. The system or process shall include concurrent and retrospective review of clinical care.

(6) Include a multidisciplinary process, including health care professionals responsible for pharmaceuticals, nursing, medical, and administration, to regularly analyze all identified actual or potential medication-related errors and describe how the analysis will be utilized to change current procedures and systems to reduce medication-related errors.



(7) Include a process to incorporate external medication-related error alerts to modify current processes and systems as appropriate. Failure to meet this criterion shall not cause disapproval of the initial plan submitted.

(f) Beginning January 1, 2005, the department shall monitor the implementation of each facility's plan upon licensure visits.

(g) The department may work with the facility's health care community to present an annual symposium to recognize the best practices for each of the procedures and systems listed under subdivision (d).

SEC. 2. Section 123296 of the Health and Safety Code is amended to read:

123296. (a) Nutrition coupons shall be redeemable by recipients at any authorized retail food vendor.

(b) On or before January 1, 2006, the department shall submit a report to the appropriate committees of the Legislature on the impact of the implementation of this section, including an assessment of the impact of this section on fraud and the integrity of the program.

(c) This section shall become operative January 1, 2004.

(d) This section shall remain in effect only until July 1, 2006, and as of that date is repealed, unless a later enacted statute, that is enacted before July 1, 2006, deletes or extends that date.

SEC. 3. Section 4 of Chapter 842 of the Statutes of 2001 is amended to read:

Sec. 4. By delaying the operative date of Section 123296 of the Health and Safety Code to January 1, 2004, the Legislature intends to provide the State Department of Health Services sufficient time to ensure that it can monitor where California Special Supplemental Food Program for Women, Infants, and Children vouchers are cashed, and that the department will have sufficient data to conduct inventory audits to protect the integrity of the program.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

SEC. 5. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:



In order to allow sufficient time to ensure that adequate fraud protection measures are in place before Section 123296 of the Health and Safety Code is implemented, and to eliminate or substantially reduce medication-related errors in health facilities, it is necessary that this act take effect immediately as an urgency statute.

