

Summary of Legislation Discussed at the March 26, 2015 Govt. Affairs Committee Meeting

NEUTRAL:

- SB 277 (Pan) – Public Health: vaccinations
 - This bill would remove a personal belief exemption from school immunization law, except for home-based private schools if all students are residents of the household or are members of a single family, and require school district boards to notify parents of school immunizations rates.
 - Status – 04/08/14 Passed Sen. Health Comm. (6-2, 1 no vote); re-referred to Sen. Education Committee.

NO POSITION:

- AB 611 (Dahle) – Controlled Substances: prescriptions: reporting
 - This bill would authorize an individual designated by a board, bureau or program within DCA to request access to the CURES database when probable cause exists for investigating licensees for substance abuse.
 - Status – 03/25/15 Read second time and re-referred to Business & Professions Committee; hearing date set 04/21/15.
- AB 41 (Chau) – Health Care Coverage: discrimination
 - This bill would codify federal law protections that prohibit health plans from discriminating against any professional category of healthcare provider when making decisions about what type of providers to include in networks or which services to cover.
 - Status – 01/22/15 – Referred to Committee on Health; hearing scheduled for 04/28/15.

WATCH:

- AB 1060 (Bonilla) – Professions and Vocations: licensure
 - This bill would require professional licensing boards under DCA to notify a licensee whose license has been suspended or revoked about the rehabilitation, reinstatement or penalty reduction of a suspended or revoked license using both first-class mail and email, if the board has an email address on file.
 - Status – 04/06/15 Re-referred to Business & Professions Committee; hearing set for 04/14/15.
- AB 750 (Low) – Business and Professions: licenses
 - This bill would authorize programs under the Department of Consumer Affairs to establish by regulation a license category for retired licensees who are not actively engaged in the practice of their profession, unless regulations specifies the criteria for a retired licensee to practice his or her profession.
 - Status – 04/07/15 Re-referred to the Business & Professions Committee; hearing set for 04/14/15.

AMENDED IN SENATE APRIL 9, 2015

SENATE BILL

No. 277

Introduced by Senators Pan and Allen

(Principal coauthor: Assembly Member Gonzalez)

(Coauthors: Senators Beall, Block, De León, Hall, Hertzberg, Hill, Jackson, Leno, McGuire, Mitchell, Stone, Wieckowski, and Wolk)

(Coauthors: Assembly Members Baker, Chiu, Cooper, Low, McCarty, Nazarian, Rendon, Mark Stone, and Wood)

February 19, 2015

An act to add Section 48980.5 to the Education Code, and to amend ~~Section 120325~~ *Sections 120325, 120335, and 120370* of, and to repeal ~~and add~~ Section 120365 of, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 277, as amended, Pan. Public health: vaccinations.

(1) Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center, unless prior to his or her admission to that institution he or she has been fully immunized against various diseases, including measles, mumps, and pertussis, subject to any specific age criteria. Existing law authorizes an exemption from those provisions for medical reasons or because of personal beliefs, if specified forms are submitted to the governing authority. *Existing law requires the governing authority of a school or other institution to require documentary proof of each entrant's immunization status. Existing law authorizes the governing authority of a school or other institution to temporarily exclude a child from the*

school or institution if the authority has good cause to believe that the child has been exposed to one of those diseases, as specified.

This bill would eliminate the exemption from immunization based upon personal beliefs. *This bill would except a home-based private school from the prohibition described above of all of the school's pupils are residents of the household or are members of a single family. The bill would narrow the authorization for temporary exclusion to make it applicable only to a child whose documentary proof of immunization status does not show proof of immunization against one of the diseases described above.* The bill would make conforming changes to related provisions.

(2) Existing law requires the governing board of a school district, at the beginning of the first semester or quarter of the regular school term, to make certain notifications to parents or guardians of minor pupils including, among others, specified rights and responsibilities of a parent or guardian and specified school district policies and procedures.

This bill would require the governing board of a school district to also include in the notifications provided to parents or guardians of minor pupils at the beginning of the regular school term the immunization rates for the school in which a pupil is enrolled for each required immunization. By requiring school districts to notify parents or guardians of school immunization rates, the bill would impose a state-mandated local program.

(3) 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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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

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

- 1 SECTION 1. Section 48980.5 is added to the Education Code,
- 2 to read:
- 3 48980.5. The notification required pursuant to Section 48980
- 4 shall also include the immunization rates for the school in which

1 a pupil is enrolled for each of the immunizations required pursuant
2 to Section 120335 of the Health and Safety Code.

3 SEC. 2. Section 120325 of the Health and Safety Code is
4 amended to read:

5 120325. In enacting this chapter, but excluding Section 120380,
6 and in enacting Sections 120400, 120405, 120410, and 120415, it
7 is the intent of the Legislature to provide:

8 (a) A means for the eventual achievement of total immunization
9 of appropriate age groups against the following childhood diseases:

- 10 (1) Diphtheria.
- 11 (2) Hepatitis B.
- 12 (3) Haemophilus influenzae type b.
- 13 (4) Measles.
- 14 (5) Mumps.
- 15 (6) Pertussis (whooping cough).
- 16 (7) Poliomyelitis.
- 17 (8) Rubella.
- 18 (9) Tetanus.
- 19 (10) Varicella (chickenpox).
- 20 (11) Any other disease deemed appropriate by the department,
21 taking into consideration the recommendations of the Advisory
22 Committee on Immunization Practices of the United States
23 Department of Health and Human Services, the American Academy
24 of Pediatrics, and the American Academy of Family Physicians.

25 (b) That the persons required to be immunized be allowed to
26 obtain immunizations from whatever medical source they so desire,
27 subject only to the condition that the immunization be performed
28 in accordance with the regulations of the department and that a
29 record of the immunization is made in accordance with the
30 regulations.

31 (c) Exemptions from immunization for medical reasons.

32 (d) For the keeping of adequate records of immunization so that
33 health departments, schools, and other institutions, parents or
34 guardians, and the persons immunized will be able to ascertain
35 that a child is fully or only partially immunized, and so that
36 appropriate public agencies will be able to ascertain the
37 immunization needs of groups of children in schools or other
38 institutions.

1 (e) Incentives to public health authorities to design innovative
2 and creative programs that will promote and achieve full and timely
3 immunization of children.

4 *SEC. 3. Section 120335 of the Health and Safety Code is*
5 *amended to read:*

6 120335. (a) As used in this chapter, "governing authority"
7 means the governing board of each school district or the authority
8 of each other private or public institution responsible for the
9 operation and control of the institution or the principal or
10 administrator of each school or institution.

11 (b) The governing authority shall not unconditionally admit any
12 person as a pupil of any private or public elementary or secondary
13 school, child care center, day nursery, nursery school, family day
14 care home, or development center, unless, prior to his or her first
15 admission to that institution, he or she has been fully immunized.
16 *This subdivision does not apply to a home-based private school if*
17 *all of the pupils are residents of the household or are members of*
18 *a single family.* The following are the diseases for which
19 immunizations shall be documented:

- 20 (1) Diphtheria.
- 21 (2) Haemophilus influenzae type b.
- 22 (3) Measles.
- 23 (4) Mumps.
- 24 (5) Pertussis (whooping cough).
- 25 (6) Poliomyelitis.
- 26 (7) Rubella.
- 27 (8) Tetanus.
- 28 (9) Hepatitis B.
- 29 (10) Varicella (chickenpox).

30 (11) Any other disease deemed appropriate by the department,
31 taking into consideration the recommendations of the Advisory
32 Committee on Immunization Practices of the United States
33 Department of Health and Human Services, the American Academy
34 of Pediatrics, and the American Academy of Family Physicians.

35 (c) Notwithstanding subdivision (b), full immunization against
36 hepatitis B shall not be a condition by which the governing
37 authority shall admit or advance any pupil to the 7th grade level
38 of any private or public elementary or secondary school.

39 (d) The governing authority shall not unconditionally admit or
40 advance any pupil to the 7th grade level of any private or public

1 elementary or secondary school unless the pupil has been fully
2 immunized against pertussis, including all pertussis boosters
3 appropriate for the pupil's age.

4 (e) The department may specify the immunizing agents that
5 may be utilized and the manner in which immunizations are
6 administered.

7 (f) This section shall become operative on July 1, 2012.

8 ~~SEC. 3:~~

9 *SEC. 4.* Section 120365 of the Health and Safety Code is
10 repealed.

11 ~~SEC. 4.~~ Section 120365 is added to the Health and Safety Code,
12 to read:

13 ~~120365. (a) Immunization of a person shall not be required~~
14 ~~for admission to a school or other institution listed in Section~~
15 ~~120335 if the parent or guardian or adult who has assumed~~
16 ~~responsibility for his or her care and custody in the case of a minor,~~
17 ~~or the person seeking admission if an emancipated minor, files~~
18 ~~with the governing authority a letter or affidavit that documents~~
19 ~~which immunizations required by Section 120355 have been given~~
20 ~~and which immunizations have not been given pursuant to an~~
21 ~~exemption from immunization for medical reasons.~~

22 ~~(b) When there is good cause to believe that the person has been~~
23 ~~exposed to one of the communicable diseases listed in subdivision~~
24 ~~(a) of Section 120325, that person may be temporarily excluded~~
25 ~~from the school or institution until the local health officer is~~
26 ~~satisfied that the person is no longer at risk of developing the~~
27 ~~disease.~~

28 *SEC. 5.* Section 120370 of the Health and Safety Code is
29 amended to read:

30 120370. (a) If the parent or guardian files with the governing
31 authority a written statement by a licensed physician to the effect
32 that the physical condition of the child is such, or medical
33 circumstances relating to the child are such, that immunization is
34 not considered safe, indicating the specific nature and probable
35 duration of the medical condition or circumstances that
36 contraindicate immunization, that ~~person~~ *child* shall be exempt
37 from the requirements of Chapter 1 (commencing with Section
38 120325, but excluding Section 120380) and Sections 120400,
39 120405, 120410, and 120415 to the extent indicated by the
40 physician's statement.

1 **(b)** *When there is good cause to believe that a child whose*
2 *documentary proof of immunization status does not show proof of*
3 *immunization against a communicable disease listed in subdivision*
4 *(b) of Section 120335 has been exposed to one of those diseases,*
5 *that child may be temporarily excluded from the school or*
6 *institution until the local health officer is satisfied that the child*
7 *is no longer at risk of developing or transmitting the disease.*

8 **SEC. 5:**

9 **SEC. 6.** If the Commission on State Mandates determines that
10 this act contains costs mandated by the state, reimbursement to
11 local agencies and school districts for those costs shall be made
12 pursuant to Part 7 (commencing with Section 17500) of Division
13 4 of Title 2 of the Government Code.

AMENDED IN ASSEMBLY APRIL 13, 2015

AMENDED IN ASSEMBLY MARCH 24, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 611

Introduced by Assembly Member Dahle

February 24, 2015

An act to amend Section 11165.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 611, as amended, Dahle. Controlled substances: prescriptions: reporting.

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care. Existing law authorizes an application to be denied, or a subscriber to be suspended, for specified reasons, including, among others, a subscriber accessing information for any reason other than caring for his or her patients.

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP regarding the controlled substance history of an applicant or a licensee

for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license.

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 11165.1 of the Health and Safety Code
2 is amended to read:
3 11165.1. (a) (1) (A) (i) A health care practitioner authorized
4 to prescribe, order, administer, furnish, or dispense Schedule II,
5 Schedule III, or Schedule IV controlled substances pursuant to
6 Section 11150 shall, before January 1, 2016, or upon receipt of a
7 federal Drug Enforcement Administration (DEA) registration,
8 whichever occurs later, submit an application developed by the
9 Department of Justice to obtain approval to access information
10 online regarding the controlled substance history of a patient that
11 is stored on the Internet and maintained within the Department of
12 Justice, and, upon approval, the department shall release to that
13 practitioner the electronic history of controlled substances
14 dispensed to an individual under his or her care based on data
15 contained in the CURES Prescription Drug Monitoring Program
16 (PDMP).
17 (ii) A pharmacist shall, before January 1, 2016, or upon
18 licensure, whichever occurs later, submit an application developed
19 by the Department of Justice to obtain approval to access
20 information online regarding the controlled substance history of
21 a patient that is stored on the Internet and maintained within the
22 Department of Justice, and, upon approval, the department shall
23 release to that pharmacist the electronic history of controlled

1 substances dispensed to an individual under his or her care based
2 on data contained in the CURES PDMP.

3 (iii) An individual designated by a board, bureau, or program
4 within the Department of Consumer Affairs to investigate a holder
5 of a professional license may, for the purpose of investigating the
6 alleged substance abuse of a licensee, submit an application
7 developed by the Department of Justice to obtain approval to access
8 information online regarding the controlled substance history of
9 a licensee that is stored on the Internet and maintained within the
10 Department of Justice, and, upon approval, the department shall
11 release to that individual the electronic history of controlled
12 substances dispensed to the licensee based on data contained in
13 the CURES PDMP. ~~The application~~ *An application for an*
14 *individual designated by a board, bureau, or program that does*
15 *not regulate health care practitioners authorized to prescribe,*
16 *order, administer, furnish, or dispense Schedule II, Schedule III,*
17 *or Schedule IV controlled substances pursuant to Section 11150*
18 *shall contain facts demonstrating the probable cause to believe the*
19 *licensee has violated a law governing controlled substances.*

20 (B) An application may be denied, or a subscriber may be
21 suspended, for reasons which include, but are not limited to, the
22 following:

23 (i) Materially falsifying an application for a subscriber.

24 (ii) Failure to maintain effective controls for access to the patient
25 activity report.

26 (iii) Suspended or revoked federal DEA registration.

27 (iv) Any subscriber who is arrested for a violation of law
28 governing controlled substances or any other law for which the
29 possession or use of a controlled substance is an element of the
30 crime.

31 (v) Any subscriber described in clause (i) or (ii) of subparagraph
32 (A) accessing information for any other reason than caring for his
33 or her patients.

34 (vi) Any subscriber described in clause (iii) of subparagraph
35 (A) accessing information for any other reason than investigating
36 the holder of a professional license.

37 (C) Any authorized subscriber shall notify the Department of
38 Justice within 30 days of any changes to the subscriber account.

39 (2) A health care practitioner authorized to prescribe, order,
40 administer, furnish, or dispense Schedule II, Schedule III, or

1 Schedule IV controlled substances pursuant to Section 11150 or
2 a pharmacist shall be deemed to have complied with paragraph
3 (1) if the licensed health care practitioner or pharmacist has been
4 approved to access the CURES database through the process
5 developed pursuant to subdivision (a) of Section 209 of the
6 Business and Professions Code.

7 (b) Any request for, or release of, a controlled substance history
8 pursuant to this section shall be made in accordance with guidelines
9 developed by the Department of Justice.

10 (c) In order to prevent the inappropriate, improper, or illegal
11 use of Schedule II, Schedule III, or Schedule IV controlled
12 substances, the Department of Justice may initiate the referral of
13 the history of controlled substances dispensed to an individual
14 based on data contained in CURES to licensed health care
15 practitioners, pharmacists, or both, providing care or services to
16 the individual.

17 (d) The history of controlled substances dispensed to an
18 individual based on data contained in CURES that is received by
19 an authorized subscriber from the Department of Justice pursuant
20 to this section shall be considered medical information subject to
21 the provisions of the Confidentiality of Medical Information Act
22 contained in Part 2.6 (commencing with Section 56) of Division
23 1 of the Civil Code.

24 (e) Information concerning a patient's controlled substance
25 history provided to an authorized subscriber pursuant to this section
26 shall include prescriptions for controlled substances listed in
27 Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code
28 of Federal Regulations.