



LEGISLATION COMMITTEE

August 7, 2014

10:30 A.M.

651 Pine Street, Room 101, Martinez

Supervisor Mary N. Piepho, Chair
Supervisor Karen Mitchoff, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. APPROVE the Record of Action for the Legislation Committee meeting of June 5, 2014.
4. CONSIDER recommending to the Board of Supervisors a resolution of support for AB 1263 (Perez): Medi-Cal: CommuniCal.
5. CONSIDER recommending to the Board of Supervisors a position of "support" on Senator Heitkamp's RESPONSE Act, S. 2547, as recommended by the County's Hazardous Materials Programs Director.
6. RECEIVE the report on Senator Sanders' HR 3230 Veterans Access, Choice and Accountability Act of 2014 and provide direction to staff, as needed.
7. CONSIDER recommending to the Board of Supervisors amendments to the 2014 Federal and State Legislative Platforms to include support for improved funding and care of U.S. military veterans and their families.
8. ACCEPT a staff report on the Water Bond proposals and provide direction to staff, as needed.
9. Adjourn
10. The next meeting is currently scheduled for September 4, 2014.

The Legislation Committee will provide reasonable accommodations for persons with disabilities planning to attend Legislation Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Legislation Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

Lara DeLaney, Committee Staff
Phone (925) 335-1097, Fax (925) 646-1353
lara.delaney@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

3.

Meeting Date: 08/07/2014

Subject: APPROVE the Record of Action for the June 5, 2014 meeting of the Legislation Committee.

Submitted For: LEGISLATION COMMITTEE,

Department: County Administrator

Referral No.: 2014-32

Referral Name: APPROVE the Record of Action for the June 5, 2014 meeting of the Legislation Committee.

Presenter: L. DeLaney

Contact: L. DeLaney, 925-335-1097

Referral History:

Record of Action for June 5, 2014.

Referral Update:

Record of Action for the June 5, 2014 meeting is attached.

Recommendation(s)/Next Step(s):

APPROVE the Record of Action for the Legislation Committee meeting of June 5, 2014.

Attachments

Record of Action 06.05.14



LEGISLATION COMMITTEE

Record of Action

June 5, 2014

10:30 A.M.

651 Pine Street, Room 101, Martinez

Supervisor Mary N. Piepho, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Mary N. Piepho, Chair
Karen Mitchoff, Vice Chair

Staff Present: Lara DeLaney, Senior Deputy County Administrator
Vana Tran, CAO Analyst
Corrie Gideon
Brice Bins
Tracey Rattray
Nathan Johnson

Attendees: Doug Sibley

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

None.

3. APPROVE the Record of Action for the Legislation Committee meeting of May 1, 2014.

The Record of Action for the May 1, 2014 meeting was approved as submitted.

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff
Passed

4. CONSIDER recommending to the Board of Supervisors a position of "support" on AB 2060 (Perez): Supervised Population Workforce Training Grant Program, as recommended by the Workforce Development Board.

The Committee voted unanimously to recommend a position of "support."

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff

Passed

5. ADOPT a position of "support" on AB 2231, as amended (Gordon): State Controller: Property Tax Postponement, as recommended by the County Treasurer-Tax Collector.

The Committee voted unanimously to recommend a position of "support."

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff

Passed

6. CONSIDER recommending a position of "support" on AB 2418 (Bonilla): Health Care Coverage: Prescription Drugs: Refills, as requested by Assembly Member Bonilla.

The Committee voted unanimously to adopt a position of "watch."

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff

Passed

7. ADOPT a position of "support" on SB 1000, as amended (Monning): Public Health: Sugar-Sweetened Beverages: Warnings, as recommended by Contra Costa Health Services.

The Committee voted unanimously to recommend a position of "support."

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff

Passed

8. AMEND the 2014 Federal Legislative Platform to include support for improved funding and care of U.S. military veterans and families, as recommended by Supervisor Glover.

The Committee voted unanimously to amend the federal platform to include support for improved funding and care of U.S. military veterans and families. The Committee also provided direction to staff to propose amendments to the federal and state platforms to cover broader issues concerning veterans and families.

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff

Passed

9. ADOPT a position of "support" on Comprehensive Veterans Health and Benefits and Military Retirement Pay Restoration Act of 2014, as introduced (Sanders), as recommended by Contra Costa Veterans Service Officer.

The Committee voted unanimously to readdress this item in the next meeting.

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff

Passed

10. The Legislation Committee may consider recommending a position to the Board of Supervisors on any of the bills of interest, or may request staff to provide additional information about a bill.

The Committee voted unanimously to accept the report and provided direction to staff.

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff

Passed

11. The next meeting is currently scheduled for August 7, 2014. (The July 3, 2014 meeting is cancelled.)

The Committee confirmed the date of the next meeting.

AYES: Chair Mary N. Piepho, Vice Chair Karen Mitchoff

Passed

12. Adjourn

For Additional Information Contact:

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lara.delaney@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

4.

Meeting Date: 08/07/2014
Subject: AB 1263 (Perez): Medi-Cal: CommuniCal
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2014-28
Referral Name: AB 1263 (Perez): Medi-Cal: CommuniCal
Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

Staff of Supervisor Mitchoff referred AB 1263 to the Legislation Committee for discussion and possible action. Interpreting for California is soliciting support of the bill from jurisdictions across the state. Santa Clara, Alameda and San Francisco County resolutions of support are on file with the organization, and they were anticipating the City of San Diego's support as well.

Referral Update:

Bill Summary: AB 1263 (Perez) Relates to the Medi-cal Patient Centered Communication Program (CommuniCal) and fund to provide and reimburse medical interpretation services to Medi-cal beneficiaries who are limited English proficient. Requires the Department of Human Resources to notify the individual of the acceptance or denial of his or her inclusion on the registry within specified days of the submission of the application. Updates provisions regarding program certified medical interpreters. Allows labor organizing proceedings. The bill analysis for the Assembly Floor vote is attached.

AB 1263 was vetoed by Governor Brown on Oct. 13, 2013. His veto message was the following:

To the Members of the California State Assembly:

I am returning Assembly Bill 1263 without my signature.

The bill would require the Department of Health Care Services to establish the CommuniCal program to certify and restructure current interpreter services provided under Medi-Cal.

California has embarked on an unprecedented expansion to add more than a million people to our Medi-Cal program. Given the challenges and the many unknowns the state faces in this endeavor, I don't believe it would be wise to introduce yet another complex element.

Sincerely,

Recommendation(s)/Next Step(s):

CONSIDER recommending to the Board of Supervisors the adoption of a resolution of support for AB 1263 (Perez): Medi-Cal: CommuniCal.

Fiscal Impact (if any):

FISCAL EFFECT: According to the Senate Appropriations Committee:

- 1) One-time costs of \$1.4 million to develop program guidelines, seek necessary federal approvals, and develop billing systems (50% General Fund (GF), 50% federal funds).
- 2) One-time costs of about \$50,000 to develop regulations relating to collective bargaining of translators by the Public Employment Relations Board (GF).
- 3) One-time costs of about \$90,000 and ongoing costs of about \$50,000 to oversee an election by translators to choose a collective bargaining agent (GF).
- 4) Periodic costs up to \$1 million for negotiating a memorandum of understanding with the established bargaining unit and overseeing the implementation by CalHR (GF).
- 5) Ongoing costs of about \$30 million per year to provide translation services in fee-for-service Medi-Cal (GF and federal funds).
- 6) Unknown costs in Medi-Cal managed care (GF and federal funds). Under current law, health plans are required to provide interpretation services, including managed care plans that contract with DHCS. It is unclear whether the bill's requirement to provide "certified medical interpretation services" at reimbursement rates subject to collective bargaining would increase costs for translation services, above the costs already being incurred.
- 7) The federal financial participation rate for the costs above may vary. For interpretive services provided to children and their family members, the state can claim a 75% federal financial participation rate. However, those costs are only eligible for a 75% federal cost share if they are billed as administrative costs (as opposed to benefits). For childless adults, the rate is generally 50%.

Attachments

San Francisco resolution, AB 1263

Alameda County letter, AB 1263

Santa Clara County letter, AB 1263

AB 1263 Analysis

1 [Resolution in Support of Assembly Bill 1263 – More Medical Interpreters Statewide]

2 **Resolution urging the California State Legislature to pass Assembly Bill 1263, which**
3 **creates “CommuniCal” – a program that provides reliable access to language**
4 **interpretation for Medi-Cal beneficiaries who are limited English proficient.**
5

6 WHEREAS, California has been long recognized as one of the most racially and
7 linguistically diverse states with residents who speak over 200 languages; and

8 WHEREAS, Approximately one in five Californians is limited English proficient (LEP)
9 and identifies as speaking English less than very well; and

10 WHEREAS, Language access and the right to interpretation services is required under
11 Title VI of the Federal Civil Rights Act of 1964, the Dymally-Alatorre Bilingual Services Act of
12 1973 (Chapter 17.5 (commencing with Section 7290) of Division 7 of Title 1 of the
13 Government Code), the Knox-Keene Healthcare Services Plan Act of 1975 (Chapter 2.2
14 (commencing with Section 1340) of Division 2 of the Health and Safety Code), Section 11135
15 of the Government Code, Section 1259 of the Health and Safety Code, and California Civil
16 Rights law; and

17 WHEREAS, The demand for medical interpretation services by Medi-Cal beneficiaries
18 is significant, with 45.2 percent of Medi-Cal beneficiaries speaking a language other than
19 English; and

20 WHEREAS, the state will experience an even greater demand for language services as
21 health care reform measures are implemented over the next few years and 35 percent of
22 Californians expected to become newly eligible for Medi-Cal as a result of the federal Patient
23 Protection and Affordable Care Act (Public Law 111-148) will speak English less than well;
24 and
25

1 WHEREAS, In California, language assistance services are currently provided in an
2 uncoordinated manner that lacks transparency and accountability, and a majority of services
3 are currently provided ad hoc by family members and friends or untrained staff; and

4 WHEREAS, California has the opportunity to meet the growing demand early on by
5 accessing millions of dollars in federal matching funds to provide medical interpretation
6 services to LEP Medi-Cal beneficiaries; and

7 WHEREAS, Professional medical interpretation services help reduce avoidable
8 medical errors and provider malpractice liability for physicians and other healthcare providers;
9 and

10 WHEREAS, a coordinated program to offer medical interpreter services will improve
11 health care outcomes for LEP Californians and help control healthcare costs that result from a
12 lack of access to preventative and primary care; now, therefore, be it

13 RESOLVED, That the Board of Supervisors supports and encourages the passage of
14 Assembly Bill 1263; and, be it

15 FURTHER RESOLVED, That the San Francisco Board of Supervisors hereby directs
16 the Clerk of the Board to send a copy of this resolution to Governor Jerry Brown, Senate
17 President pro Tempore Darrell Steinberg, and Speaker of the Assembly John A. Pérez.



August 6, 2013

Senator Kevin de León
California State Capitol, Room 5108
Sacramento, CA 95814

**Re: AB 1263 (Pérez) Medi-Cal: CommuniCal – Support
Senate Appropriations Committee – August 12, 2013**

Dear Senator de León:

On behalf of the Alameda County Board of Supervisors, I am writing to inform you of the County's support of AB 1263 (Pérez). AB 1263 would require the Department of Health Care Services to establish the Medi-Cal Patient-Centered Communication Program (CommuniCal). CommuniCal would provide and reimburse medical interpretation services for individuals who are limited English proficient, and establish a certification process and registry for interpreters in the Program.

Existing federal law provides for increased administrative funding for translation and interpretation services provided in connection with the enrollment, retention, and use of services under the Medicaid program. Alameda County currently struggles to meet the needs of county residents receiving Medi-Cal who speak more than 100 different languages. Language barriers can contribute to misunderstandings, inadequate evaluation and diagnosis, and lack of appropriate treatment when doctors and patients don't fully understand each other.

AB 1263 would increase access to interpretation services for Alameda County's Medi-Cal population and would utilize additional federal funds to do so. Therefore, the Alameda County Board of Supervisors supports AB 1263, and urges an "Aye" vote on the measure. If you have any questions or need additional information, please do not hesitate to contact me at (916) 443-8891.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Wordelman", written in a cursive style.

Nicole Wordelman

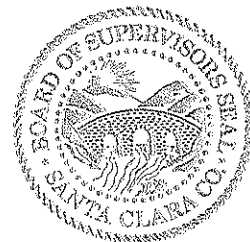
Cc: Members and Consultant of the Senate Appropriations Committee
Senate Minority Consultant
Assemblyman John Pérez
Alameda County Legislative Delegation
Alameda County BOS/PAL Committee

SACRAMENTO
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BOARD OF SUPERVISORS
COUNTY OF SANTA CLARA

KEN YEAGER
PRESIDENT, BOARD OF SUPERVISORS
SUPERVISOR, FOURTH DISTRICT



September 16, 2013

The Honorable Edmund G. Brown, Jr.
Governor, State of California
State Capitol Building
Sacramento, CA 95814

RE: AB 1263 (Pérez) – REQUEST FOR SIGNATURE

Dear Governor Brown:

On behalf of the Santa Clara County Board of Supervisors, I am writing to express support for AB 1263 (Pérez), a measure intended to increase Medi-Cal recipients' access to medical interpretation services.

According to the US Census Bureau, 43.7 percent of Californians over the age of 5 speak a language other than English, and 19.9 percent of Californians over the age of 5 speak English "less than very well." Additionally, according to the California Health Interview Survey, of the 3.5 million adults in the Medi-Cal program, about 281,000 (8.1 percent) had difficulty understanding their doctor and/or needed another person to help them understand their doctor. Among the parents of 1.8 million children under age 12 in the Medi-Cal program, about 135,000 (7.4 percent) had difficulty understanding their child's doctor and/or needed another person's help to understand the doctor.

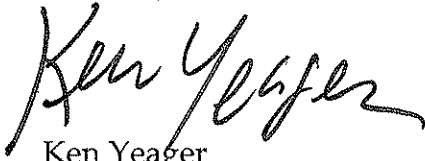
AB 1263 would require the State Department of Health Care Services (DHCS) to establish the Medi-Cal Patient-Centered Communication Program, to be known as CommuniCal. This program would provide medical interpretation services to Medi-Cal beneficiaries who are limited English proficient.

In 2009, the federal government increased the level of matching funds for translation and interpretation services available under Medicaid and CHIP. Therefore, new State General Fund costs accrued under AB 1263 would be offset by an enhanced federal match of 75 percent, rather than the 50 percent match generally attributable for administrative costs.

Although our County hospital, Santa Clara Valley Medical Center (SCVMC) and its clinics, already provide no-cost translation services in almost any language 24 hours a day, 7 days a week, AB 1263 would improve medical translation for Medi-Cal recipients seeking care elsewhere.

We respectfully request your favorable consideration of our views on this matter and urge you to sign AB 1263 into law.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Yeager", with a stylized, cursive script.

Ken Yeager

President, Board of Supervisors

c: Assembly Speaker John Pérez
Santa Clara County Legislative Delegation
Santa Clara County Board of Supervisors
Jeffrey V. Smith, County Executive
Michael Rattigan, Legislative Representative

GOVERNOR'S VETO
AB 1263 (John A. Pérez)
As Amended July 10, 2013
2/3 vote

ASSEMBLY: 55-23 (May 29, 2013) SENATE: 25-9 (September 11, 2013)

ASSEMBLY: 53-24 (September 11, 2013)

Original Committee Reference: HEALTH

SUMMARY: Establishes the Medi-Cal Patient Centered Communication (CommuniCal) program at the Department of Health Care Services (DHCS) to provide and reimburse for certified medical interpretation services to limited English proficient (LEP) Medi-Cal enrollees. Establishes a certification process and registry of CommuniCal medical interpreters (CCMI) at DHCS and grants collective bargaining rights with the state.

The Senate amendments:

- 1) Revise the certifying body to be DHCS instead of the California Department of Human Resources (CalHR).
- 2) Require DHCS to establish a Community Advisory Committee as specified
- 3) Require DHCS to, by September 1, 2014, in consultation with the Community Advisory Committee, approve an examination and certification process to test and certify the competency of medical interpreters and delete the requirement that CalHR select an examination within 120 days of implementation of this bill.
- 4) Require DHCS to develop, monitor, and evaluate interpreter competency, qualifications, training, certification, and continuing education requirements for medical interpreters.
- 5) Add the following options as a condition of certification, in addition to an examination administered by a nonprofit organization:
 - a) Pass an examination developed by a state-established language testing and certification program with a written and oral component that meets specified standards;
 - b) Achieve the designation of Certified Healthcare Interpreter from the Certification Commission for Healthcare Interpreters;
 - c) Achieve the designation of Certified Medical Interpreter from the National Board of Certification for Medical Interpreters; or,
 - d) Hold a current interpreter's certification under existing provisions.
- 6) Add a process for authorizing CommuniCal services to be provided by an interpreter of languages of lesser diffusion or languages for which a CCMI examination has not been

created.

- 7) Revise requirements for a provisional authorization that allow interpreters to be authorized prior to the development of the full testing and certification program at DHCS and require the person meet the full standards by December 31, 2016.
- 8) Delete the requirement that the base reimbursement rate be set at \$60 per hour and instead provide that it be subject to collective bargaining.
- 9) Make other technical and clarifying changes.

FISCAL EFFECT: According to the Senate Appropriations Committee:

- 1) One-time costs of \$1.4 million to develop program guidelines, seek necessary federal approvals, and develop billing systems (50% General Fund (GF), 50% federal funds).
- 2) One-time costs of about \$50,000 to develop regulations relating to collective bargaining of translators by the Public Employment Relations Board (GF).
- 3) One-time costs of about \$90,000 and ongoing costs of about \$50,000 to oversee an election by translators to choose a collective bargaining agent (GF).
- 4) Periodic costs up to \$1 million for negotiating a memorandum of understanding with the established bargaining unit and overseeing the implementation by CalHR (GF).
- 5) Ongoing costs of about \$30 million per year to provide translation services in fee-for-service Medi-Cal (GF and federal funds).
- 6) Unknown costs in Medi-Cal managed care (GF and federal funds). Under current law, health plans are required to provide interpretation services, including managed care plans that contract with DHCS. It is unclear whether the bill's requirement to provide "certified medical interpretation services" at reimbursement rates subject to collective bargaining would increase costs for translation services, above the costs already being incurred.
- 7) The federal financial participation rate for the costs above may vary. For interpretive services provided to children and their family members, the state can claim a 75% federal financial participation rate. However, those costs are only eligible for a 75% federal cost share if they are billed as administrative costs (as opposed to benefits). For childless adults, the rate is generally 50%.

COMMENTS: According to the author, this bill is to establish a program to provide and reimburse for medical interpretation services to LEP Medi-Cal enrollees and to allow for collective bargaining for certified medical interpreters. The author cites data that show more than 40% of Californians speak a language other than English at home. In addition, almost seven million Californians are estimated to speak English "less than very well." Other research finds that language barriers can contribute to inadequate patient evaluation and diagnosis, lack of appropriate and/or timely treatment, or other medical errors that can jeopardize patient safety and lead to unnecessary procedures and costs. The author argues that today, language assistance in

medical settings is provided by trained or untrained staff or in an informal manner by family members or friends. In conclusion, the author states that California has an opportunity to develop a more comprehensive language assistance program by seeking additional federal funding for medical interpreter services in the Medi-Cal program.

Supporters such as Interpreting for California, The Low-Income Self-Help Center and Catholic Charities of Santa Clara County, write that this bill address the need for interpreters in Medi-Cal as the state will experience greater demand when 35% of the newly eligible enrollees speak English less than well. These supporters state that this bill will make it possible for the 2.5 million Medi-Cal enrollees who are LEP to communicate with healthcare providers, reducing medical errors and improving the standard of care by providing access to trained interpreters. Other supporters such as The American Federation of State, County and Municipal Employees, AFL-CIO and Somos Mayfair writes in support that, with the expansion of Medi-Cal and the implementation of the California Health Benefit Exchange under federal health care reform, the state has a clear opportunity to create an interpreters' program that will allow patients and providers to clearly communicate with each other. According to these supporters, in 2003 California passed the strongest law in the country requiring all private health plans to provide language assistance services to LEP individuals beginning in 2009. However, the supporters assert, patient interpretation needs remain unmet despite these laws and explicit policy directives to Medi-Cal managed care plans to provide interpreter services. According to the Transnational Institute for Grassroots Research and Action (TIGRA), LEP Californians frequently reported problems related to their experience of care. TIGRA asserts that LEP enrollees of the state's seven largest health plans were more likely than English proficient enrollees to report problems understanding their physician (1.2% versus 2.6%) and believe they would have received better care if they were of a different race/ethnicity (14% versus 3.2%).

GOVERNOR'S VETO MESSAGE:

“The bill would require the Department of Health Care Services to establish the CommuniCal program to certify and restructure current interpreter services provided under Medi-Cal.

"California has embarked on an unprecedented expansion to add more than a million people to our Medi-Cal program. Given the challenges and the many unknowns the state faces in this endeavor, I don't believe it would be wise to introduce yet another complex element.”

Analysis Prepared by: Marjorie Swartz / HEALTH / (916) 319-2097

FN: 0002914



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

5.

Meeting Date: 08/07/2014
Subject: Senator Heitkamp's RESPONSE Act, S. 2547
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2014-29
Referral Name: Senator Heitkamp's RESPONSE Act
Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

The County's federal lobbyist, Paul Schlesinger, forwarded Senator Heitkamp's RESPONSE Act, S. 2547, for discussion and possible action by the Legislation Committee.

Referral Update:

According to the American Association of Railroads, the number of railcars carrying crude oil on major freight railroads in the U.S. grew by more than 6,000 percent between 2007 and 2013. Due to the potential risks of a derailment associated with increased crude oil transported by rail in North Dakota and across the country, there is a need to bolster the training, coordination and capability of our Nation's first responders to hazmat incidents that may occur on the national rail system.

We know that many big cities, states and the Federal government have training, capability and resources to respond to a hazmat incident on our railways. However, for the first few hours, the closest response is frequently from our small-town fire chiefs, police officers and medical personnel. We saw this very clearly in December 2013 during the derailment of a train carrying crude oil near Casselton, North Dakota – a town of nearly 2,500 people. The Casselton firefighters were the first to respond. Many of these small towns exist because of the historical expansion of the national rail network.

Less than five years ago, a small number of oil cars were mixed in with other commodities on trains traveling through these communities a few times per day, mitigating the risk of a significant incident. Now, given the energy boom in North Dakota and the heavy reliance on rail as a mode of transportation, these small communities are seeing up to nine trains come through per day with more than 100 linked crude oil cars per train. We must provide our small cities and local first responders with proper training and resources so that, if needed, they can respond appropriately to derailments, spills, and other dangerous situations resulting from a crude-by-rail or hazardous material derailment in their communities.

Senator Heidi Heitkamp's RESPONSE Act of 2014 would establish a subcommittee under

FEMA's National Advisory Council to address these issues. The RESPONSE Subcommittee would be tasked with bringing together all the relevant agencies, emergency responders, technical experts and the private sector for a review of training, resources, best practices and unmet needs related to emergency responders to railroad hazmat incidents. All flammable hazmat response to railroad incidents would be within the scope of the Subcommittee, but given the potential increased risk associated with a derailment involving delivery of crude oil, a particular focus on crude oil transport by rail is important.

Upon formation, the Subcommittee would provide recommendations to Congress within 12 months on emergency responder training and resource allocation. These include addressing:

- Quality and application of training for local emergency first responders related to rail hazardous materials incidents, with a particular focus on local emergency responders and small communities near railroads;
- Effectiveness of funding levels related to training local emergency responders for rail hazardous materials incidents, with a particular focus on local emergency responders and small communities;
- Strategy for integration of commodity flow studies, mapping, and access platforms for local emergency responders and how to increase the rate of access to the individual responder in existing or emerging communications technology;
- The lack of emergency response plans for rail, similar to existing law related to maritime and stationary facility emergency response plans;
- Development of a train incident database; and
- The need to increase access to relevant, useful, and timely information for the local emergency responders.

The County's Hazardous Materials Programs Director, Randy Sawyer, has reviewed the bill and indicates that "the results of this study can be useful and beneficial."

The bill was introduced in the Senate on June 26, 2014. It was due to be "marked up" on July 30 at Senate Homeland Security Committee but was cancelled because of a proposed Republican amendment on Keystone. Our federal lobbyists recommends that we consider a position of support on the bill and request our senators co-sponsor the bill.

Recommendation(s)/Next Step(s):

ADOPT a position of "support" on the Senator Heitkamp's RESPONSE Act, S. 2547, as recommended by the County's Hazardous Materials Programs Director.

Attachments

S. 2547 Bill Text

113TH CONGRESS
2D SESSION

S. 2547

To establish the Railroad Emergency Services Preparedness, Operational Needs, and Safety Evaluation (RESPONSE) Subcommittee under the Federal Emergency Management Agency's National Advisory Council to provide recommendations on emergency responder training and resources relating to hazardous materials incidents involving railroads, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 26, 2014

Ms. HEITKAMP (for herself and Mr. SCHUMER) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

A BILL

To establish the Railroad Emergency Services Preparedness, Operational Needs, and Safety Evaluation (RESPONSE) Subcommittee under the Federal Emergency Management Agency's National Advisory Council to provide recommendations on emergency responder training and resources relating to hazardous materials incidents involving railroads, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “RESPONSE Act of
3 2014”.

4 **SEC. 2. RAILROAD EMERGENCY SERVICES PREPAREDNESS,**
5 **OPERATIONAL NEEDS, AND SAFETY EVALUA-**
6 **TION SUBCOMMITTEE.**

7 Section 508 of the Homeland Security Act of 2002
8 (6 U.S.C. 318) is amended—

9 (1) by redesignating subsection (d) as sub-
10 section (e); and

11 (2) by inserting after subsection (c) the fol-
12 lowing:

13 “(d) RESPONSE SUBCOMMITTEE.—

14 “(1) ESTABLISHMENT.—Not later than 30 days
15 after the date of the enactment of the RESPONSE
16 Act of 2014, the Administrator shall establish, as a
17 subcommittee of the National Advisory Council, the
18 Railroad Emergency Services Preparedness, Oper-
19 ational Needs, and Safety Evaluation Subcommittee
20 (referred to in this subsection as the ‘RESPONSE
21 Subcommittee’).

22 “(2) MEMBERSHIP.—Notwithstanding sub-
23 section (c), the RESPONSE Subcommittee shall be
24 composed of the following:

25 “(A) The Deputy Administrator for Pro-
26 tection and National Preparedness of the Fed-

1 eral Emergency Management Agency, or des-
2 ignee.

3 “(B) The Director of the Office of Emer-
4 gency Communications of the Department of
5 Homeland Security, or designee.

6 “(C) The Director for the Office of Rail-
7 road, Pipeline and Hazardous Materials Inves-
8 tigations of the National Transportation Safety
9 Board, or designee, only in an advisory capac-
10 ity.

11 “(D) The Associate Administrator for
12 Railroad Safety of the Federal Railroad Admin-
13 istration, or designee.

14 “(E) The Assistant Administrator for Se-
15 curity Policy and Industry Engagement of the
16 Transportation Security Administration, or des-
17 ignee.

18 “(F) The Assistant Commandant for Re-
19 sponse Policy of the Coast Guard, or designee.

20 “(G) The Assistant Administrator for the
21 Office of Solid Waste and Emergency Response
22 of the Environmental Protection Agency, or
23 designee.

24 “(H) The Associate Administrator for
25 Hazardous Materials Safety of the Pipeline and

1 Hazardous Materials Safety Administration, or
2 designee.

3 “(I) The Chief Safety Officer and Assist-
4 ant Administrator of the Federal Motor Carrier
5 Safety Administration, or designee.

6 “(J) Such other qualified individuals as
7 the Administrator shall appoint as soon as
8 practicable after the date of the enactment of
9 the RESPONSE Act of 2014 from among the
10 following:

11 “(i) Members of the National Advi-
12 sory Council that have the requisite tech-
13 nical knowledge and expertise to address
14 rail safety issues, including members from
15 the following disciplines:

16 “(I) Emergency management and
17 emergency response providers, includ-
18 ing fire service, law enforcement, haz-
19 ardous materials response, and emer-
20 gency medical services.

21 “(II) State, local, and tribal gov-
22 ernment officials with expertise in
23 preparedness, protection, response, re-
24 covery, and mitigation, including Ad-
25 jutants General.

1 “(III) Elected State, local, and
2 tribal government executives.

3 “(IV) Such other individuals as
4 the Administrator determines to be
5 appropriate.

6 “(ii) Individuals who have the req-
7 uisite technical knowledge and expertise to
8 serve on the RESPONSE Subcommittee,
9 including representatives of—

10 “(I) the rail industry;

11 “(II) the oil industry;

12 “(III) the communications indus-
13 try;

14 “(IV) emergency response pro-
15 viders, including individuals nomi-
16 nated by national organizations rep-
17 resenting local governments and per-
18 sonnel;

19 “(V) representatives from na-
20 tional Indian organizations;

21 “(VI) technical experts; and

22 “(VII) vendors, developers, and
23 manufacturers of systems, facilities,
24 equipment, and capabilities for emer-
25 gency responder services.

1 “(iii) Representatives of such other
2 stakeholders and interested and affected
3 parties as the Administrator considers ap-
4 propriate.

5 “(3) CHAIRPERSON.—The Deputy Adminis-
6 trator for Protection and National Preparedness
7 shall serve as the Chairperson of the RESPONSE
8 Subcommittee, or designee.

9 “(4) MEETINGS.—

10 “(A) INITIAL MEETING.—The initial meet-
11 ing of the RESPONSE Subcommittee shall
12 take place not later than 90 days after the date
13 of the enactment of the RESPONSE Act of
14 2014.

15 “(B) OTHER MEETINGS.—After the initial
16 meeting, the RESPONSE Subcommittee shall
17 meet at least twice annually, with at least 1
18 meeting conducted in person, at the call of the
19 Chairperson.

20 “(5) CONSULTATION WITH NONMEMBERS.—The
21 RESPONSE Subcommittee and the program offices
22 for emergency responder training and resources shall
23 consult with other relevant agencies and groups, in-
24 cluding entities engaged in federally funded research
25 and academic institutions engaged in relevant work

1 and research, which are not represented on the RE-
2 SPONSE Subcommittee to consider new and devel-
3 oping technologies and methods that may be bene-
4 ficial to preparedness and response to rail incidents.

5 “(6) RECOMMENDATIONS.—The RESPONSE
6 Subcommittee shall develop recommendations for im-
7 proving emergency responder training and resource
8 allocation, including the following:

9 “(A) Quality and application of training
10 for local emergency first responders related to
11 rail hazardous materials incidents, with a par-
12 ticular focus on local emergency responders and
13 small communities near railroads, including the
14 following:

15 “(i) Ease of access to relevant train-
16 ing for local emergency first responders,
17 including an analysis of—

18 “(I) the number of individuals
19 being trained;

20 “(II) the number of individuals
21 who are applying;

22 “(III) whether current demand is
23 being met;

24 “(IV) current challenges; and

25 “(V) projected needs.

1 “(ii) Modernization of course content
 2 related to rail hazardous materials inci-
 3 dents, with a particular focus on response
 4 to the exponential rise in oil shipments by
 5 rail.

6 “(iii) Evaluation of content across
 7 agencies and the private sector to provide
 8 complementary opportunities for courses
 9 and avoid overlap, including the following:

10 “(I) Overlap of course content
 11 among agencies.

12 “(II) Assess the need for inte-
 13 grated course content through public-
 14 private partnerships.

15 “(III) Regular and ongoing eval-
 16 uation of course opportunities, adap-
 17 tation to emerging trends, agency and
 18 private sector outreach, effectiveness
 19 and ease of access for local emergency
 20 responders.

21 “(iv) Online training platforms, train-
 22 the-trainer and mobile training options.

23 “(B) Effectiveness of funding levels related
 24 to training local emergency responders for rail
 25 hazardous materials incidents, with a particular

1 focus on local emergency responders and small
2 communities, including the following:

3 “(i) Minimizing overlap in resource al-
4 location among agencies.

5 “(ii) Minimizing overlap in resource
6 allocation among agencies and private sec-
7 tor.

8 “(iii) Maximizing public-private part-
9 nerships where funding gaps exists for spe-
10 cific training or cost-saving measures can
11 be implemented to increase training oppor-
12 tunities.

13 “(iv) Adaptation of priority settings
14 for agency funding allocations in response
15 to emerging trends.

16 “(v) Evaluation of historic levels of
17 funding across agencies and private sector
18 for rail hazardous materials incidents.

19 “(vi) Assessment of the need for in-
20 crease funding for agencies and specific
21 agencies where funding would be most ef-
22 fective.

23 “(C) Strategy for integration of commodity
24 flow studies, mapping, and access platforms for
25 local emergency responders and how to increase

1 the rate of access to the individual responder in
2 existing or emerging communications tech-
3 nology.

4 “(D) The lack of emergency response plans
5 for rail, similar to existing law related to mari-
6 time and stationary facility emergency response
7 plans, including the following:

8 “(i) Provisions of law relating to the
9 Emergency Planning and Community
10 Right-To-Know Act of 1986 (42 U.S.C.
11 11001 et seq.).

12 “(ii) How the industry would imple-
13 ment such plans.

14 “(iii) The thresholds and availability
15 of emergency plans for each train related
16 to hazardous materials in its cargo.

17 “(iv) Gaps in existing regulations
18 across agencies.

19 “(E) Development of a train incident data-
20 base, including the following:

21 “(i) An assessment of the appropriate
22 agency to host the database.

23 “(ii) A definition of incident that
24 would constitute the level of reporting from
25 the industry.

1 “(iii) The projected cost of such a
2 database and how that database would be
3 maintained and enforced.

4 “(F) Increasing access to relevant, useful,
5 and timely information for the local emergency
6 responder, including the following:

7 “(i) Evaluation of existing informa-
8 tion that the emergency responder can ac-
9 cess, what the current rate of access and
10 usefulness is for the emergency responder,
11 and what current information should re-
12 main and what should be reassessed.

13 “(ii) Utilization of existing technology
14 in the hands of the first responder to
15 maximize delivery of useful and timely in-
16 formation for training or in the event of an
17 incident.

18 “(iii) Assessment of emerging commu-
19 nications technology that could assist the
20 emergency responder in the event of a rail
21 hazardous materials incident.

22 “(G) Determination of the most efficient
23 agencies and offices for the implementation of
24 the recommendations, including—

1 “(i) recommendations that can be im-
2 plemented without congressional action
3 and appropriate time frames for such ac-
4 tions; and

5 “(ii) recommendations that would re-
6 quire congressional action.

7 “(7) REPORT.—Not later than 1 year after the
8 date of the enactment of the RESPONSE Act of
9 2014, the RESPONSE Subcommittee shall submit a
10 report containing the recommendations developed
11 under paragraph (6) to the National Advisory Coun-
12 cil for its review and deliberation. After approving
13 the recommendations of the RESPONSE Sub-
14 committee, the National Advisory Council shall sub-
15 mit the report to—

16 “(A) the Administrator;

17 “(B) the head of each agency represented
18 on the RESPONSE Subcommittee;

19 “(C) the Committee on Homeland Security
20 and Governmental Affairs of the Senate;

21 “(D) the Committee on Homeland Security
22 of the House of Representatives; and

23 “(E) the Committee on Transportation
24 and Infrastructure of the House of Representa-
25 tives.

1 “(8) INTERIM ACTIVITY.—

2 “(A) UPDATES AND OVERSIGHT.—After
3 the submission of the report by the National
4 Advisory Council under paragraph (7), the Ad-
5 ministrator shall—

6 “(i) provide quarterly updates to the
7 National Advisory Council, the RE-
8 SPONSE Subcommittee, and the congres-
9 sional committees referred to in paragraph
10 (7) regarding the status of the implemen-
11 tation of the recommendations developed
12 under paragraph (6); and

13 “(ii) oversee the implementation of
14 the recommendations described in para-
15 graph (6)(G)(i).

16 “(B) ADDITIONAL REPORTS.—After sub-
17 mitting the report required under paragraph
18 (7), the RESPONSE Subcommittee shall sub-
19 mit additional reports and recommendations in
20 the same manner and to the same entities iden-
21 tified in paragraph (7) if needed or requested
22 from Congress or from the Administrator.

23 “(9) TERMINATION.—

24 “(A) IN GENERAL.—Except as provided in
25 subparagraph (B), the RESPONSE Sub-

1 committee shall terminate not later than 4
2 years after the date of the enactment of the
3 RESPONSE Act of 2014.

4 “(B) EXTENSION.—The Administrator
5 may extend the duration of the RESPONSE
6 Subcommittee, in 1-year increments, if the Ad-
7 ministrator determines that additional reports
8 and recommendations are needed from the RE-
9 SPONSE Subcommittee after the termination
10 date set forth in subparagraph (A).”.

○



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

6.

Meeting Date: 08/07/2014
Subject: HR 3230 Veterans Access, Choice and Accountability Act of 2014
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2014-33
Referral Name: HR 3230 Veterans Access, Choice and Accountability Act of 2014
Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

The County's federal lobbyist provide information about Senator Sanders' HR 3230 Veterans Access, Choice and Accountability Act of 2014.

Referral Update:

VA Health Care Deal Clears Senate, Heads to President's Desk

By Bridget Bowman, CQ

July 31, 2014 – 8:50 p.m.

The Senate overwhelmingly passed the agreement to address the Veterans Affairs health care crisis just a few hours before the August recess.

The 91-3 vote sends the bill to the president for his signature. The only opponents were Republicans Tom Coburn of Oklahoma, Jeff Sessions of Alabama and Bob Corker of Tennessee.

"This is the beginning of the beginning of our effort to help those men and women who have defended our nation with honor and dignity. And we owe them that," Sen. John McCain, R-Ariz., said on the Senate floor Tuesday night.

The measure survived Coburn's effort to block it over objections the legislation would add a projected \$10 billion to the deficit over a decade.

"The problem is not money at the VA. The problem is management, accountability and culture," Coburn said as he insisted on his budget point of order.

Corker also issued a statement blasting the bill for adding to the deficit. He has been among its toughest critics.

"It's embarrassing that Congress not only refuses to face today's decisions with the courage our men and women in uniform have demonstrated for decades. but rushed through a piece of

legislation without thoroughly reviewing its full fiscal impact on future generations and without knowing if it will address the systemic problems that exist at the VA,” Corker said.

The Senate voted 86-8 to waive the budget point of order, ensuring the legislation’s ultimate passage.

Reports of long wait times at VA health care facilities and inadequate care have rocked Congress since May and lawmakers repeatedly emphasized that they must address the issue before leaving for recess.

After talks between the House and Senate collapsed last week, each chamber’s Veterans Affairs’ chairmen came together over the weekend to reach an agreement on a bill that would provide \$17 billion in VA fixes. House Chairman Jeff Miller, R-Fla., and Senate Chairman Bernard Sanders, I-Vt., introduced their compromise Monday.

The compromise legislation (HR 3230) would cost roughly \$17 billion, including \$5 billion that would be offset with savings found in other accounts that fall within the jurisdiction of the House and Senate Veterans' Affairs panels. The bill allocates \$10 billion to allow veterans to seek medical care outside a VA facility if they live more than 40 miles from a VA medical center or if they face long wait times at the nearest facility. The compromise also provides \$5 billion to hire more doctors and nurses, allows the VA secretary to immediately remove senior officials, and authorizes 27 additional VA health care facilities.

Recommendation(s)/Next Step(s):

ACCEPT the report on Senator Sanders’ HR 3230 Veterans Access, Choice and Accountability Act of 2014 and provide direction to staff, as needed.

Attachments

HR 3230 Veterans Access, Choice and Accountability Act of 2014

The Veterans Access, Choice and Accountability Act of 2014

Strengthen VA to Meet Veterans' Needs

Bolster VA Staffing: The legislation would provide the VA funds to hire additional primary and specialty health care providers along with other clinical staff to increase the department's capacity to provide high-quality health care to our nation's veterans. The measure also would provide enhanced incentives to attract more doctors and nurses and other health care professionals to the VA. [VA's Access to Care Audit](#) found that the need for additional doctors, nurses and other medical providers was the highest barrier or challenge to access to care.

Add Space for Veterans Care: The VA's physical infrastructure plays a significant role in its ability to provide timely, quality care to veterans in a safe environment. The legislation would provide funds to enter emergency leases for facilities that would directly improve veterans' access to care.

Authorize New Clinics: The legislation would authorize VA to enter into 27 major medical facility leases in 18 states and Puerto Rico. In many instances, these leases would improve access to care closer to veterans' homes and increase the availability of specialty-care services in these locations.

Expand Access to Care

Veterans Choice Card: The legislation would allow veterans who have had to wait more than 30 days for an appointment with the VA to seek care from a private physician, a community health center, a Department of Defense health care facility or an Indian Health Center. Veterans who live more than 40 miles from a VA facility also would be eligible for this program.

Support Veterans and their Families

Sexual Assault: The legislation would improve the delivery of care for veterans who experienced sexual trauma while serving in the military.

Survivor Benefits: The Marine Gunnery Sergeant John David Fry Scholarship would be expanded to include surviving spouses of service members killed in the line of duty, so that they can go further their education, rebuild their lives and take care of their families.

In-State Tuition for Post-9/11 GI Bill: The legislation would let all veterans eligible for education benefits under the Post 9/11 GI qualify for in-state tuition.

TBI Treatment The bill would extend a program about to expire which provides housing for veterans struggling with traumatic brain injuries.

Remove Incompetent Senior Officials

Authority to Fire VA Executives for Misconduct: The VA secretary would be given the authority to immediately remove incompetent senior executives based on poor job performance or misconduct. An expedited appeals process through the Merit Systems Protection Board would prevent political firings or other abuses of the new personnel power, such as retaliation against whistle blowers.

The Cost of War

“Planes and tanks and guns are a cost of war,” Sen. Bernie Sanders said. “So is taking care of the men and women who use those weapons and fight our battles.”

The conference committee agreement would cost approximately \$17 billion. The measure would provide \$10 billion for veterans to receive health care outside of the VA. It includes \$5 billion to bolster’s VA’s in-house capacity to treat veterans. An estimated \$2 billion would be allotted for additional programs, such as the 27 health care leases, expanded college benefits and scholarships for surviving spouses. The measure would offset some of the costs with approximately \$5 billion in savings from programs within the jurisdiction of the Senate and House Veterans’ Affairs Committees.



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

7.

Meeting Date: 08/07/2014

Subject: AMEND the 2014 Legislative Platforms to include support for improved funding and care of U.S. military veterans and families

Submitted For: LEGISLATION COMMITTEE,

Department: County Administrator

Referral No.: 2014-34

Referral Name: AMEND the 2014 Federal and State Legislative Platforms to include support for improved funding and care of U.S. military veterans and families

Presenter: L. DeLaney

Contact: L. DeLaney, 925-335-1097

Referral History:

At its June 5, 2014 meeting, the Legislation Committee directed staff to draft amendments to the adopted 2014 Federal and State Legislative Platform to address support for a broader range of veterans' issues.

Referral Update:

As requested by the Legislation Committee at their meeting in June, the Veterans Service Officer, Nathan D. Johnson, provided suggested amendments to the adopted 2014 Federal and State Legislative Platforms to provide advocacy support for legislation that would increase the availability, accessibility, and utilization of veterans benefits. In addition, the recommended amendments address improving on timeliness of VA benefits claim, providing VA healthcare, and addressing the needs of unique sub-populations of Veterans. The recommended amendments are included in the attachments to this report.

Recommendation(s)/Next Step(s):

ADOPT amendments to the 2014 Federal and State Legislative Platforms to include support for improved funding and care of U.S. military veterans and their families.

Fiscal Impact (if any):

No direct impact to Contra Costa County.

Attachments

Veterans amendment to Federal Platform

Veterans amendment to State Platform

2014 FEDERAL LEGISLATIVE PLATFORM CONTRA COSTA COUNTY



Veterans Benefits – The County will support legislation to increase availability, accessibility, and utilization of Veterans Benefits

Within Contra Costa County, Veterans' health care is provided by the VA Martinez Clinic, a division of the VA Northern California Healthcare System. Currently, access to enrollment in the VA healthcare system is limited to Veterans with a Service Connected disability of greater than 10%, special eligibility criteria (Purple Heart, former POW, Iraq & Afghanistan Vets within 5 years of discharge, etc.), and to Veterans with an annual gross income less than a geographically based threshold. Currently, VA emergency services are not available after hours or during weekends. The nearest VA emergency room is nearly 34 miles away from the VA Martinez Clinic.

The County will support legislation that would expand enrollment eligibility (such as removing the income limit criteria) to all Veterans with an honorable discharge. Furthermore, the County will support legislation that would establish 24 hour VA emergency services at the VA Martinez clinic.

In addition, the County will support legislation that will improve the timeliness and quality of both VA benefits claim decisions and VA healthcare services. Specifically, legislation that works toward improving on the expedited processing of claims and administering of benefits to populations with unique needs, such as homeless Veterans, Women Veterans, and Veterans experiencing service related Posttraumatic Stress Disorder.

Veterans Halls – The County will support legislation to provide America's veterans organizations with resources to make necessary repairs to their meeting halls and facilities.

Across America, the meeting halls and posts of Veterans Service Organizations such as the American Legion and Veterans of Foreign Wars serve as unofficial community centers. Unfortunately, many of these facilities are not compliant with Americans with Disabilities Act accessibility standards, are not earthquake retrofitted, or have deteriorated in recent years due to declining membership and reduced rental revenues as a result of the economic downturn.

The County will support legislation that would create a competitive grant program for veterans' organizations, classified by the IRS as 501c19 non-profit organizations and comprised primarily of past or present members of the United States Armed Forces and their family members, to use for repairs and improvements to their existing facilities.



2014 STATE LEGISLATIVE PLATFORM CONTRA COSTA COUNTY

Veterans Issues

148. SUPPORT legislation and budget actions that will continue the state's annual local assistance for County Veterans Service Offices at the \$5.6 million level. The eventual goal is to fully fund CVSOs by appropriating the full \$11 million in local assistance funding as reflected in Military and Veterans Code Section 972.1(d). *County Veterans Service Offices (CVSOs) play a vital role in the local veteran community, not only within the Veterans Affairs claims process, but in other aspects as well. This includes providing information about all veterans' benefits (Federal, State and local), as well as providing claims assistance for all veteran-related benefits, referring veterans to ancillary community resources, providing hands-on development and case management services for claims and appeals and transporting local veterans to VA facilities.*

1.

149. SUPPORT legislation and budget actions that will provide veterans organizations with resources to make necessary repairs to their meeting halls and facilities. *Across California, the meeting halls and posts of Veterans Service Organizations such as the American Legion and Veterans of Foreign Wars serve as unofficial community centers. Many of these facilities are not compliant with Americans with Disabilities Act accessibility standards, are not earthquake retrofitted, or have deteriorated in recent years due to declining membership and reduced rental revenues as a result of the economic downturn.*

The County will support legislation that would create a competitive grant program for veterans' organizations, classified by the IRS as 501c19 non-profit organizations and comprised primarily of past or present members of the United States Armed Forces and their family members, to use for repairs and improvements to their existing facilities.

150. SUPPORT legislation that will improve the timeliness and quality of both VA benefits claim decisions and VA healthcare services. Specifically, legislation that works toward improving on the expedited processing of claims, providing VA healthcare, and administering of benefits to populations with unique needs, such as homeless Veterans, Women Veterans, and Veterans experiencing service related Posttraumatic Stress Disorder or service related Traumatic Brain Injury.

~~*The County will support legislation that would create a funding program for veterans' organizations, classified by the IRS as 501c19 non-profit organizations and comprised primarily of past or present members of the United States Armed Forces and their family members, to use for repairs and improvements to their existing facilities.*~~



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

8.

Meeting Date: 08/07/2014
Subject: ACCEPT a report on the Water Bonds.
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2014-35
Referral Name: Discussion of State Water Bond
Presenter: Ryan Hernandez **Contact:** L. DeLaney, 925-335-1097

Referral History:

The County's Delta Staff Team would like to present an update on the Water Bond proposals to the Legislation Committee and receive input and direction from the Committee.

Referral Update:

CCC Delta Platform Supports Funding for:

1. Knightsen Biofilter aka restoration of:
 - a. Delta shoreline;
 - b. tidal wetlands;
 - c. rare dune habitats; and
 - d. flood protection
2. for Habitat Conservation Plan (more restoration);
3. Watershed protection by local agencies for flood control;
4. Reducing legacy mercury in the Marsh Creek watershed;
5. Levee improvements.

CCC Water Bond Policies:

1. Allocates funds for the Delta through the Delta Conservancy;
2. Any bond funds for water storage or water system operational improvements should be required to result in measurable improvements to the Delta ecosystem;
3. Does not fund BDCP conveyance alternatives or measures required as mitigation by BDCP; and
4. Includes significant funding for watershed protection by local agencies and for local flood control.

DCC Position on Water Bond:

1. A water bond must not include any policy or funding as it pertains to BDCP.
2. A water bond must include funding for water storage and near term Delta levee improvement projects.
3. We believe in the strongest possible terms that the Delta Conservancy receives adequate funding to carry out its responsibilities and that funds for projects in the Delta must flow through the Conservancy.

Poll finds Californians back smaller water bond

The Associated Press, July 23, 2014

SACRAMENTO, Calif. — A slim majority of likely California voters support an \$11.1 billion water bond slated for the November ballot, but public support would grow if the bond comes with a smaller price-tag, according to survey results released late Wednesday.

The Public Policy Institute of California poll comes as lawmakers are negotiating changes to a funding package for water projects that legislative leaders see as too large and full of pork-barrel spending to win voter approval.

The survey found 51 percent of likely voters back the existing measure and 26 percent are opposed. Support grows to 59 percent for a smaller bond, but questioners did not ask what price tag respondents would accept.

California is in the third year of a drought accentuating the need for a bond funding water projects ranging from dams and reservoirs to urban water recycling to groundwater contamination cleanup. Gov. Jerry Brown has said he prefers a \$6 billion bond, while lawmakers have yet to agree on a compromise.

The poll surveyed 984 likely voters from July 8-15 and has a sampling error margin of plus or minus 4.7 percentage points.

Separately, the survey found three-quarters of residents want their water districts to mandate reductions in water use.

That result came from a survey of 1,705 residents with a sampling error margin of plus or minus 3.7 percent.

State regulators approved mandatory outdoor water restrictions with fines up to \$500 for water-wasters. They also required water districts to adopt emergency drought plans, decisions they made on the last day of polling.

Recommendation(s)/Next Step(s):

ACCEPT a staff report on the Water Bond proposals and provide direction to staff, as needed.

Attachments

No file(s) attached.
